

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672

6860 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

financial support; and for counselors, educators, and parents to develop strong, effective comprehensive counseling programs.

- Guidance committees comprised of teachers, parents, administrators, and businesspeople should be developed to act as liaisons between the school and community. Committees also can assist counselors in understanding the needs of the schools and the community and in developing guidance curriculum and counseling services.
- Realistic counselor/student ratios must be supported for counselors to be effective in helping students achieve academic, personal, and social success. A ratio of 1:300 is recommended.
- Counselors need to be free to perform counseling and counseling-related duties rather than burdened by administrative or clerical tasks. A counseling/noncounseling time ratio of 75 percent/25 percent (as seen in Florida's model) is recommended.
- Because of the variety of tasks they perform, including work with teachers, administrators, parents, and community agency representatives, counselors need a flexible work schedule. Not all of a counselor's responsibilities are best performed during school hours.
- Professional development must be encouraged and financially supported for all education personnel.

Don Brubaker, director of elementary education for the Des Moines Public Schools, is an advocate of elementary school counseling programs.

Children come to school today under entirely different conditions and face more problems than time or space permit me to share. Simply stated, the counseling program...is not merely a benefit to children--it is an absolute necessity. We must find a way to fund this much needed program. Our children need our help now. They have a right to those skills that will enable them to be successful and to cope with this complex society. They have only one opportunity to grow up. We have the responsibility to see they have help to do it right (Des Moines Public Schools, 1988).

Joined together, teachers, legislators, and counselors create a powerful force in the fight to improve the lives of our young people. With improved communication and collaboration between all youth-serving professionals, we may see the day when all children achieve their maximum potential.

Appendix A

50-State Survey

State Policy for Elementary School Counselors

State	Elem. Couns. Mandate		If Yes: Source of Mandate			Ratio	Funding Source:		If No: Is Mandate Considered?		Any Elem. Couns.?	
	Yes	No	Legis.	State Dept.	State Board	Ratio	State	Local	Yes	No	Yes	No
	AL	X			X		1:400	X	X			X
AK		X								X	X	
AZ		X								X	X	
AR	X		X			1:450		X			X	
CA		X								X	X	
CO		X								X	X	
CT		X								X	X	
DE		X							X		X	
DC		X						X		X	X	
FL		X					X				X	
GA		X							X		X	
HI	X		X	X		None	X				X	
ID		X								X	X	
IL		X								X	X	
IN		X								X	X	
IA	X		X	X	X	None	X				X	
KS		X								X	X	
KY		X							X		X	
LA		X								X	X	
ME	X		X			None		X			X	
MD		X								X	X	
MA		X							X		X	
MI		X								X	X	
MN		X								X	X	
MS		X							X		X	
MO		X						X		X	X	
MT	X				X	1:400	X	X			X	
NE		X								X	X	
NV		X							X		X	
NH	X				X	1:500		X			X	
NJ		X								X	X	
NM		X								X	X	
NY		X								X	X	
NC	X		X	X	X	1:400	X	X			X	
ND		X								X	X	

State	Elem. Couns. Mandate		If Yes: Source of Mandate			Ratio	Funding Source:		If No: Is Mandate Considered?		Any Elem. Couns.?	
	Yes	No	Legis.	State Dept.	State Board	Ratio	State	Local	Yes	No	Yes	No
	OH		X								X	X
OK		X								X	X	
OR		X							X		X	
PA		X								X	X	
RI		X							X		X	
SC	X		X	X	X	Fix.	X				X	
SD		X								X	X	
TN		X							X		X	
TX		X							X		X	
UT		X								X	X	
VT	X			X		1:400		X			X	
VA	X		X		X	1:500	X				X	
WA		X							X		X	
WV	X		X			1:500		X			X	
WI		X							X		X	
WY		X								X	X	

Source: National Conference of State Legislatures, December 1989.

Appendix B

Virginia Elementary Counseling Mandate

Summary of Actions

- 1975 Virginia Elementary School Counseling Association forms a state legislative committee to work toward mandate.
- 1976 Statewide public relations campaign commences; Virginia PTA adopts resolutions urging state support of elementary counseling; some support obtained from General Assembly.
- 1977 Senate Joint Resolution #132 passes General Assembly, encouraging support for elementary guidance and counseling and requesting Board of Education to provide programs (little resulted).
- 1978 Virginia Commission on Guidance in Elementary Schools formed, intensifying legislative and public relations activities.
- 1980 Senate Bill 329, to provide state matching funds for elementary counseling, fails.
- 1981 Senate Joint Resolution 132 passes, establishing a joint legislative subcommittee to study developmental guidance and counseling for all elementary public school children. Report issued recommending program.
- 1982 Senate Joint Resolution 66 passes, expressing commitment to elementary guidance and counseling programs; SJR 70 passes, requesting Board of Education to reallocate resources between elementary and secondary levels (no result); SJR 69 passes, authorizing joint subcommittee to continue study.
- 1983 Senate Joint Resolution 57 passes, reaffirming interest in programs for elementary counseling and requesting secretary of education and Board of Education to implement programs; report of the joint subcommittee presented to governor; General Assembly recommends implementation of programs.
- 1984 Senate Joint Resolution 32 passes, extending joint subcommittee study; Senate Bill 423 passes, providing grants "with such funds as are appropriated" for model developmental guidance program (no funds appropriated); SJR 32 passes, requiring State Board of Education to report annually to Senate and House Education committees concerning status and needs of elementary guidance programs; second report of joint subcommittee contains recommendations to require developmental elementary guidance programs and provide financial resources.
- 1985 Virginia Counselors Association endorses governor in 1985 campaign when he advocated elementary guidance programs.
- 1986 Board of Education passes resolution to phase in elementary guidance and counseling in all of Virginia's public elementary schools over a four-year period and includes this in accreditation standards.
- 1987 The Virginia Board of Education amended its accreditation standards to include a 1:500 counselor/student ratio and recommendation that 60 percent of counselors' time be devoted to counseling students.

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H B

4 5 6

HB 455 "An Act relating to high school counselors."
HB 456 "An Act relating to elementary school counselors."

Fiscal Note (Blue) - 0 - DOE Education Program Support

Sponsor Statement with "benefits" and definition.

Children Achieving Potential -- An Introduction to Elementary
School Counseling and State-Level Policies (PLEASE RETURN TO REP.
B. DAVIS)

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. HB 456

Revision Date: _____

Department Affected: Education

Title: "An Act relating to elementary counselors."

BRU: Educational Program Support

Component: Data Management

Sponsor: Representative B. Davis

Requestor: (H) HESS

COMPONENT SERIAL NO.

1	2	4	1
---	---	---	---

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

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

REVENUE FUND SOURCE:						
----------------------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER FUND SOURCE:						
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.)
See attached detailed analysis, k-6 = elementary.
low estimate \$6.7 million
high estimate \$7.6 million

Prepared by: Mike Maher
Division: Commissioner's Office

Phone: 465-2800
Date: 2-18-92

Approved by Commissioner: *Mike Maher* Jerry Covey
Agency: Education Date: 2-18-92

	REEA Cost	REEA Cost If redistribute existing staff and hire necessary staff	City and Borough Cost	City and Borough Cost If redistribute existing staff and hire any necessary staff	Total Cost for Bill if hire new staff	Total Cost for Bill if redistribute existing staff and hire any necessary staff
Bill House Bill No. 456 (Elementary Counselors)	1,003,747	652,312	6,626,860	6,025,304	7,630,607	6,677,616

CS HB 456 ()

AMENDMENT

by Lincoln

page 2, lines 1 through 7, is amended to read:

(c) A rural educational attendance area shall select and employ at least one person as a full-time counselor who is certified in school counseling at each elementary school in the attendance area that has more than 75 students in average daily membership.

(d) A rural educational attendance area shall provide students at each elementary school in the attendance area that has 75 or fewer students in average daily membership with access to a person who is a full-time counselor and who is certified in school counseling. A person employed by the rural educational attendance area to comply with this subsection may not

- (1) have a caseload higher than 250 students; or
 - (2) be required to work at more than three schools.
- (e) In this section,

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. HB 456

Revision Date: 3-6-92

Department Affected: Education

Title: An Act relating to elementary school counselors.

BRU: Educational Program Support

Component: Data Management

Sponsor: Representative B. Davis

Requestor: (H) HESS

COMPONENT SERIAL NO.	1	2	4	1
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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	**	**	**	**	**	**
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

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

REVENUE FUND SOURCE:						
----------------------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER FUND SOURCE:						
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.)

Although this legislation creates no direct cost to the Department of Education, it will result in significant costs to school districts.

low estimate 8,939,315

high estimate 10,463,530

****See attached document for analysis of District costs.**

Prepared by: Robert Silverman

Phone: 465-2800

Division: Educational Program Support

Date: 3-6-92

Approved by Commissioner: 

Jerry Covey

Agency: Education

Date: 3-6-92

Statewide Summary

		Total FTE of Staff Employed as of October 1, 1991	Total FTE of Staff Needed	Total FTE of Staff to Hire	Average Salary and Benefits	Estimated Cost
REAA	low	32	93	61	41195	2512895
	high	16	93	77	41195	3172015
City and Borough	low	104	260	156	41195	6426420
	high	83	260	177	41195	7291515
Total Cost of Bill	Low	136	353	217	41195	8939315
	High	99	353	254	41195	10463530

Assumptions and Procedures:

1. The Total FTE of Staff Employed is based on 10/01/91 Staff Accounting information received by the Department of Education for FY92, with the exception of Anchorage which is based upon FY91 data as of 10/10/90 due to computer problems in Anchorage.
2. Enrollment data is based on 10/01/91 Enrollment and Ethnicity Reports received by the Department of Education for FY92, with the exception of Anchorage which is based upon FY91 data as of 10/01/91 to make valid comparisons with the staffing data.
3. The Average Salary and Benefits (41,195) is the statewide average entry Master's level Teacher salary (34,329) plus benefits calculated at 20% (6,866.)
4. The Estimated Cost is the product of Total FTE of Staff to Hire multiplied by the average salary and benefit cost.

The Low Estimates for the FTE currently employed is the total FTE of counselors statewide with the following assumptions:

- All counselors assigned to the district office would be assigned to the elementary schools only.
- Any counselor employed in a school with enrollment in grades K-12 would work with the elementary population only.

The High Estimates for the FTE currently employed is the total FTE of counselors with the following assumptions:

- All counselors assigned to the district office would work with grades 9-12 only.
- If the total counselor FTE for any school was less than (2) and the school had enrollment in grades K-12 AND the total K-8 enrollment was less than the total 9-12 enrollment, the counselor was assigned to grades 9-12 only.
- If the total counselor FTE for any school was less than (2) and the school had enrollment in grades K-12 AND the total K-8 enrollment was greater than the total 9-12 enrollment, the counselor would work with grades K-8 only.
- If the total counselor FTE for any school was (2) and the school had enrollment in grades K-12, (1) FTE was assigned to the K-8 students and (1) FTE was assigned to the 9-12 students

5. The Total FTE of Staff Needed complies with House Bill 456.
6. The Total FTE of Staff to Hire is the difference of the Total FTE of Staff employed and the Total FTE of Staff Needed to comply with HB 456.

HOUSE COMMITTEE REPORT

(7)

Date Referred: February 10, 1992

FURTHER REFERRALS:

Finance

Date of Committee Action: 3/3/92

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 456

HOUSE BILL NO. 456

REQUIRING ELEMENTARY SCHOOL COUNSELORS

"An Act relating to elementary school counselors."

RECOMMENDATIONS: CS NB 456 (HES) the same title
 be replaced with CS NB 456 (HES) 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 D.O.E. 2/18/92

zero fiscal note(s) _____

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<u>Bettye Davis</u>	X				
<u>John A. King</u>	X	<u>Mark Stanley</u>		X	
		<u>Cheri Dault</u>	X		
		<u>J. C. Long</u>		X	
		<u>Corianne Lincoln</u>		X	
		<u>Mary Miller</u>		X	

John A. King
CHAIRMAN'S SIGNATURE

CS FOR HOUSE BILL NO. 456 ()
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVE B.DAVIS

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to elementary school counselors."

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

3 * Section 1. AS 14.14 is amended by adding a new section to read:

4 Sec. 14.14.135. ELEMENTARY SCHOOL COUNSELORS. (a) A city or borough
5 school district shall select and employ at least

6 (1) one person as a full-time counselor who is certified in school counseling at
7 each elementary school in the district that has more than 75 but less than 500 students in average
8 daily membership; and

9 (2) two persons as full-time counselors who are certified in school counseling at
10 each elementary school in the district that has 500 or more students in average daily membership.

11 (b) A city or borough school district shall provide students at each elementary school in
12 the district that has 75 or fewer students in average daily membership with access to a person
13 who is a full-time counselor and who is certified in school counseling. A person employed by
14 the school district to comply with this subsection may not have a caseload higher than 250 students.

- 1 (c) A rural educational attendance area shall provide students at each elementary school
2 in the attendance area with access to a person who is a full-time counselor and who is certified
3 in school counseling. A person employed by the rural educational attendance area to comply
4 with this subsection may not
- 5 (1) have a caseload higher than 250 students; or
6 (2) be required to work at more than three schools.
- 7 (d) In this section,
8 (1) "average daily membership" has the meaning given in AS 14.17.250;
9 (2) "elementary school" means a school at which at least one of grades K - 8 is
10 taught.

H B

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HOSPITAL & NURSING HOME

ASSOCIATION

March 30, 1992

Representative Johnny Ellis
House of Representatives
Capitol Building
Juneau, AK 99811

Re: Support HB 457, Healthy
Start Program

Dear Representative Ellis:

Please list our organization as one that strongly supports the "concepts" and "intent" of HB 457, creating the Alaska Children's Health Corporation and providing health insurance protection for children and pregnant women.

I regret a conflict with the Senate HESS Committee prevents me from testifying this morning, but we believe improving access to care for pregnant women and children to be a top priority for this Legislative session.

Thank you for the leadership on this issue.

Sincerely,



Harlan R. Knudson
President/CEO

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

Sponsor Statement

HOUSE BILL 457

House Bill 457 establishes the Healthy Start Program and the Alaska Children's Health Corporation as the administrative entity for the Program. The purpose of the Corporation and Program is to provide access to health insurance coverage for uninsured Alaskan children and pregnant women from families of limited income.

The Corporation is governed by a Board of Directors composed of individuals with experience in health care, insurance, fund management and child welfare. The Board is responsible for developing a health insurance plan to cover eligible participants. The bill gives broad authority to the Board to design the plan, but does require that preventive, outpatient, emergency and maternal services are included.

To be eligible, the child (19 or under) or woman must be an Alaskan resident, under 300% of the federal poverty level, not covered by another public or private plan, and not eligible for Medicaid.

The bill allows eligible participants to apply for coverage through the permanent fund dividend application and to voluntarily deduct their premium from their permanent fund dividend check.

Plan participants are required to pay part of their premium based on a sliding scale of family income. Funding from private sources is also encouraged. The remainder of the necessary funds would come from the general fund.

The effective date for the creation of the Corporation, the Board and the Alaska Children's Health Fund is immediate. The plan becomes effective in July of 1993. During the intervening year, the Board is responsible for developing the plan, and estimating the overall impact of the Healthy Start Program on the general fund.

Please refer to the bill and the sectional analysis for a more comprehensive explanation.

Sponsor Statement

HOUSE BILL 457
FREQUENTLY ASKED QUESTIONS

QUESTION: What does HB 457 do?

ANSWER: This bill provides health insurance for children and pregnant women from families of limited income who have no other form of health coverage. This bill fits into a systematic, phase-in approach, endorsed by the Health Resources and Access Task Force, to control costs and ensure that all Alaskans have access to health care.

QUESTION: Why is HB 457 necessary?

ANSWER: Children do not have the ability to provide for their own health coverage. In most cases parents of limited income do not have a workplace plan that will cover their children and can not afford the private plans that are available.

QUESTION: Will this bill save money in the long run?

ANSWER: Yes. Most of the time uncovered kids and pregnant women receive only the medical care they absolutely need. These costs are passed onto everyone else in the form of higher insurance premiums. Under the program of preventative care in this bill, health problems can be prevented or detected early saving money for everyone while helping many Alaskans avoid the misery of illness.

QUESTION: How many children would be covered under the bill?

ANSWER: There are an estimated 14,600 Alaskan children from families with incomes three times the federal poverty level or lower without health insurance or any other form of health coverage.

QUESTION: What medical services are covered?

ANSWER: The plan includes preventative services, emergency services, outpatient services, dental services and prescription drugs for children, and maternal care for women.

QUESTION: Who pays for the coverage?

ANSWER: The families of eligible women and children will pay an affordable portion of the premium based on their ability to pay. The remainder would come from private contributions and state funds.

QUESTION: How much would it cost to cover one child?

ANSWER: Based on the services listed in HB 457, and given the advantages of pooling, a preliminary actuarial analysis shows the yearly premium for a child to be about \$750. Children are the cheapest group of uninsured to cover.

Frequent Q. & A.

SECTIONAL ANALYSIS
for
CSHB 457()

SECTION 1.

Establishes the HEALTHY START PROGRAM as a new Chapter 55 under Title 21 (Insurance). The Healthy Start Program is administered by the Alaska Children's Health Corporation.

Article 1. of Chapter 55 establishes the ALASKA CHILDREN'S HEALTH CORPORATION. The Corporation's purpose is to:

- 1) administer the Alaska Children's Health Care Plan
- 2) purchase health insurance for eligible participants
- 3) manage the Alaska Children's Health Fund.

Board of Directors for the Corporation is made up of seven members including: the Commissioners of Administration and Health and Social Services and five other individuals with experience in providing health care, managing large funds, providing health insurance, and promoting child welfare. The Board is allowed to hire staff.

Article 2. creates the ALASKA CHILDREN'S HEALTH CARE PLAN.

Medical services for children which must be provided under the plan are: routine examinations; diagnostic and screening services; immunizations and preventive services; laboratory and x-ray services; outpatient physician services; outpatient surgery; emergency room services; dental services, except orthodontics; and prescription drugs.

Maternity care is also included for women during pregnancy and for a period immediately following childbirth.

The Board is authorized to adopt regulations to determine the scope of these services and to add additional services. They are also authorized to set deductibles, limits and other such mechanisms to control the utilization and cost of the plan. (Decisions on level and scope of services would be driven by the funds available.)

Eligible participants in the plan include:

- 1) Alaskan residents of at least one year,
- 2) under the age 19 or pregnant women,
- 3) who are not covered under another public or private health insurance plan or by medicaid, and
- 4) who have a household income of less than 3 times the federal poverty level (approx. \$52,000 for family of four).

Application for coverage under the plan can be made directly to the Corporation or by filling out a relevant section of the child's or woman's permanent fund dividend application.

Administration of the plan by the Board includes:

- 1) solicitation of private funds to cover premiums,
- 2) purchasing of insurance to cover eligible participants
- 3) marketing the plan to encourage participation,
- 4) evaluating eligibility under the plan, and
- 5) determining copayment requirements of participants.

Co-payments of premiums are required of all participants. The Board will set a sliding scale based on household income to determine the required co-payment. The co-payments may be deducted from the child's permanent fund dividend check if requested by the child's parent or guardian.

Article 3. establishes the ALASKA CHILDREN'S HEALTH FUND as part of the Corporation. Sources for the Fund are:

- 1) the required co-payments by the insured,
- 2) money donated from private sources, and
- 3) appropriations by the legislature.

Fund income is used to pay the insurance premiums for women and children covered under the plan and for expenses incurred by the Corporation.

SECTION 2.

Places any staff employed by the Corporation into exempt (from provisions of the State Personnel Act) service.

SECTION 3.

Requires any insurer bidding for the provision of coverage under the Alaska Employee Group Insurance Plan to also bid on the Alaska Children's Health Care Plan (the Healthy Start Program).

SECTION 4.

Requires the Department of Revenue to include on the permanent fund dividend application questions whether the applicant wishes to:

- 1) apply for coverage under the Healthy Start Program,
- 2) have premium payments withheld from their PFD.

This section also requires Revenue to adopt regulations to determine how PFD deductions will be made and premium co-payments paid on behalf of the child.

SECTION 5.

Sets up staggered terms for the members of the Board of Directors of the Corporation.

SECTION 6.

Requires the Board to design the Plan, determine the costs and submit an estimate to the governor and legislature by March 1, 1993.

SECTION 7.

Establishes an immediate effective date for provisions in the bill which: establish the Corporation and Board (Article 1); provide for solicitation of private funds by the Board; and create the Fund.

SECTION 8.

Delays the effective date for the creation and administration of the Plan until July 1, 1993. (This allows the Board under Section 8 to design and determine the cost of the Plan.)

FISCAL NOTE

BILL NO. CSHB 457 ()
Lauterbach 3/25/92

STATE OF ALASKA
1992 LEGISLATIVE SESSION

Revision Date: March 31, 1992
Title: An Act establishing the Alaska Children's Health Corporation and the Alaska Healthy Start Program

Department Affected: Administration

BRU: Children's Health Corporation

Component: _____

Sponsor: Ellis
Requestor: House Hess Committee

COMPONENT SERIAL NO. _____

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	204.9	215.2	225.9	237.3	249.1	261.6
TRAVEL	14.0	8.4	8.4	8.4	8.4	8.4
CONTRACTUAL	84.0	84.0	84.0	84.0	84.0	84.0
SUPPLIES	4.4	2.0	2.0	2.0	2.0	2.0
EQUIPMENT	39.5	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	346.8	309.6	320.3	331.7	343.5	356.0

CAPITAL	0	0	0	0	0	0
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REVENUE FUND SOURCE:	0	0	0	0	0	0
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FUNDING: (Thousands of dollars)

GENERAL FUND	346.8	309.6	320.3	331.7	343.5	356.0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER FUND SOURCE	0	0	0	0	0	0
TOTAL	346.8	309.6	320.3	331.7	343.5	356.0

POSITIONS

FULL-TIME:	4	4	4	4	4	4
PART-TIME:	0	0	0	0	0	0
TEMPORARY:	0	0	0	0	0	0

Estimate of current year impact:

ANALYSIS: (attach a separate page if necessary.) This analysis only examines the operating expenses of the corporation. We have insufficient data at this time to make assumptions on enrollments, resulting copayments and eventual State subsidy.

Prepared By: Gary Bader
Division: Retirement and Benefits

Phone: 465-4470
Date: March 31, 1992

Approved by Commissioner: Nancy Bear Usery
Agency: Department of Administration

Date: 4/1/92

CSHB 457 ()
Work Draft by Lauterbach 3/25/92
Analysis of Financial Impact
Prepared by the Division of Retirement and Benefits
Department of Administration
March 31, 1991
Page 2 of 4

Analysis: This bill creates the Alaska Children's Health Corporation and the Alaska Healthy Start Program in the Department of Administration. This independent agency, governed by a 7 member board of directors, would purchase and administer a specific health plan for certain children and pregnant women. The corporation would also manage a health fund that would consist of donations and appropriations.

Employing an Executive Director and additional staff as necessary, the corporation would:

- accept applications for health care
- adopt regulations outlining additional coverage
- establish copayment levels for applicants
- solicit private donations
- procure insurance coverage

The Alaska Children's Health Fund is also created in this bill and placed within the corporation. The fund would consist of money from donations and appropriations. The fund would also be used to pay premiums and board expenses. Copayments would be deposited in the general fund and accounted for separately by the department of administration.

Personal Services

Executive Director (Range 26A, 12 mos.)	94.5
Administrative Assistant II (14A, 9 mos.)	45.7
Clerk Typist III (8B, 9 mos.)	28.9
Retirement/Benefit Technician (12A, 12 mos)	35.8

Total Personal Services 204.9

Travel

Assume 4 Board Meetings for FY 93
and 3 each year thereafter at an average
cost of \$400 per member per trip:

\$400 X 7 members X 4 trips = 11.2

Administrative travel for Director:

Board Meetings \$400 X 4 = 1.6

Organizational Meetings \$600 X 2 = 1.2

Total Travel 14.0

Contractual

Office space--500 sq. ft. @ \$2.00 X 12 mos.= 12.0

Telephone--\$300 X 12 mos.= 3.6

Courier Services--\$220 X 12 mos.= 2.4

Postage--\$500 X 12 mos.= 6.0

Printing, binding, and mailing services= 10.0

Professional Services Contract (s) which could
include services such as:

marketing representative 50.0

Total Contractual 84.0

Supplies

\$500 per employee 2.0

Software 2.4

Total Supplies 4.4

Equipment

4 PCs and printer 18.0

Phone system 2.6

Photocopier 1.3

Fax machine		1.8
Office furniture:		
1 management unit	4.0	
3 support workstations	7.5	
4 chairs	1.6	
4 side chairs	1.1	
2 file cabinets	.9	
bookcase	.1	
storage cabinet	.6	
Total Equipment		39.5

CS FOR HOUSE BILL NO. 457 ()
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES ELLIS, Donley, Koponen, B.Davis, Boyer, Lincoln

A BILL

FOR AN ACT ENTITLED

1 "An Act establishing the Alaska Children's Health Corporation and the Alaska Healthy
2 Start Program; relating to insurance; and providing for an effective date."

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

4 * Section 1. AS 21 is amended by adding a new chapter to read:

5 CHAPTER 55. HEALTHY START PROGRAM.

6 ARTICLE 1. ALASKA CHILDREN'S HEALTH CORPORATION.

7 Sec. 21.55.010. CREATION OF CORPORATION. The Alaska Children's Health
8 Corporation is created as a public corporation. The corporation is an instrumentality of the state
9 within the Department of Administration, but it has a legal existence independent of and separate
10 from the state.

11 Sec. 21.55.020. PURPOSE OF THE CORPORATION. (a) The corporation's purpose
12 is to

13 (1) administer the Alaska children's health care plan as described in this chapter;

14 (2) purchase health insurance coverage for children and pregnant women who are

1 eligible for the plan under AS 21.55.110; and

2 (3) manage the Alaska children's health fund created under AS 21.55.200.

3 (b) The corporation is not considered an insurer. The directors and employees of the
4 corporation are not considered to be agents of an insurer. Neither the corporation nor a director
5 or employee of the corporation is subject to the licensing requirements of this title. However,
6 the division of insurance may require that a marketing representative used and compensated by
7 the corporation be appointed as a representative of the insurers with which the corporation
8 contracts.

9 Sec. 21.55.030. BOARD OF DIRECTORS. (a) The corporation is governed by a board
10 of directors consisting of the commissioner of administration, the commissioner of health and
11 social services, and five other members appointed by the governor. The five appointed members
12 must include persons who are experienced in providing health care, managing large funds,
13 providing health insurance, and promoting child welfare.

14 (b) Board members shall serve staggered terms of four years.

15 (c) The board members shall select from among themselves a chair and a vice-chair.

16 (d) Members of the board receive no compensation for their services but are entitled to
17 per diem and travel allowances authorized by law for other boards and commissions under
18 AS 39.20.180.

19 (e) The board shall meet at least twice a year at times and locations determined by the
20 chair. Four members of the board constitute a quorum.

21 (f) The board may hire an executive director to assist it in carrying out its duties. The
22 executive director may hire other necessary staff. The executive director and other employees
23 of the board serve at the pleasure of the board and are in the exempt service under AS 39.25.110.

24 ARTICLE 2. ALASKA CHILDREN'S HEALTH CARE PLAN.

25 Sec. 21.55.100. CONTENTS OF PLAN. (a) The Alaska children's health care plan
26 consists of the following medical services for children who are eligible under AS 21.55.110:

- 27 (1) routine examinations;
- 28 (2) diagnostic and screening services;
- 29 (3) immunizations and preventive services;
- 30 (4) laboratory and x-ray services;
- 31 (5) outpatient physician services;

- 1 (6) outpatient surgery;
- 2 (7) emergency room services;
- 3 (8) dental services, except orthodontics;
- 4 (9) prescription drugs; and
- 5 (10) other services, as approved by the board under (b) of this section.

6 (b) The board may, by regulations adopted under AS 44.62 (Administrative Procedure
7 Act), determine the scope of the services listed in (a) of this section and add other categories of
8 services for children that will be covered under the plan. A new category of service is not
9 covered under the plan until an insurer agrees to cover it.

10 (c) The plan also includes prenatal services, delivery services, and at least three months
11 of postnatal services for pregnant women. The board may, by regulations adopted under
12 AS 44.62 (Administrative Procedure Act), determine the scope of services covered under this
13 subsection, including the duration of postnatal services beyond the minimum set under this
14 subsection.

15 (d) In addition to the premium copayment required under AS 21.55.140, the board may
16 require a copayment for a service, establish deductibles, set duration and usage limits, develop
17 and implement procedures related to utilization review, and establish other reasonable conditions
18 relating to the provision of services under (a) - (c) of this section to limit the cost of the plan's
19 operation and to ensure the efficiency and efficacy of the services provided under the plan.

20 Sec. 21.55.110. ELIGIBILITY FOR THE PLAN. (a) A child is eligible for coverage
21 under AS 21.55.100(a) and (b) if

22 (1) the child is under the age of 19 and has been a resident of the state for the
23 12 months immediately preceding application for plan coverage or, if the child is less than one
24 year old, at least one of the child's parents has been a resident of the state for the 12 months
25 immediately preceding application for plan coverage;

26 (2) the child does not have health care coverage under another public or private
27 health insurance plan;

28 (3) the child's household income is below 300 percent of the income level
29 established under AS 47.25.310 - 47.25.420 for eligibility for aid to families with dependent
30 children;

31 (4) the child is not eligible for medical coverage under AS 47.07 (Medicaid); and

1 (5) a portion of the premium for plan coverage is paid on behalf of the child, as
2 determined by the board under AS 21.55.140.

3 (b) A pregnant woman is eligible for coverage under AS 21.55.100(c) if

4 (1) the woman has been a resident of the state for the 12 months immediately
5 preceding the woman's application for plan coverage;

6 (2) the woman does not have coverage for prenatal, delivery, or postnatal services
7 under another public or private health insurance plan;

8 (3) the woman's income is below 300 percent of the income level established
9 under AS 47.25.310 - 47.25.420 for eligibility for aid to families with dependent children;

10 (4) the woman is not eligible for medical coverage under AS 47.07 (Medicaid);
11 and

12 (5) a portion of the premium for plan coverage is paid on behalf of the woman,
13 as determined by the board under AS 21.55.140.

14 Sec. 21.55.120. APPLICATION PROCESS. (a) A pregnant woman or the parent or
15 guardian of a child may request an application packet for plan coverage by notifying the board
16 directly or by completing the relevant section of the woman's or child's permanent fund dividend
17 application form as provided under AS 43.23.017.

18 (b) Upon direct notification by an interested person or upon notification from the
19 Department of Revenue of the name and mailing address of a person who has requested an
20 application packet for the plan under (a) of this section, the board shall send an application
21 packet to the person requesting it.

22 (c) An application packet sent under (b) of this section must include

23 (1) a description of the health care coverage available under the plan;

24 (2) a copy of the sliding fee schedule used by the board to determine the premium
25 copayment responsibility and a description of deductibles and copayment requirements the board
26 has established under AS 21.55.100(d);

27 (3) an explanation of the eligibility requirements for the plan; and

28 (4) an application form to be returned to the board if the person wants to apply
29 for coverage personally or on behalf of an eligible child.

30 (d) Within 30 days after receiving a completed application for plan coverage, the board
31 shall either notify the applicant about whether the plan coverage is approved or request additional

1 information necessary to determine the eligibility. If the board determines that a pregnant woman
2 or a child is eligible for the plan, the notification of eligibility sent under this subsection must
3 include a determination of amount of the premium copayment required under AS 21.55.140.

4 (e) The board's denial or withdrawal of plan coverage may be appealed to the superior
5 court.

6 Sec. 21.55.130. ADMINISTRATION OF PLAN. (a) The board shall administer the
7 Alaska children's health care plan by

8 (1) soliciting and accepting funds from private sources for deposit into the
9 children's health fund created under AS 21.55.200; the board may also accept donations of
10 services, supplies, personnel, and other in-kind donations;

11 (2) evaluating bids and purchasing insurance from one or more insurers to provide
12 plan coverage;

13 (3) marketing the plan in a manner designed to make its existence known to
14 pregnant women and the parents and guardians of children who may be eligible for the plan;

15 (4) evaluating applications for plan coverage and determining eligibility for plan
16 coverage;

17 (5) determining the premium copayment that is required under AS 21.55.140.

18 (b) The board shall adopt regulations under AS 44.62 (Administrative Procedure Act) to
19 implement this chapter.

20 Sec. 21.55.140. COPAYMENTS OF PREMIUMS. (a) Coverage under the plan is
21 contingent upon copayment of part of the insurance premium, as determined by the board. The
22 board shall adopt a sliding scale for copayments that takes into account the income and resources
23 of the eligible person's household. The board shall determine whether two copayments are
24 required when eligible children are in a household that includes a woman who is eligible because
25 of pregnancy.

26 (b) The board, in cooperation with the Department of Revenue, shall adopt regulations
27 under which a pregnant woman or a parent or guardian may request that a permanent fund
28 dividend to which the woman or child is entitled be reduced by the Department of Revenue to
29 provide the premium copayment for the women's or child's plan coverage.

30 (c) The board shall deposit copayments received under this section into the general fund.
31 The department of administration shall separately account for premium copayments deposited into

1 the general account by the board. The estimated annual balance in the account may be used by
2 the legislature to make appropriations to the fund established under AS 21.55.200.

3 Sec. 21.55.150. CONFIDENTIALITY OF RECORDS. (a) Information received by the
4 board in an application for plan coverage is confidential and is not subject to public inspection
5 and copying under AS 09.25.110 - 09.25.120.

6 (b) A board member or employee of the corporation who divulges information in
7 violation of (a) of this section is guilty of a class B misdemeanor.

8 ARTICLE 3. ALASKA CHILDREN'S HEALTH FUND.

9 Sec. 21.55.200. CREATION OF FUND. The Alaska children's health fund is created
10 in the corporation. It consists of money donated to the corporation from private sources and
11 appropriations made to the fund.

12 Sec. 21.55.210. USE OF THE FUND. The board may use money in the fund

13 (1) to pay insurance premiums for the Alaska children's health care plan; and

14 (2) for the board's expenses incurred in administration of the plan and the fund.

15 ARTICLE 4. GENERAL PROVISIONS.

16 Sec. 21.55.290. DEFINITIONS. In this chapter,

17 (1) "board" means the board of directors of the Alaska Children's Health
18 Corporation established under AS 21.55.010;

19 (2) "corporation" means the Alaska Children's Health Corporation established
20 under AS 21.55.010;

21 (3) "fund" means the Alaska children's health fund established under
22 AS 21.55.200;

23 (4) "plan" means the Alaska children's health care plan described under
24 AS 21.55.100.

25 Sec. 21.55.299. SHORT TITLE. This chapter may be cited as the Healthy Start Program.

26 * Sec. 2. AS 39.25.110 is amended by adding a new paragraph to read:

27 (30) the executive director and other employees of the Alaska Children's Health
28 Corporation (AS 21.55).

29 * Sec. 3. AS 39.30 is amended by adding a new section to read:

30 Sec. 39.30.092. BIDDER REQUIREMENT. An insurer may not submit a bid under
31 AS 39.30.090 for a type of medical care coverage that is included in the Alaska children's health

1 care plan under AS 21.55 unless the insurer also submits a bid to the Alaska Children's Health
2 Corporation to cover that type of medical care under AS 21.55.

3 * Sec. 4. AS 43.23 is amended by adding a new section to read:

4 Sec. 43.23.017. ALASKA CHILDREN'S HEALTH PLAN. (a) The department shall
5 include on the permanent fund dividend application form a question requesting whether the
6 applicant wishes to

7 (1) apply for coverage of a child or pregnant woman under the Alaska children's
8 health care plan established under AS 21.55;

9 (2) pay for the coverage under AS 21.55 by deduction from the permanent fund
10 dividend.

11 (b) Within 30 days after receiving an application form that indicates interest in the
12 Alaska children's health plan, the department shall notify the Alaska Children's Health
13 Corporation of the names and mailing addresses of persons who have indicated on a permanent
14 fund dividend form that they would like to apply for coverage under the Alaska children's health
15 care plan.

16 (c) The department, in cooperation with the Alaska Children's Health Corporation, shall
17 adopt regulations governing how it will honor a request that a permanent fund dividend be
18 reduced by the department to provide the premium copayment for coverage under the Alaska
19 children's health care plan.

20 * Sec. 5. TRANSITIONAL PROVISION. Notwithstanding AS 21.55.030(b), enacted by sec. 1 of this
21 Act, the governor shall set the terms of the first five appointed members of the board of directors of the
22 Alaska Children's Health Corporation so that one of the appointed members serves a two-year term, two
23 members serve three-year terms, and two members serve four-year terms.

24 * Sec. 6. EVALUATION OF COST OPTIONS. The board of directors of the Alaska Children's
25 Health Corporation established under this Act shall, after appropriate consultation with interested persons,
26 prepare an estimate of the fiscal costs to the state and to eligible persons of purchasing insurance to
27 cover the services described in AS 21.55.100, enacted by sec. 1 of this Act. The estimate must present
28 at least two alternative funding levels and include an explanation of the scope of services proposed by
29 the board for each funding level. The board shall submit the estimate and explanation to the governor
30 and the legislature by March 1, 1993.

31 * Sec. 7. AS 21.55.010 - 21.55.030, 21.55.130(a)(1), and 21.55.200 - 21.55.299, enacted by sec. 1

1 of this Act, and secs. 2, 5, and 6 of this Act take effect immediately under AS 01.10.070(c).

2 * Sec. 8. Except as provided in sec. 7 of this Act, this Act takes effect July 1, 1993.

**ANALYSIS OF SELECTED APPROACHES
TO REDUCE THE NUMBER OF
UNINSURED ALASKANS**

Prepared for:

Health Resources and Access Task Force
State of Alaska

Prepared by:

Health Systems Research, Inc.
Washington, D.C.

February 29, 1992

Analysis: Reduce Uninsured

OPTION 1: Establish a Subsidized Program to Provide Ambulatory Care Coverage to Certain Low-Income Alaskan Children

Program Design Features/Assumptions:

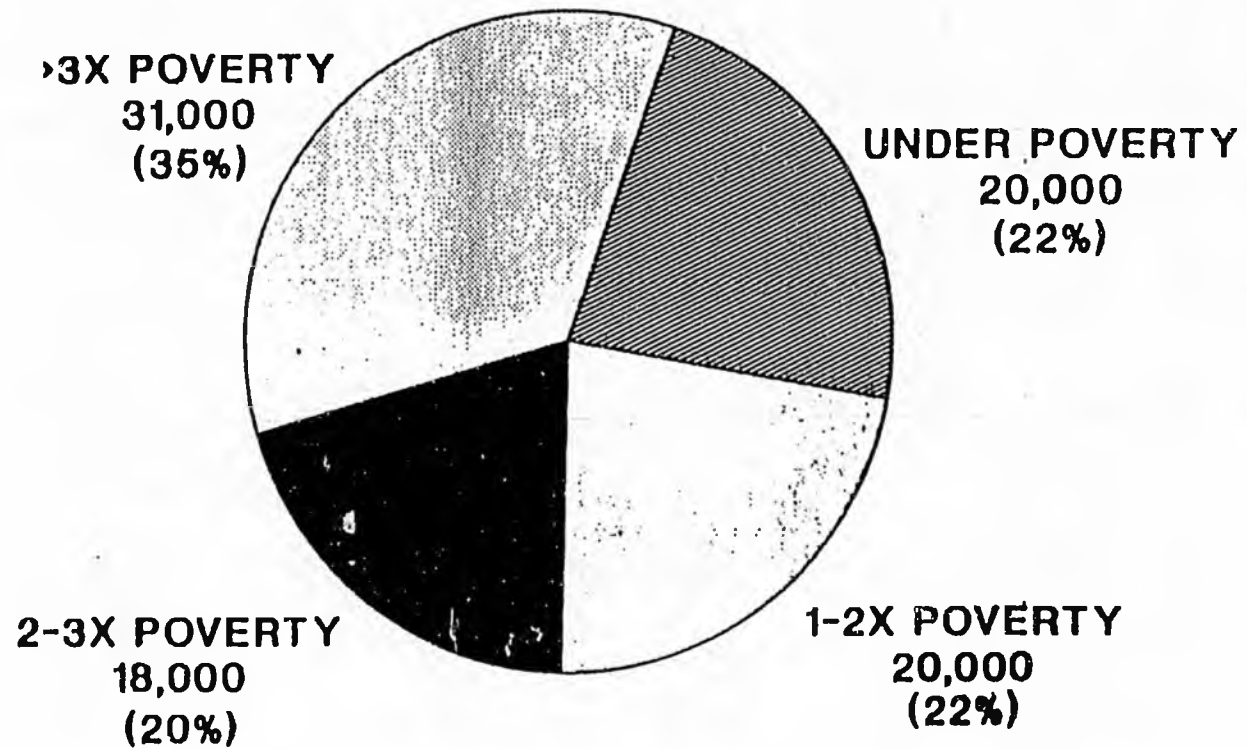
1. Program eligibility targeted to lower income uninsured children under 18 not eligible for Medicaid or IHS Coverage.
2. Program provides coverage of primary and preventive ambulatory care services, but not inpatient care.
3. Cost of coverage is \$750 per child per year.
4. Subsidies available on an income-related sliding scale basis. Average per child premium paid by the family:
 - If at or below poverty: \$50
 - If between 100% and 200% of poverty: \$125
 - If between 200% and 300% of poverty: \$300
5. Assumed Participation Rates:
 - 70% of previously uninsured children not eligible for Medicaid or IHS enroll;
 - 15% of otherwise eligible children with non-group coverage enroll; and
 - 5% of otherwise eligible children with group coverage enroll.

**ESTIMATES OF ENROLLEES AND COSTS UNDER
SUBSIDIZED AMBULATORY CARE PROGRAM FOR LOWER INCOME
ALASKAN CHILDREN NOT ELIGIBLE FOR MEDICAID OR IHS COVERAGE**

<u>Income</u>	Number of Uninsured Children	<u>Enrollees, by Previous Coverage</u>				<u>Costs (in millions of \$)</u>		
		<u>Uninsured</u>	<u>Non-Group</u>	<u>Group</u>	<u>TOTAL</u>	<u>State</u>	<u>Family</u>	<u>TOTAL</u>
Under Poverty	3,900	300	0	0	300	\$ 0.2	\$.02	\$ 0.2
100-200% Poverty	4,500	2,500	200	200	2,900	1.8	0.4	2.2
200-300% Poverty	6,200	4,400	100	500	5,000	2.2	1.5	3.7
TOTAL	14,600	7,200	300	700	8,200	\$ 4.2	\$ 1.9	\$ 6.1

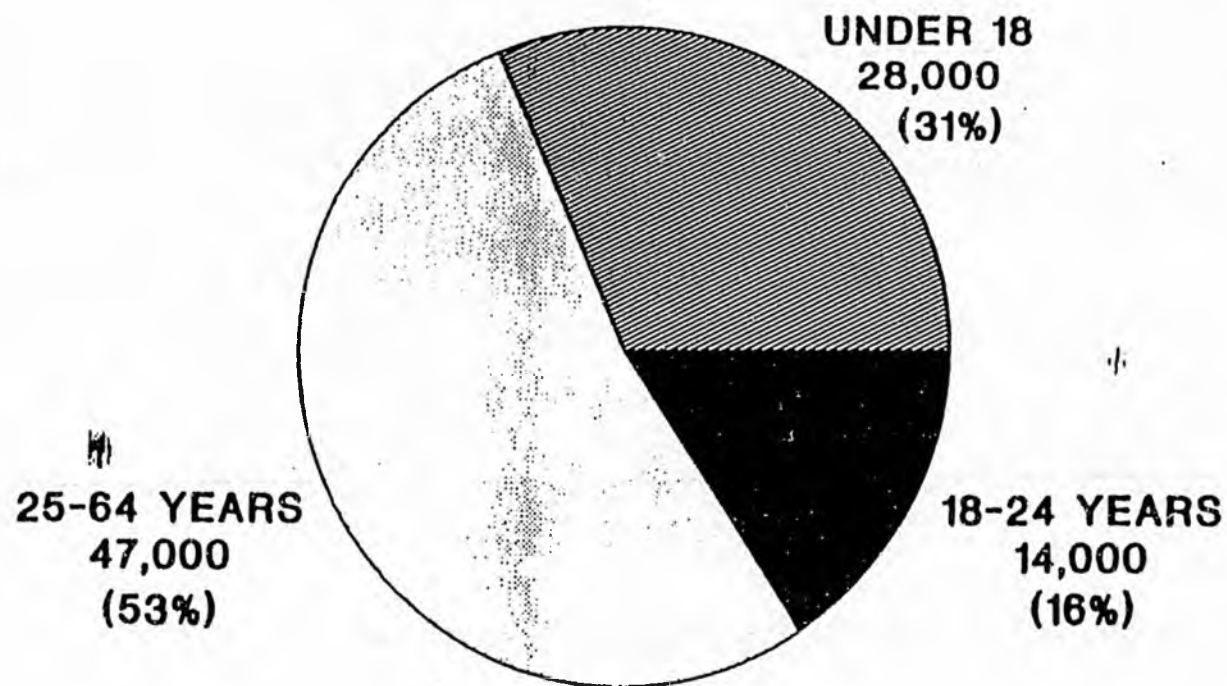
SOURCE: Health Systems Research, Inc.

UNINSURED ALASKANS By Poverty Status



Source: Health Systems Research, Inc.
Analysis of March 1988 and 1989 CPS

UNINSURED ALASKANS By Age



Source: Health Systems Research, Inc.
Analysis of March 1988 and 1989 CPS

(301) 763-8578.

1992 Poverty Guidelines for All States
(Except Alaska and Hawaii) and the
District of Columbia

Size of family unit	Poverty guideline
1	\$6,810
2	9,190
3	11,570
4	13,950
5	16,330
6	18,710
7	21,090
8	23,470

For family units with more than 8 members, add \$2,380 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

1992 Poverty Guidelines for Alaska

Size of family unit	Poverty guideline
1	\$8,500
2	11,480
3	14,460
4	17,440
5	20,420
6	23,400
7	26,380
8	29,360

For family units with more than 8 members, add \$2,980 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

1992 Poverty Guidelines for Hawaii

Size of family unit	Poverty guideline
1	\$7,830
2	10,570
3	13,310
4	16,050
5	18,790

poverty guidelines

H B

4 60

REPRESENTATIVE DAVE DONLEY

ALASKA STATE LEGISLATURE
DISTRICT ELEVEN
SEAT A

ALASKA LANDINGS • BENTZEN • BIRCHWOOD • CHESTER CREEK • HEATHER MEADOWS • LINCOLN PARK • MIDTOWN • NORTHSTAR
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CHAIRMAN
JUDICIARY COMMITTEE
VICE CHAIRMAN
REGULATION REVIEW COMMITTEE
MEMBER
RULES COMMITTEE
LABOR AND COMMERCE COMMITTEE

MEMORANDUM

TO: Representative Georgianna Lincoln, Co-Chair
Representative Pat Carney, Co-Chair
Health, Education and Social Services Committee

FROM: Representative Dave Donley *DD*

RE: Request for hearing on HB 460, providing for an
advisory vote on statewide health care.

DATE: February 18, 1992

I would appreciate it very much if you would schedule HB 460 for a hearing before your committee as soon as possible,

This is a very simple bill which merely provides that the following question be placed on the next general election ballot:

"Shall the Alaska State Legislature enact a law that would make health care available to all state residents?"

Although the Health Resources and Access Task Force is continuing to work on the issue and to develop options for legislative consideration, I feel that it is important to get a reading from the voters on whether they feel that creation of state health care plan is a priority issue for them.

Thank you for your consideration of this request.

DD/hk

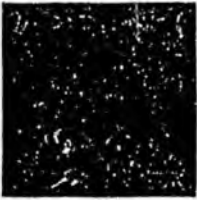


P.O. BOX

LEGISLATIVE OFFICE
Sponsor Statement

61

ANCHORAGE 722C



ALASKA STATE MEDICAL ASSOCIATION

4107 Laurel Street • Anchorage, Alaska 99508-5334 • (907) 562-2662

March 5, 1992

Representative David Donley
Alaska House of Representatives
Alaska State Legislature
P. O. Box V (MS3100)
Juneau, Alaska 99811

Dear Representative Donley:

At a recent meeting of the Alaska State Medical Association Legislative Affairs Committee, your House Bill 460 was discussed. This bill would provide an advisory vote on State-wide health care. This bill was strongly supported. As you know, the medical association has been instrumental in developing the Comprehensive Health Insurance and Payment Reform Act of 1992 (CHIPRA) which, indeed, would make health care available for all State residents.

I would suggest that the ballot language be expanded to ask the voters if they would approve of monies from Permanent Fund Dividends being used to help pay for health insurance coverage.

I would be happy to work with you on this legislation, if you wish. If I can be of assistance, do not hesitate to contact me.

Sincerely yours,



Donald R. Lehmann, M. D.
Chairman, Legislative Affairs Committee

ASMA Support

FISCAL NOTE

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO. HB 460

Revision Date: _____
Title: Advisory Vote on Statewide Health Care and
Effective Date _____
Sponsor: Representative Donley
Requestor: House Health and Social Services Committee

Department Affected: Office of the Governor-Elections
BRU: Division of Elections
Component: II-Primary and General Elections

COMPONENT SERIAL NO.

0	0	2	2
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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	2.2*	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	2.2*	0	0	0	0	0

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

GENERAL FUND	2.2*	0	0	0	0	0
FEDERAL FUNDS	0	0	0	0	0	0
OTHER FUND SOURCE:	0	0	0	0	0	0
TOTAL	2.2*	0	0	0	0	0

POSITIONS:

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

Estimate of current year impact: 0

ANALYSIS: (Attach a separate page if necessary.) * This figure covers cost of inclusion of information about this issue in the Official Elections Pamphlet as required by AS 15.58, and programming for DataVote counting of votes cast on this measure. However, only 4 measures can be printed on a single ballot card. Should this measure require printing an additional ballot card, the fiscal impact would be: 53.4.

Prepared by: Laura A. Glaiser, Projects Coordinator Phone: 465-4611
Division: Elections Date: 03/23/92

Approved by Commissioner: _____
Agency: Office of the Governor Date: _____

Distribution (by preparer): Leg. Fin., Legislative Sponsor, Requestor, OMB/DBR, Gov. Legis. Ofc., & Impacted Agency(ies).

HOUSE COMMITTEE REPORT

(7)

Date Referred: February 12, 1992

FURTHER REFERRALS:

State Affairs
Finance

Date of Committee Action: 3/25/92

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 460

HOUSE BILL NO. 460

ADVISORY VOTE/STATEWIDE HEALTH CARE

"An Act providing for an advisory vote on statewide health care; and providing for an effective date."

RECOMMENDATIONS:

be replaced with CS HB 460 (-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 elections

zero fiscal note(s) _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>Pat Carney</i>	<input checked="" type="checkbox"/>				
<i>James ...</i>	<input checked="" type="checkbox"/>				
<i>Betty Davis</i>	<input checked="" type="checkbox"/>				
		<i>John ...</i>		<input checked="" type="checkbox"/>	
		<i>Mark ...</i>		<input checked="" type="checkbox"/>	

[Signature]
CHAIRMAN'S SIGNATURE

NATIONAL ACADEMY FOR STATE HEALTH POLICY

PORTLAND, MAINE

Access and the Uninsured:

A Guide for States

Patricia A. Butler, J.D.
Boulder, Colorado

Elizabeth H. Kilbreth, Associate Director
Human Services Development Institute
Edmund S. Muskie Institute of Public Affairs
University of Southern Maine

Members, Steering Committee on the Uninsured
National Academy for State Health Policy

April, 1991

**With Support from the Health Resources and Services Administration, DHHS, and
The Pew Charitable Trusts, Philadelphia, Pennsylvania**

Excerpts from Access and the Uninsured

of the credits require actual taxable income, although Oklahoma's is refundable. The credits are short-term, lasting from two to five years and declining in some states over that period.

Although the credits in Massachusetts and Oregon have been in existence for one year and two years, respectively, there are no data on the number of firms that have claimed or plan to claim the credit. Oregon's credit is available only to firms that buy insurance through a state pool offering several low cost insurance plans. While 1,730 firms participated in the state pool as of November 30, 1990, the state's tax form does not permit the state to identify which firms have taken the credit.¹ Massachusetts, where the credit can be claimed in 1991 for tax year 1990, will be examining its tax credit experience later this year. The state's small firm pilot projects use the existence of the tax credit in marketing, but state program administrators do not believe that by itself the credit is a significant incentive for employers to start buying insurance.

The credits are available only to non-insuring firms on the theory that they are designed to encourage offering initial insurance.² Yet like the individual federal tax credit described above, such business tax credits (even when refundable) do not directly reduce premiums, which require monthly cash flow. Even when they represent a large fraction of the premium, they are most likely to serve as a reward for employer conduct or an economic development stipend rather than as a significant incentive to offer insurance.

States that require employers to participate in a pool or buy from a set of state-approved plans have the advantage of assuring that the insurance is adequate to justify a public subsidy. On the other hand, requiring state approval involves establishing standards and administrative costs. And requiring employers to join a pool or buy from a limited number of plans may discourage employer insurance purchase. Furthermore, conditioning the credit on plan design may raise ERISA problems, described below.

"Pay or Play" Taxes



The Model

Recognizing both that ERISA forbids an explicit employer insurance mandate and the limitations in relying on voluntary insurance, described above, two states have enacted taxes designed to share financing with employers as part of larger strategies designed to make health coverage universally available.

¹Oregon's tax data system aggregates all credits, so this credit cannot be identified.

² This distinction raises equity concerns: should the state reward firms that did not previously insure but not those that struggled to do so. Since about 60 percent of small firms do offer insurance while 40 percent do not, the budget impact of a tax credit for all insuring firms has discouraged states from offering it more broadly.

Massachusetts was the first state to adopt a "pay or play" law,³ requiring that in January 1992 employers of six or more employees will pay a tax of 12 percent of payroll (up to \$14,000 per employee per year, or \$1680) to fund a state health insurance program. An employer that offers insurance may credit its cost against the tax. Thus, the employer must "pay" the tax or "play" in the insurance market. New and marginally profitable firms are to be protected from unaffordable taxation by special hardship exemptions (Sager et al., 1989). Due to controversy about public and private funding of the state plan and other public programs, the legislature passed a one-year delay of the program (to 1993). Although the former Governor vetoed a 1990 effort to delay implementation, his successor has proposed repealing the law, so the fate of this tax/credit approach to employer insurance is in doubt.

Oregon enacted a law similar to the Massachusetts pay or play program in 1989. The well-publicized "priority-setting" bill for lower income Oregonians has generated most of the publicity. Less notorious was a tax-plus-credit employer incentive bill establishing a state purchasing pool to offer low cost insurance to small employers, for which they can receive an income tax credit. If by October 1993 the pool and credit do not enroll at least 150,000 people, a pay or play approach takes effect. The state will then impose a tax on all employers equal to 75 percent of the cost of covering employees and 50 percent of the cost of covering dependents with a basic benefits package (to be related to the benefits under the Medicaid priority-setting process described in Chapter VIII). These tax revenues will fund a state pool for the uninsured. Employers offering insurance can credit its cost against the tax. The law offers special provisions for new and marginally profitable firms. To increase affordability of insurance to small firms and assist some uninsurable residents, the state also enacted a high risk pool.

Impact of the "Pay or Play" Approach

Although the Massachusetts and Oregon programs purport to cover most state residents, they are voluntary for unemployed individuals who may not buy into the state program if it is not readily affordable. These programs also will not cover many part-time employees or dependents of full-time and part-time workers (other strategies to do so are described in Chapter VIII). Under the Oregon law, if 150,000 workers in small firms are insured by 1993, there will be no pay or play tax, but this focus disregards the many uninsured workers in larger firms. It is also unclear whether the 12 percent Massachusetts payroll tax will suffice to fund insurance for all those in the state who want to buy subsidized insurance from the state pool (the tax rate increases after 1992 at the rate of increase in the cost of health insurance in the state). If employers are paying much more than \$1,680 per employee for insurance on the private market when the program takes effect, it may be cheaper to pay the tax and drop insurance coverage, leaving the state with a potentially large and uncontrollable insurance obligation.

³ The pay or play strategy was part of a broad set of public programs and insurance subsidies described in Chapter VIII.

An equally uncertain question is how the courts will view the pay or play tax strategy under ERISA.

ERISA implications of Tax Credit Initiatives

The scope and impact of ERISA is of great importance to policy makers attempting to provide strong incentives for employers to offer health insurance. While it is clear that ERISA prohibits an explicit employer mandate, the courts have not yet signaled how far a state can go to encourage employer action. But they may soon have the chance: The Massachusetts Restaurant Association filed suit against the pay or play law in late 1990. A brief treatise on ERISA and potential judicial interpretation of the tax incentives should help policy makers consider these risks in order to design programs as likely as possible to overcome an ERISA challenge. More detailed legal analysis can be found in Appendix III.

ERISA was enacted in 1974 to reform pension fund management, but its broad jurisdiction includes employee health benefit plans. With the exception of requiring that employee plans include COBRA continuation provisions (see Footnote 5, Chapter IV), ERISA does not regulate health plan content. And the statute's pre-emption clause, Section 514, also limits states' ability to regulate the content of health or other employee benefit plans.

Section 514(a) provides that ERISA "shall supersede any and all State laws insofar as they may now or hereafter relate to any employee benefit plan..."(emphasis added). State laws are defined as those "purporting to regulate terms and conditions of employee benefit plans." Exceptions to pre-emption allow Hawaii to implement its employer mandate and all states to legislate in several areas, such as insurance regulation and Medicaid secondary payor programs. Thus, it is clear that states can regulate health insurers (e.g., mandate benefits insurers must offer), effectively regulating the content of insured health plans. But states cannot regulate health plans directly. Since over half of insured Americans work in firms that have become self-insured and the trend to self-insurance continues, the scope of state health insurance regulation has diminished (Gabel, 1988).

Over the last decade, many courts have interpreted the definition of employee benefit plan and the pre-emption clause. Of most relevance to policy makers considering tax incentive schemes are cases examining what types of state activity "relate to" employee benefit/health plans. The Supreme Court, which has never heard fully a health plan case,⁴ has indicated that ERISA is deliberately expansive and pre-empts any state action "bearing

⁴ The Court affirmed *Standard Oil Co. v. Agsalud*, 442 F. Supp. 695 (N.D. Cal 1977), aff'd 633 F. 2d 760 (9th Cir. 1980), aff'd mem. 454 U.S. 801 (1981) without an opinion. It interpreted the statutory insurance exception to pre-emption in *Metropolitan Life Insurance Co. v. Massachusetts*, 471 U.S. 724 (1985), where it upheld Massachusetts' insurance mental health benefits mandate on insurers (not employers).

upon"⁵ or having "a connection with or reference to"⁶ employee benefit plans.⁷ Courts have tended to read ERISA jurisdiction and the pre-emption clause very broadly and its exemptions narrowly.

While generally following the broad pre-emption interpretation, a few lower courts have applied the Supreme Court's dictum in Shaw v. Delta Air Lines that some impacts of state action may be "too tenuous, remote, or peripheral" to be pre-empted. For instance, a federal appeals court held that New York's hospital rate-setting law was not pre-empted even though it increased a self-insured health plan's cost of doing business because it was not designed to "affect the structure, administration or type of benefits provided by an ERISA plan."⁸ Another appeals court upheld a municipal tax ordinance that refused to exempt an ERISA medical income spending account from taxable income.⁹ The court there said that in order to avoid pre-emption, a state law must be a traditional exercise of state authority (e.g., tax law), affect relations only between an outside party and either the employer, the plan, the fiduciary, or employees but not among all four, and have an incidental effect on the plan.

From a detailed reading of ERISA cases (See Appendix III), we can conclude that:

- States cannot mandate that employers provide health benefits or insurance.
- States cannot directly regulate employee health plans.
- States cannot impose premium taxes on self-funded plans or require them to participate in high risk pools.
- States can regulate insurers, including stop loss carriers but cannot regulate self-funded plans, even those using stop loss insurance.

Impact on Income Tax Credit Laws

Though employer income tax credits for purchasing health insurance are modest positive incentives, they could face an ERISA challenge. Under a technical reading of ERISA, all these laws, which define the amount of employer contribution and in some cases the types of plans that qualify for the credit, do appear to "relate to" the terms and conditions of

⁵ Alessi v. Raybestos-Manhattan, Inc. 451 U.S. 504, 525 (1981).

⁶ Shaw v. Delta Air Lines, 463 U.S. 85, 97 (1983).

⁷ The Supreme Court reaffirmed this position in late 1990 in FMC Corp. v. Holliday, No 89-1048, Nov. 27, 1990.

⁸ Rebaldo v. Cuomo, 749 F. 2d 133, 139 (2d Cir. 1984, cert den. 472 U.S. 1008 (1985)).

⁹ Firestone Tire & Rubber Co. v. Neusser, 810 F. 2d 550 (6th Cir. 1987).

Chapter VIII Comprehensive Strategies

Introduction

Most state access initiatives have focused on one or two of the public or public-private strategies described in early chapters. But a few states are attempting to enhance health care access for the majority of their populations by multi-faceted approaches that often combine public, private, and regulatory features, as well as publicly funded enhancements of the delivery system. This chapter profiles four states that have undertaken diverse steps to broaden access.

Although a number of states have considered or are considering universal, tax-based, single-payor systems, none has yet been enacted. The most comprehensive efforts, to date, continue to rely on work place private insurance for the majority, supplemented with public programs, incentives and public/private partnership efforts.

In addition to the states highlighted below, several other states undertook multi-pronged access strategies in 1990. For instance,

- Kentucky's employer insurance pool and tax credit discussed in Chapter V were part of a law that emphasizes access for residents of underserved areas. The statute increases Medicaid payments for physicians practicing in such communities and expands the use of mid-level practitioners working in newly established health care "networks".
- Delaware will begin to phase in a program of Medicaid expansions, medical insurance for general assistance recipients, and managed care for the uninsured using community health centers.
- Connecticut's law regulating the small group insurance market reform also expands Medicaid, establishes an outreach program for pregnant women and children, authorizes new insurance programs for low income children, pregnant women, and the disabled, provides grants for community health centers, and establishes low cost insurance for uninsured small firms.

The four states below are discussed in greater detail because their earlier start-up dates have allowed experience in developing and implementing their initiatives that may benefit other states. These bold initiatives are to be commended, especially in the light of the difficult fiscal and political realities states currently face. It is not clear, however, that they will achieve the objective of insuring access to all, or even most, of their populations.

All four states have recognized the importance of cost containment to the political acceptability and fiscal management of these efforts. Most express a preference for the use of

managed care plans, such as HMOs or PPOs to underwrite risk and deliver care. Some make use of other cost containment strategies such as provider discounts or utilization review. Nevertheless, all of these initiatives were undertaken in a period of economic growth and steady or growing state revenues, allowing a substantial new commitment of state dollars. In the current recession, with declining revenues, the new initiatives are in peril and cost containment measures take on added importance.

Some policy analysts argue that strategies to truly contain costs (rather than shifting costs to new payors or new segments of the health delivery system) can only be achieved through a single payor system with global price negotiation. In light of the current urgency regarding the development of effective cost containment strategies, this chapter includes a discussion of a New York proposal, not yet enacted, that links broadened access with the development of a single payor agency to control costs.

Hawaii

Hawaii has recently augmented its employer mandate with a publicly-subsidized insurance program for lower income residents. Since 1974 employers in the state have been required to provide hospital and medical insurance with statutorily defined benefits and cost sharing features to all full-time (20 hours/week or more) employees. Seasonal agricultural workers, students under age 21, government employees, public assistance recipients, self-employed individuals, and employees' dependents are exempt from the mandate. Employers must contribute at least half the premium for each employee (employees pay up to 1.5 percent of their wages toward the premium, but no more than half the premium). A public hardship fund is available for very small employers, but it has never been used. The law reduced the number of uninsured Hawaiians to a low of under 2 percent in 1977, but the number has increased in recent years, possibly due to more part-time or seasonal workers. The ERISA amendment authorizing the Hawaii employer mandate does not permit the state to modify that law, for instance by requiring coverage of part-time workers or dependents. Therefore the state developed an alternative to meet the needs of its remaining uninsured population.

The Hawaii State Health Insurance Program (SHIP), enacted in 1989 and implemented in 1990, is designed to provide access to basic preventive and primary and limited secondary care. An HMO (Kaiser Permanente) and an indemnity insurer (Hawaii Medical Service Association, the Blue Shield organization)¹ underwrite SHIP policies, which are available to residents with incomes up to 300 percent of the federal poverty level on an income-based sliding scale. Families pay up to \$160 per month per family under the current scale. The state expects to subsidize about 80 percent of the average premium. The benefits comprise inpatient and outpatient services, including well child, well adult, and maternity care. Physician care is limited to 12 visits per year and pre-approved hospitalization to five days per year. Outpatient services are subject to a \$5 per visit copayment. The plan does not

¹ HMSA pays its entire provider network on a fee-for-service basis but is developing a PPO for the SHIP plan.

cover drugs, dental, or vision care. In the first four months of plan operation, about 4500 individuals were enrolled out of about 35,000 potentially eligible residents. Administrators attribute this success to a very broad community-based outreach effort.

Unable to expand its successful employer mandate, Hawaii has begun a broad publicly-subsidized basic benefits program designed to cover the self-employed, employee dependents, and the unemployed. Due to a strong, creative outreach effort, early experience suggests that the plan is well-received, though it will be important to learn how many of the uninsured are willing to enroll voluntarily and whether the state can afford the approximately \$17 million in state funds needed to subsidize all its lower income uninsured residents as well as whether the limited benefits under SHIP will meet most enrollee needs.

As mentioned in Chapter III, Hawaii has earmarked part of its SHIP funds for care of the uninsured through community health centers. This feature adds a direct service component to a system that otherwise relies exclusively on insurance mechanisms to assure access. Even more importantly, this illustrates that a subsidized health care infrastructure may be required to assure access to primary care for the disadvantaged.

Massachusetts

In 1988 Massachusetts enacted the "Health Security Act," a series of programs designed to enhance health care access for most of its residents. The "pay or play" payroll tax for firms of six or more employees (with a credit for firms offering insurance) was described in Chapter V. The state pool to be funded by this tax (plus revenues from the hospital rate-setting system) will make insurance available to uninsured employed and unemployed state residents, using managed care plans. Massachusetts also enacted several public programs to supplement the pool. It revised the state's hospital rate-setting law, mandated that private insurers cover well child care, provided grants to community health centers, augmented its general assistance medical program, and expanded state-funded Medicaid eligibility for lower income pregnant women, people leaving welfare for work, disabled children, and uninsured disabled workers (who can "buy in" to Medicaid on an income-based sliding scale).² A second employer tax of 0.12 percent of payroll (up to \$16.80 per employee per year) began in 1990 to fund insurance for recipients of unemployment compensation. For such recipients with incomes under 300 percent of poverty, this program will either buy COBRA continuation coverage or a limited benefit insurance package underwritten by the state and administered by an insurer. Colleges are also required to insure their students. Even firms of five or fewer employees that are exempt from the pay or play tax can participate in the state's current health insurance demonstrations (described in Chapter IV) and receive income tax credits for their insurance costs.

²Some of these Medicaid expansions were subsumed into the state's federally-matched Medicaid program when Congress extended eligibility for pregnant women and children in 1988 and 1989.

Massachusetts' strategy relies on work place insurance and the as-yet-undefined state pool to cover most of its residents. Its low income programs target limited categories of residents, and its demonstrations and tax credits for small employers will result in coverage for some, but not all. One of the major questions with regard to the Massachusetts strategy is the likely response of small employers to the changes. Because of cost and other barriers faced by employers of businesses with fewer than fifty workers (discussed in Chapter VI), many of these employers may find it advantageous (or their only option) to pay the tax rather than provide coverage. Businesses of five or fewer face even more extreme barriers and the tax incentives offered to them may be insufficient to increase coverage much in this sector.

Lack of movement toward work place coverage could result in a significant burden on the state pool. Policy makers in Massachusetts are this year considering regulatory reform options in the small group insurance market (see Chapter VI) to stabilize the market and expand coverage options for small employers.

As discussed in Chapter V, the future of the "pay or play" model depends on both the outcome of a current lawsuit and the success of political pressure to abandon the program before it begins. It will also depend upon the size of the fund generated by the tax and other sources and the state's ability to subsidize premiums for lower income residents and encourage a large and representative group of the uninsured to enroll in the state's pool plan. Part-time workers, employee dependents, and workers in small firms may not be assisted directly through employer plans under the design of the current tax. Nor are longer-term unemployed residents eligible for insurance through the unemployment insurance tax pool. The state pool must be able to subsidize insurance for these groups and be sufficiently appealing and inexpensive to attract most of the uninsured while remaining within the state's budget.

Oregon

Oregon's approach of augmenting public programs with incentives (and ultimately a "pay or play" tax on employers) is somewhat similar to that of Massachusetts. But unlike Massachusetts' patchwork of public programs, in 1989 Oregon's legislature explicitly assumed public responsibility for all families with incomes below the federal poverty level, while making employers responsible for their employees.³ Employer insurance incentives include authority for small firms to buy low cost insurance (about \$55 per month) from several carriers under the state pool plan and the income tax credit described in Chapter V. By offering a larger credit in its earlier years and by extending to subsequent years if certain numbers of previously uninsured people are enrolled in the state pool, the tax credit is designed to encourage early pool enrollment. Oregon has chosen a public pool to lower premium prices for small firms rather than regulation of the remaining small group private

³ Although the program is described as dividing responsibilities between the state and employers, it is not clear from SB 27 and SB 935 whether the state or the employer is supposed to cover workers with incomes below poverty or whether the payroll tax will apply to low wage workers.

insurance market. Insurance offered through the state pool plan has thus far been one HMO and several traditional indemnity plans (whose prices are reduced by age-rating and raising cost sharing contributions rather than more creative benefit design, provider network, or other managed care strategies). Pool carriers can also deny coverage based on medical underwriting, though the hope is that rejected individuals can enroll in the state's high risk pool.

The proposed new Medicaid program has generated the most national attention because, while expanding eligibility for Medicaid to all people living below poverty (approximately twice the number now covered under Medicaid in Oregon), the law established a process by which a commission ranks covered benefits by priority "representing the comparative benefits of each service to the entire population to be served." The ranking will consider health benefits, costs, and consumer preferences regarding all the services the Medicaid program now covers. Services are to be provided through prepaid capitated health plans, to the extent they exist in the state, and providers are to be paid the costs of providing services. The commission will forward the priority list to the legislature to set the Medicaid budget based on the cumulative costs of services funded in their order of priority.

Depending on its overall budget commitment, the Legislature will have to decide where to draw the cut-off point, below which benefits will not be available to the Medicaid population. The bill's supporters have suggested that it is politically unlikely that funding could be set at an unreasonably low level and that overall health care funding for the poor will have to increase. But opponents of the law assert that the line may be drawn arbitrarily and eliminate important services that can benefit many people.

As currently designed, Oregon's program requires several types of Medicaid waivers: (1) agreement by the federal government to share in funding care for all residents under the poverty line (which includes both the lowest income non-categorical groups like single individuals as well as higher income groups well above the state's current medically needy income eligibility standard), (2) authority to eliminate some currently required medical services from the Medicaid program, and (3) freedom of choice waivers to permit enrolling all Medicaid beneficiaries into prepaid managed care plans. Congress and HCFA have been reluctant to grant waivers until the design of the service list and state budget are clearly defined.

The "priority-setting" bill brings important issues to public debate: the unspoken rationing of medical care that currently exists for the non-Medicaid poor, the need for more research and consensus on what services are effective, and the need for society to discuss how to allocate scarce public health care funds in the absence of definitive research or consensus. Nevertheless, the law also raises several questions of equity. The priority-setting process is initially aimed at the poor, although the state pool law requires insurance plans for small employers to "include substantially similar services recommended" and funded through the priority-setting process. Furthermore, the program does not treat all the poor equally, since it applies to only families and children, not the elderly, blind, and disabled that account for

almost half the state's current Medicaid budget. The state's response to this concern is that it already rations long-term care and that it would be difficult to re-define benefits for the elderly and disabled who have dual Medicare and Medicaid coverage. Another concern is the statutory exemption of uncovered services from malpractice liability. Although it may be logically necessary to encourage prepaid health plans to contract with the state, it raises further concerns about equity when only poor families are subject to this limitation.

Finally, the approach of ranking benefits based on average beneficial effects across a population ignores a fundamental reality of medical practice: while some medical care may be entirely useless or useful for only a few patients, most care is valuable for some individuals. Cardiac surgery and organ transplantation may save lives or enormously improve the quality of life for some people under specific conditions. These procedures can be cost-effective for some patients when compared with alternative therapeutic approaches, while for other patients, they may be entirely inappropriate or even harmful. A significant current challenge for medical care researchers and health professionals is to reach consensus on criteria by which patients who can benefit from a given service (by defined standards, including cost-effectiveness and personal and societal preferences) can have access to it, while those for whom benefits are minimal could be denied access (at least publicly funded access). Including criteria for when services should be available makes a simple list substantially harder to draft but the task is not impossible. Standards for utilization review decisions about whether certain treatments should be provided to certain patients would require a modest expansion of UR activities in many current Medicaid programs and might actually obviate Oregon's need to seek a waiver on the issue of benefits.⁴

Even without the controversy surrounding its "priority-setting" law, the Oregon program is unlikely to cover all the state's uninsured. The "pay or play" tax will not become effective if 150,000 formerly uninsured residents obtain insurance through the state pool. This represents an estimate of the number of uninsured workers in small firms (the target of the state pool), but is only a fraction of the more than 400,000 uninsured Oregonians. Thus the pay or play tax would not become effective if about 40 percent of the currently uninsured receive coverage through the pool. By design, the state would apparently be satisfied if most full-time employees of small firms receive insurance, omitting part-time workers, employee dependents, the uninsured, and workers in larger firms.⁵

It is, however, unlikely that the tax incentives and state pool will encourage enough voluntary insurance to meet the target of 150,000 newly insured employees by October 1993. Employers may not be fully aware of the subtle and complex signals sent by the tax credit

⁴ In other words, the priority-setting process would become a standard-setting process to develop detailed guidelines on medical appropriateness and necessity, which the state could implement in a more global and sophisticated way rather than a list of services that are either covered or not covered entirely.

⁵ Larger firms can be offered insurance under the pool as of July 1990 but do not receive an income tax credit for insurance costs.

and pay or play law. After a year and a half of operation, in late 1990 the state pool had enrolled about 3800 employees and 3200 dependents in 1730 firms and so seems unlikely to reach the goal of 50,000 by October 1991 (which triggers an extension of the income tax credit) or 150,000 in late 1993 (which would repeal the pay or play tax).

If the pay or play tax becomes effective in 1993, it is likely that more employees and dependents will become insured. But part-time workers and the unemployed may remain without coverage. Whether the revenue funded by the tax will be sufficient for the state to offer attractive and affordable insurance to uninsured workers and others is the same question the Massachusetts program will face. Healthy residents without work place insurance may choose to remain uninsured, depriving the pool of their premium contributions and narrowing the spread of risk, while sicker residents may self-select into the pool and drive up premiums.

Maine

Over the past four years, Maine has taken an incremental approach to covering several groups of the uninsured. Its focus has been incentives for small firms and low wage workers, children, and the unemployed to enroll in private or public insurance programs. In 1989 the state began enrolling employees in small firms in an HMO under its MaineCare plan, described in Chapter IV, with subsidies for workers and families with incomes under 200 percent of the poverty line. In the same year, the state implemented a High Risk Insurance program to provide coverage for those with "uninsurable" medical conditions (including subsidies for low income subscribers). The following year the state implemented the Maine Health Plan (described in chapter II) to subsidize either public or private insurance for very low income children and adults. This program has both a Medicaid "buy-in" feature where individuals can receive services from any Medicaid participating provider at Medicaid rates, and a "buy-out" feature, where eligible employed workers will receive coverage through their employer's plan at the state's expense. To help assure provider participation, the state accompanied the implementation of the Maine Health Plan with a substantial rate increase for providers.

Maine's legislative package also included a relief fund for hospitals especially hard hit by bad debt and short-falls in Medicare reimbursement. The level of funding for this program, administered by the state's hospital rate-setting commission, is tied to expenditures under the Maine Health Plan. For every two dollars allocated to expanded coverage through the Maine Health Plan, one dollar will be appropriated for the hospital program. Both programs are funded through the state's general revenues. In addition, Maine instituted a community grants program (discussed in Chapter III) to encourage the development of preventive and primary health care services in underserved areas.

Recognizing that a large share of the state's uninsured work in small firms that have great difficulty entering and remaining in the small group insurance market, in 1990 the state also enacted one of the nation's first small group insurance regulation laws. This statute

HB

461



Official Business

Alaska State Legislature

HOUSE OF REPRESENTATIVES

Kevin "Pat" Parnell

Room 128

State Capitol
Juneau, AK 99801-1182

465-2647

SPONSOR STATEMENT FOR HOUSE BILL 461

House Bill 461 would allow children under the age of 14 to work as actors in film projects being produced in Alaska. Under the current law, children under the age of 14 cannot work unless they are employed in domestic employment; newspaper delivery or sales; or in canneries in warehouse work casing cans.

This was brought to my attention by a constituent and then by the State of Alaska Division of Tourism. They cited the example of a young four-year-old girl in Fairbanks that was offered a role in the CBS television series "Rescue 911." She was all set to do the role when the State of Alaska Department of Labor informed her parents that she could not do the work because of existing laws.

The current statute was the law borrowed from the federal statutes when child labor laws first came into effect in this country. It was instituted as territorial law, and then realized in the statutes in 1949, when Ernest Gruening was the Territorial Governor of Alaska.

HB 461 will allow for the Department of Labor to enable child actors to perform in a safe setting in Alaska. With film projects in Alaska having over \$9 million dollars in expenditures during the years of 1990-91, this legislation will ensure that nothing hinders those seeking to capture the greatness of Alaska and its citizens on film, including offering the chances of a lifetime to our young children.

I would appreciate your support in passing this legislation out of the House Health, Education, and Social Services Committee.

Committees: Judiciary, Labor & Commerce, Military & Veterans Affairs
Finance Subcommittee, Administration

Sponsor Statement

BILL NO: House Bill No. 461

DATE: February 26, 1992

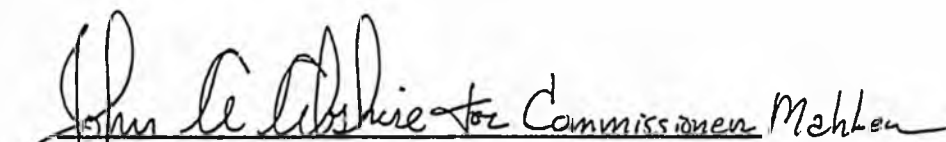
TITLE: "An Act permitting the employment of certain minors in the entertainment industry; and providing for effective date."

CONTACT: Arbe Williams
465-2700

House Bill No. 461 amends AS 23.10.335 to allow minor children under the age of 14 to be employed as performers in the entertainment industry pursuant to regulations developed by the Department.

The Department of Labor supports this legislation in order to correct the current circumstances faced by the entertainment industry in Alaska. At present, there is no flexibility in the law to allow the employment of children under 14 as performers.

This legislation is not expected to require additional program support.


Commissioner
Department of Labor

POSITION PAPER/Department of Labor

STATE OF ALASKA
1992 LEGISLATIVE SESSION

BILL NO : HB 461

Revision Date: _____
 Title: "An Act relating to employment of certain minors in the entertainment industry..."
 Sponsor: Representative Parnell
 Requestor: House HES

Department Affected: Labor
 BRU: Labor Standards & Safety
 Component: Wage & Hour
 COMPONENT SERIAL NO. 345

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND&STRUCTURES						
GRANTS,CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

REVENUE FUND SOURCE:						
----------------------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	0.0	0.0	0.0	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: Randy Carr, Acting Director Phone: 264-2452
 Division: Labor Standards & Safety Date: 2/24/92
 Approved by Commissioner: John Abshire, Acting Commissioner
 Agency: Department of Labor Date: 2/24/92

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

HOUSE COMMITTEE REPORT

(7)

Date Referred: February 12, 1992

FURTHER REFERRALS:

Labor & Commerce

Date of Committee Action: 2/25/92

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 461

HOUSE BILL NO. 461

MINORS UNDER 14 IN ENTERTAINMENT JOBS

"An Act permitting the employment of certain minors in the entertainment industry; and providing for an effective date."

RECOMMENDATIONS: the same title
 be replaced with _____ 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 1

fiscal note(s) _____

zero fiscal note Dept of Labor

zero fiscal note(s) _____

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>[Signature]</i>	✓				
<i>[Signature]</i>	✓				
<i>Betty Davis</i>	✓				
<i>J. G. [Signature]</i>	✓				
<i>Cheri Davis</i>	✓				
<i>Mark [Signature]</i>	X				

[Signature]
 CHAIRMAN'S SIGNATURE



ALASKA
(affiliate of Northwest)
880 N. Street - Suite 304
Anchorage, AK 99501
(907) 258-0188
FAX: (907) 276-0388

February 14, 1992

Representative Pat Parnell
Room 128, Capitol
P.O. Box V
Juneau, AK 99811

Dear Representative Parnell:

I am writing in support of the amendment to the existing House Bill, permitting the employment of certain minors in the entertainment industry.

As an elected officer to the Association of Independent Commercial Producers (AICP), Alaska chapter, it has come to my attention the need to address an important segment of film making in Alaska... child labor. Often times the opportunity arises to focus on minor children as principals or extra's in commercial, documentary and feature film making in Alaska.

With a lack of labor guidelines addressing this segment of film entertainment, producers in Alaska and their counterparts from the Lower 48 states and abroad are met with an archaic labor interpretation which clearly does not address Alaska's new and growing industry.

This brings me to the second point of writing this particular letter. When the time comes to rewrite or revise guidelines in regard to minor children, AICP-Alaska would appreciate being included in the process in an advisory capacity. We feel our involvement will ensure a strong partnership with the State of Alaska and allow a solid foundation for future growth.

AICP chapters located in

NEW YORK/East • LOS ANGELES/West • CHICAGO/Midwest • SEATTLE/Northwest • SAN FRANCISCO • DENVER/Rocky Mountain • ATLANTA • DALLAS/Southwest • MIAMI/Southeast

Letters of support

I look forward to future correspondence and discussion concerning all aspects of film making in Alaska.

Sincerely,
AICP-Alaska

Roger Miller

Roger Miller
President

RM/kc

cc: John Abshire
Dennis Geary

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

FEB-10-92 SAT 16:44

SOA DIV OF TOURISM/ATMC

FAX NO. 9075633575

FEBRUARY 10, 1992

I AM WRITING TO TELL YOU OF MY FAMILY'S RECENT EXPERIENCE WITH OUR STATE'S CHILD LABOR LAWS AND THE ENTERTAINMENT INDUSTRY.

MY 5 YEAR OLD DAUGHTER MINDY ATTENDED AN AUDITION FOR A PART IN A "RESCUE 911" TELEVISION SEGMENT. THE SEGMENT WAS BEING FILMED IN THE FAIRBANKS AREA ABOUT A RECENT LOCAL INCIDENT. THE DIRECTOR AND FIELD COORDINATOR INTERVIEWED EACH CHILD INDIVIDUALLY AS PART OF THE AUDITION PROCESS. THE NEXT DAY I WAS INFORMED BY ALICIA ALEXANDER, THE FIELD COORDINATOR THAT MINDY HAD BEEN SELECTED. I WAS TOLD THAT HER SELECTION HAD BEEN BASED ON HER ABILITY TO PORTRAY THE PART AND FOLLOW DIRECTION. I EXPLAINED TO MINDY AND THE REST OF MY FAMILY WHAT SHE WOULD BE DOING. WE WERE ALL EXCITED ABOUT THE UPCOMING PART.

ABOUT 11 A.M. THE NEXT DAY MS. ALEXANDER PHONED US AGAIN. THIS TIME THE NEWS WAS NOT SO GOOD. MS. ALEXANDER SAID SHE HAD BEEN NOTIFIED BY THE STATE DEPT. OF LABOR THAT ACCORDING TO OUR LAWS NO CHILD UNDER THE AGE OF 14 IS ALLOWED TO WORK IN ALASKA. SINCE THE T.V. CREW COULD NOT RISK BREAKING THE LAW THEY WOULD NOT BE ABLE TO USE MY DAUGHTER. WE THEN CONTACTED THE DEPT. OF LABOR OURSELVES AND WERE TOLD THAT MINDY WOULD NOT BE ALLOWED TO DO THE PART WHETHER SHE WORKED WITH A TALENT AGENCY, UNDER HER OWN BUSINESS LICENSE, OR AS A VOLUNTEER. WE ALSO CALLED SEVERAL STATE OFFICES AND POLITICAL OFFICIALS BUT COULD NOT FIND ANY EXEMPTION FOR MINDY TO DO 4 DAYS WORK.

SINCE ACCORDING TO THE LAW MY DAUGHTER WAS NOT ABLE TO ACCEPT THE PART, THE T.V. CREW BROUGHT ANOTHER 4-5 YEAR OLD GIRL INTO TOWN TO TAKE HER PLACE. THIS ADDED TO THE EXPENSE OF MAKING THE FILM SEGMENT. IN ADDITION TO PAYING THE OTHER LITTLE GIRL A WAGE; HER AND HER AGENTS AIRFARE, HOTEL ROOM, MEALS AND POSSIBLY TRAVEL TIME ALSO HAD TO BE PAID.

THOUGH I'M SORRY FOR THE T.V. CREW'S INCONVENIENCE THE WORST PART OF THE SITUATION FOR ME WAS HAVING TO DISAPPOINT MY DAUGHTER. IT WAS ALSO HARD TO BE TOLD THAT MINDY HAD NATURAL TALENT AFTER LOSING HER CHANCE TO SHOW US.

THE EFFECTS OF WHAT HAPPENED HERE COULD BE MORE WIDESPREAD IF RUMORS THAT CBS WILL NOT FILM IN ALASKA AGAIN UNTIL MATTERS WHICH LED TO THIS TYPE OF SITUATION ARE RESOLVED. THE ENTERTAINMENT INDUSTRY, WHICH CAN BRING MONEY INTO OUR ECONOMY, MAY BEGIN TO FEEL THAT FILMING IN ALASKA IS NOT WORTH THE RISK. RESTAURANTS, HOTELS, CAR AND EQUIPMENT RENTALS, AND OTHERS WHICH COULD HAVE BENEFITTED FROM THE INDUSTRY'S PRESENCE, MAY LOSE THEIR CHANCE LIKE MINDY DID.

I FULLY SUPPORT LAWS THAT PROTECT CHILDREN IN REGARDS TO LABOR BUT IT IS WELL KNOWN THAT MANY STATES HAVE EXEMPTIONS TO THEIR CHILD LABOR LAWS WHICH ALLOW FOR SOME WORK IN ENTERTAINMENT. I BELIEVE OUR LAWS CAN AND SHOULD BE AMENDED TO ALLOW OUR CHILDREN TO WORK SAFELY IN THE ENTERTAINMENT FIELD.

I SINCERELY SUPPORT YOU IN YOUR EFFORTS TO BRING FORTH JUST SUCH AN AMENDMENT AND THANK YOU FOR ALL YOUR HELP.

RESPECTFULLY,

February 4, 1992

Ms. Mary Pignalberi
State of Alaska Film Office
3601 C Street, Suite 700
Anchorage, Alaska 99503

Carlson's Co. of Models
& Talent
P.O. Box 240985
Anchorage, Alaska 99524-0985
258-2154

Dear Mary,

As you know, for the past three years I have owned and operated a model and talent agency in Anchorage. I represent approximately seventy-five independent contractors who have done local and national commercials, film projects as well as special events and modeling for shows and print.

Last week I was asked to supply a make-up artist and a young actor for a Rescue 911 project that was to be filmed in North Pole. Rescue needed a four year old girl who would be required to get in a dogsled and be pulled by a couple of dogs, as well as being in the cold for a short period of time as if she were lost.

While acting experience was not a big priority, there was a height requirement and she obviously needed to be up for a challenge or two. Instead of flying one of my actors to Fairbanks, I initiated a casting call in Fairbanks. A young girl was selected from a group of girls and filming was to start on February 1, 1992.

On Friday, January 31, I received a call from Rescue 911 saying that Monte Jordan, Regional Supervisor of the Department of Labor had contacted them saying that this little girl was not allowed to work under the labor laws of Alaska. This law in effect says no one under the age of fourteen may work, unless they are an independent contractor.

If this child had been allowed to work, the project could have been shut down and the Department of Labor could have come after my agency.

The people at Rescue 911 were ready to fly a child from California with her parent to do the shoot if that was what would work under Alaska Law. Instead after several more conversations with the Department of Labor, I convinced them that I had a little girl who would qualify.

As a result I, along with a young talent that I represent in Anchorage, flew to Fairbanks on Friday evening, she worked two days and we flew back Sunday night. The reason this child was allowed to do the work was because she is an established independent contractor (as I understand the law). She has had training, done commercials, has been listed with my agency for six months and has her composite cards.

Patent
P.O. Box 240985
Anchorage, Alaska 99524-0985

In the meantime, we had a very disappointed child in Fairbanks who was told she would get to be part of an exciting project and then told she could not.

Mary, we are living in exciting times in Alaska as far as the potential of national projects coming into our state. Over the past year my agency alone has been part of two national Toyota commercials, three Rescue 911 projects, one CBS project called Real Life Heros and a feature film with a Korean company. Without these above mentioned projects my business would have been lucky to break even. As it is, we have managed to make a little money, put a few people to work and been encouraged to keep working at building my business.

I know how much work you have done to promote Alaska as a film and commercial location and how much money the State has expended in this effort. To have all of this effort undermined by a law which prevents childrens employment seems a travesty. This must be corrected.

I am convinced, we are either in the game or we are not. If film companies express a desire to come up here, it is up to us as a state and an industry to make that happen. If we can't, then they will go somewhere else.

When I was on location, I was told by a member of the crew that this would be the last project Rescue 911 would shoot in Alaska until we got our labor laws straightened out. I believe this is a great loss. Rescue has done four projects in the past year. One in Valdez, one in Anchorage and two in North Pole.

Each time they have brought at least six people up, hired support people once they arrived, rented equipment, as well as rental vehicles and in some cases rented arctic gear, stayed in our hotels, eaten in our restaurants, hired catering companies and taken home Alaskan gifts for their families. The figure that was quoted to me on location was that each person that comes up means about \$200 a day to our Alaskan economy. Now this is just one company, CBS.

National commercial projects can involve much bigger budgets and usually require resident support.

On a local level, we are also greatly impacted. I am sure you have noticed that children are often used in commercials. I know that they are not all hired through my agency and I would be willing to bet that many do not meet the independent contractor requirement. I believe many production houses and advertising agencies are in violation of the law, as it is now written.

Carlson & Co. of Bay
& Talent
P.O. Box 240865
Anchorage, Alaska 99524-0865

Children need to be protected and as a mother of two child actors, no one understands this better than I. At the same time children deserve the opportunity to be able to work in an area that greatly impacts their lives. They are inundated with television, radio and print media. Many of them are curious about the process and can indeed, at times, relate a story or sell a product much more effectively than an adult. In other states they are given this opportunity. Why not Alaska?

Mary, I can only restate that as an industry, we are either in the game or we aren't. It either has to include all ages or none. We need to get the ball rolling to change the labor laws. I am willing to be a voice. I hope the film office will also do its part in at least educating the powers that be to the problems that face us. We all need to be on the same team, speaking one voice. "Shoot Alaska" should mean not only its scenery but all of its talent as well.

Most Sincerely,

Carol Carlson

cc: Mr. Pat Parnell, State Representative
Mr. Roger Miller, President - AK. Chapter, AICP

Alaska mystique could pique interest of filmmakers

By PATRICIA SOLOVEICHIK
TIMES BUSINESS WRITER

Alaska is caught up in a whirlwind of circumstance that is creating a very marketable mystique to draw filmmakers seeking unique footage or an exotic angle, the director of the state film office said Thursday.

As evidence of that claim, Alaska Film Office coordinator Mary

Pignalberi cited CBS This Morning's "65 percent sure" plans to broadcast live from Alaska for a week in May, placing its bets on the "last frontier" for sweeps week.

The morning news show wanted an unusual American location that would draw viewers at that important time, the film director told about 50 members of the Alaska Press Women

gathered at the Golden Lion Hotel in Anchorage.

"It is sweeps week, so they will be pumping promotions about Alaska," she said. "This is a drop-in-the-lap kind of thing right before tourist season starts."

How much of the CBS show's decision is attributable to luck and how
See Film, back page

Times 2/7/92

Film

Continued from page C1

much to Pignalberi's promotions is not known, but credit also may go to the popular television series "Northern Exposure."

"That kind of publicity is priceless. They say the word 'Alaska' six or seven times in the show," she told a packed banquet room.

Most people do not know the 2-year-old series is not filmed in Alaska, and filmmakers suddenly see that it is possible to film in Alaska, she said.

In addition to the series, Alaska's film industry may be benefiting from the "greening of the industry."

"In the film community, there is a much higher level of awareness about the environment, and this is the last frontier," Pignalberi said. "Alaska is the panacea in that regard. We're in a good position in this next 10-year period."

Combined efforts of tourism and film industry marketing also can be credited with gains in the past few years, which have included the filming of "White Fang," "Salmonberries," "Star Trek VI," and a variety of com-

mercials.

"In terms of a very unusual look that hasn't been overdone on the screen, our accessibility is very good. Our challenge is to get that message out there," Pignalberi said.

The latest message is a new billboard on Sunset Boulevard in Los Angeles that will be presented in three parts. The first part will be an Alaska landscape, followed next month with the addition of bear claws on either side, as though the animal were climbing up the back. The final month shows the bear head breaking through the canvas.

Pignalberi said the previous billboard created a bit of a sensation, as have the Alaska Film Office advertisements placed in such publications as Advertising Age and Variety.

Possibilities for future films in Alaska are on the drawing board and may come to fruition this year, she said.

But Alaska is competing with exotic European locations preferred by film companies following the trendy places to be, and also with domestic Northwest locations and Canada.

"Alaska's mystique is a state of mind based on what people grow up thinking and hearing about

ley, North America's tallest mountain, glaciers larger than some states, and miles and miles of coastline.

"It is the mystique of the unknown. Coming to Alaska is seen as something people want to achieve," she said.

It is perceived as isolated and remote, which both adds to the allure and makes filmmakers think twice about the idea.

Carol Carlson, owner of Carlson Company Models and Talent in Anchorage, said the state also has to be prepared for the interest drawn from marketing efforts.

"There is a lot of potential. We have to keep up and be ready. We can't operate like a small town business. It's not enough to have a nice look," she said.

One good start would be to change labor laws to make it easier for children to work in the industry, she said. A limit on human resources is a major flaw in the state's film package.

She said the series "Rescue 911" recently visited Alaska for a shoot and vowed not to return again until changes had been made in the labor laws.

"We have to grow up and be ready for whatever projects come up," Carlson said.

Backup materials

1

PRODUCTION ACTIVITY 1990-1991

Year	Project Title	Total Spent in Alaska	Total Spent on Local Hire	No. of Locals Hired
FEATURE FILM ACTIVITY				
1990	Salmonberries	\$1,000,000.00	\$280,000.00	100
1990	White Fang	\$4,000,000.00	\$1,120,000.00	200
1990	The Great Hunters	\$1,200,000.00	\$336,000.00	100
1991	Arrowtooth Waltz	\$377,000.00	\$40,000.00	25
1991	Star Trek VI	\$61,998.09	\$10,478.68	5
1991	Leaving Normal	Pending		
1991	Lovers on Edge of Earth	In production		
SUBTOTAL:		\$6,638,998.09	\$1,786,478.68	430
COMMERCIAL PRODUCTION ACTIVITY				
1990	Mazda	\$19,400.00	\$1,200.00	6
1990	Miller Beer	\$270,500.00	\$36,000.00	23
1990	BMW	\$90,930.00	\$28,830.00	21
1990	McDonalds	\$190,200.00	\$11,100.00	75
1990	Maritime Cowboy	\$160,000.00	\$44,800.00	23
1990	Daikin Air Conditioner	\$60,700.00	\$4,500.00	2
1990	Cadbury Chocolate	\$150,000.00	\$37,500.00	16
1991	Jeep Wrangler	\$153,543.00	\$17,055.00	12
1991	Pro-Plan Pet Food	\$45,000.00	NA	NA
1991	Royal Caribbean Cruise - 1	\$7,100.00	\$0.00	0
1991	Royal Caribbean Cruise - 2	\$41,955.00	\$2,800.00	13
1991	Saturn	\$111,200.00	\$26,200.00	32
1991	Seikesui Kagaku	\$36,150.00	\$25,000.00	2
1991	Sierra	\$30,200.00	\$22,000.00	5
1991	Toyota	\$96,052.00	\$27,000.00	20
1991	Snickers	\$42,396.00	\$14,580.00	13
1991	Colgate	Pending		
1991	US Postal Service	Pending		
1991	Alka Seltzer	\$83,500.00	\$24,000.00	20
SUBTOTAL:		\$1,588,326.00	\$322,565.00	283

2

Year	Project Title	Total Spent in Alaska	Total Spent on Local Hire	No. of Locals Hired
TELEVISION/VIDEO PRODUCTION				
1990	Alaska Men Magazine	\$22,300.00	\$0.00	0
1990	Alaska's Nature and People	\$32,700.00	\$0.00	0
1990	Dinosaurs TV special	\$20,100.00	\$0.00	0
1990	Nat'l Geographic Braving Alaska	\$217,811.00	\$49,022.00	35
1990	See the World by Train	\$100,000.00	\$22,000.00	19
1990	Pure Insanity	\$30,000.00	\$6,600.00	8
1990	Cops	\$100,000.00	\$23,000.00	23
1991	Alaska the Last Frontier	\$6,880.00	\$2,500.00	30
1991	American Detective	\$44,700.00	\$300.00	1
1991	American Outdoor Adventures	\$6,880.00	\$2,500.00	30
1991	American Road Trips	\$3,490.00	\$0.00	0
1991	Amway Alaska	\$13,220.00	\$720.00	3
1991	Art Linkletter Show	\$28,300.00	\$2,000.00	2
1991	Baidarka Story	\$6,200.00	\$0.00	0
1991	Fuji Quiz Show	\$70,000.00	NA	20
1991	Horizon	\$2,859.00	\$674.58	2
1991	Klondike Gold Rush	\$5,215.00	\$800.00	4
1991	Real Life Heroes	\$11,293.00	\$2,071.00	NA
1991	Rescue 911	\$81,580.00	\$14,280.00	21
1991	Severly Handicapped	\$2,500.00	NA	NA
1991	Simple Pleasures	\$19,600.00	\$2,000.00	3
1991	Superwings	\$11,300.00	\$0.00	0
1991	The Hiro Project	\$8,780.00	\$1,000.00	2
1991	The Human Language	\$10,635.00	\$1,300.00	2
1991	Storage Tek	\$50,000.00		3
1991	America's Funniest People	\$9,826.14	\$1,875.00	8
1991	Vacation America	\$1,900.00	\$0.00	0
1991	Mickey Mouse Club	\$13,020.00	\$700.00	1
SUBTOTAL:		\$931,089.14	\$133,342.58	217

