ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672
6833 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

Sec. 10.25.029 states that each grant will pay 80 percent of the total costs of construction for the project each year.

Sec. 18.25.031 directs the department to advance 20 percent of a grant after the effective date of the grant agreement. Requires the department to base subsequent payments on payment requests submitted by the grantee. Prohibits the department from making further payments until the grantee exhausts the advance.

Sec. 18.25.033 establishes the nonprofit health facility construction grant fund for grants under AS 18.25.011 - 18.25.035.

Sec. 18.25.035 defines certain terms for the new sections.

Section 2 directs the department to adopt regulations to implement AS 18.25.

Section 3 has the effect of exempting grants under AS 18.25.011 - 18.25.035 from the requirements of AS 46.11.

Section 4 repeals certain statutes.

Section 5 gives the Act an effective date.

If I may be of further assistance, please advise.

TLB:mi:pl
91-055.mai

Alaska State Legislature

House of Representatives

COMMITTEE ON HEALTH, EDUCATION
AND SOCIAL SERVICES

OFFICIAL BUSINESS

POUCH V
JUNEAU, AK 99811
465-3759

M E M O R A N D U M

TO: REP. GEORGIANNA LINCOLN, CO-CHAIR
REP. PATRICK CARNEY, CO-CHAIR
REP. BETTYE DAVIS, VICE-CHAIR
REP. CHERI DAVIS
REP. JOHN GONZALES
REP. MARK HANLEY
REP. MARY MILLER
PAT JACKSON
CAROLINE LOMBARD
LIBRARY FILE
REFERRAL FILE
HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

FR: PATTI, HESS COMMITTEE SECRETARY Patti

DT: APRIL 4, 1991

RE: HESS HEARING 4/4, NEW CSHB 214 (HES)

ATTACHED FOR YOUR HESS FILE IS THE NEW CSHB 214 (HES) AS AMENDED AND PASSED DURING OUR HESS HEARING TODAY.

FOR YOUR FILE.

<u>AMENDMENT NO. 1</u>

by Representative Cliff Davidson

Page 5, Line 8

DELETE:

those issues and recommend a decision to the (board.)

INSERT:

those issues and recommend a decision to the <u>commissioner.</u>

Page 5, Line 17

DELETE:

or the (board)

INSERT:

or the <u>commissioner</u>

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. HB214

Revision Date:
Title: An Act relating to aid for nonprofit health facilities and providing for an effective date
Sponsor: Davidson
Requestor: by the HESS Committee

Dept. Affected: Health & Social Services
BRU: Administrative Services
Component: Facilities/CIP
COMPONENT SERIAL NO. 0325

Expenditures/revenues: (Thousands of Dollars)

OPERATING	FY92	FY93	FY94	FY95	FY96	FY97
PERSONAL SERVICES	65.4	68.4	68.4	68.4	68.4	68.4
TRAVEL	20.8	21.4	21.4	21.4	21.4	21.4
CONTRACTUAL	41.8	41.8	41.8	41.8	41.8	41.8
SUPPLIES	0.9	0.9	0.9	0.9	0.9	0.9
EQUIPMENT	10.0					
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	138.9	132.5	132.5	132.5	132.5	132.5

CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

GENERAL FUND	138.9	132.5	132.5	132.5	132.5	132.5
FEDERAL FUNDS						
OTHER						
TOTAL	138.9	132.5	132.5	132.5	132.5	132.5

POSITIONS:

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

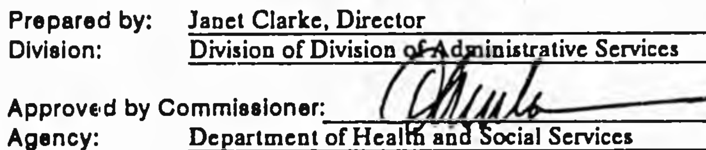
Estimate of current year impact: No FY91 fiscal impact.

ANALYSIS: (Attach a separate page if necessary)

This legislation mandates establishment of a seven member Health Facilities Review Board, and includes specific requirements for objectives of the Board and the department. At a minimum, a Health and Social Services Planner II (R19) is needed to perform full administration of all duties related to the implementation of HB214. Duties of this position include: writing regulations; analysis and comparison of all 5-year master plans; contact with facilities and resolution of unclear master plans which they have submitted; verification and review of project budgets; analysis and review of all grant applications; staff support for the Health Facilities Review Board

(Continued)

Prepared by: Janet Clarke, Director
Division: Division of Division of Administrative Services
Phone: 465-3082
Date: 04/03/91

Approved by Commissioner:

Agency: Department of Health and Social Services
Date: 4-3-91

Distribution (by preparer):
Legislative Finance — OMB
Legislative Sponsor — Impacted Agency(ies)
Requestor

(Rev 10/90)

FN 138.9 DHSS

ANALYSIS (cont.):

such as making travel arrangements, meeting preparation and meeting support; preparation and submission of all advertising for public hearings; staffing the hearings; administration of all appeals including coordination with board, hearing officers and the Department of Law; administration and execution of grant agreements; review of all grant request documentation and approval of grant payments; accurate accounting of all grant funds, and compilation of grant closeouts; preparation of reports to board on final grant accounting.

DESCRIPTION	COMMENT #	FY92	FY93
Line 100 – Personal Services			
H&SS Planner II, PFT, 12 months, (R19) Juneau	(1)	65,388	68,425
Line 200 – Travel			
72330 Board Travel – Member Travel			
2.5 meetings * 7 members * 3 days = 52.5 days	(2)		
Meetings will be 2 days and 1 day travel			
7 * $475 average airfare * 2.5 meetings	(3)	8,313	8,750
7 members * $35 misc. expenses * 2.5 meetings		613	613
72500 Board Travel Per Diem			
52.5 days * $115		6,038	6,038
72300 Staff Travel for Board Meetings			
(2 meetings * 3 staff * 3 days = 18 days)			
3 staff * $475 airfare * 2 meetings		2,850	3,000
3 staff * $35 misc. expense * 2 meetings		210	210
72500 Staff Travel Per Diem for Board Meetings			
18 days * $115 per diem		2,070	2,070
72300 Staff Travel for Public Hearings			
(1 hearing * 1 staff * 2 days = 2 days)	(4)		
1 staff * $475 airfare * 1 hearing		475	500
1 staff * $35 misc. expense * 1 hearing		35	35
72500 Per Diem for Public Hearing			
2 days * $115		230	230
	TOTAL TRAVEL	20,834	21,446
Line 300 – Contractual Services			
73100 Hearing Officer Professional Services			
(2 appeals @ $5,000 each)		10,000	10,000
Attorney time and costs related to litigations	(5)	12,000	12,000
Transcription of Public Hearings		1,500	1,500
73300 Communications, including local, long distance, fax and postage		9,500	9,500
73500 Advertising for 2 board meetings, 1 public hearing (display ads)		3,000	3,000
Printing and Binding of Reports, Minutes and Transcriptions		2,500	2,500
73800 Space Rental for meetings		300	300
Lease space for staff		3,000	3,000
	TOTAL CONTRACTUAL	41,800	41,800

ANALYSIS (cont.):

DESCRIPTION	COMMENT #	FY92	FY93
Line 400 – Supplies			
74200 Office Supplies		600	600
Board Meeting supplies		300	300
	TOTAL SUPPLIES	900	900
Line 500 – Equipment			
75830 Data Processing Equipment (PC and Peripherals) and software		7,500	0
76050 Furniture and Office Equipment Desk, chair, file cabinets, calculator		2,500	0
	TOTAL EQUIPMENT	10,000	0
	TOTAL for PROJECT	138,922	132,571

---

(1) The staff cost for FY93 assumes a 5% cost of living increase.

(2) This assumes one meeting for the board to rank hospital grant proposals and one meeting for the board to review appeals. One half of a meeting is budgeted for the board to allow a few board members to attend the public hearing.

(3) For FY93, it is assumed that average travel costs will increase from $475 to $500 per trip.

(4) This assumes one day for travel and one day to hold the public hearing.

(5) The $12,000 figure was provided by the Department of Law as what they would charge to handle all costs related to litigation for two hearings.

HOUSE COMMITTEE REPORT

(7)

Date Referred: March 13, 1991 FURTHER REFERRALS: Finance

Date of Committee Action: 4/4/91

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: HB 214

HOUSE BILL NO. 214 STATE AID FOR NONPROFIT HEALTH FACILITIES

"An Act relating to state aid for nonprofit health facilities; and providing for an effective date."

RECOMMENDATIONS:
be replaced with CS HB 214 (HES) [✓] the same title [ ] a new title

[ ] have attached amendments(s)
[✓] do pass
[ ] do not pass
[ ] no recommendations
[ ] individual recommendations
[ ] additional referral to the ______ Committee

ADOPTS: ______ letter of Intent

ATTACHES NEW FISCAL NOTE(s): (Dept) APPROVES PREVIOUS: (Dept/Date)

[✓] fiscal impact DHSS [ ] fiscal note(s) ______

[ ] zero fiscal note ______ [ ] zero fiscal note(s) ______

SIGNING DO PASS	*DP*	*OTHER RECOMMENDATIONS*	*DNP*	*NR*	*AM*
Cheri Davis	✓				
		Mary Miller		✓	
Mark Hanley	X	[illegible]		[illegible]	
		Bettye Davis		✓	
		[illegible] (GONZALES)		X	
[illegible]	X	(CARNEY)			
[illegible]	✓	(LINCOLN)			

[signature]

CO-CHAIRMAN'S SIGNATURE

```
************************************************************
*                                                          *
* DELIVER TO: LHSCHES                                      *
*                                                          *
*                                                          *
* ORIGINAL                                                 *
* SENT:           04/04/91   TIME: 13:51                   *
* FROM:           LIOCVAL                                  *
* SUBJECT:        91-04-011;FS;HB214 ST.AID;4-4            *
* PRINT DATE:     04/04/91   TIME: 13:51                   *
*                                                          *
************************************************************
```

SUBJECT LINE TO READ: TC NO.;PL/FS;SHORT SUBJECT;DATE

T/C NO: 91-04-011
DATE: APRIL 4, 1991
SPONSOR: HOUSE HESS
SUBJECT: HB 214, HB230, HCR 20
MODERATOR: CATHY NICOLAS
SITE: SEWARD

FINAL STATS

****

TESTIFIED

NAME/REPRESENTING	ADDRESS	PHONE	BILL NO.
1.			

****

OBSERVED

NAME/REPRESENTING	ADDRESS	PHONE	BILL NO.
1. DIANE ROBB, ADMIN. SEWARD GENERAL HOSP.	P.O. BOX 167 SEWARD, 99664	224-5205	214

****

TESTIFIED: 0
UNABLE: 0
OBSERVED: 1
TOTAL: 1

START TIME: 8:00 AM END TIME: 9 AM

```
************************************************************
*                                                          *
* DELIVER TO: LHSCHES                                      *
*                                                          *
*                                                          *
* ORIGINAL                                                 *
* SENT:          04/04/91   TIME: 10:16                    *
* FROM:          LTCCKTN                                   *
* SUBJECT:       91-04-011;FS;CORR/HEALTH;4-4              *
* PRINT DATE:    04/04/91   TIME: 10:16                    *
*                                                          *
************************************************************
```

T/C NO: 91-04-011
DATE: APRIL 4, 1991
SPONSOR: HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES
SUBJECT: HB 151: PAROLE ELIGIBILITY/REHABILITATION PROGRAM
HB 174: ALTERNATIVE INCARCERATION PROGRAM
HB 230: HEPATITIS B TESTING AND VACCINATIONS
HB 214: STATE AID FOR NONPROFIT HEALTH FACILITIES
HCR 20: SUDDEN INFANT DEATH SYNDROME AWARENESS
MODERATOR: JUNE ROBBINS
SITE: KETCHIKAN

FINAL STATS

****

TESTIFIED

NAME/REPRESENTING	ADDRESS	PHONE	BILL NO.
1. ED MAHN, KETCHIKAN GENERAL HOSPITAL	3100 TONGASS AVE. KETCHIKAN 99901	225-5171	HB 214

****

OBSERVED

NAME/REPRESENTING	ADDRESS	PHONE	BILL NO.
1. CONSTANCE GRIFFITH	2509 4TH AVE. KETCHIKAN 99901	225-5069	HB151 AND HB174

****

TESTIFIED: 1
UNABLE: 0
OBSERVED: 1
TOTAL: 2

START TIME: 8:05 AM   END TIME: 8:55 AM
START TIME: 9:10 AM   END TIME: 10:10 AM

```
****************************************************************
*                                                              *
* DELIVER TO: LHSCHES                                          *
*                                                              *
*                                                              *
* ORIGINAL                                                     *
* SENT:          04/04/91  TIME: 10:52                         *
* FROM:          LIOCMIL                                       *
* SUBJECT:       91-04-011;FS;(H)HESS;4/4                      *
* PRINT DATE:    04/04/91  TIME: 10:53                         *
*                                                              *
****************************************************************
```

SUBJECT LINE TO READ: TC NO.; PL FS;SHORT SUBJECT;DATE

T/C NO: 91-04-011
DATE: 4/4
SPONSOR: (H)HESS
SUBJECT: HB 151 ETC.
MODERATOR: JUDY
SITE: ANCHORAGE

FINAL STATISTICS

****

TO TESTIFY

NAMES/REPRESENTING	ADDRESS	PHONE	BILL NO.
~~1~~. SHARON ANDERSON	POB 143889	276-1131 x1330	HB 214 - Humana
②. ANTONIA HARTMAN	2300 D #301		HB 151
~~3~~. NORMA SIMPSON	BOX 91733 99509		HB 151

****

TO OBSERVE:

NAME/ REPRESENTING	ADDRESS	PHONE	BILL NO.

****

TESTIFIED: 1
UNABLE: 2
OBSERVED: 0
TOTAL: 3

START TIME: 8:00 END TIME: 10:10

```
*********************************************************
*                                                       *
* DELIVER TO: LHSCHES                                   *
*                                                       *
*                                                       *
* ORIGINAL                                              *
* SENT:          04/04/91   TIME: 10:29                 *
* FROM:          LIOCKOD                                *
* SUBJECT:       91-04-011;FS;HB 214;4-4-91             *
* PRINT DATE:    04/04/91   TIME: 10:29                 *
*                                                       *
*********************************************************
```

SUBJECT LINE TO READ: TC NO.;PL/FS;SHORT SUBJECT;DATE

T/C NO: 91-04-011
DATE: APRIL 4, 1991 - THURSDAY
SPONSOR: HOUSE H.E.S.S. COMMITTEE
SUBJECT: MULTIPLE BILLS
MODERATOR: LORNA STEELMAN
SITE: KODIAK

FINAL STATS

****

TESTIFIED

Kodiak Burrough Mayor

NAME/REPRESENTING ADDRESS PHONE BILL NO.

1. JEROME SELBY/MAYOR - 710 MILL BAY RD - KODIAK 99615, 486-5736 HB 214
2. WAYNE STEVENS -BOX 1485 - KODIAK, 99615 / 486-5557 HB214
3. CORLENE HOGG - KODIAK ISLAND HOSPITAL HB 214
   1915 E. REZANOF - KODIAK 99615, 486-3281
4. GIL BANE - KODIAK ISLAND HOSPITAL HB 214
   1915 E. REZANOF - KODIAK 99615, 486-3281

****

TESTIFIED: 4
OBSERVED: 0
TOTAL: 4

START TIME: 8:00 AM END TIME: 9:26 AM

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

DATE: 4/4/91

PLACE: Capitol Room 106

SUBJECT OF MEETING:
HB 214 STATE AID FOR NONPROFIT HEALTH FACILITIES

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
✓ Harlan Knudson (nudson)	Hospital Nursing Home Assn	319 Seward #11	98101	—	586 1790	(Y)	N	HB 214
✓ Newton Chase	DHSS					(Y)	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	

HB
217

ALASKA STATE HOUSE

3111 C STREET, SUITE 455
ANCHORAGE, ALASKA 99503
(907) 561-7628

WHILE IN SESSION
P.O. BOX V
JUNEAU, ALASKA 99811
(907) 465-3704

CHAIR
RULES COMMITTEE

JUDICIARY

SPECIAL COMMITTEE ON INTERNATIONAL
TRADE & TOURISM

LEGISLATIVE COUNCIL

REPRESENTATIVE JOHNNY ELLIS

MEMORANDUM

TO: Members of HESS Committee

FROM: Representative Johnny Ellis

RE: Sectional Analysis on HB217

DATE: April 4, 1991

****

House Bill 217 changes the law regarding the composition, terms and removal of the members of the State Board of Education. This legislation will help to insulate state education policy from political partisanship and will provide for better continuity in the making of educational policy.

Section 1 of this bill changes the law so that the Governor may not stack the Board entirely with members of the same political party regardless of the Governor's own political party. Clearly, the intent of the existing law was to achieve a balance on the Board so that a broader group of interests can participate in educational policy making. This section protects against the abuse of this intent.

Section 2 of the bill changes the terms of state Board members from five to four years. This section works to integrate Board turnover more logically with the four year terms of the Governor.

Section 3 changes the law so that Board members may be removed only for neglect of duty or misconduct in office, and would no longer serve simply at the pleasure of the Governor. There are several other boards and commissions whose members may only be removed for cause, as allowed under article III, section 26 of the State Constitution.

Section 4 reestablishes the overlapping terms of Board members. This section fits with sections 2 and 3 to provide for a more orderly transition between Board members.

The combined effect of sections 2, 3 and 4 is to provide for continuity between the Board members appointed by one Governor and the Board members appointed by the succeeding Governor. Under this scheme a new Governor would: 1) immediately appoint two Board members, 2) by the end of the first year could appoint two more members (thus having made a majority of the appointments), and, 3) by the end of his or her term could replace the entire Board membership. Thus, the Governor retains significant control while allowing for some continuity in educational policy making.

Thank you for your consideration of HB217.

SAMPLING OF
STATE BOARDS & COMMISSIONS
upon which
MEMBERS MAY ONLY BE REMOVED FOR CAUSE

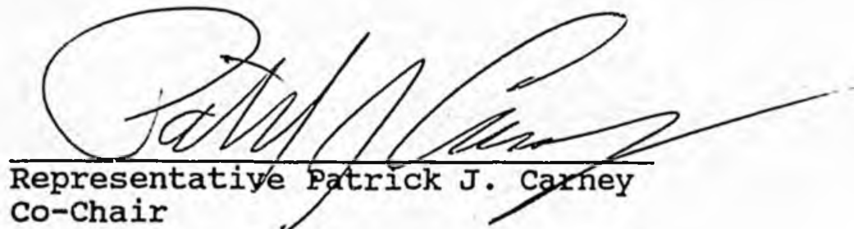
BOARD OR COMMISSION	AUTHORITY
Public Broadcasting Commission	44.21.258 (a)
Public Utilities Commission	42.05.030
Labor Relations Agency	23.05.360 (c)
Personnel Board	39.25.060 (c)
Mental Health Board	47.30.663 (c)
Commercial Fisheries Entry Commission	16.43.020
Board of Forestry	41.17.041
Science & Technology Foundation	37.17.040 (a)
Citizens Advisory Commission on Federal Areas	41.37.050
Profesional Teaching Practice Commission	14.20.430
Violent Crimes Compensation Board	18.67.020
Occupational Safety & Health Review Board	18.60.057 (b)

April 5, 1991

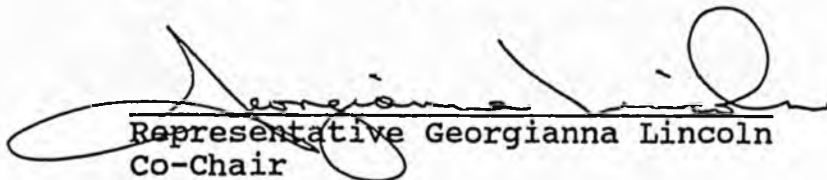
by the House Health, Education and Social Services Committee.

LETTER OF INTENT
FOR
CSHB 217 (HES)

It is the intent of the Legislature in passing CSHB 217 (HES) that at least one appointee to the State Board of Education be a teacher who holds a teaching certificate issued by the State of Alaska.



Representative Patrick J. Carney
Co-Chair



Representative Georgianna Lincoln
Co-Chair

HOUSE COMMITTEE REPORT

(7)
Date Referred: March 13, 1991 FURTHER REFERRALS: Finance

Date of Committee Action: __________

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: HB 217

HOUSE BILL NO. 217 STATE BOARD OF EDUCATION MEMBERS

"An Act relating to the state Board of Education."

RECOMMENDATIONS:
be replaced with CSHB 217 (HES) [ ] the same title / [ ] a new title
[ ] have attached amendments(s)
[✓] do pass
[ ] do not pass
[ ] no recommendations
[ ] individual recommendations
[ ] additional referral to the ________ Committee

ADOPTS: ✓ letter of Intent

ATTACHES NEW FISCAL NOTE(s): (Dept) APPROVES PREVIOUS: (Dept/Date)

[ ] fiscal impact ________ [ ] fiscal note(s) ________

[ ] zero fiscal note ________ [ ] zero fiscal note(s) ________

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
Cheri Davis	✓				
Mary Miller	✓				
Mark [illegible]	X				
Bettye Davis	✓				
J. C. Gonzales	✓				
[illegible]	✓				
[illegible]	X				

[signature]
CHAIRMAN'S SIGNATURE

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. HB 217

Revision Date:

Department Affected: Office of the Governor

Title: "An Act relating to the state Board of Education."

BRU: Executive Operations

Component: Executive Office

Sponsor: Representatives Ellis, Gruenberg, et al.

Requestor: Representative Ellis

COMPONENT SERIAL NO. 6

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL						

REVENUE						

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

Estimate of current year impact: none

ANALYSIS: (Attach a separate page if necessary.)

HB 217 would not have fiscal impact on the Office of the Governor.

Prepared By: Michael A. Nizich, Director

Phone: 465-3616

Division: Division of Administrative Services

Date: 3/27/91

Approved by Commissioner: D. Max Hodel, Chief of Staff

Agency: Office of the Governor

Date: 3/27/91

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

Rev 10/90

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. HB 217

Revision Date:

Department Affected: Education

Title: State Board of Education

BRU: Executive Administration

Component: State Board of Education

Sponsor: Ellis

Requestor: House HESS

COMPONENT SERIAL NO.

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL						
REVENUE						

FUNDING: (Thousands of Dollars)

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

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact: none

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: Mary Hakala

Phone: 465-2800

Division: Commissioner's Office

Date: 3/29/91

Approved by Commissioner: Steve Hole, Acting Commissioner

Agency: Education

Date: 3/29/91

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

Rev 10/90

Alaska State Constitution

in joint session, these orders become effective at a date thereafter to be designated by the governor.

Supervision

SECTION 24. Each principal department shall be under the supervision of the governor.

Department Heads

SECTION 25. The head of each principal department shall be a single executive unless otherwise provided by law. He shall be appointed by the governor, subject to confirmation by a majority of the members of the legislature in joint session, and shall serve at the pleasure of the governor, except as otherwise provided in this article with respect to the Secretary of State. The heads of all principal departments shall be citizens of the United States.

(The Sixth Legislature's Senate Joint Resolution No. 2 "changing the name of the secretary of state to lieutenant governor" in sixteen sections of the Alaska Constitution, approved by the voters August 25, 1970, inadvertently omitted express amendment of this section.)

Boards and Commissions

SECTION 26. When a board or commission is at the head of a principal department or a regulatory or quasi-judicial agency, its members shall be appointed by the governor, subject to confirmation by a majority of the members of the legislature in joint session, and may be removed as provided by law. They shall be citizens of the United States. The board or commission may appoint a principal executive officer when authorized by law, but the appointment shall be subject to the approval of the governor.

Recess Appointments

SECTION 27. The governor may make appointments to fill vacancies occurring during a recess of the legislature, in offices requiring confirmation by the legislature. The duration of such appointments shall be prescribed by law.

ARTICLE IV

THE JUDICIARY

Judicial Power and Jurisdiction

SECTION 1. The judicial power of the State is vested in a supreme court, a superior court and the courts established by the legislature. The jurisdic-

Sec. 14.07.070. Withholding state funds. State funds may not be paid to a school district or teacher who fails to comply with the school laws of the state or with the regulations adopted by the department. (§ 1 ch 98 SLA 1966)

Article 2. State Board of Education.

Section
75. Creation
85. Appointment of members
95. Term of office
105. Quorum and chair
115. Removal
125. Meetings
135. Legal assistance
145. Commissioner of education
150. Budget and fiscal authority
155. Partisan candidacy prohibited
160. Bylaws
170. Additional powers of board

Collateral references. — 68 Am. Jur. 2d Schools, §§ 5-7, 37-55.

78 C.J.S. Schools and School Districts, §§ 83-91.

Modern status of doctrine of sovereign immunity as applied to public schools and institutions of higher learning. 33 ALR3d 703.

Sec. 14.07.075. Creation. There is created at the head of the Department of Education a Board of Education consisting of seven members. (§ 1 ch 96 SLA 1967)

NOTES TO DECISIONS

Stated in Hootch v. Alaska State-Operated School Sys., Sup. Ct. Op. No. 1154 (File No. 2157), 536 P.2d 793 (1975); Tunley v. Municipality of Anchorage School Dist., Sup. Ct. Op. No. 2160 (File Nos. 4796, 4797, 4826), 631 P.2d 67 (1980).

Sec. 14.07.080. Creation and term of office. [Repealed, § 14 ch 96 1967.]

Sec. 14.07.085. Appointment of members. (a) The seven members of the board, no more than four of whom shall be members of the same political party as the governor, shall be appointed by the governor, subject to confirmation by a majority of the members of the legislature in joint session. In appointing board members, the governor shall consider recommendations made by recognized educational associations in the state.

(b) One member shall be appointed from each of the four judicial districts and three from the state at large with at least one member representing regional educational attendance areas.

(c) The members are entitled to the expenses, travel, and per diem allowances provided by law.

(d) A member may act and receive compensation from the date of appointment until confirmation or rejection by the legislature. (§ 1 ch 96 SLA 1967)

Revisor's notes. — The reference in AS 14.07.085(b) to "state operated rural schools" was changed to "regional educational attendance areas" in 1978 to conform to ch. 124, SLA 1975.

Cross references. — For further qualifications of members of Board of Education, see AS 39.05.065.

Sec. 14.07.090. Appointment of members. [Repealed, § 14 ch 96 SLA 1967.]

Sec. 14.07.095. Term of office. The members of the board shall be appointed for overlapping five-year terms commencing February 1 of the year of appointment. A member appointed to fill a vacancy serves for the unexpired term of the member whose vacancy is filled. A vacancy occurring during a term of office is filled in the same manner as the original appointment. (§ 1 ch 96 SLA 1967)

Sec. 14.07.100. Executive officer. [Repealed, § 14 ch 96 SLA 1967.]

Sec. 14.07.105. Quorum and chair. (a) Four members constitute a quorum.

(b) The board shall designate one member of the board as the chairperson who serves as chair of the board at the pleasure of the board. (§ 1 ch 96 SLA 1967)

Sec. 14.07.110. Appointment of commissioner. [Repealed, § 14 ch 96 SLA 1967.]

Sec. 14.07.115. Removal. Members of the board serve at the pleasure of the governor. (§ 1 ch 96 SLA 1967)

Sec. 14.07.120. Term of office and vacancy. [Repealed, § 14 ch 96 SLA 1967.]

Sec. 14.07.125. Meetings. The board shall meet at least quarterly. Meetings may be called by the chair or by a majority of the members of the board. Meetings shall be held in Juneau unless a majority of the members of the board changes the place of a meeting. (§ 1 ch 96 SLA 1967)

BOARD: EDUCATION, BOARD OF

BOARD IDENTIFICATION NUMBER: 29

TITLE: Board of Education

DEPT: Department of Education

AUTHORITY: AS 14.07.075, AS 14.35.020, AS 23.15.010

STATUS: ACTIVE

REQUIREMENTS: LEGISLATIVE CONFIRMATION AND FINANCIAL DISCLOSURE

PROHIBITIONS: No member may be a candidate for partisan political office while serving; no more than 4 shall be of the same political party as the Governor.

TERM: 5 years; except student representative serves for a 1-year term and military representative not to exceed a 3-year term.

DESCRIPTION: 7 members appointed by Governor: with consideration of recommendations made by recognized educational associations in the state; 1 representing each judicial district; 3 at-large; at least 1 representing regional educational attendance areas; board designates chair; serve at pleasure of Governor. (Non-voting advisory members include: student representative nominated by the Board of Directors of the Alaska Association of Student Governments and selected by the board; and military representative nominated by the ranking General of the Alaska Command and selected by the board.)

SPECIAL FACTS: Quorum - 4 members. Serve at the pleasure of the Governor.

FUNCTION: Heads, Dept. of Education; appoints Commissioner with Governor's approval; adopts bylaws and budget for management of the Department; administers the program of vocational education and is designated as the Board of Vocational Rehabilitation.

COMPENSATION: Standard travel/per diem.

MEETINGS: At least quarterly; held in Juneau unless board changes location; official meetings 10-11 times per year; committee meetings 5-10 days per year; total 30 days maximum.

*FOR FURTHER INFORMATION CONTACT: Commissioner, Dept. of Education, Box F, Juneau, AK 99811 PHONE: 465-2800
(Revised 1/14/91)

EDUCATION

MEMBER			APPT	REAAPT	REAPPT	TERM
Michael 4113 Willy's Lane Fairbanks Student Rep/Non-Voting	Angaiak	99709	90/06/00	0/00/00	0/00/00	90/06/01
Kathryn 1900 Stanford Drive Anchorage Public-at-Large	Cuddy	99508	91/01/07	0/00/00	0/00/00	95/01/31
Matthew 5-450A "I" Street Elemdorf AFB Military Rep./Non-Voting	Kenney	99506	88/12/05	0/00/00	0/00/00	90/12/05
Joe 1048 Beech Lane Anchorage Public/3rd JD	Montgomery	99501	91/01/07	0/00/00	0/00/00	93/01/31
June Box 158 Kotzebue Public/2nd JD	Nelson	99752	91/01/07	0/00/00	0/00/00	94/01/31
Patricia P.O. Box 642 Petersburg Public/1st JD	Norheim	99833	91/01/07	0/00/00	0/00/00	92/01/31
Jack P.O. Box 628 Talkeetna Public at Large	Phelps	99676	91/01/07	0/00/00	0/00/00	94/01/31
Robert 804 P Street, No. 4 Anchorage Public at Large	Walp	99501-3252	91/01/07	0/00/00	0/00/00	95/01/31
Andy 3200 Riverview Drive Fairbanks Public/4th JD	Warwick	99709	91/01/07	0/00/00	0/00/00	93/01/31

HB
224

WALTER J. HICKEL, GOVERNOR

REPLY TO:

☑ CRIMINAL DIVISION CENTRAL OFFICE
P.O. BOX KC
JUNEAU, ALASKA 99811-0310
PHONE: (907) 465-3428

☐ OFFICE OF SPECIAL PROSECUTIONS
AND APPEALS
1031 WEST 4TH AVENUE, SUITE 318
ANCHORAGE, ALASKA 99501-5993
PHONE: (907) 279-7424

DEPARTMENT OF LAW

CRIMINAL DIVISION

March 29, 1991

RECEIV
APR -. A...

The Honorable Pat Carney and Georgianna Lincoln
Co-Chairmen
Health, Education, & Social Services Committee
Alaska House of Representatives
P.O. Box V
Juneau, Alaska 99811

Re: HB 224 (An act relating to population management in the state correctional system)

Dear Representatives Carney and Lincoln,

I am writing to you in my role as counsel to the Alaska Department of Corrections on behalf of the Administration regarding HB 224. This bill, which deals with a proposed short-term solution to prison crowding in Alaska, has been referred to the House HESS Committee for a hearing.

On behalf of the Administration, I respectfully request that you set the bill on for a hearing before your committee. To assist you and the members of your committee in better understanding HB 224, I have prepared and enclosed a sectional analysis of the bill as well as a flow chart which displays how the provisions of the bill will be implemented. While the concept of HB 224 is relatively simple, the mechanics of the bill are a bit complicated; thus I look forward to testifying before the committee to explain its provisions.

In addition, I have enclosed a proposed amendment to HB 224 which the Administration respectfully requests that you consider at the time that HB 224 is calendared for a hearing. The proposed amendment is self-explanatory, and is addressed in the sectional analysis.

D.O.L. Stmt

Thank you for your anticipated response to this request to calendar HB 224 for a hearing.

Very truly yours,

CHARLES E. COLE
ATTORNEY GENERAL

By: Michael J. Stark
Michael J. Stark
Assistant Attorney General

Enclosures

cc: Commissioner Lloyd Hames (w/enclosures)
Commissioner Richard Burton (w/enclosures)
Malcolm Roberts (w/enclosures)
Bruce Kendall (w/enclosures)
Jeff Bush (w/enclosures)
Alaska Sentencing Commission (w/enclosures)

MJS:mm-047

SECTIONAL ANALYSIS FOR AN ACT
RELATING TO POPULATION
MANAGEMENT IN THE STATE
CORRECTIONAL SYSTEM (HB 224)

Introduction

This Act is a recognition of the universal view of corrections experts that a correctional system cannot adequately function when every prison bed is full. When all areas of correctional facilities designed for housing prisoners are full, violence is much more likely to occur, and correctional administrators have no flexibility to respond to the ever-changing demands of a growing prison population. Rehabilitative resources are stretched too thin to effectively fulfill their purpose of reforming offenders; and the public safety is thus adversely affected upon the release of prisoners from a crowded correctional system.

Because the prison population in Alaska is continuing to increase, this Act represents an effort to provide short term assistance in managing the prison population during overcrowding emergencies while more long term solutions to prison crowding can be explored by the legislative and executive branches of government. Recommendations that will address this problem in a more comprehensive way are anticipated to come from the Alaska Sentencing Commission over the next few years.

Under this Act, when the prison population in the correctional system exceeds its maximum capacity for an extended period, the Commission must notify the governor and parole board,

Sectional Analysis

and certain offenders not otherwise eligible for parole become eligible after serving at least half their sentences. If the parole board, after careful scrutiny, deems such a prisoner a safe risk to the public, then he or she may be released on discretionary parole subject to supervision by a parole officer and conditions set by the board.

If the correctional system has not been provided adequate relief such that the prison population has dropped below its maximum capacity within 120 days of the notification to the governor, then certain low risk offenders within 120 days of their release date would be released early into supervised probation or parole.

This two step proposal is similar to ones utilized in a number of states with prison crowding problems. Following is a brief analysis of each section of the bill.

Section 1. Legislative Findings And Purpose.

This section is a statement of the purpose of the bill: to manage the population in state correctional facilities so as to better enable state correctional officials to achieve the dual constitutional goals of reformation of the offender and protection of the public. See, Alaska Constitution, Art. I, § 12.

Those offenders affected by this Act are deemed to present a lesser risk to the public than those whose release are not affected.

Section 2. AS 12.55.125(g).

This section cross references the provisions which provide the authority for special discretionary parole and early release of eligible prisoners when crowding conditions persist.

Section 3 & 4. AS 33.16.090(b); AS 33.16.090(c).

These sections cross reference the provision which provides that after prolonged prison crowding conditions, a limited exception may be made to the general rule that presumptively sentenced prisoners are not eligible for parole.

Section 5. AS 33.16.100(c).

This section does the same thing as sections 3 and 4; and, in addition, makes two technical amendments to better clarify existing law.

Section 6. AS 33.25.010 -- 33.25.090, Prison Population Management Act.

This section adds a new chapter to Title 33 in Alaska's statutes. The sections in this chapter provide the statutory scheme to help manage Alaska's prison population when overcrowding conditions persist. A brief analysis of each section and its intent follows:

CHAPTER 25. PRISON POPULATION MANAGEMENT ACT

Section 33.25.010. Capacity of Correctional System.

This section requires the commissioner of corrections to adopt regulations under the Administrative Procedure Act (AS 44.62) specifying the maximum capacity of each state correctional facility and of the correctional system. The term "maximum capacity" is defined in proposed AS 33.25.910(5) as the maximum number of prisoners that can be accommodated in areas of a correctional facility designed for the general housing of prisoners. This excludes temporary holding areas. The commissioner will utilize generally accepted principles of correctional management in setting the maximum capacities including such factors as square footage in common and living areas, time out of living units, inmate/staff ratios, physical plant limitations, custody levels of inmates, and program resources. These factors are set out in the Final Settlement Agreement and Order in Cleary v. Smith, 3AN-81-5274 Civ.

Section 33.25.020. Duties of the Commissioner.

This section sets out the duties of the commissioner so as to implement the provisions of this chapter. If the average daily prisoner population exceeds the maximum capacity of the system for a 30-day period, the commissioner is required to notify the governor and parole board; prepare a list of prisoners who would be eligible for special discretionary parole under AS 33.25.030; and explore alternatives for reducing prison

crowding, including increasing the maximum capacity, with executive and legislative branch leaders.

Under subsection (b), if the population continues to exceed the maximum capacity, the prisoners on the list become eligible for special discretionary parole, and the commissioner must notify the prisoners of their eligibility.

Under subsection (c), if the provisions regarding special discretionary parole are implemented, and the prison population nonetheless continues to exceed maximum capacity, the commissioner shall again notify the governor and parole board and immediately prepare a list of prisoners eligible for early release under AS 33.25.070.

If the early release of prisoners into supervised probation or parole under AS 33.25.050 does not reduce the prison population below maximum capacity, then the commissioner is obliged to again perform the duties relating to special discretionary parole consideration.

Finally, subsection (d) provides that this statutory population management tool (i.e., special discretionary parole consideration and early release) may not be utilized and the relevant time periods begin to run anew if the prison population falls below maximum capacity during certain relevant time periods.

<u>Section 33.25.030. Special Discretionary Parole Eligibility.</u>

This section sets out actual periods of eligibility and eligibility requirements for special discretionary parole for

classes of prisoners set out in AS 33.25.040.

Subsection (b) recognizes the due process right of a prisoner to retain his or her parole eligibility once it is achieved, even if the prison population falls below maximum capacity. Subsection (c) provides that, notwithstanding other provisions, no prisoner will become eligible for special discretionary parole if, at the time prisoners would otherwise become eligible, the commissioner determines that the maximum capacity of the prison system will be increased within the next 45 days such that it will exceed the prison population.

Section 33.25.040. Classes of Prisoners Eligible for Special Discretionary Parole.

A state prisoner who has not previously been revoked after being released on special discretionary parole or early release under this chapter is eligible for special discretionary parole when prison crowding conditions warrant, if the prisoner is serving a sentence of at least 181 days (minimum eligibility for parole under AS 33.16.090(a)) for a crime other than an unclassified or A Felony under AS 11, an equivalent offense under Alaska's former criminal code, or certain serious class B felonies (any B felony against a person under AS 11.41, arson in the second degree, criminal mischief in the first degree, and attempt or solicitation to commit a class A felony offense); and the prisoner is not otherwise eligible for parole due to the service of a presumptive sentence.

The critical element in this section which serves to

protect the public, in addition to excluding the most serious felons, is that a prisoner eligible for special discretionary parole may not be released on parole unless the parole board determines, with reasonable probability, that the prisoner will not violate the law or otherwise pose a threat to the public. AS 33.16.100(a). This provision along with AS 33.25.030 provides the opportunity, after prison crowding conditions persist, for certain less serious felons who have served one half of their sentences and who are not otherwise eligible for parole, and who have demonstrated a strong commitment toward rehabilitation, to be considered for discretionary parole.

Section 33.25.050 Early Release And Probation or Parole Supervision.

Subsection (a) requires the commissioner to release early each prisoner eligible under AS 33.25.070 into supervised probation or parole if crowding conditions still exist 120 days after eligible prisoners have been considered for special discretionary parole. A prisoner may not be released early until he or she agrees in writing to follow the conditions of behavior required while on supervision.

Subsection (b) dictates whether a person released early is to be under parole or probation supervision. Each prisoner released early will be under either parole or probation supervision except for a prisoner who has less than 10 days remaining to serve on a sentence at the time of early release, and who is not subject to probation or parole after the term of incarceration. Such a

prisoner requires no supervision upon release.

Subsection (c) makes clear that the prohibition in AS 12.55.090(c) against probation lasting more than five years does not apply to a prisoner released early under (a) of this section.

Section AS 33.25.060. Violation of Conditions of Early Release.

This section provides authority for a court to revoke the probation resulting from early release and the probation following early release, if a prisoner on early release violates a law or condition of probation. The same authority is provided to the parole board for a prisoner on parole resulting from early release.

Section 33.25.070. Prisoners Eligible for Early Release.

This section lists seven requirements that must be met for a prisoner to be released early under As 33.25.050. As in AS 33.25.040 (eligibility for special discretionary parole), the most serious offenders are not eligible for early release. The seven requirements are self-explanatory and are aimed at releasing early only those prisoners who have served at least one-half of their period of confinement, are least likely to endanger the public and who are very close to the end of their sentences.

Section 33.25.080. Limitation on Civil Action.

This section prohibits anyone from bringing a civil action against the state or a state employee for failure to comply with any of the time limits established in this chapter. If this

Act is adopted, it is possible that time pressures caused by prison crowding and an effort to safeguard the public while complying with the provisions in this chapter may result in missing certain time frames. No liability will flow from such an occurrence.

Section 33.25.900. Definitions.

This section defines the terms in AS 33.25.

Section 7.

With the Administration's proposed amendment, this section provides for this chapter to be repealed in four years. This sunset provision is a recognition that the relief provided to prison crowding by this chapter is a short-term emergency measure that should no longer be needed after the comprehensive recommendations of the Alaska Sentencing Commission (AS 44.19.561 -- 44.19.577) are presented to the legislature, and long-term solutions to prison crowding are implemented.

Section 8. Immediate Effective Date.

This section provides for an immediate effective date for this Act.

…OUSE COMMITTEE REPO…

(7)
Date Referred: March 20, 1991 FURTHER REFERRALS: Judiciary

Date of Committee Action: __________

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: HB 224

HOUSE BILL NO. 224 PRISON POPULATION MANAGEMENT

"An Act relating to population management in the state correctional system; and providing for an effective date."

RECOMMENDATIONS:
be replaced with CS HB 224 (HES) [ ] the same title [x] a new title

[ ] have attached amendments(s)
[ ] do pass
[ ] do not pass
[ ] no recommendations
[x] individual recommendations
[ ] additional referral to the ______________ Committee

ADOPTS: ______________ letter of Intent

ATTACHES NEW FISCAL NOTE(s): (Dept) APPROVES PREVIOUS: (Dept/Date)

[ ] fiscal impact ______________ [ ] fiscal note(s) ______________

[x] zero fiscal note Dept. of Corrections [ ] zero fiscal note(s) ______________

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
[signature]	✓	Betty Davis		X	
[signature, struck out]		Mark Hanley		X	
J. C. [signature]	✓	Mary Miller		✓	
		Cheri Davis		✓	
		[signature]		✓	

[signature]
CHAIRMAN'S SIGNATURE

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. H.B. 224

Revision Date: ____________ Department Affected: Corrections

Title: "An Act relating to population management...state correctional system.." BRU: Statewide Operations

Component: ____________

Sponsor: ____________

Requestor: Governor

COMPONENT SERIAL NO. | | | |

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 92	FY 93	FY 94	FY 95	FY 96	FY 97
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

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

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year impact: ____________

ANALYSIS: (Attach a separate page if necessary.)

Prepared By: Tom Sutton, Director *Tom Sutton* Phone: 465-3376

Division: Administrative Services Date: 04-12-91

Approved by Commissioner: ____________

Agency: Department of Corrections Date: 04-12-91

Distribution (by preparer): Legislative Finance, Legislative Sponsor, Requestor, OMB, & Impacted Agency(ies).

Rev 10/90

FN to Corrections

7-GH0024\D
Gaguine
4/25/91

CS FOR HOUSE BILL NO. 224 (HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - FIRST SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:
Referred:

Sponsor(s): HOUSE RULES/GOVERNOR

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to sentencing and to population management in the state correctional**
2 **system; and providing for an effective date."**

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

4 *** Section 1.** LEGISLATIVE FINDINGS AND PURPOSE. The purpose of this Act is to manage the
5 population in state correctional facilities so as to better enable state correctional officials to achieve the
6 dual constitutional goals of protection of the public and reformation of the offender. The classes of
7 prisoners eligible for parole or early release under this Act are considered by the legislature to present
8 a lesser risk to the public safety than those classes whose release is unaffected. The legislature finds
9 that the purposes of this Act can be best accomplished by differentiating between these classes of
10 prisoners. However, the legislature views the provisions of AS 33.22 as establishing an extraordinary
11 remedy to reduce prison crowding. Accordingly, it is expected that the commissioner of corrections will
12 exhaust all available options for reducing prison crowding so as to minimize the necessity of utilizing
13 this remedy.
14 *** Sec. 2.** AS 12.55.125(g) is amended to read:

1 (g) If a defendant is sentenced under (c), (d), (e) [(d)(1), (d)(2), (e)(1), (e)(2)], or (i) of
2 this section, except to the extent permitted under AS 12.55.155 - 12.55.175, AS 33.22.030, and
3 33.22.050:
4 (1) imprisonment may not be suspended under AS 12.55.080;
5 (2) imposition of sentence may not be suspended under AS 12.55.085;
6 (3) terms of imprisonment may not be otherwise reduced.
7 * **Sec. 3.** AS 33.16.090(b) is amended to read:
8 (b) **Except as provided in AS 33.22.030, a** [A] prisoner is not eligible for discretionary
9 parole during the term of a presumptive sentence; however, a prisoner is eligible for discretionary
10 parole during a term of sentence enhancement imposed under AS 12.55.155(a) or during the term
11 of a consecutive or partially consecutive presumptive sentence imposed under AS 12.55.025(e)
12 or (g).
13 * **Sec. 4.** AS 33.16.090(c) is amended to read:
14 (c) **Except as provided in AS 33.22.030, a** [A] prisoner eligible for discretionary parole
15 during a period of sentence enhancement imposed under AS 12.55.155(a) or during a consecutive
16 or partially consecutive presumptive sentence imposed under AS 12.55.025(e) or (g) shall serve
17 the unenhanced portion of the sentence or the initial presumptive sentence before being otherwise
18 eligible for discretionary parole under AS 33.16.100(c) or (d). For purposes of this subsection,
19 the sentence for the most serious offense in the case of consecutive or partially consecutive
20 presumptive sentences shall be considered the initial presumptive sentence. The unenhanced
21 sentence or the initial presumptive sentence is considered served for purposes of discretionary
22 parole on the date the unenhanced or initial presumptive sentence is due to expire less good time
23 earned under AS 33.20.010.
24 * **Sec. 5.** AS 33.16.100(c) is amended to read:
25 (c) Except as provided in (d) of this section **and AS 33.22.030**, a prisoner may not be
26 released on discretionary parole until the prisoner has served at least one-fourth of the period of
27 confinement imposed, one-fourth of an enhanced **or consecutive or partially consecutive** period
28 of confinement imposed under **AS 12.55.025 or 12.55.155(a)** [AS 12.55.155(a)] or any minimum
29 term set under AS 12.55.115 at sentencing, whichever is greater.
30 * **Sec. 6.** AS 33 is amended by adding a new chapter to read:
31 CHAPTER 22. PRISON POPULATION MANAGEMENT ACT.

1 Sec. 33.22.010. CAPACITY OF CORRECTIONAL SYSTEM. The commissioner shall
2 specify, by regulations adopted under the Administrative Procedure Act (AS 44.62), the
3 maximum capacity of each state correctional facility and the maximum capacity of the correct-
4 ional system.
5 Sec. 33.22.020. DUTIES OF THE COMMISSIONER. (a) If the average daily prisoner
6 population exceeds the maximum capacity of the system for a 30-day period, the commissioner
7 shall
8 (1) on the next working day, notify the governor and the board of parole;
9 (2) within 15 days, prepare a list of prisoners who would be eligible under
10 AS 33.22.030 for special discretionary parole consideration; and
11 (3) with representatives from the executive and legislative branches, explore
12 alternatives for reducing the prison population or increasing the maximum capacity of the system.
13 (b) The commissioner shall notify prisoners of their eligibility under AS 33.22.030 for
14 special discretionary parole.
15 (c) If the provisions in AS 33.22.030(a) are implemented but the average daily prisoner
16 population exceeds the maximum capacity of the system for the 30-day period ending 120 days
17 after the commissioner's notification of the governor under (a)(1) of this section, the
18 commissioner shall again notify the governor and board of parole and immediately prepare a list
19 of prisoners eligible under AS 33.22.070 for early release. If prisoners are released early under
20 AS 33.22.050(a) but the average daily prisoner population exceeds the maximum capacity of the
21 system for the 15-day period ending 30 days after the commissioner's notification of the governor
22 under this subsection, the commissioner shall again perform the duties set out in (a)(1) - (3) of
23 this section.
24 (d) A subsequent 30-day period that might require notification of the governor under (a)
25 of this section begins to run
26 (1) 15 days after a determination is made by the commissioner under
27 AS 33.22.030(c) or 33.22.050(d); or
28 (2) the day after the prison population falls below the maximum capacity of the
29 system for either of the time periods in (c) of this section.
30 Sec. 33.22.030. SPECIAL DISCRETIONARY PAROLE ELIGIBILITY. (a) If the
31 average daily prisoner population exceeds the maximum capacity of the system for the 15-day

1 period following the commissioner's notification to the governor under AS 33.22.020(a)(1), a
2 prisoner who is in, or within the next 105 days falls into, the class of prisoners eligible under
3 AS 33.22.040 for special discretionary parole is eligible for special discretionary parole if, by the
4 end of the 105-day period, the prisoner will have served the greater of
5 (1) one-half of the unenhanced portion of the presumptive sentence for the most
6 serious offense for which the prisoner is sentenced, plus the period of time equal to one-quarter
7 of an enhanced, consecutive, or partially consecutive sentence;
8 (2) any minimum term required by law; or
9 (3) any minimum term set by the court under AS 12.55.115.
10 (b) Unless special discretionary parole under this chapter is revoked, a prisoner who
11 becomes eligible for parole under (a) of this section remains eligible despite decreases in the
12 prison population or increases in the maximum capacity of the system.
13 (c) Notwithstanding (a) of this section, a prisoner is not eligible for special discretionary
14 parole if, at the end of the 15-day period described in AS 33.22.020(a)(2), the commissioner has
15 determined that the maximum capacity of the system will be increased, or additional space will
16 become available by contract, so that the average daily prisoner population will be less than the
17 maximum capacity of the system within 45 days.
18 Sec. 33.22.040. CLASS OF PRISONERS ELIGIBLE FOR SPECIAL DISCRETIONARY
19 PAROLE. A state prisoner whose special discretionary parole or early release under this chapter
20 has not previously been revoked, and who is serving a sentence of at least 181 days for a crime
21 other than one of the following, is in the class of prisoners eligible for special discretionary
22 parole under AS 33.22.030(a):
23 (1) an unclassified or class A felony under AS 11;
24 (2) a felony against a person under former AS 11.15, arson under former
25 AS 11.20.010 or 11.20.020, or a felony attempt to commit one of the offenses set out in this
26 paragraph;
27 (3) a class B felony that was:
28 (A) against a person under AS 11.41;
29 (B) arson under AS 11.46.410;
30 (C) criminal mischief under AS 11.46.480; or
31 (D) attempt or solicitation to commit an offense under AS 11.31.100 or

1 11.31.110.

2 Sec. 33.22.050. EARLY RELEASE AND PROBATION OR PAROLE SUPERVISION.
3 (a) Except as provided in (d) of this section, within five working days after notifying the
4 governor under AS 33.22.020(c), the commissioner shall release each prisoner eligible under
5 AS 33.22.070 after the prisoner agrees in writing to abide by the conditions of supervision set
6 out in (b) of this section.

7 (b) A prisoner released early under (a) of this section is subject to the provisions of (c)
8 of this section and shall be placed on supervised probation or parole as follows:

9 (1) if the prisoner's sentence provides for probation to follow incarceration, the
10 prisoner is on probation during the period of supervision resulting from early release, subject to
11 the same conditions of probation ordered by the court and, if the prisoner is serving a sentence
12 for a felony offense, subject to the reasonable conditions set by the prisoner's probation officer;

13 (2) if the prisoner is scheduled to be released on parole during the period of early
14 release or after the term of incarceration, the prisoner is on parole during the period of
15 supervision resulting from early release, subject to the same conditions of parole imposed by the
16 board of parole; or

17 (3) if the prisoner is not subject to probation or parole after the term of
18 incarceration and the prisoner has more than 10 days remaining to serve on the sentence at the
19 time of early release, the prisoner is on parole during the period of supervision resulting from
20 early release, subject to conditions imposed by the board of parole; if the prisoner has 10 days
21 or less remaining to serve on the sentence at the time of early release, the prisoner is
22 unconditionally discharged.

23 (c) Notwithstanding (b) of this section, a prisoner released early under (a) of this section,
24 who has 30 days or longer remaining to serve at the time of early release, shall be required as
25 a condition of probation or parole to reside at a community residential center and follow the rules
26 of the center during the period of supervision resulting from early release. If there is insufficient
27 space at community residential centers to accommodate the number of prisoners released early
28 under (a) of this section, the commissioner shall determine which prisoners shall reside at a
29 center and which prisoners may be permitted to reside outside a center. In making this
30 determination, the commissioner shall consider such factors as the time remaining to be served
31 on each prisoner's sentence, protection of the public, and the proximity of community residential

1 centers to the correctional facilities from which prisoners will be released.
2 (d) A prisoner may not be released early if, during the five-working-day period following
3 the commissioner's notification of the governor under AS 33.22.020(c), the commissioner
4 determines that the maximum capacity of the system will be increased, or additional space will
5 become available by contract, so that the average daily prisoner population will be less than the
6 maximum capacity of the system within 45 days.
7 (e) AS 12.55.090(c) does not apply to a prisoner being released early under (a) of this
8 section.
9 Sec. 33.22.060. VIOLATION OF CONDITIONS OF EARLY RELEASE. (a) The court
10 may revoke the probation resulting from early release under AS 33.22.050 and the probation
11 following early release, for violation of a state or federal law or municipal ordinance for which
12 violation is punishable by imprisonment, or for violation of a condition of probation imposed by
13 the court or the prisoner's probation officer.
14 (b) The board of parole may revoke the parole resulting from early release under
15 AS 33.22.050 and the parole following early release, for violation of a state or federal law or
16 municipal ordinance that is punishable by imprisonment, or for violation of a condition imposed
17 by the board of parole.
18 Sec. 33.22.070. PRISONERS ELIGIBLE FOR EARLY RELEASE. A state prisoner is
19 eligible for early release under AS 33.22.050 if the prisoner
20 (1) is serving a sentence for an offense other than one listed in AS 33.22.040;
21 (2) has not had special discretionary parole or early release under this chapter
22 revoked previously;
23 (3) at the end of the five-working-day period described in AS 33.22.050(a)
24 (A) will have no more than 120 days remaining to serve; and
25 (B) will have served at least one-half of the period of confinement;
26 (4) has no outstanding detainers; and
27 (5) in the preceding six months, has not been convicted of a disciplinary infraction
28 for which good time may be forfeited; a prisoner charged with a disciplinary infraction is not
29 eligible for early release unless the prisoner is found not guilty of the infraction.
30 Sec. 33.22.080. LIMITATION ON CIVIL ACTION. A person may not commence a
31 civil action against the state or an employee of the state for failure to comply with the time limits

1 established in this chapter.

2 Sec. 33.22.900. REGULATIONS. The commissioner may adopt regulations necessary
3 to carry out the provisions of this chapter.

4 Sec. 33.22.910. DEFINITIONS. In this chapter, unless the context requires otherwise,

5 (1) "average daily prisoner population" means the total of the daily morning
6 prisoner counts at each state correctional facility divided by the number of days in the period
7 under observation;

8 (2) "commissioner" means the commissioner of corrections;

9 (3) "community residential center" means a residential facility with varying levels
10 of supervision and services, made available to the Department of Corrections by contract and
11 designed to facilitate the reintegration of prisoners into society;

12 (4) "detainer" means a written request from another jurisdiction seeking
13 notification of a prisoner's pending release in order to facilitate securing the prisoner's presence
14 in that jurisdiction to answer to criminal charges or satisfy a sentence;

15 (5) "felony" has the meaning given in AS 11.81.900(b);

16 (6) "maximum capacity" means the maximum number of prisoners, as determined
17 by the commissioner under AS 33.22.010, that can be accommodated in areas of a correctional
18 facility designed for the housing of prisoners, excluding segregation and other temporary holding
19 areas;

20 (7) "maximum capacity of the system" means the sum of the maximum capacities
21 for all state correctional facilities;

22 (8) "misdemeanor" has the meaning given in AS 11.81.900(b); and

23 (9) "state correctional facility" means a correctional facility owned or operated
24 by the state that holds persons charged with or convicted of violations of law.

25 * **Sec. 7.** AS 33.22 is repealed July 1, 1995.

26 * **Sec. 8.** This Act takes effect immediately under AS 01.10.070(c).

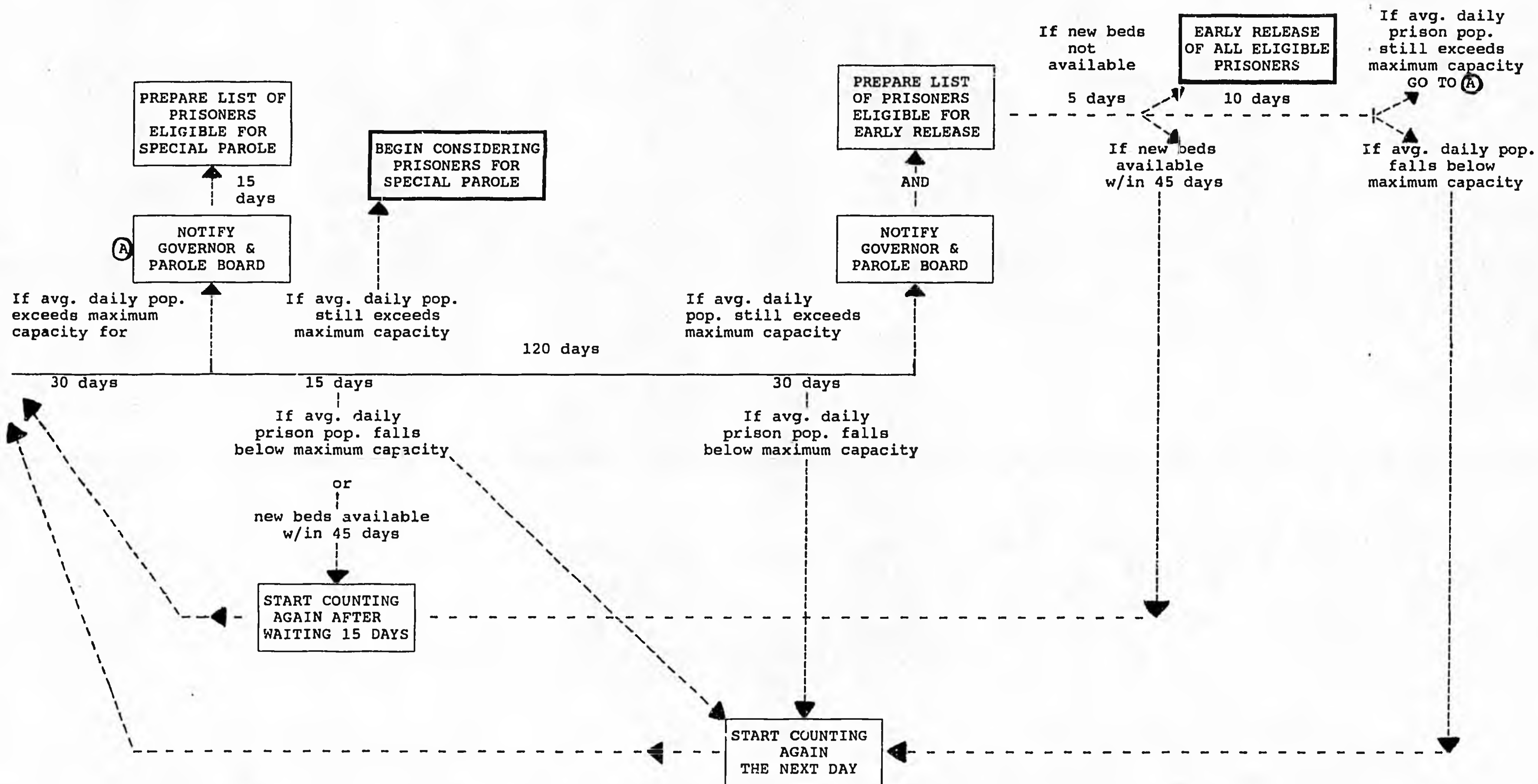
by D.O.L.

Proposed Amendment To HB 224

Page 7 line 11: Move the effective date clause to new section 8 on line 12, and replace with the following: "AS 33.25 is repealed July 1, 1995."

proposed amendment

FLOW CHART FOR PRISON POPULATION MANAGEMENT ACT



- Flow Chart -

4/2/91

HB
230

Alaska State Legislature

Chairman
State Affairs
Committee

Legislative Council

Transportation
Committee

Representative Eugene Kubina

During Session:
State Capitol
P.O. Box V
Juneau, Alaska 99811
(907) 465-4859

During Interim:
P.O. Box 2463
Valdez, Alaska 99686
(907) 835-2111

SPONSOR STATEMENT

Sponsor: **Representative Gene Kubina**

Subject: **House Bill 230 - Hepatitis Testing**

Date: **23 March 1991**

HB 230 is intended to amend Alaska Statute 18.15, adding new section 18.15.250. Under this amendment, the Department of Health and Social Services would establish a program to provide hepatitis B testing and vaccination at no charge to all volunteer emergency and rescue personnel in the state.

Rationale: Hepatitis B is widespread in many parts of Alaska. It poses a great risk to individuals who participate in such services as emergency medical response and rescue.

Individuals who participate as volunteers to assist their state, their communities, and their neighborhoods, should not have to risk contracting this highly infectious disease while performing their duties.

Providing Hepatitis B testing and vaccination will help encourage the volunteerism the state needs to foster as it moves into fiscally leaner times.

Sponsor Statement

CORDOVA MEDICAL CLINIC

APR 0 2 1991

Larry A. Ermold, M.D. | *Oliver S. Osborn, M.D.*

P.O. Box 310
Cordova, Alaska 99574
(907) 424-8200

March 25, 1991

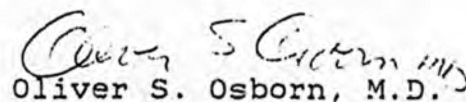
Gene Kubina
House of Representatives
P.O. Box V
Juneau, AK. 99811

Dear Representative Kubina:

I understand that Senator Menard has introduced a bill to provide for Hepatitis B vaccinations for emergency medical services providers. I wanted to let you know that I support this bill, and I think it is a wise idea.

Here in Cordova we have an active volunteer ambulance crew who are occasionally exposed to potentially infective bodily fluids, and they certainly deserve the support of the city and of the state in their work. They certainly should be offered free Hepatitis B vaccinations.

Sincerely Yours,



Oliver S. Osborn, M.D.

OSO/jsk

cc: Senator Curt Menard

Back up

Homer Volunteer Fire Dept., Inc.

604 EAST PIONEER AVENUE • HOMER, ALASKA 99603

(WE CARE) PHONE (907)235-3155 (WE SERVE)

Attn: Tom VanBrocklin
Representative Kubina

From: Robert Purcell, Fire Dept Admin

I am writing this letter to support your efforts to provide free Hep-B vaccinations for volunteers. It is absolutely necessary that we protect our volunteers. It is my position that our society has the obligation to protect these volunteers who, without compensation, protect the public. To date we have spent ≈$7,500^{00} to provide free vaccinations to our volunteers. You can imagine the burden this has been on our budget. Many smaller departments do not have the resources we do and their volunteers are at risk. I very much appreciate your efforts on our behalf.

Robert

DON RYAN / The Associated Press

ne on Thursday. An uncommonly warm February

Officials urge hepatitis shield for children

By GINA KOLATA
The New York Times

Frustrated by the widespread reluctance of adults to be vaccinated against hepatitis B, a leading cause of serious illness and death, a federal panel has recommended that all children be vaccinated instead.

It is the first time that the Immunization Practices Advisory Committee of the Public Health Service has recommended vaccinating children for a disease whose victims are almost always adults.

Although the committee cannot compel parents to have their children vaccinated, state health officials normally require schoolchildren to be immunized according to its guidelines.

A vaccine for hepatitis B was licensed a decade ago, but it has found little use, even among health workers, drug users, the sexually promiscuous and others at high risk of developing the disease.

Since most Americans who get hepatitis B are infected as teen-agers or adults, the benefits of a hepatitis vaccine program will not be apparent for about 20 years.

"This approach to immunize children to prevent a serious chronic adult disease has never been tried before," said Harold Margolis, the chief of the hepatitis branch at the federal Centers for Disease Control.

He and other hepatitis experts said they thought it was an important step, and pediatricians said they believed the vaccination of children would be accepted by doctors in their field.

If children are required to have hepatitis vaccinations, this would be sixth childhood vaccine introduced since the late 1940s. The first was the single vaccine for diphtheria, pertussis and tetanus.

The hepatitis virus, like the AIDS virus, is spread by contact through sexual intercourse and by contact with contaminated blood.

About 300,000 Americans become infected with the hepatitis B virus each year.

Most victims get better on their own, but one in 10 develops a chronic infection where the virus smolders in the liver, often leading to cirrhosis or liver cancer.

About 1.25 million Americans have chronic infections, and many do not know it because they may have few or no symptoms with their initial infection.

Despite the advent of the hepatitis vaccine, which Jules Dienstag, a specialist in the disease at the Massachusetts General Hospital in Boston calls "one of the triumphs of medicine," the incidence of hepatitis B has soared in the past decade, increasing by more than 60 percent, according to the Centers for Disease Control.

As many as half the cases of hepatitis B occur in people who are not in high risk groups.

"We just don't know how it is occurring, but we suspect a lot of it is sexually," Dienstag said.

Richard Aach, a hepatitis expert at Mount Sinai Medical Center in Cleveland, said he favored the strategy of vaccinating children because the vaccine "has not been well received" among adults. "Our strategies just have not worked," he said.

And Carol Phillips, a pediatrician at the University of Vermont who is a member of the American Academy of Pediatrics' committee on infectious diseases, said, "Pediatricians will endorse hepatitis B vaccinations."

ortion, foes say

family and not politi-
."

e United for Life sur-
ocused largely on what
abortion right entails
how people feel about
ions under particular
nstances, rather than
her abortions should be
ed by law.

r example, 42 percent
hose questioned said
thought the 1973 ruling
abortions legal only
ng the first three
hs of pregnancy.

Roe vs. Wade, the court
a woman's decision to
an abortion during the
three months of preg-
y must be left to her
ier doctor. It said states
impose certain regula-
during the second trimester to protect the woman's health, and may take steps to protect fetal life in the third trimester.

Ramsey said her organization's new poll should encourage abortion opponents to begin a campaign to educate the public and convince state legislatures to limit — if not outlaw — abortion.

"We haven't focused enough on public relations," she said. "Our opponents have been skillful in choosing words" to define the national debate.

She said the "empty slogan" abortion rights supporters coined to win public support — "Who decides?" — must be challenged. "The answer is, 'we all decide,'" she said.

ig Five also spotlights the Other 95

DONALD M. ROTHBERG
e Associated Press

raised more than ... for prostate cancer, and al-
averages out to raising money at a ... ready has announced he won't run

Alaska State Legislature

Legislative Research Agency

P.O. Box Y
Juneau, AK 99811-3100
Phone: (907) 465-3991
Fax: (907) 463-3351

April 3, 1991

MEMORANDUM

TO: Representative Gene Kubina

FROM: Maureen Weeks MW
Legislative Analyst

RE: **Incidence of Hepatitis B in Alaska**
Research Request 91.214

You asked for information about the dangers of hepatitis B, as well as for information about the incidence of the disease in Alaska. The first part of this memorandum describes hepatitis B and the risks faced by its victims. The second part provides information about hepatitis B in Alaska.

Background

The Hepatitis B Virus is Second Only to Tobacco as a Cause of Cancer

Hepatitis B was first identified in 1968 at the Institute for Cancer Research in Philadelphia. It is a liver disease caused by a virus, known as the hepatitis B virus. Worldwide, this virus is second only to tobacco as a known cause of cancer. There is no treatment for hepatitis B infection, according to the Centers for Disease Control.

The virus causes inflammation of the liver. It is transmitted by direct contact with the blood of an infected person, by sexual contact with an infected person or from an infected mother to an infant. Positive diagnosis of hepatitis B can be made only with lab tests.

Manifestations of the disease range from the innocuous to the fatal.[1] Many people who have hepatitis B develop no symptoms and are unaware they are infected. Others become ill but recover completely. Ninety percent of people who contract hepatitis B develop an immunity to the disease. However, some

---

[1]Information about the forms taken by the disease, as well as its risks are drawn from Pat Coleman, M.D., hepatitis branch of the Centers for Disease Control, Atlanta, Georgia, personal communication April 3, 1991; Pierre Tiollais and Marie-Annick Buendia, "Hepatitis B Virus," *Scientific American*, April 1991, pp. 116 - 123; and from David E. Larson, M.D., ed., *Mayo Clinic Family Health Book*, William Morrow and Company, Inc., New York, pp. 650 - 653.

hepatitis B patients develop a chronic condition and face an increased risk of liver cancer. "Carriers," who appear healthy but hold the virus in their livers, are capable of passing the disease on to others for years or even for a lifetime. In rare cases, hepatitis B victims develop virulent liver disease and die.

The several manifestations of hepatitis B are described below:

- **Asymptomatic hepatitis B.** Many people affected with the hepatitis B virus never know it because symptoms never develop; in these patients the disease is permanently asymptomatic.

- **Acute hepatitis B.** In this form, the virus incubates for 40 to 180 days (the average is 120 days) before it causes symptoms such as abdominal pain, jaundice, fatigue, nausea, vomiting and low-grade fever. These patients usually recover completely. The victim is infectious for one to two months before symptoms begin and up to four months afterwards, according to the Centers for Disease Control.

- **Chronic hepatitis B.** Up to ten percent of victims of hepatitis B develop chronic hepatitis. This may lead to cirrhosis of the liver and finally to hepatocellular carcinoma (cancer of the liver). Usually, this cancer does not develop until after a 30- to 50-year latency period.

- **Fulminant hepatitis B.** In one percent of the cases, the infection causes fulminant hepatitis, which can be fatal because it destroys entire sections of the liver.

- **Carriers.** In some patients, the virus survives in the liver; the patient appears healthy but transmits the disease through intimate or sexual contact (hepatitis B virus is found in blood, saliva and semen). Some carriers never have symptoms of hepatitis B; others have symptoms but recover. Carriers are capable of passing the infection on to others for several years or for a lifetime. About 25 percent of carriers develop a chronic liver disease. Chronic carriers run a 100 times greater risk of acquiring hepatocellular carcinoma than do other people.

Hepatitis B is More Contagious than AIDS

Because the disease is passed from person to person through body fluids, hepatitis B spreads easily within families or in small communities. Certain groups are considered high-risk. They include persons in direct contact with chronic carriers or with their blood (nurses, physicians and dentists); people who receive blood or blood products (hemophiliacs and patients who receive transfusions or dialysis treatments); intravenous drug users who share

contaminated needles; and persons with multiple sex partners. According to experts in the disease at the Pasteur Institute in Paris, the epidemiology of hepatitis B is very similar to that of acquired immunodeficiency syndrome (AIDS), but it is far more contagious than AIDS.

Almost 300 million people worldwide are infected with chronic hepatitis B infections. Three-quarters of them live in Asia. In Southeast Asia and tropical Africa, where people are most likely to develop hepatitis B as infants, carriers make up ten percent or more of the total population. In the Third World, the virus is frequently transmitted from an infected mother to her baby, often during birth. If the infected baby is female, she will likely become a chronic carrier and transmit the virus to her own children.

The Centers for Disease Control estimates that 300,000 Americans become infected with hepatitis B each year and 5,000 die of complications from the disease. Most American victims get the disease as teenagers or adults.

The Vaccine for Hepatitis B is Recent

The federal Food and Drug Administration licensed a vaccine for hepatitis B in the early 1980s. The Centers for Disease Control (CDC) in Atlanta characterizes the vaccine as "safe and effective." Despite this, people appear reluctant to be vaccinated against the disease and the incidence of hepatitis B has increased by more than 60 percent since 1980, according to the Centers for Disease Control. Dr. Pat Coleman, hepatitis B expert at the CDC, says as many as half the cases occur in people who are not in high-risk groups. He adds that the incidence of the disease in the U.S. increased steadily until 1986, when it levelled off and even declined slightly. He attributes the leveling off to a change in behavior from fear of AIDS.

The vaccine is made from the blood plasma of recovered hepatitis patients or by recombinant genetic technology (not using the blood of formerly infected persons). It produces long-lasting immunity. Because of this, a federal advisory committee has recommended that all children be vaccinated for hepatitis B. The Immunization Practices Advisory Committee of the Public Health Service made the recommendations to the CDC earlier this year.

The vaccine is administered in three separate doses in the upper arm. Booster shots are not routinely recommended. The Centers for Disease Control recommends vaccines for the following groups:

- high-risk groups such as Alaska Eskimos and Native Pacific Islanders;
- health care workers exposed to blood at least once a month;
- heterosexually active people with more than one sexual partner within a six-month period;

- homosexually active men;
- household members of those with the disease;
- international travelers who will be in areas where the disease is common (such as Southeast Asia and some areas of Africa) for more than six months;
- users of street drugs;
- recipients of blood products;
- developmentally disabled persons and the staff who care for them;
- prison inmates;
- infants born to infected mothers; and
- people who receive dialysis treatments.

Hepatitis B is highly endemic among Alaska Native according to the CDC, and within this population group, transmission occurs primarily during childhood. The federal Immunization Practices Advisory Committee recommends that all Alaska Native infants be vaccinated against hepatitis B to prevent transmission of the disease during childhood.[2]

Hepatitis B in Alaska

More than 753 new cases of acute hepatitis B were reported in Alaska between 1973 and July 1990 (excluding 1986). This is an average of about 49 new cases reported per year. This number does not include carriers who have the virus in their livers and are contagious but have no symptoms, nor does it include people suffering from on-going, chronic hepatitis B infections.

The actual number of new hepatitis B cases may be higher, according to Dr. Carl Li, epidemiologist with the state Department of Health and Social Services, Division of Public Health. He lists why the disease may be underreported:

- The state encourages, but does not require, physicians and nurses to report acute cases of hepatitis B to the state Epidemiology section of the Division of Public Health.

---

[2] "Protection Against Viral Hepatitis: Recommendations of the Immunization Practices Advisory Committee," U.S. Department of Health and Human Services, Atlanta, Georgia, Volume 39, February 9, 1990, p. 16.

- Victims may suffer symptoms but decide not to see a doctor and therefore not be reported.

- Blood samples sent to private, rather than public, medical laboratories for analysis may not be reported.

Incidence in Urban and Rural Alaska

A little more than half (54 percent) of all hepatitis B cases reported in Alaska between 1973 and 1985 were in urban areas (defined as Anchorage/Matanuska-Susitna region, Fairbanks-North Star Borough areas, Juneau, and the Kenai Peninsula Borough area). These urban areas contained between 71 percent and 76 percent the state's population between 1973 and 1985. Approximately 47 percent of reported cases were in rural Alaska, which includes about one-fourth of the state's population. The attached table shows the location and number of reported hepatitis B cases in Alaska between 1973 and 1985.

Incidence by Race

The Centers for Disease Control reports that between five and fifteen percent of Alaska Natives (and Pacific Islanders) have hepatitis B antigens in their blood. This means they have acute or chronic hepatitis B, according to Dr. Carl Li of the state Division of Public Health. Between 40 and 70 percent of Alaska Natives (and Pacific Islanders) have hepatitis B antibodies in their blood, which means they have had the infection at some time in their lives, Dr. Li says.[3]

I hope this information is useful to you. Attached are several articles about hepatitis bill and a list of reported hepatitis B cases between 1973 and 1985 by Alaska community. If you have any questions or would like additional information, please contact this agency.

Attachments

---

[3]The body reacts to antigens (substances on the surface of the hepatitis B virus) by creating proteins called antibodies. Antibodies create immunity to antigens.

INCIDENCE AND RATE OF HEPATITIS B DISEASE REPORTED IN ALASKA 1973 - 1985

Region	Number of Cases	Percent of all Cases
URBAN		
Anchorage	177	34.0
Elmendorf AFB	17	3.27
Eagle River	4	.77
Ft. Richardson	5	.96
Wasilla	4	.77
Palmer	2	.38
Fairbanks	41	7.9
College	1	.19
Eielsen AFB	1	.19
Ft. Wainwright	1	.19
North Pole	3	.58
Juneau	10	1.92
Kenai-Soldotna	9	1.73
RURAL		
Bethel	51	9.8
Kodiak	12	2.3
Ketchikan	10	1.92
Hooper Bay	9	1.7
Emmonak	8	1.5
Kwethluk	7	1.4
Chevak	7	1.4
Akiachak	6	1.2
Nunapitchuk	5	.96
Upper Kalskag	5	.96
6 villages with 4 cases	24	4.62
10 villages with 3 cases	30	5.77
17 villages with 2 cases	34	6.54
37 villages with 1 case	37	7.12
Total	520	100.0

Note: (Percentages may not add due to rounding)

Source: Number of cases provided by Carl Li, M.D., epidemiologist, Division of Public Health, Alaska Department of Health and Social Services.

Prepared by the Legislative Research Agency, April 1991.

Occupational Safety and Health Administration

TECHNICAL NOTES

U.S. DEPARTMENT OF LABOR
Washington D.C. 20210

Note: In the interest of brevity, the Williams-Steiger Occupational Safety and Health Act of 1970 may be referred to as the "Job Safety and Health Act" or as "the Act." The Occupational Safety and Health Administration may be referred to as "OSHA."

Technical Note #23 March 1, 1990

OSHA CLARIFIES DIRECTIVE ON INSPECTION OF HEALTH CARE FACILITIES, INCLUDING FREE HEPATITIS B VACCINATIONS FOR HIGH RISK WORKERS

OSHA today clarified ita directive on inspections of health cara facilities by stating that employars must furnish free hepatitis B vaccinations to all health care workers who ara at substantial risk of exposure to the hepatitis B virus.

In its revised directiva, the agency entered the words "free of charge" to its instructions that the vaccine "be offered" to the employees who ara at substantial risk of direct contact with body fluids.

The clarification is one of several in the directive which OSHA's enforcement personnel follow whan conducting inspections for compliance with OSHA standards covering health care and other workers potentially exposed to the hepatitis B and AIDS viruses.

Previously, it was not spelled out that an employer, under OSHA's general duty clause, should provide this vaccine at no cost to the employee. The general duty clause requires an employer to provide a safe and healthful workplace for his employees end vaccination was one of the methods recommended for abating the exposure hazard to the hepatitis B virus.

Other clarifications stats that:

--employers are required to record needlesticks on OSHA form 200 if medical treatment is required as a result;

--the use of fluid-proof or fluid-resistant gowns instead of impervious gowns is permitted when splashes of body fluids onto skin or clothing are likely to occur;

--and the use of resheathing instruments or other mechanical devicas for recapping needles is permitted.

Those occupations with high risk for blood-borne infections due to increased exposure to body fluids from potentially infected patients include but are not limited to physicians; pathologists; dentists and dental technicians; phlebotomists; emergency room, intensive care and operating room nurses and technicians; and laboratory and blood bank technologists and technicians.

Other health care workers who may be exposed to such body fluids depending on their work assignments include housekeeping personnel, laundry workers, orderlies, morticians, research laboratory workers, paramedics, and medical examiners.

Employees in any occupation where they are exposed to body fluids are considered to be at substantial risk of occupational exposure to the bloodborne diseases.

Ward clerks and administrators who do not have contact with blood are at no greater risk of contracting blood-borne diseases than other members of the general population.

The section in the revised OSHA enforcement procedures referring to hepatitis B vaccination reads:

"The facility's IC (infection control) policy regarding hepatitis B vaccination shall address all circumstances warranting such vaccinations and shall identify employees at substantial risk of directly contacting body fluids."

"All such employees shall be offered hepatitis B vaccination free of charge in amounts and at times prescribed by standard medical practice."

OSHA is relying on guidelines published by the Centers for Disease Control as a widely recognized and accepted standard to be followed by employers in carrying out their responsibilities under the Occupational Safety and Health Act.

Single copies of the document containing the revised enforcement procedures may be obtained from OSHA Publications, Room N-3101, 200 Constitution Ave. NW, Washington, D.C., by sending a self-addressed mailing label.

Copies also are available from local and regional OSHA offices (listed under the U.S. Department of Labor in government telephone directory listings).

###

THE FOLLOWING DOCUMENT MAY NOT FILM
LEGIBLY BECAUSE OF THE POOR QUALITY OF THE
ORIGINAL

Department of Labor / Department of Health and Human Services

JOINT ADVISORY NOTICE

Protection Against Occupational Exposure To Hepatitis B Virus (HBV) And Human Immunodeficiency Virus (HIV)

I. Background:

Hepatitis B (previously called serum hepatitis) is the major infectious occupational health hazard in the health-care industry, and a model for the transmission of blood-borne pathogens. In 1985 the Centers for Disease Control (CDC) estimated [1] that there were over 200,000 cases of hepatitis B virus (HBV) infection in the U.S. each year, leading to 10,000 hospitalizations, 250 deaths due to fulminant hepatitis, 4,000 deaths due to hepatitis-related cirrhosis, and 800 deaths due to hepatitis-related primary liver cancer. More recently [2] the CDC estimated the total number of HBV infections to be 300,000 per year with corresponding increases in numbers of hepatitis-related hospitalizations and deaths. The incidence of reported clinical hepatitis B has been increasing in the United States, from 6.9/100,000 in 1978 to 9.2/100,000 in 1981 and 11.5/100,000 in 1985 [2]. The Hepatitis Branch, CDC, has estimated (unpublished) that 500-600 health-care workers whose job entails exposure to blood are hospitalized annually, with over 200 deaths (12-15 due to fulminant hepatitis, 170-200 from cirrhosis, and 40-50 from liver cancer). Studies indicate that 10% to 40% of health-care or dental workers may show serologic evidence of past or present HBV infection [3]. Health-care costs for hepatitis B and non-A, non-B hepatitis in health-care workers were estimated to be $10 - $12 million annually [4]. A safe, immunogenic, and effective vaccine to prevent hepatitis B has been available since 1982 and is recommended by the CDC for health-care workers exposed to blood and body fluids [1,2,5-7]. According to unpublished CDC estimates, approximately 30-40% of health-care workers in high-risk settings have been vaccinated to date.

According to the most recent data available from the CDC [8], acquired immunodeficiency syndrome (AIDS) was the 13th leading cause of years of potential life lost (82,882 years) in 1984, increasing to 11th place in 1985 (152,595 years). As of August 10, 1987, a cumulative total of 40,051 AIDS cases (of which 558 were pediatric) had been reported to the CDC, with 23,165 (57.8%) of these known to have died [9]. Although occupational HIV infection has been documented [10], no AIDS case or AIDS-related death is believed to be occupationally related. Spending within the Public Health Service related to AIDS has also accelerated rapidly, from $5.6 million in 1982 to $494 million in 1987, with $791 million requested for 1988. Estimates of average lifetime costs for the care of an AIDS patient have varied considerably, but recent evidence suggests the amount is probably in the range of $50,000 to $75,000.

Infection with either HBV [1,2] or human immunodeficiency virus (HIV, previously called human T-lymphotrophic virus type III/lymphadenopathy-associated virus (HTLV III/LAV) or AIDS-associated retrovirus (ARV)) [11,12]

can lead to a number of life-threatening conditions, [illegible] Therefore, exposure to HBV and HIV should be reduced to the maximum extent feasible by engineering controls, work practices, and protective equipment. (Engineering controls are those methods that prevent or limit the potential for exposure at or as near as possible to the point of origin, for example by eliminating a hazard by substitution or by isolating the hazard from the work environment.)

II. Modes Of Transmission:

In the U.S., the major mode of HBV transmission is sexual, both homosexual and heterosexual. Also important is parenteral (entry into the body by a route other than the gastrointestinal tract) transmission by shared needles among intravenous drug abusers and to a lesser extent in needlestick injuries or other exposures of health-care workers to blood. HBV is not transmitted by casual contact, fecal-oral or airborne routes, or by contaminated food or drinking water [1,2,13]. Workers are at risk of HBV infection to the extent they are exposed to blood and other body fluids; employment without that exposure, even in a hospital, carries no greater risk than that for the general population [1]. Thus, the high incidence of HBV infection in some clinical settings is particularly unfortunate because the modes of transmission are well known and readily interrupted by attention to work practices and protective equipment, and because transmission can be prevented by vaccination of those without serologic evidence of previous infection.

Identified risk factors for HIV transmission are essentially identical to those for HBV. Homosexual/bisexual males and male intravenous drug abusers account for 85.4% of all AIDS cases, female intravenous drug abusers for 3.4%, and heterosexual contact for 3.8% [9]. Blood transfusion and treatment of hemophilia/coagulation disorders account for 3.0% of cases, and 1.4% are pediatric cases. In only 3.0% of all AIDS cases has a risk factor not been identified [9]. Like HBV, there is no evidence that HIV is transmitted by casual contact, fecal-oral or airborne routes, or by contaminated food or drinking water [12-14], and barriers to HBV are effective against HIV. Workers are at risk of HIV infection to the extent they are directly exposed to blood and body fluids. Even in groups that presumably have high potential exposure to HIV-contaminated fluids and tissues, e.g., health-care workers specializing in treatment of AIDS patients and the parents, spouse, children, or other persons living with AIDS patients, transmission is recognized as occurring only between sexual partners or as a consequence of mucous membrane or parenteral (including open wound) exposure to blood or other body fluids [10,11,13-16].

Despite the similarities in the modes of transmission, the risk of HBV infection in health-care settings far exceeds that for HIV infection [13,14]. For example, it has been estimated [14,17,18] that the risk of acquiring HBV infection following puncture with a needle contaminated by an HBV carrier ranges from 6% to 30%—far in excess of the risk of HIV infection under similar circumstances, which the CDC and others estimated to be a less than 1% [10,13,16].

Health-care workers with documented percutaneous or mucous-membrane exposures to blood or body fluids of HIV-infected patients have

cal masks, specified in pertinent SOPs. Workers performing Category II tasks need not be wearing protective equipment, but they should be prepared to put on appropriate protective garb on short notice.

Medical

In addition to any health-care or surveillance required by other rules, regulations, or labor-management agreement, the employer should make available at no cost to the worker:

1. Voluntary HBV immunization for all workers whose employment requires them to perform Category I tasks and who test negative for HBV antibodies. Detailed recommendations for protecting health-care workers from viral hepatitis have been published by the CDC [1]. These recommendations include procedures for both pre- and post-exposure prophylaxis, and should be the basis for the routine approach by management to the prevention of occupational hepatitis B.
2. Monitoring, at the request of the worker, for HBV and HIV antibodies following known or suspected parenteral exposure to blood, body fluids, or tissues. This monitoring program must include appropriate provisions to protect the confidentiality of test results for all workers who may elect to participate.
3. Medical counseling for all workers found, as a result of the monitoring described above, to be seropositive for HBV or HIV. Counseling guidelines have been published by the Public Health Service [1, 2, 36].

Recordkeeping

If any employee is required to perform Category I or II tasks, the employer should maintain records documenting:

1. The administrative procedures used to classify job tasks. Records should describe the factors considered and outline the rationale for classification.
2. Copies of all SOPs for Category I and II tasks, and documentation of the administrative review and approval process through which each SOP passed.
3. Training records, indicating the dates of training sessions, the content of those training sessions along with the names of all persons conducting the training, and the names of all those receiving training.
4. The conditions observed in routine surveillance of the workplace for compliance with work practices and use of protective clothing or equipment. If noncompliance is noted, the conditions should be documented along with corrective actions taken.
5. The conditions associated with each incident of mucous membrane or parenteral exposure to body fluids or tissue, an evaluation of those conditions, and a description of any corrective measures taken to prevent a recurrence or other similar exposure.

KATHERINE WEST, BSN, MSEd, CIC
Infection Control Consultant
Springfield, Virginia

REDUCING THE RISKS

It is not only the patient but also the health care provider who needs protection from infection and communicable disease. This author recommends a common-sense approach to self-protection.

INFECTION CONTROL POLICIES AND PROCEDURES designed to protect patients have been a basic part of hospital care for many years. Not until the mid-1980s and the AIDS epidemic did infection control for the protection of health care providers gain a focus.

Health care workers—nurses, physicians, police, fire fighters and rescue personnel—have always been considered

at risk for acquiring infectious or communicable diseases during patient care. For a time, however, concern about acquiring infection seemed to diminish among health care providers, largely because of the availability of vaccines and antibiotics. The recent appearance of a disease for which there is no cure has brought back the realization that health care providers are still at risk in some situations. This reaffirmation is good. We must be aware of the potential risks, and we must know how to protect ourselves.

The risks

The major risk to everyone in health care today is hepatitis B viral infection. It is estimated that 300,000 cases per year occur in this country and that 20,000 health care providers develop hepatitis B infection each year. Approximately 200 health care providers die each year as a result of hepatitis B viral infection.[1,2]

Compare this to the incidence of human immunodeficiency virus (HIV) infection. About 74,000 cases of AIDS have been reported since 1981. The total number of health care workers testing positive for exposure to HIV is 12; none has died.[3]

The major factor that places fire fighters and rescue personnel at risk is needle-stick injury. A contaminated needle-stick injury presents a higher degree of risk than any other type of exposure. The risk of acquiring hepatitis B as a result of such an injury is 6 percent to 30 percent. The risk of acquiring HIV from a needle-stick injury is listed as 0.5 percent.[1]

Because needle-stick injuries present the greatest risk, prevention of such injuries is paramount. A decrease in the occurrence of these injuries can be accomplished by taking the following precautions:

- Handle needles and "sharps" carefully.
- Do not recap needles.
- Do not bend, break, or cut needles.
- Dispose of needles and sharps in leak-proof, puncture-resistant containers.

All contaminated needle-stick injuries need to be followed up, even in those persons who have received hepatitis B vaccine. Why? Because the vaccine protects only against hepatitis B; therefore, there is still the risk of NANB (non-A, non-B hepatitis) and possibly HIV. It also has been documented that approximately 10 percent of those receiving the vaccine do not develop measurable levels of protective antibodies. Therefore, an antibody titer should be drawn to determine the current antibody level.[1,4]

The flow chart in Table 1 illustrates the post-vaccine needle-stick protocol to be followed.

The second most important means of self-protection is the adoption of "universal precautions." These precautions include the use of gloves whenever there is direct contact with blood or with certain other body fluids, including semen and vaginal secretions. Gloves also should be used when handling equipment or surfaces covered with blood. Other body fluids, such as tears, sweat, saliva, urine, feces, vomitus, nasal secretions, and sputum, do not present a risk for HIV or hepatitis B, unless they contain visible blood.[4]

Clarification of which body fluids pose risks brings common sense to the workplace. It also offers an opportunity to reduce the cost associated with the inappropriate use of gloves. It should be noted that gloves are not a substitute for washing one's hands. Gloves prevent gross soiling of the hands, while hand washing removes organisms from the hands. In field situations, waterless hand cleaning solutions such as Alcare, Hibistat and CalStat offer health care providers the opportunity to wash their hands in any situation.[6,7]

A major question to be addressed is, what type of glove is protective—latex or vinyl? It depends on the procedure to be performed. Both latex and vinyl gloves protect against HIV. Vinyl gloves may be used for routine procedures, while latex may be used for invasive procedures, such as intubation and childbirth.[7,8] A recent study shows that wire mesh gloves do not decrease needle-stick injuries.

Immunizations

Another key component in self-protection is participation in recommended immunization programs that offer vaccines for hepatitis B, flu, measles, mumps, and other communicable diseases. Maintaining our own health is a means of self-protection. The healthier we are, the less susceptible we are to infection.[1,2]

Gowns

The use of gowns is a confusing issue. The Centers for Disease Control's (CDC's) guidelines often are taken too literally and are not applied realistically to each work situation. Fire fighters involved in an exposure incident while wearing protective clothing are well protected. But using full protective clothing for basic infection control is not the answer to risk reduction. This clothing is expensive, and there are no clear guidelines for cleaning it properly without damaging the materials used in it. To date, there is no documentation that clothing spreads disease; therefore, cover gowns are not necessary or practical in all field situations. Bacteria and viruses cannot penetrate skin; there must be a break in the skin to permit their entry. Broken skin should be covered when working. Soiled clothing should be removed as soon as possible and washed in the usual manner. The CDC's statement on handling soiled laundry supports this recommendation.

Protective eyewear

Here, again, confusion reigns. Protective eyewear should be used primarily for invasive procedures (intubation, field delivery, arterial bleeding situations) where blood splatter is likely. Fire fighters should consider the use of OSHA safety glasses. Prescription glasses offer protection to those who wear them.[5]

Cleaning blood spills

Blood presents the major risk to health care providers, and the greatest risk from contacting blood is hepatitis B infection. The hepatitis B virus has been shown to survive from days to weeks on surfaces, whereas HIV does not survive well outside the human body. To clean a blood spill, wear gloves and soak up the spill. Cleanse the area with a hospital-approved detergent and/or disinfectant, or with a fresh solution of bleach and water at a dilution ratio of 1:65 (¼ cup of bleach to 1 gallon of water).[9]

Compliance

Health care providers clearly have many questions regarding the risks involved in their jobs. But what are they doing to seek the answers? In Virginia, a recent statewide study showed that even though most hospitals offer hepatitis B vaccine programs, only 36 percent of employees having frequent blood contact participated in the programs.[1]

Fire, rescue, and law enforcement agencies are just beginning to develop such programs despite the recommendations for such programs that were published in

1983.

With regard to AIDS, it appears that fire personnel and other health care workers are not accepting the challenge to learn about this disease. There are still misconceptions and fear which affect the way we work and the quality of care we give patients. These concerns need to be addressed. In October 1987, the Occupational Safety and Health Administration (OSHA) issued regulations on personal protection in the health care workplace. A major component of the regulations focuses on educational efforts relating to hepatitis B and HIV infection.[2]

Employers' responsibilities

In August 1987, when the CDC republished its guidelines for the prevention of HIV and hepatitis B in the workplace, the specific responsibilities of employers were included in a new section. This section states that employers are responsible for ensuring that supplies for self-protection are available, and that education regarding hepatitis B and HIV is conducted and documented. This is in keeping with OSHA's recent statement to employers citing the "general duty clause" as applicable in the enforcement of compliance. OSHA and the CDC consider a comprehensive response to be: offering the hepatitis B vaccine, furnishing personal protective attire, and following up on exposures.[1,2]

Employers also are being told that they have a responsibility to monitor employee compliance with current recommendations; to develop standard operating procedures (SOPs); and then to document education, training, and compliance with SOPs. In other words, if the employer furnishes protective attire, is it being used and is it used properly? The improper use of protective attire could lead to exposure or possibly to a lawsuit.

During this time of concern and questioning, it is important to pay particular attention to items that are purchased. Are they necessary? Is the need based on scientific rationale or on a salesperson's claims? Request scientific study data before purchasing.[8]

Seek verification of any new information relating to infectious/communicable diseases. The only effective way to stop rumors and confusion is to insist on reliable scientific references. Fire fighters need to reflect on the reasons they selected this profession. True, patient care may not have been part of the job as it is today, but risk was always part of the job. Occupational health risks are present, but they can be prevented by following some very basic, common-sense measures. Learning about these risks and practicing self-protection are the fire fighter's responsibility. Administration can supply the tools, but you alone walk in your shoes.[1,10,11]

For more information

Contact the author at 8631 Tuttle Road Springfield, VA 22152.

Footnotes

1. Update on hepatitis B prevention, *Morbidity and Mortality Weekly Report*, June 19, 1987; 36(23):353–360.

2. Joint Advisory Notice: Department of Labor/Department of Health and Human Services: HBV/HIV. *Federal Register*, 52(210), October 1987; 41818–41823.

3. Gerberding J. L., et al: "Risk of transmitting human immunodeficiency virus, cytomegalovirus, and hepatitis B virus to health care workers exposed to AIDS and AIDS related conditions," *Journal of Infectious Diseases*, 1987;156:1–8.

4. Update, Universal prec[illegible]ns for prevention of human immunodeficiency v[illegible], hepatitis B, and other blood-borne pathogens in health-care settings, *Morbidity and Mortality Weekly Report*, June 1988; 37(24): 377–388.

5. Lynch P., Jackson M., et al. "Rethinking the role of isolation practices in prevention of nosocomial infections," *Annals of Internal Medicine*, 1987; 107:243–246.

6. West K.H. *Infectious Disease Handbook for Emergency Care Personnel*, J.B. Lippincott, Philadelphia, 1987; 23–30.

7. FDA. "Latex, vinyl gloves offer the same protection against HIV." *AIDS Alert*, December, 1987; 210.

8. McPherson D.C., Jackson M.M. "Isolation precautions for a changing environment: a new approach." *Journal of Health Care Materials Management*, September, 1987; 28–30.

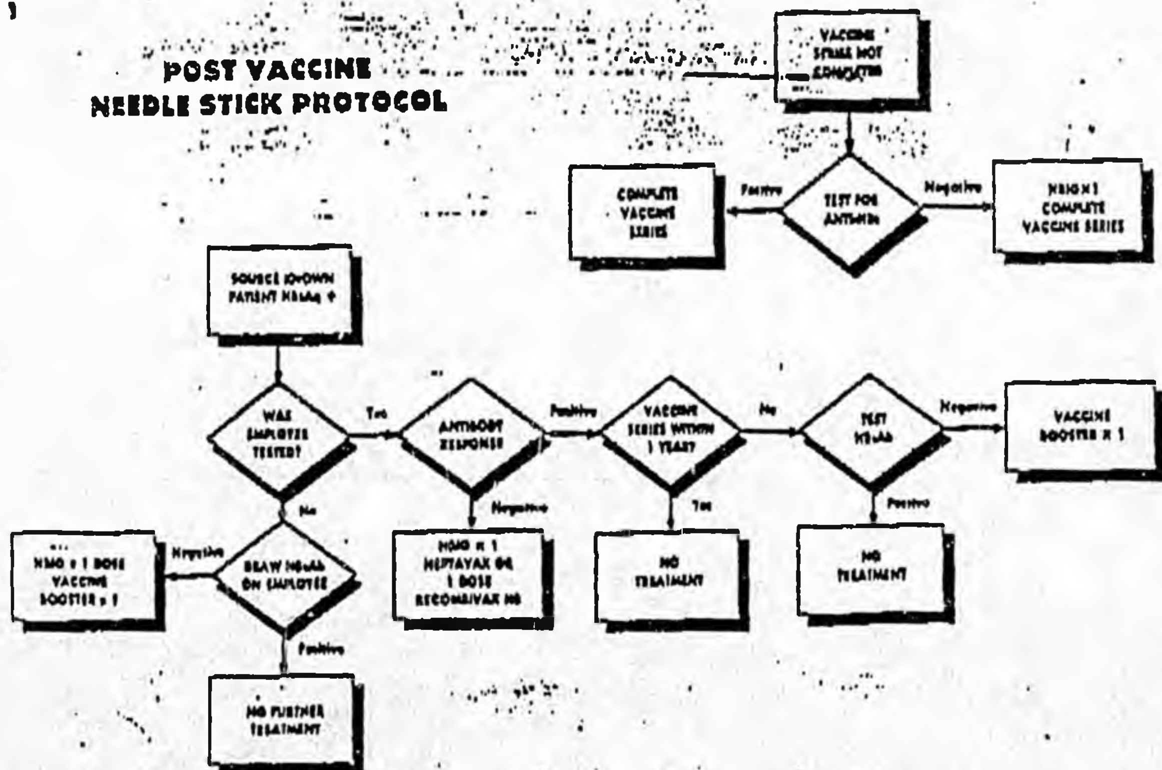
9. Standard guidelines for cardiopulmonary resuscitation (CPR) and emergency cardiac care (ECC), *Journal of the American Medical Association*, June 6, 1986; 255(21):2927.

10. Krapfl, M. "As AIDS hysteria spreads, so does need for cool headed education," *Occupational Health and Safety*, April 1986; 20–26.

11. McDermott, Will and Emory. *Health Law Update*, AIDS-New CDC Guidelines and OSHA's Action Plan to Protect Health Care Workers, September 1987; 4(23).

Katherine West has been a consultant to fire/rescue and police groups since 1978. She is the author of the infection control chapter of the DOT Aeromedical Training curriculum and of a handbook, "Infectious Disease Handbook for Emergency Care Personnel."

TABLE 1



Health care personnel and controls participating in a survey of hepatitis B exposure at an urban teaching hospital in Boston, Massachusetts[a]

Occupational category[a]	No. of potential participants	No. (%) participating	Exposure to blood	Exposure to patients
Emergency ward nurses	33	30 (91)	Frequent	Frequent
Pathology residents	21	15 (71)	Frequent	Frequent
Pathology technicians	12	11 (92)	Frequent	Frequent
Blood bank technicians	50	39 (78)	Frequent	None
Laboratory technicians	127	85 (67)	Frequent	None
Intravenous nurses	40	28 (70)	Frequent	Frequent
Intravenous technicians	52	40 (77)	Frequent	Frequent
Surgical house officers	80	66 (83)	Frequent	Frequent
Medical intensive care unit nurses	70	50 (71)	Occasional	Frequent
Surgical intensive care unit nurses	76	44 (58)	Frequent	Frequent
Medical house officers	90	89 (99)	Occasional	Frequent
General ward nurses	102	76 (75)	Occasional	Frequent

[a]Adapted from Dienstag and Ryan

Source: West, K.H., "Hepatitis B: The Dilemma," *JORRI*, December 1982, p. 10.

Hepatitis B Risk Profile

The Risk of Hepatitis B in Physicians

Evidence of Past Infection in Physicians (Hepatitis B Surface Antibody)

Specialty	Percent Positive	Number Tested
Surgery	28%	176
Pathology	27%	37
Pediatrics	21%	63
Internal medicine	18%	259
Anesthesiology	17%	59
Obstetrics/Gynecology	16%	63
Family practice	16%	341
Volunteer blood donors	3.5%	

Adapted from Denes, A. E. et al.: Hepatitis B infection in physicians: Results of a nationwide seroepidemiologic survey, JAMA 239(3):210-212, January 16, 1978.

The Risk of Hepatitis B in Dental Personnel

Prevalence of Hepatitis B Serologic Markers among Dental Professionals

Specialty	Percent Positive	Number Positive
Oral surgeons	24.0%	6/25
Prosthodontists	17.2%	10/58
General dentists	15.9%	37/233
Dental hygienists	16.9%	10/59
Lab technicians	14.2%	22/155
Dental assistants	12.9%	45/350

Adapted from Schiff, E.R. et al.: VA cooperative study on hepatitis and dentistry, Hepatology 2(6):689, 1982.

The Risk of Hepatitis B in Hospital Staff and Employees

Evidence of Past or Present Infection (Prevalence of Serologic Markers) in Hospital Staff

Health-Care Group	Percent Positive	Number Tested
Emergency ward nurses	30%	30
Pathology staff	27%	26
Blood bank personnel	26%	39
Laboratory technicians	24%	85
Intravenous team	22%	68
Surgical house officers	17%	66
Intensive care nurses	10%	94
Medical house officers	8%	89
General ward nurses	5%	76
Dieticians	5%	19
Volunteer blood donors	5%	462

Adapted from Dienstag, J.L. and Ryan, D.M.: Occupational exposure to hepatitis B virus in hospital personnel: Infection or immunization?, Am. J. Epidemiol. 115(1):26-39, January 1982; and West, K.H.: The dilemma—hepatitis B: What is it all about?, J. Op. Rm. Res. Inst. 2(12):8-12, December 1982.

Groups at Increased Risk of Contracting Hepatitis B Infection (due to occupations or lifestyles)

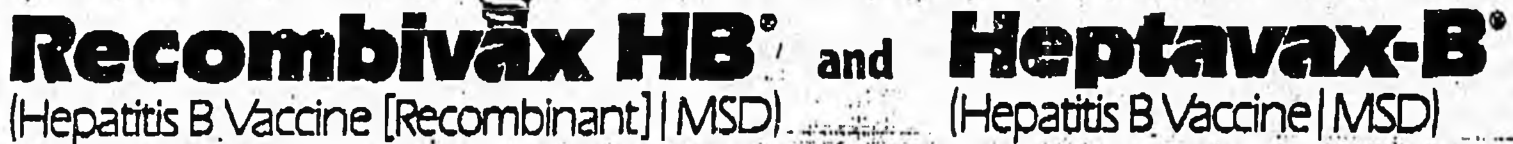
Healthcare Personnel

- Physicians
- Emergency room staff
- Nursing personnel
- Medical technologists
- Operating room staff
- Phlebotomists
- Intravenous therapy nurses
- Surgeons
- Pathologists
- Oncology staff
- Dialysis unit staff
- Dental professionals (dentists, oral surgeons, dental hygienists)
- Laboratory and blood bank technicians
- Staff of institutions for the mentally handicapped

Others

- Morticians and embalmers
- Clients of institutions for the mentally handicapped
- Hemodialysis patients*
- Homosexually active males
- Users of illicit injectable drugs
- Recipients of certain blood products
- Household, sexual, and other contacts of hepatitis B virus carriers
- Alaskan Eskimos, Asians, Indochinese, and Haitian refugees
- Inmates of long-term correctional facilities
- Infants born to mothers carrying the hepatitis B virus
- Sexual and household contacts of acute hepatitis B cases

If you are a member of one of the above groups, consult your doctor to find out if one of these vaccines is right for you.



MSD
MERCK SHARP & DOHME

*RECOMBIVAX HB is not indicated in hemodialysis or immunocompromised patients but is otherwise interchangeable with HEPTAVAX-B.

L1420- 85-9801 PRINTED IN U.S.A.

3 April 1991

Representative Gene Kubina
P O. Box V
Juneau, Alaska 99811

Re: House Bill 230

Dear Representative Kubina:

The Alaska Fire Chiefs Association strongly supports your efforts in developing House Bill 230.

Hepatitis B Virus (HBV) is a major infectious occupational health hazard in emergency services. The virus is transmitted by contact with blood, body fluids or tissues. The effects of the virus are devastating and often fatal after a long term illness.

HBV far exceeds HIV (AIDS) in risk of infection by accidental needle stick or exposure to blood products - 30% chance of HBV versus less than 1% change of HIV. As a result, emergency medical care workers are far more concerned about HBV than HIV.

Although all responsible emergency services are taking precautions to avoid exposure, rescue operations continually expose the firefighter or EMT to the virus. In a typical motor vehicle accident, extracting a victim involves working around broken glass and torn metal splashed with blood. Cuts and bruises to firefighters and EMTs during rescues are a common occurence.

For this reason, the Center for Disease Control recommends voluntary HBV immunization for all personnel involved in tasks or procedures that involve a potential for contact with blood, body fluids or tissues.

Employers of full time or career emergency services personnel are required to provide an immunization program to employees. However many volunteer services are working with limited funds and immunization of volunteers is not an option.

We need to develop and implement an immunization program that is accessible to all volunteer rescue and emergency care workers. Your House Bill will go a long way in providing this program.

Sincerely,

Charles E. Lundfelt
Fire Chief
President
Alaska Fire Chiefs Association

FAX TRANSMITTAL MEMO
TO: Gene Kubina - Rep
DEPT: FAX #: 465-2287
FROM: Lundfelt PHONE: 835-4560
CO: Valdez Fire Dept FAX #: 835-2992
NO. OF PAGES: 1
Post-it brand fax transmittal memo 7671

cc: File

91-0052.F1

P.O. BOX 307 • VALDEZ, ALASKA 99686

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

OFFICIAL BUSINESS

POUCH V
JUNEAU, AK 99811
465-3759

M E M O R A N D U M

TO: REP. GEORGIANNA LINCOLN, CO-CHAIR
REP. PATRICK CARNEY, CO-CHAIR
REP. BETTYE DAVIS, VICE-CHAIR
REP. CHERI DAVIS
REP. JOHN GONZALES
REP. MARK HANLEY
REP. MARY MILLER
PAT JACKSON
CAROLINE LOMBARD
LIBRARY FILE
REFERRAL FILE
HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

FR: PATTI, HESS COMMITTEE SECRETARY *Patti*

DT: APRIL 4, 1991

RE: HESS HEARING, 4/4, HB 230

THE ATTACHED DOCUMENT WAS RECEIVED BY OUR COMMITTEE AFTER THE HEARING OF HB 230. APPARENTLY, THE TESTIMONY WAS SENT TO REP. MACLEAN BY MISTAKE ON APRIL 3RD....REP. MACLEAN FORWARDED THE FAX TO US ON APRIL 4TH AT ABOUT 1PM.

THIS COPY OF THE TESTIMONY IS SENT TO YOU FOR YOUR HESS FILE REGARDING HB 230.

IF THERE ARE ANY QUESTIONS, FEEL FREE TO CONTACT ME AT X4923.

SOUTHEAST REGION
EMERGENCY MEDICAL SERVICES COUNCIL
207 MOLLER DRIVE RM. 113 • SITKA, ALASKA 99835
TELEPHONE 907-747-8005

Southeast Region EMS Fax Cover Sheet
Fax # (907) 747-1406

Date: 4/3/91

To: REPRESENTATIVE MACLEAN, CHAIR HESS

From: SHAWN NEWELL

Number of pages including cover: 2

If you have any problems receiving, please contact person sending right away.

****

PLEASE ENTER INTO THE RECORD THE FOLLOWING TESTIMONY TO THE HOUSE ~~HEALTH ED~~ & SOCIAL SVCS COMMITTEE.

HB 230

SOUTHEAST REGION
EMERGENCY MEDICAL SERVICES COUNCIL
207 MOLLER DRIVE RM. 113 • SITKA, ALASKA 99835
TELEPHONE 907-747-8005

Representative MacLean
P.O. Box V
Juneau, AK 99811

April 3, 1991

Dear Representative MacLean,

This year, two significant bills have been introduced into both houses of the legislature that support Alaska's emergency medical service volunteers. One would provide Worker's Compensation insurance coverage for EMS volunteers; that hearing is going on in the Senate this afternoon. The other is HB230, a bill providing hepatitis B vaccinations at no charge to active EMS volunteers. HB230 is the subject of this letter.

Emergency medical care is an essential service which is mandated by the state of Alaska. There is a total of roughly 2500 EMS volunteers working in the state. We are all very fortunate that people choose to give their time to provide a service that would conservatively cost over $4.5 million dollars if we paid them directly. Providing these people safeguards for their own health while they are performing a service for this state for free, is our responsibility, and a very small price to pay for the return.

As liason between the people of Southeast Alaska involved in EMS and their legislature, we are fully behind HB230 and the philosophy behind it-- supporting our volunteers.

Sincerely,

Shawn Newell
Executive Director

House Bill 230

For An Act Entitled: "An Act relating to Hepatitis B vaccinations for volunteer emergency personnel; and providing for an effective date."

HB230 will require the Department of Health and Social Services to establish a program to make hepatitis B testing and vaccinations reasonably accessible at no charge to all volunteer emergency medical and rescue personnel in Alaska.

Discussion

Hepatitis B infection is caused by the hepatitis B virus. The incubation period of hepatitis B is long - 45 to 160 days; average 120 days. The virus is transmitted by percutaneous (intravenous, intramuscular, subcutaneous, and intradermal) and permucosal exposure to infective body fluids, as may occur in needle sticks, perinatal exposure, or sexual exposure. Only blood, saliva, semen, and vaginal fluids have been shown to be infectious.

Illness can range from no symptoms to severe illness and death. Clinical symptoms include loss of appetite, malaise, nausea, vomiting, abdominal pain, and jaundice. Skin rashes, joint pain, and arthritis can also occur. The case-fatality rate is approximately 1.4%. Some individuals who become infected with Hepatitis B virus will become chronically infected with the virus. The likelihood of becoming a carrier is higher in newborns and infants and much less in adults.

The frequency of hepatitis B infection and patterns of transmission vary markedly in different parts of the world and in different areas of Alaska. The finding of very high infection rates in some parts of Alaska, especially Alaska Eskimos in southwestern Alaska, led to a major, highly successful, statewide Hepatitis B control program in 1983 to 1986. The program resulted in blood testing more than 125,000 Alaskans and vaccinating against hepatitis B approximately 100,000 Alaskans at a state and federal cost of about $6 million. In 1986, the state program was substantially reduced but hepatitis B vaccine has been available from the Alaska Division of Public Health to those who are at high risk and have no other source to pay for the vaccine.

Since the statewide hepatitis B control program was completed, transmission has been substantially reduced. During the past three years, an average of 58 cases per year were reported occurring mostly in individuals at high risk, especially IV drug users and through sexual contact.

Excellent guidelines exist to provide information and recommendations on prevention of hepatitis. One of the best is "Protection Against Viral Hepatitis, Recommendations of the Immunization Practices Advisory Committee (IPAC)," MMWR 1990;39S-2.

DHSS Position Paper

The guidelines are "designed to maximize the interruption of hepatitis B virus transmission in accordance with local patterns of transmission." Both nationally and in Alaska the present strategy for hepatitis B prevention is to vaccinate those individuals at high risk of infection. The major deterrents include lack of knowledge about risk of the disease, lack of public sector programs, inability to access most of the high risk populations, and the cost of the vaccine.

Without conducting a statewide screening program, it is impossible to know how may emergency medical service providers in Alaska are seropositive for hepatitis B, and it is even more difficult to determine how many may have been infected while providing patient care.

One study conducted in Illinois in 1988 found 7.1% prevalence of hepatitis B markers in a group of suburban paramedics, but couldn't find solid evidence that these people were infected on the job.

Another study conducted in St. Louis, Missouri in 1987 reported 44 needlestick injuries among emergency medical service providers during a 38 month period, and two employees developed clinically apparent hepatitis B during the study period. This study concluded that EMS personnel are at high risk of exposure by needlestick to blood potentially infectious for hepatitis and other pathogens.

A similar study of paramedics in Seattle, Washington in 1985 tested 59 paramedics and found evidence of anti-body to hepatitis B surface anlagen or antibody to hepatitis B core antigen in 25% of the paramedics, a rate five times that of a similar Seattle population.

However, some researchers suggest that urban paramedics have much more frequent exposure to high risk groups than EMT's in small towns and rural areas. Also basic EMT-I's do not use IV therapy are thus are at little or no risk of needlestick injuries, although they may be at some risk for exposure to blood or other body fluids through a laceration.

In February 1990, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) released an OSHA Instruction on "Enforcement Procedures for Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)." This instruction required employers of health care workers, including emergency medical services personnel, to offer to each employee, of substantial risk of directly contacting bodily fluids, HBV vaccinations free of charge, and appropriate equipment as recommended by the Centers for Disease Control. This requirement took effect in February 1991. However, the Alaska Department of

Labor states that our OSHA laws do not apply to volunteers in this state.

A central issue in hepatitis B vaccine policy is the high cost of the vaccine. If the vaccine were inexpensive, then national and state public health professionals would recommend universal vaccination of all persons. However, the high cost of the vaccine ($33.00 per dose, 3 doses per person or a minimum of $99.00 per person plus testing and administrating costs) has required the vaccine to be targeted at those at highest risk of infection.

Although we believe that the risk for volunteer emergency medical responders to be infected with hepatitis B while providing emergency medical care is low, we cannot say that there is no risk at all. We also note that many emergency medical responders have Worker's Compensation coverage and the cost of lost work time and disability benefits for an EMT who gets hepatitis B in the emergency care setting could easily exceed $ 20,000, even if the disease does not progress to the acute carcimona state. Also, in Alaska, if an employee applies for Worker's Compensation, the employee is presumed to have become sick or injured on the job unless the employer can prove otherwise.

Volunteer EMT's who are not currently covered under Workers Compensation could have to endure significant personal financial hardship if they get injured or sick in the course and scope of providing patient care.

While recognizing the importance of the volunteer emergency personnel and their concerns regarding hepatitis B, the department has concerns about the policy effects of this bill upon the state vaccination program. If special consideration is granted to volunteer emergency medical services personnel, it can be anticipated that all public safety personnel and other health care workers who are similar risk would advocate for equal coverage. If similar coverage where to be provide to all such individuals, it is anticipated that the cost to the state could be as much as $1,100.0 per year for the vaccines.

Recommendation

The Department of Health and Social Services supports the intent of HB230, but we recommend that it be amended to require incorporated cities and boroughs to provide hepatitis B screening and vaccinations to all emergency medical responders within their jurisdiction, and the state would provide this service to all volunteer emergency medical service providers outside of