ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672
7438 SENATE HEALTH EDUCATION & SOCIAL SERVICES

AIDS INFORMATION SHEET

WHAT IS AIDS? AIDS (Acquired Immune Deficiency Syndrome) is a condition in which the body's normal defense mechanisms against certain diseases or conditions are reduced. As a result, patients often develop unusual infections, such as Pneumocystic pneumonia or a rare form of skin cancer, Kaposi's Sarcoma.

WHO IS AT RISK? If you are an individual in any of the following categories, or if you are the sexual partner of an individual in any of the following catergories, you are at high risk of contracting the disease:

- Those who have one of its signs and symptoms such as: unexplained weight loss; night sweats; blue or purple spots typical of Kaposi's sarcoma on or under the skin, or spots or unusual blemishes in the mouth; fever over 99 degrees for more than 10 days; persistent cough and shortness of breath; swollen lymph nodes lasting more than one month; persistent diarrhea; or individuals who have had positive anti-HIV test results.
- Past or present abusers of intravenous drugs.
- Males who have had sex with another man, even one time since 1977.
- Persons born in or emigrating from countries where heterosexual activity is thought to play a major role in transmission of HIV-2 infection (e.g., sub-Saharan Africa, and islands located near these areas of Africa).
- Individuals with Hemophilia or related clotting disorders who have received clotting factor concentrates.
- Men and women who have engaged in sex for money or drugs since 1977, and persons who have been their heterosexual partners within 12 months.
- Persons who have had, or been treated for, syphilis or gonorrhea (Clap, the Drip, Strain, Louies, Bad Blood) during the preceding 12 months.
- Persons who have received a transfusion of whole blood or a blood component within the past 12 months.

The Blood Bank of Alaska is not a diagnostic service. There is an interval during early infection when the HIV antibody test may be negative although the infection may still be transmitted. If you are interested in your HIV antibody status, the Public Health Service located at 825 L Street provides testing and counseling for a nominal charge which may be waived if necessary. Call 343-4611 for additional information.

BONE MARROW DONOR HEALTH HISTORY

NAME: _____ DATE: _____

SOC. SEC. No. _____ DATE OF BIRTH: _____

1. Y( ) N( ) Are you between the ages of 21 and 55?
2. Y( ) N( ) Are you in good general health?
3. Y( ) N( ) Have you read and do you understand the "AIDS Information Sheet" and the "Bone Marrow Donor Information" handout?

NOTE: "YES" answers to the questions below do not automatically disqualify you. Please explain any "yes" answers in detail in the space provided below so your response can be properly evaluated.

4. Y( ) N( ) Have you ever been refused as a blood donor or had problems donating blood?
5. Y( ) N( ) Have you ever had cancer, diabetes, blood disease, or other chronic illnesses?
6. Y( ) N( ) Have you ever had chest pain, shortness of breath, heart attack, or other heart disease?
7. Y( ) N( ) Have you ever had hepatitis, yellow jaundice, liver disease, or a positive test for hepatitis?
8. Y( ) N( ) Have you ever had a positive test for AIDS antibodies? Have you ever been exposed to anyone with AIDS or with a positive test for AIDS antibodies? (Please refer to the AIDS Information Sheet.)
9. Y( ) N( ) Have you received any blood transfusions or tattoos during the past 12 months?
10. Y( ) N( ) Have you ever had malaria, or taken preventative medicine for malaria?
11. Y( ) N( ) In the past month have you taken any prescription drugs? (list below)
12. Y( ) N( ) Have you ever taken pituitary growth hormone or the medications Accutane or Tegison?
13. Y( ) N( ) Have you ever taken drugs by needle not prescribed by a physician, or have you ever had sex with someone who has?
14. Y( ) N( ) Have you taken clotting factor concentrates for a bleeding disorder such as hemophilia, or have you had sex with someone who has?
15. Y( ) N( ) Have you had, or been treated for, syphilis or gonorrhea in the past 12 months?
16. Y( ) N( ) Have you taken money or drugs in exhange for sex any time since 1977?
17. Y( ) N( ) Have you given money or drugs to someone to have sex with you at any time in the past 12 months?
18. Y( ) N( ) MALES: Have you had sex with another man since 1977 (even one time)?
    Y( ) N( ) FEMALES: Have you had sex with a man who has had sex with another man (even one time) since 1977?
19. Y( ) N( ) Were you born in or have you moved to the U.S. from Sub-Saharan Africa or the islands close to that part of Africa, or have you had sex with someone who has?

EXPLANATION(S) TO "YES" ANSWERS (except No. 1,2,&3): _____

_____

SIGNATURE _____ FULL NAME _____

(please print)

BLOOD BANK OF ALASKA, INC.
4000 LAUREL STREET • ANCHORAGE, ALASKA 99508 (907) 563-3110

CONSENT TO JOIN A VOLUNTEER MARROW DONOR REGISTRY

SUBJECT'S STATEMENT

You may perform HLA typing on a research blood sample drawn from me. I agree to allow my name, HLA typing information, and results of any virology testing to be placed into a local registry at the Blood Bank of Alaska and also at Puget Sound Blood Center. I understand that my HLA type, but not my name, will also be entered into a national registry. I will not be charged for having my blood HLA typed or for having my HLA type entered into the registries. I may be contacted by the local registry personnel about further blood drawing and tissue typing if a patient who may benefit from my bone marrow is identified. This registry consent does not place me under any obligation to proceed with the donation process. I voluntarily consent to participate in this study. I acknowledge receipt of a signed copy of this consent form. I have had an opportunity to ask questions. I understand that future questions I may have about the research or about subject's rights will be answered by a Blood Bank of Alaska representative.

SUBJECT'S SIGNATURE:_____

DATE:_____

cc: Subject

9/17/90

TEN COMMON QUESTIONS ABOUT THE NATIONAL MARROW DONOR PROGRAM

1. What is the National Marrow Donor Program (NMDP)?

The National Marrow Donor Program (NMDP) is a network of Transplant Centers (who care for patients), Donor Centers (who guard our volunteer donors' safety and confidentiality), Collection Centers (medical centers which meet our standards for marrow collection) and Recruitment Groups (which assist the NMDP in recruiting new volunteers for the national registry; many NMDP Donor Centers also are aggressive recruitment arms of the NMDP).

The NMDP Coordinating Center is located in St. Paul, MN and the computerized Registry is at the University of Minnesota. The Registry is the most sophisticated biometric program ever run by the U of M and is one of the most sophisticated in the world. NMDP has a contractual relationship with the federal government, through the National Heart, Lung, and Blood Institute, to run a national registry.

NMDP has only been in existence since 1987 and has experienced rapid growth, especially in the last six months. This has been made possible because of the generosity of hundreds of thousands of Americans, willing to be the stranger who offers the living gift of life. NMDP now is facilitating about 25 transplants a month. Admiral Zumwalt, NMDP Chairman of the Board has stated that the goal is 25 transplants a day.

We are also a research organization, studying the efficacy of marrow transplants and related treatments. NMDP has created a "bank" of cell line samples which has the potential for offering exciting insights into blood diseases and genetic disorders.

NMDP is funded, in part, by Congress through the National Heart, Lung and Blood Institute (part of the National Institutes of Health). The NMDP also solicits charitable contributions for assistance in typing volunteers and other recruitment efforts.

2. How many donors are on the Registry?

By the middle of September, 1990, over 200,000 people have volunteered and are included in the Registry. That number is doubled when you include volunteer donors from other countries, and it is expected to continue to grow nationally and internationally.

Volunteering to be a donor is not appropriate for everyone because of the commitment of time (about 40 hours in all, including counseling sessions, a complete physical and the approximately 24 hour hospital stay) and the need to use anesthesia when aspirating the marrow from the back of the pelvic bone. The discomfort felt after the donation has not been a major issue with

donors (for a few days, there's a soreness described as similar to the feeling after falling on ice, on your derriere). However, because of the anesthesia factor, NMDP insists that all of its volunteer donors are between 18 and 55 and in excellent health. Many of NMDP's volunteer donors have become strong advocates for the Program.

Marrow completely regenerates itself in about 15-30 days. That's why this gift of a stranger is called the "living gift of life."

2A. How many donors do you need to match all the patients who request a marrow transplant?

We don't know. Yet.

Depending on how common a patient's Human Leukocyte Antigens (HLA) are, the chances of finding a match may range from one in 100 to one in a million. The odds of finding a match are better within a patient's own racial group.

NMDP set a preliminary goal of 100,000 donors for the United States and met that goal ahead of schedule. It became clear as we moved toward that goal that we would need more donors to match certain types of patients, especially those from American minority populations. It also has become clear that unrelated marrow transplants are a global hope. Because of computer technology, it is possible to have a worldwide registry of volunteers. Marrow can -- and has been -- exchanged between countries. NMDP has a goal of one million volunteer donors worldwide; 250,000 volunteers is NMDP's new U.S. goal. The U.S. goal includes expanding the ethnic diversity of this nation's registry to reflect the diversity of the country's population. Because of the efforts of people all around the world, NMDP believes that its goal can be reached by 1995.

While NMDP's goal continues to be to find a "miracle match" for everyone who needs a marrow transplant, medical science may prove this to be impossible. Even with a large pool of potential donors, patients who have a rare or unique "HLA typing" may never find a match, no matter how large the pool of volunteer donors.

3. How many transplants have been done?

By the end of July, 1990, NMDP will have facilitated over 400 transplants, half of them for people under the age of 25. Of the patients receiving transplants, 77% had some type of leukemia. Other transplant patients have had Myelodysplasia, Hodgkin's lymphoma, Non-Hodgkin's Lymphoma, Severe Aplastic Anemia (6.8%), Fanconi's Anemia, Osteopetrosis, Severe Combined Immunologic Deficiency, or other malignancies or non-malignant diseases.

Marrow transplants are being considered for patients with other types of cancer and other blood diseases. For example, research is being conducted to determine the efficacy of using marrow transplants to treat patients with Sickle Cell Anemia, AIDS and other genetic blood disorders. It is too early to speculate about the potential success or failure of these research efforts. NMDP officials continue to monitor these medical developments.

4. What's the Success Rate?

The standard answer is not a concise one. Early data indicate that the success rate is between 30 and 80 percent, depending on the disease of the patient being treated, stage of disease and age and condition of the patient.

Initially, many patients who chose transplantation made that choice after all other options had been exhausted. This resulted in less than physically ideal circumstances for the patient, who may have been weakened by many rounds of chemotherapy or the disease itself.

The rigorous pre-transplant conditioning can be fatal, as marrow transplantation has become a more common treatment, patients are being referred for transplant earlier. In general, early referral and a "quick match" assures a better outcome for the patient. Although the data is preliminary, it appears that unrelated donor transplants may have the same success rate as sibling transplants. With related donors, the chance of success can be as high as 90%, depending on the patient's disease and stage of disease at the time of transplant.

If the patient is alive and well three to five years after transplant, the probability of disease coming back is remote. There are patients currently alive and well nineteen years post transplant. Among patients receiving unrelated donor transplants, the longest living survivor is over seven years post transplant. NMDP's first transplant was done on December 15, 1987. It will be at least two to three years before NMDP can offer definitive numbers regarding success rate.

5. Does everyone who needs a transplant receive one and how much does it cost?

No, many patients are not referred for transplant, currently cannot find a matched donor or are too ill to undergo a transplant once a match is found. Other patients are not insured or underinsured and cannot afford or choose not to undertake the expensive and exhaustive process. Currently, NMDP is finding matches which result in transplant for 20% of the patients who search the NMDP Registry.

The average cost is approximately $150,000. From initial studies, marrow transplantation is more cost efficient than maintenance or "palliative" procedures which must be undertaken numerous times. Also a marrow

transplant can cure if successful. For a leukemia patient or an aplastic anemia patient, other treatment usually only temporarily treats the symptoms of the disease.

Increasingly, health insurers are providing coverage/benefits for the cost of unrelated transplants as their experts review data on the successes achieved from this treatment. There is continuing concern over the hesitation by some payers to cover the donor search process and by some state governments to cover transplantation of any kind for medical assistance recipients.

Most of the cost of a transplant is the extended stay in isolation until it is determined there is sustained engraftment of the new marrow. About 10% of the overall expense is the cost of actually searching for an unrelated donor. The search includes extended tissue typing (HLA typing)/cultures/donor counseling and a thorough physical exam, marrow collection and transport. NMDP continues to work with health care insurers to educate them about the procedure and why this portion of the cost should also be paid by the company.

6. Does NMDP encourage the efforts by individual families to increase the size of the registry?

With the help of Congress, the NMDP was established. The Program is hailed as a model for transplantation coordination and has progressed rapidly, exceeding all of our preliminary goals and expectations. Because of this success, many American families who held no hope for a loved one have now placed their hope in finding a match for the special person in need.

To build a satisfactory donor pool, NMDP is in need of three basic elements;

A. More Americans willing to offer the "living gift of life" by volunteering to become a part of our Program. Currently, there is an especially critical need for minorities to volunteer.

B. The funds (private and/or public) to pay for the typing test. It costs approximately $65-$75 to do partial typing of new recruits. Of all the challenges confronting NMDP, HLA test funding has been the toughest to surmount.

C. Time to allow other countries to establish their own registries. This worldwide effort offers the best hope for patients seeking a matched donor. NMDP is vigorously encouraging development of registries in other countries.

While NMDP continues to seek private source funding to cover the significant HLA typing costs and to expand the registry internationally to allow for more diversity of the donor pool, the organization is also sensitive to the urgency felt by patients waiting today. Many families have launched local recruitment efforts when a matched donor was not immediately available through the registry.

NMDP encourages families to contact the NMDP Coordinating Center where staff members are available to advise families about where to call for help and how best to proceed. NMDP officials also maintain a strong sense of concern for both patient and donor. This concern is integrated in the counsel given to families.

Because of the efforts of some families for their own loved one, the registry's volunteer pool continues to grow and other lives continue to be saved. This wonderful registry would not be possible if not for many "determined moms and dads."

Volunteers recruited in patient-specific drives sign consent forms which make them available to any patient searching for a matched donor.

7. How are searches done with other countries?

International developments are one of the most exciting efforts underway at NMDP. Currently, The Netherlands is, and Israel will soon be, a part of NMDP's computer registry. Searches are "traded" (usually by facsimile) with the United Kingdom, Canada and France. NMDP anticipates that other European countries will become affiliated with the U.S. registry within the next six months. Japan and the Soviet Union are also considering creating a registry, and informal requests have come from many other nations offering opportunities for communications across political boundaries.

8. How long have you been doing searches?

Since September, 1987. The first transplant was done in December, 1987. The 100th transplant was done in February, 1989; the 200th in October, 1989; the 300th in March, 1990.

9. Why are you targeting minority communities for donor recruitment?

In the same way that you inherit your skin color or your hair color, you inherit your tissue type. This tissue typing must match between patient and donor to allow the best chance of success of the transplant.

For this reason, patients go first to their relatives when they are seeking a matched donor. About 25 percent of patients needing a transplant find a sibling match, the rest must turn their hope to NMDP.

Currently, 92 percent of the NMDP volunteer donors are Caucasian. It is of critical importance that NMDP reach members of minority communities and stress the urgent need for volunteer donors so the same hope can be offered to all Americans in need.

10. How do I become a donor?

The NMDP has set up a network of NMDP donor centers (local blood bank organizations). Coordinators at these centers counsel potential donors and work with NMDP when someone is identified as a potential match. Only the donor center knows the name of a donor, assuring protection and anonymity of the donor. However, these donor centers are facing challenges and limitations of time, space and funding for typing. NMDP continues to assist these centers in overcoming these limitations.

Those who are interested in volunteering may contact their local donor center or call NMDP. In many communities, local drives are held, spearheaded by an individual family or one of NMDP's grassroots groups such as Heart of America, NMDP's Donor Center Without Walls. Always, there is concern about raising the funds to pay for the HLA typing of those generous enough to volunteer as donors. Personal and corporate contributions and some funding from blood centers have been used in these efforts.

If a newspaper, television or radio station chooses too inform their audience about where to call for more information, **NMDP's public toll-free number is 1-800/654-1247** For business-related calls to the NMDP, please call 800/526-7809.

THE WHITE HOUSE

Dear Friends,

It is a pleasure to send this message of gratitude and encouragement to all those who are responding to the need for more volunteer bone marrow donors throughout our country.

Today, because of the generous spirit of hundreds of thousands of Americans, many patients with fatal blood diseases have received the chance of a lifetime. This spirit has now traveled to many other countries as well, thus providing a larger pool of volunteer donors and a sense that this world is a little bit better because strangers are giving the living gift of marrow. But so many more people are still on waiting lists, hoping and praying that someone will donate marrow that matches their own. The National Marrow Donor Program is making it possible to build this worldwide network of hope and help.

I salute everyone who is participating in donor recruitment efforts. May your commitment bring each of you a sense of satisfaction that you are part of a global lifesaving effort.

Warmly,

Barbara Bush

Volume XXI, Number 17 April 25, 1991

Community joins in donor search

The community turned out Monday night in great numbers to aid leukemia victim Eileen Albert — so much so that emergency purchases of more salad fixings cleared out produce counters at both Eagle River supermarkets.

"One woman said it reminded her of the way Eagle River used to do things. That really made my heart glow," Joe Kapella, one of the organizers, said of the widespread community support. Kapella, who often can be found twisting arms and selling tickets for local causes, said the spaghetti feed raised about $8,000.

A total of 1273 dinners were served during the 4-10 p.m. event, Kapella said. Lines extended through the North Slope Restaurant and on the sidewalk outside. At times there was a wait of up to 35 minutes. "They all waited patiently," he observed.

Also pleasing to sponsors was the large number of volunteers. "There were so many who wanted to help, that we actually had to turn some of them away," Kapella said. "People just wanted to help. One lady stopped in and dropped off a hundred-dollar bill."

Douglas "Satchmo" Everton was one volunteer who was especially appreciated, Kapella said. An entertainer at The Fly By Night club in Spenard, Everton learned of the benefit when he stopped in for a hamburger Sunday evening. He came back on Monday with his guitar and made the wait pleasant for those standing in line.

People waited patiently for spaghetti dinners Monday night in a drive to benefit Fire Lake schoool nurse Eileen Albert's search for a bone marrow match. The community has rallied with blood samples for entry into a national registry, and with contributions to help offset costs of tests and marrow search. STAR PHOTO BY DEBBIE BRISCOE

Chugiak - Eagle River residents have rallied to aid Albert, school nurse at Fire Lake Elementary. She has leukemia and is searching for a bone marrow donor. If a match can be found from blood samples, a transplant is her only chance for survival.

Albert's plight has caught the attention of the community. Hundreds of people have given blood samples which are tested and entered into a national registry. A sampling center has been set up at the local office of the American Cancer Society in the Valley River Center building which houses the library. It is staffed by volunteers who take and record samples to be sent Outside for testing.

The testing program is being conducted by the Blood Bank

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Transplant gives new lease on life

By DEBBIE BRISCOE
Of the Star Staff

When Eileen Albert, a local nurse in need of a bone marrow transplant, needed help, the community responded. As of last week, almost 400 residents have given blood to see if their marrow is compatable with Albert's. Benefits and fund-raisers have become common place.

Stacey Grohol, a woman who fought luekemia and won, is thrilled with the community's outpouring of generosity.

Even though it's possible a match will not be found for Albert, it is possible a match will be made for another cancer patient in need of a transplant. All blood samples are listed with a national registry.

"It's a chance to save somebody's life. You're giving of yourself to save someone's life and if I could do it, I'd do it in a minute," Grohol said.

"You find a lot of people reach out to you when in need. Especially up here in Alaska," she said. "Alaskans seem to feel like when one of their own is in need, they need to take care of them. There's a kinship. I see that happening with Eileen."

Grohol had a lot of community support as well when she was first diagnosed with cancer, including the Eagle River Lions club, one of the organizations helping Albert. Articles were written about her and the things people were doing for her but she never kept a scrapbook.

"At the time, I didn't want to remember it. As far as I was concerned it wasn't something that was going to be a cherished memory," the 33-year-old said. "But now I look back on it and it was something I had to go through to go on living. So in that respect it's a good memory."

Grohol was diagnosed with chronic mylocetic leukemia in September, 1985, when she was just 28 years old. She and her husband, John, had just recently had a baby. Cancer was the last

(Continued on Back Page)

Stacey Grohol is able to share growing up with her son, John Christopher, because she received a bone marrow transplant which stalled leukemia's threat to her life. STAR PHOTO BY DEBBIE BRISCOE

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the American Cancer Society in the Valley River Center building which houses the library. It is staffed by volunteers who take and record samples to be sent Outside for testing.

The testing program is being conducted by the Blood Bank

school budget advisory commission advice to trim $2 million — a position which was backed by mayor Tom Fink who threatened to veto that much.

Assemblyman Craig Campbell, who last year had been active in reducing the amount asked by the former superintendent, moved for adoption of the 1991-92 budget.

"We shouldn't subvert the board," Campbell said. He said the board had set its priorities and that all of the increase is going into the classrooms.

While there has been efforts among his constituents to reduce

R.D. Cheeley highway shoot

Raymond D. "R.D." Cheely, 19, Chugiak, was found guilty of second degree murder Saturday in connection with the Oct. 19 shooting death of Jeffery Cain, 20. Cain, an Eagle River resident, was the passenger in a sports car traveling southbound on Glenn Highway. At the same time, Cheely was driving an AMC Eagle which belonged to Douglas Gustafson, 18.

Prosecutors blamed Cheely for goading Gustafson into shooting at the sports car as it turned off the highway onto the Muldoon Road exit, and maneuvering into position so he could get a better shot. Gustafson, convicted of second degree murder Mar. 12, had been charged with firing the fatal shot from an assault rifle. The bullet went through the sports car's tinted back window, striking Cain in the head and killing him instantly.

Prosecutors said Gustafson and Cheely had purchased the weapon and earlier in the day

Brother provides marrow match

(Continued from Page 1)

thing the new mother expected to have to deal with.

"My son was five months old at the time. I thought I was just fatiqued," she said. Grohol went to the doctor for a kidney infection and the doctors found she had a high white blood cell count. Six months later she had a bone marrow transplant.

"Michael, my oldest brother, was the donor. They tested all my brothers and sister and both my parents. Everyone wanted to be the one who matched and Michael was a perfect match." she said.

She had to leave her baby, John Christopher, with her husband and his parents while she was in Seattle. She also made out a will to arrange for her infant's care if she were to die. "I did face the fact that it was a possiblity I might not make it," she said.

"It was very, very difficult. I wanted to see (my baby) grow up. I wanted to be there for him. But he also factored into my decision to have the transplant."

She was told she could stay on medication rather than have the transplant. But doctors couldn't guarantee the medicine would save her life. She could go into a "blast crisis," a critical stage where cancer cells start to reproduce rapidly, at any time. At the same time, there were also major risks with the operation, especially during the critical months after the transplant when she would be without an immune system.

"I didn't want to be wondering if it was going to get worse," she said. "I told myself if I'm going to make it, I'm going to make it now," she said, explaining why she chose the operation. It would reduce some of the uncertainties if she made it through the critical period, the first three months after the operation.

"I wanted to do it when (John Christopher) was young enough where it wouldn't affect him so much. I didn't get to see his first step. I didn't get to hear his first words," she said. "But I'm getting to see a lot of long term things I might not have been able to see otherwise."

Grohol said her attitude helped her get through worst parts. "After I went through the grief process, something everyone goes through, my whole attitude was, 'O.K., I'm young. I've got a whole life ahead of me. Let's get on with life, ' " she said.

"There's a lot of bad things that you need to go through to get better," Grohol explained. And Grohol is better. She looks healthy and stays very active. "I just like to get outdoors and do things," she said. She and her husband water ski, wind surf, snow ski, play softball, ride motorcycles . . . "I'm busy," she said with a laugh.

"As far as I'm concerned, I'm cured. I don't live (cancer) everyday. I don't dwell on it. It's not something that haunts me," she said. "I look completely normal. I don't have any physical scars that people notice. A lot of good has come out of this. I've made a lot of friends and I think I've been able to help and encourage people (who have cancer)."

Grohol has counseled others with leukemia, mostly through referrals — some through Cancermount, a program through the American Cancer Society which attempts to match up people with similar type cancers, or close age group, so that the newly diagnosed patient can have somebody to talk to. She said it's sometimes hard on a cancer patient to have complete strangers approach them to comment on their condition. "I think it's invading sombody's privacy unless the person is open and public about it like Eileen is," she said. "But if a complete stranger comes up to you . . . and says 'Oh, I'm sorry, I heard you were sick,' it's uncomfortable."

Grohol said the best thing a person can do to help a cancer patient is to send cards and letters while they are in the hospital as well as donate a blood sample so their names will be on the national registry. However, she realizes that even if a match is made, it doesn't mean a life is saved.

She said scientists were doing research on patients who developed cataracts due to the radiation to find out how cataracts develop. She has slight cataracts and supports their research. "I feel like I am able to help out in that way," she said. She also tries to turn the trauma of the past into a positive future.

"I wondered for a long time why this happened to me. I feel like I can look back now and feel I'm special because a lot of people who have not experienced a life or death situation take things for granted," she said.

"I don't want to glorify a bone marrow transplant because it's not a sure thing," she said. "Not everyone is going to make it through it. Anything could go wrong because you don't have an immune system."

However, Grohol does see it as a way people can help others and said the odds of a cancer patient surviving are increasing.

"Technology and research are changing all the time," she said. Grohol said five years ago a bone marrow receipient left the hospital in about 60 days if everything went well. "Now people are an outpatient at anywhere from day 30 to 45. The progress is unbelievable," she said.

"I look at every day as a gift. That's what I feel it is."

Birchwood Safeway c printer. Re Students", Brenda Ri

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Largest in U presidents' Wash

BusinessWeek

OCTOBER 8, 1990 A McGRAW-HILL PUBLICATION

Persona Business

Health

A CHANCE TO SAVE THE LIFE OF A STRANGER

A year ago, Danny Storey, an Air Force equipment specialist in Milwaukee, agreed to donate bone marrow to a leukemia victim he had never met. The transplant was successful. Says an ecstatic Storey: "You're not giving up anything from yourself, but you have saved somebody's life."

Storey is one of 200,000 people who've joined the three-year-old National Marrow Donor Program (NMDP), which matches victims of fatal blood diseases with unrelated donors. The odds of finding a match is remote—just 20,000 to 1, which is why only 430 such transplants have been made so far. Still, those odds improve as more donors sign up. Corporations are joining the effort. In July, General Mills and Searle announced employee programs: The companies will pay the $75 cost of "typing."

Anyone from 18 to 55 and in good health can undergo this first step. An NMDP-affiliated blood bank or hospital will type your blood for basic human leukocyte antigens. The information is stored until you're given a preliminary match with a recipient, which could take years. There's a less than 20% chance you'll be called at all.

MANY TESTS. If you are, you undergo additional compatibility tests, a complete physical exam, and psychological counseling. "You know you're giving a specific person the only chance at life he has," says Tony Steele, coordinator of the NMDP at Belle Bonfils Memorial Blood Center in Denver. So far, over 50% of the recipients have survived.

If you feel you can't take it, this would be the time to back out. That's because the next irrevocable step is for the recipient to undergo rigorous chemotherapy aimed at destroying bone marrow so it can be replaced with yours.

Donating marrow is not simple. You are placed under general anesthesia while the marrow is extracted from your pelvic bones. Expect an overnight hospital stay and to ache for about 10 days.

The marrow, meanwhile, is rushed to the recipient for transplant within 24 hours. You'll know only the patient's first name and age, but you'll be kept informed about his or her status. Once the procedure is completed, however, the two of you can exchange names and even meet. The family of one leukemia victim who died actually listed his donor among his survivors.

Because of the emotional impact, the NMDP (800 654-1247) initially limited people to one donation, but it's reconsidering. That's because of donors such as Maria Gaitan-Endres, a property manager in McLean, Va. She gave marrow to a 33-year-old West Coast leukemia victim in August. The outcome is still in doubt, but she found the experience so rewarding that "I'd give again in a heartbeat." *Sandra Atchison*

BONE MARROW RECIPIENT JAY GIBSON AND DONOR DANNY STOREY

PHOTOGRAPH BY MICHAEL L. ABRAMSON

SCR

31

Senator Rick Uehling

Downtown, Elmendorf, Northeast Anchorage

Senate Finance Committee
International Trade & Tourism Committee
State Affairs Committee

MEMORANDUM

TO: Senator Arliss Sturgulewski, Chair
Senate Committee on Health, Education & Social Services

FROM: Senator Rick Uehling

DATE: February 24, 1992

SUBJECT: SCR 31, Medicaid Waivers

Thank you for scheduling SCR 31, which would urge the Governor to direct the Department of Health and Social Services to proceed without delay to gain federal approval of Medicaid waivers for home and community-based services as was first mandated by the Legislature in 1990.

In 1990 I introduced SB 334 which the Legislature passed by a unanimous vote, directing DHSS to seek waivers under the Medicaid program. The agencies surveyed client needs in order to assemble a list of potential home care services and have recommended strong support for home and community-based services.

The State estimates that 530 adults and children will benefit from Medicaid waivers. The enclosed chart breaks down the number of people per category. SCR 31 addresses those people identified as Phase 1.

RAU:cvh

Enclosure

P.O. BOX V, JUNEAU, AK 99811 (907) 465-4821 • 3111 C St. #515, ANCHORAGE, AK 99503 (907) 561-7613

Senator Rick Uehling

Downtown, Elmendorf, Northeast Anchorage

Senate Finance Committee
International Trade & Tourism Committee
State Affairs Committee

MEMORANDUM

TO: Members of the Alaska State Senate

FROM: Senator Rick Uehling

DATE: February 27, 1992

SUBJECT: Floor Packet for SCR 31, Medicaid Waivers

SCR 31 urges the Governor to direct the Department of Health and Social Services to proceed without delay to gain federal approval of Medicaid waivers for home and community-based services as was first mandated by the Legislature in 1990.

In 1990, I introduced SB 334 which the Legislature passed by a unanimous vote, directing DHSS to seek waivers under the Medicaid program. It was by this authority that the agencies surveyed client needs in order to assemble a list of potential home care services and have recommended strong support for home and community-based services.

Presently, 48 states have Medicaid waivers. DHSS estimates that 530 adults and children will benefit from Medicaid waivers. The enclosed Chart #1 breaks down the number of people per category. SCR 31 addresses those people identified as Phase 1. Chart #2 shows how Medicaid waivers support more TEFRA services for children.

If you have any questions or if I can be of any assistance, please don't hesitate to call on me.

RAU:cvh

Enclosure

P.O. BOX V, JUNEAU, AK 99811 (907) 465-4821 • 3111 C St. #515, ANCHORAGE, AK 99503 (907) 561-7613

Project CHOICE

Waivers and Options

Waivers

- Emotionally Disturbed Kids — 30
- Children in Hospitals — 40
- Children with Developmental Disabilities — 60
- Developmentally Disabled Adults — 60
- Developmentally Disabled in Nursing Homes (OBRA 87) — 40
- Aged & Physically Disabled Adults — 90 Disabled, 210 Aged

Phase 1 — 530 people benefit

Options

- Targeted Case Management for Aged & Physically or Dev. Disabled Adults — 950 Adults, 967 Aged
- Hospice - Terminally Ill Over 18 Years Old — Few
- SSI Supplement for Children — 724 Children
- TEFRA Option - Children in Institutions — 127 children

Phase 2 — 1,917 people benefit

Phase 3 — 851 people benefit

Project CHOICE

Waivers and Options

Waivers

- Emotionally Disturbed Kids — 30
- Children in Hospitals — 40
- Children with Developmental Disabilities — 60
- Developmentally Disabled Adults — 60
- Developmentally Disabled in Nursing Homes (OBRA 87) — 40
- Aged & Physically Disabled Adults — 90 Disabled; 210 Aged

Phase 1 — 530 people benefit

SCR 31

Options

- Targeted Case Management for Aged & Physically or Dev. Disabled Adults — 950 Adults; 967 Aged
- Hospice - Terminally Ill Over 18 Years Old — Few

Phase 2 — 1,917 people benefit

- SSI Supplement for Children — 724 Children
- TEFRA Option - Children in Institutions — 127 children

Phase 3 — 851 people benefit

CHART #1

Prepared by DHSS

THE MEDICAID WAIVER SUPPORTS MORE SERVICES

CHILDREN WHO WOULD BE IN

ICFMR FACILITIES

PSYCHIATRIC HOSPITALS

HOSPITALS

NURSING HOMES

TEFRA OPTION

CHILD GOES HOME
DISREGARDS PARENT'S INCOME
MUST PROVE COST-EFFECTIVENESS
MUST MEET INSTITUTIONAL LEVEL OF NEED
AGES NEWBORN TO 18 YRS
BILLS PAID FOR:
- DOCTOR
- PHYSICAL THERAPY
- CHECK UPS
- OTHER STATE PLAN SERVICES

TEFRA WAIVER

CHILD GOES HOME
DISREGARDS PARENT'S INCOME
MUST PROVE COST-EFFECTIVENESS
MUST MEET INSTITUTIONAL LEVEL OF NEED
AGES NEWBORN TO 21 YRS
BILLS PAID FOR:
- DOCTOR
- PHYSICAL THERAPY
- CHECK UPS
- OTHER STATE PLAN SERVICES

- AND -

- RESPITE CARE
- HABILITATION THERAPY
- HOME MODIFICATIONS
- OTHER INVENTED SERVICES

Prepared by DHSS

CHART #2

SENATE CONCURRENT RESOLUTION NO. 31

IN THE LEGISLATURE OF THE STATE OF ALASKA

SEVENTEENTH LEGISLATURE - SECOND SESSION

BY SENATOR UEHLING

Introduced:
Referred:

A RESOLUTION

Urging the Governor to direct the Department of Health and Social Services to proceed without delay to gain federal approval of Medicaid waivers for home and community-based services.

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

WHEREAS, in response to ch. 26, SLA 1990, the Governor's Council for the Gifted and Handicapped and the Older Alaskans Commission have submitted their respective reports to the legislature and the Department of Health and Social Services indicating a high and increasing need for long-term care and recommending strong support for home and community-based services as a preferred alternative for meeting that need; and

WHEREAS the use of Medicaid waivers to expand home and community-based alternatives to institutional care has broad support from the public and the medical community in the state; and

WHEREAS Alaskans have long stated their desire for a home and community-based care system that allows families and friends to stay together within culturally familiar surroundings, especially during times of distressing and long-term health needs; and

WHEREAS Alaska has a growing population needing an institutional level care that would, if not for the home and community-based alternatives available under Medicaid waivers, require additional

investment in construction and operation of additional health care facilities; and

WHEREAS the cost of long-term care in an institutional setting averages about $7,000 a month or more, and many Alaskans needing long-term care could be served within their own homes and communities for the same or less cost; and

WHEREAS several children in Alaska must now live within a hospital due to their fragile medical condition, but would be able to afford the care they need while living at home with their families if the state had what is known as a Medicaid "TEFRA" waiver; and

WHEREAS waivers allow state home care programs to be augmented with federal Medicaid dollars, thereby decreasing the pressure to expand general fund requirements during times of decreasing state resources; and

WHEREAS the legislature recognizes that Alaska's hospitals and nursing homes are an essential part of the state's total health care system, but home and community-based care is needed to provide a choice for those who can benefit from it;

BE IT RESOLVED that the Alaska State Legislature respectfully urges the Governor to direct the Department of Health and Social Services to proceed without delay to gain approval from the Federal Health Care Financing Administration for Medicaid waivers to support home and community-based care services for children who are medically fragile, children and adults with developmental disabilities, elderly Alaskans, and physically disabled Alaskans who, were it not for the availability of home and community-based services, would have to live in an institution to receive the care they need.

A COPY of this resolution shall be sent to Dr. Theodore Mala, commissioner of health and social services.

Alaska State Legislature

SENATOR
ARLISS STURGULEWSKI

3111 C STREET, SUITE 550
ANCHORAGE, ALASKA 99503
(907) 561-7615

While in Juneau
STATE CAPITOL
JUNEAU, ALASKA 99801-1182
(907) 465-3818

Senate

March 13, 1992

Katie Wilson
Box 123
Naknek, Alaska 99633

Dear Katie:

Thank you for your message in support of SCR 31 "Urging the Governor to direct the Department of Health and Social Services to proceed without delay to gain federal approval of Medicaid waivers for home and community-based services." I am a co-sponsor of this resolution and was pleased to vote favorably when it came before me on the Senate Floor.

This resolution is now in the House Health, Education and Social Services Committee. I would encourage you to let the House HESS committee members know of your support for this resolution. Members of the committee are Representatives Pat Carney and Georgianna Lincoln, Co-Chairs; Bettye Davis; Cheri Davis; John Gonzales; Mark Hanley; and Mary Miller.

Again, thank you for contacting me regarding SCR 31.

Kindest regards,

Arliss

Arliss Sturgulewski
Alaska State Senator

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: HATTIE DULL
TITLE: SENIOR CITIZEN COORDINATOR
ADDRESS: BOX 69
CITY: NEW STUYAHOK, ALASKA ZIP: 99636
PHONE: 693-3179
BILL NO:
SUBJECT: HCR 48 AND SCR 31
MESSAGE: OUR ELDERS IN THE VILLAGES SHOULD BE ABLE TO STAY AND BE CARED FOR BY THEIR FAMILY OR ELSE SOMEONE IN THE VILLAGE. THEY SHOULD BE ABLE TO STAY IN THEIR OWN HOMES AND THE CARETAKERS SHOULD GET PAID FOR THEIR WORK.

POMID: 06172659
DATE: 92/02/25
TIME: 17:26:59
LIONAME: DILLINGHAM LIO

COPIES:

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GONZALES	MENARD
HANLEY	
LINCOLN	
M.A.MILLER	

2/26 to Senate Auspm (w) HESS

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: IGNATIUS KOSBRUK
TITLE: ELDER
ADDRESS: GEN.DEL.
CITY: FERRYVILLE, ALASKA ZIP: 99648
PHONE: 853-2207
BILL NO:
SUBJECT: HCR 48 AND SCR 31
MESSAGE: I SUPPORT THAT ELDER PEOPLE SHOULD BE IN THE VILLAGE CARED FOR BY THEIR FAMILY OR SOMEONE TO HELP THEM IN THEIR OWN HOME. THE HELPERS SHOULD GET PAID FOR THEIR WORK.

POMID: 06171837
DATE: 92/02/25
TIME: 17:18:37
LIONAME: DILLINGHAM LIO

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GONZALES	MENARD
HANLEY	
LINCOLN	
M.A.MILLER	

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: JOSEPH SCANDURA
TITLE: ELDER
ADDRESS: P.O. BOX 44
CITY: DILLINGHAM, ALASKA ZIP: 99576
PHONE: 842-5660
BILL NO:
SUBJECT: SCR 31 AND HCR 48
MESSAGE: ELDERS SHOULD BE IN THE VILLAGE CARED FOR BY THEIR FAMILY OR SOMEONE TO HELP THEM IN THEIR OWN HOME AND GET PAID FOR THEIR WORK. PLEASE SUPPORT.

POMID: 06171020
DATE: 92/02/25
TIME: 17:10:20
LIONAME: DILLINGHAM LIO

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GONZALES	MENARD
HANLEY	
LINCOLN	
M.A.MILLER	

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: ALBERT ITUMULRIA
TITLE: ELDER
ADDRESS: BOX 50
CITY: MANOKOTAK, ALASKA ZIP: 99628
PHONE: 289-1034
BILL NO:
SUBJECT: HCR 48 AND SCR 31
MESSAGE: IN THE OLD DAYS ELDERS NEVER GOT SENT AWAY. PLEASE CONSIDER THE ELDERS IN THE VILLAGE.

POMID: 06170305
DATE: 92/02/25
TIME: 17:03:05
LIONAME: DILLINGHAM LIO

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B.DAVIS	FISCHER
C.DAVIS	HOFFMAN
GONZALES	MENARD
HANLEY	
LINCOLN	
M.A.MILLER	

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: GUSTIE TUNGUING SR.
TITLE: ELDER
ADDRESS: BOX 5004
CITY: KOLIGANEK, ALASKA ZIP: 99576
PHONE: 000-0000
BILL NO:
SUBJECT: HCR 48 AND SCR 31
MESSAGE: IN THE OLD DAYS ELDERS NEVER GOT SENT AWAY. PLEASE HELP THE ELDERS.

POMID: 06165511
DATE: 92/02/25
TIME: 16:55:11
LIONAME: DILLINGHAM LIO

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B.DAVIS	FISCHER
C.DAVIS	HOFFMAN
GONZALES	MENARD
HANLEY	
LINCOLN	
M.A.MILLER	

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: JENNIE K. TUNGIUNG
TITLE: ELDER
ADDRESS: GEN. DEL.
CITY: KOLIGANEK, ALASKA ZIP: 99576
PHONE: 596-3442
BILL NO:
SUBJECT: HCR 48 AND SCR 31
MESSAGE: PLEASE SUPPORT THESE BILLS FOR THE ELDERS OF ALASKA. IN THE OLD DAYS ELDERS NEVER GOT SENT AWAY.

POMID: 06164514
DATE: 92/02/25
TIME: 16:45:14
LIONAME: DILLINGHAM LIO

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B.DAVIS	FISCHER
C.DAVIS	HOFFMAN
GONZALES	MENARD
HANLEY	
LINCOLN	
M.A.MILLER	

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: BARBRA WONHOLA
TITLE: ELDER
ADDRESS: BOX 53
CITY: NEW STUYAHOK, ALASKA ZIP: 99636
PHONE: 000-0000
BILL NO:
SUBJECT: HCR 48 AND SCR 31
MESSAGE: PLEASE SUPPORT THAT ELDER PEOPLE SHOULD BE IN THE VILLAGE CARED FOR BY THEIR FAMILY OR SOMEONE TO HELP THEM IN THEIR OWN HOME AND GET PAID FOR THEIR WORK.

POMID: 06172342
DATE: 92/02/25
TIME: 17:23:42
LICNAME: DILLINGHAM LIO

COPIES:

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B.DAVIS	ER
C.DAVIS	IAN
GONZALES	RD
HANLEY	
LINCOLN	
M.A.MILLER	

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: JOHN TALEKPALEK
TITLE: ELDER
ADDRESS: P.O. BOX 5
CITY: LEVELOCK, ALASKA ZIP: 99625
PHONE: 287-3065
BILL NO:
SUBJECT: HCR 48 AND SCR 31
MESSAGE: I THINK ELDER PEOPLE SHOULD BE IN THE VILLAGE CARED FOR BY THEIR FAMILY OR SOMEONE WHO CAN HELP THEM IN THEIR OWN HOME AND GET PAID FOR THEIR WORK.

POMID: 06171350
DATE: 92/02/25
TIME: 17:13:50
LIONAME: DILLINGHAM LIO

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C.DAVIS	HOFFMAN
GONZALES	MENARD
HANLEY	
LINCOLN	
M.A.MILLER	

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: JOE MC GILL
TITLE: ELDER
ADDRESS: BOX 322
CITY: DILLINGHAM, ALASKA ZIP: 99576
PHONE: 842-2452
BILL NO:
SUBJECT: HCR 48 AND SCR 31
MESSAGE: I SUPPORT THAT OUR ELDERS SHOULD BE IN THEIR OWN VILLAGE CARED FOR BY THEIR OWN FAMILY. ELDERS SHOULD BE IN THEIR OWN HOME AND HAVE SOMEONE PAID TO CARE FOR THEM.

POMID: 06170617
DATE: 92/02/25
TIME: 17:06:17
LIONAME: DILLINGHAM LIO

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CARNEY	COTTEN
B.DAVIS	FISCHER
C.DAVIS	HOFFMAN
GONZALES	MENARD
HANLEY	
LINCOLN	
M.A.MILLER	

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: ANDREW ANDREWS SR.
TITLE: ELDER
ADDRESS: P.O. BOX 76
CITY: TOGIAK, ALASKA ZIP: 99678
PHONE: 000-0000
BILL NO:
SUBJECT: HCR 48 AND SCR 31
MESSAGE: IN OLD DAYS ELDERS NEVER GOT SENT AWAY.

POMID: 06165959
DATE: 92/02/25
TIME: 16:59:59
LIONAME: DILLINGHAM LIO

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ELLIS	UEHLING
CARNEY	COTTEN
B.DAVIS	FISCHER
C.DAVIS	HOFFMAN
GONZALES	MENARD
HANLEY	
LINCOLN	
M.A.MILLER	

PUBLIC OPINION MESSAGE

DEAR: SENATOR STURGULEWSKI

NAME: KATIE WILSON
TITLE: ELDER
ADDRESS: BOX 123
CITY: NAKNEK, ALASKA ZIP: 99633
PHONE: 000-0000
BILL NO:
SUBJECT: HCR 48 AND SCR 31
MESSAGE: ELDER PEOPLE SHOULD BE IN THE VILLAGE CARED FOR BY THEIR FAMILY. PLEASE SUPPORT THIS FOR THE ELDERS.

POMID: 06165011
DATE: 92/02/25
TIME: 16:50:11
LIO NAME: DILLINGHAM LIO

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M.A.MILLER	

MEDICALLY FRAGILE CHILDREN

Hospitals

DEVELOPMENTALLY DISABLED PERSONS

ICFMRs

ELDERLY AND PHYSICALLY DISABLED ADULTS

Nursing Homes

HOME AND COMMUNITY-BASED SERVICES

PERSONAL CARE - help with toileting, brushing teeth and similar assistance

RESPITE - giving a break to the primary care giver

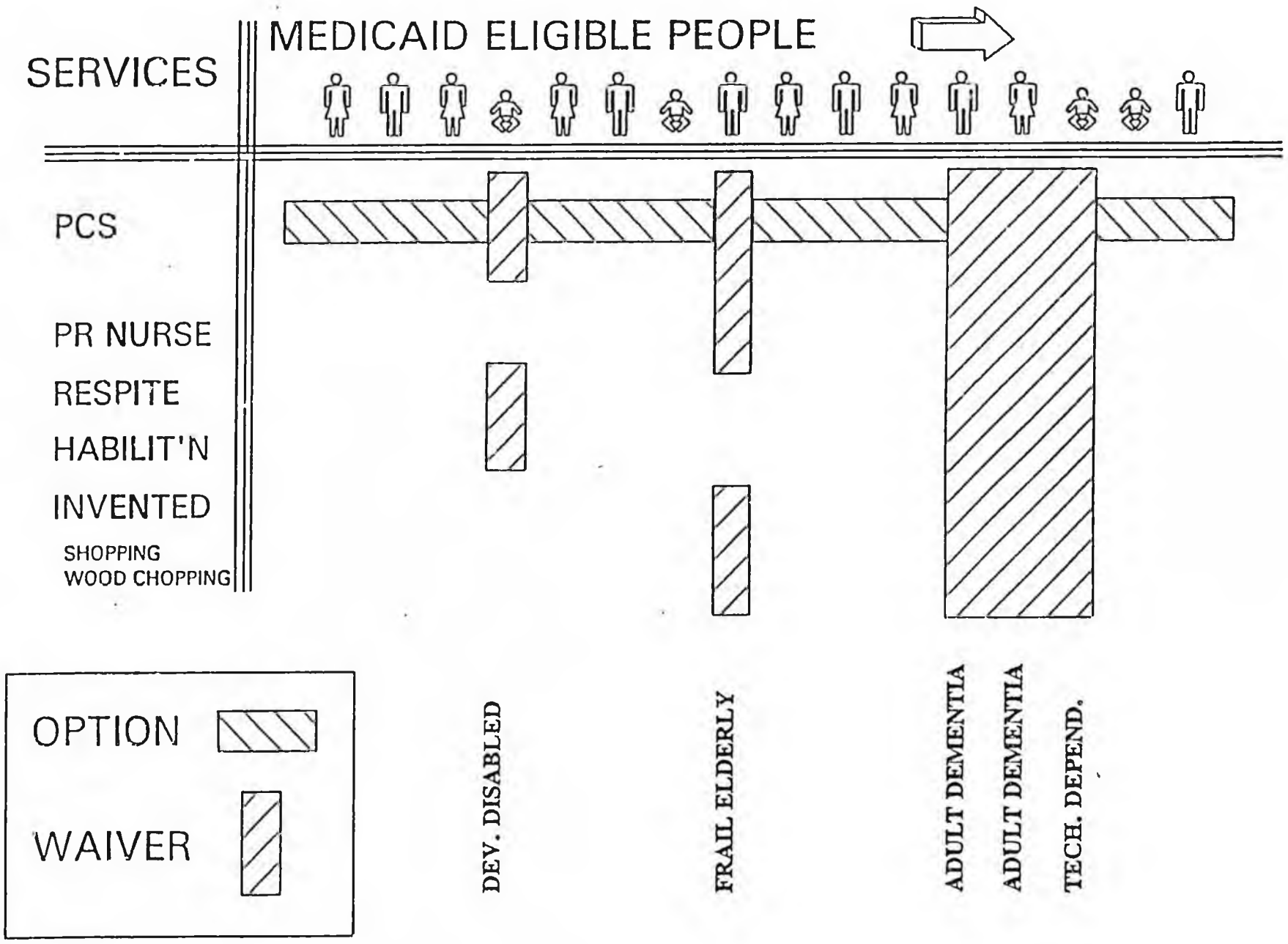
HABILITATION - teaching how to do very basic life skills like eating

ENVIRONMENTAL MODIFICATIONS - door widening and ramps

OTHER SERVICES - needed to keep some one out of an institution

MEDICAID SERVICES COMPARISON

	SERVICE EXAMPLES	INDIVIDUALS COVERED	DECISION LEVEL	FEDERAL FUNDING
MANDATORY	physician, inpatient hospital, skilled nursing facility, home health	all medicaid eligibles	states must offer	50 percent
OPTIONS	pediatric pharmacy respiratory personal care case management	all medicaid eligibles w/some exceptions	states choose to offer	50 percent
WAIVERS	Mandatory and optional services AND respite, home health, habilitation, other services required to avoid institutional care	targeted populations	states apply to federal gov't for permission to offer	50 percent with expenditure and caseload caps expenditure

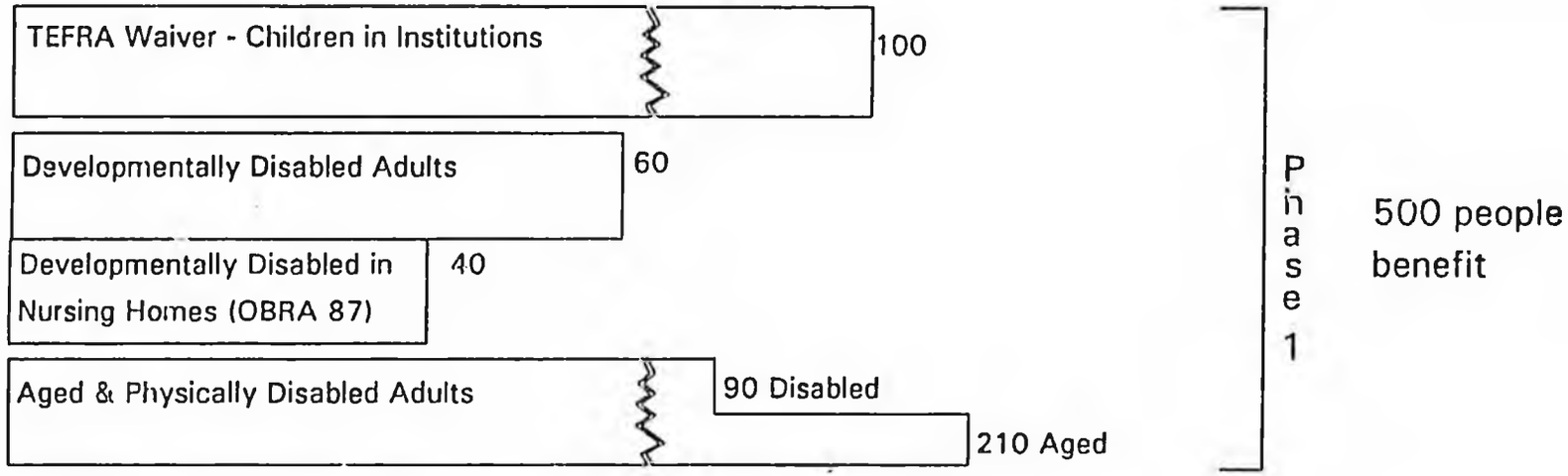


COMPARE.DRW
4-4-91 DMA

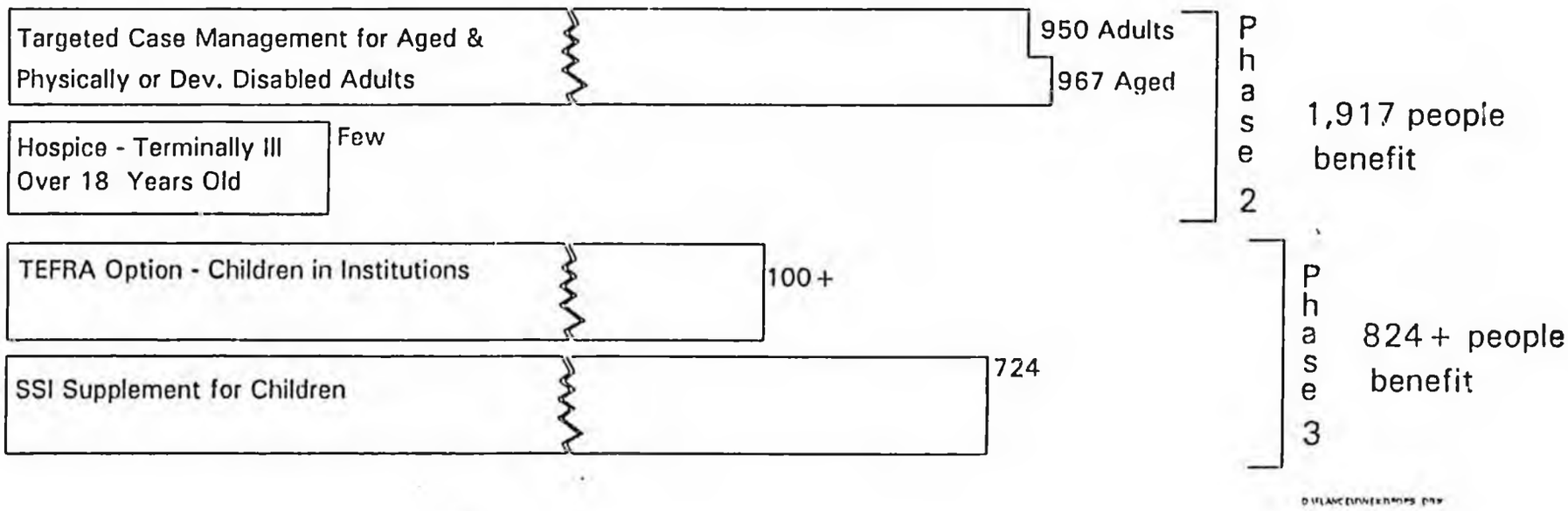
Project CHOICE

Waivers and Options

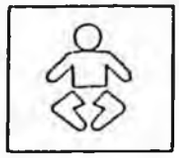
Waivers



Options



THE MEDICAID WAIVER SUPPORTS MORE SERVICES



CHILDREN WHO WOULD BE IN

ICFMR FACILITIES

PSYCHIATRIC HOSPITALS

HOSPITALS

NURSING HOMES

TEFRA OPTION

CHILD GOES HOME
DISREGARDS PARENT'S INCOME
MUST PROVE COST-EFFECTIVENESS
MUST MEET INSTITUTIONAL LEVEL OF NEED
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- DOCTOR
- PHYSICAL THERAPY
- CHECK UPS
- OTHER STATE PLAN SERVICES

TEFRA WAIVER

CHILD GOES HOME
DISREGARDS PARENT'S INCOME
MUST PROVE COST-EFFECTIVENESS
MUST MEET INSTITUTIONAL LEVEL OF NEED
AGES NEWBORN TO 21 YRS
BILLS PAID FOR:
- DOCTOR
- PHYSICAL THERAPY
- CHECK UPS
- OTHER STATE PLAN SERVICES

- AND -

- RESPITE CARE
- HABILITATION THERAPY
- HOME MODIFICATIONS
- OTHER INVENTED SERVICES

AS OF 9/1/1989

Table 4

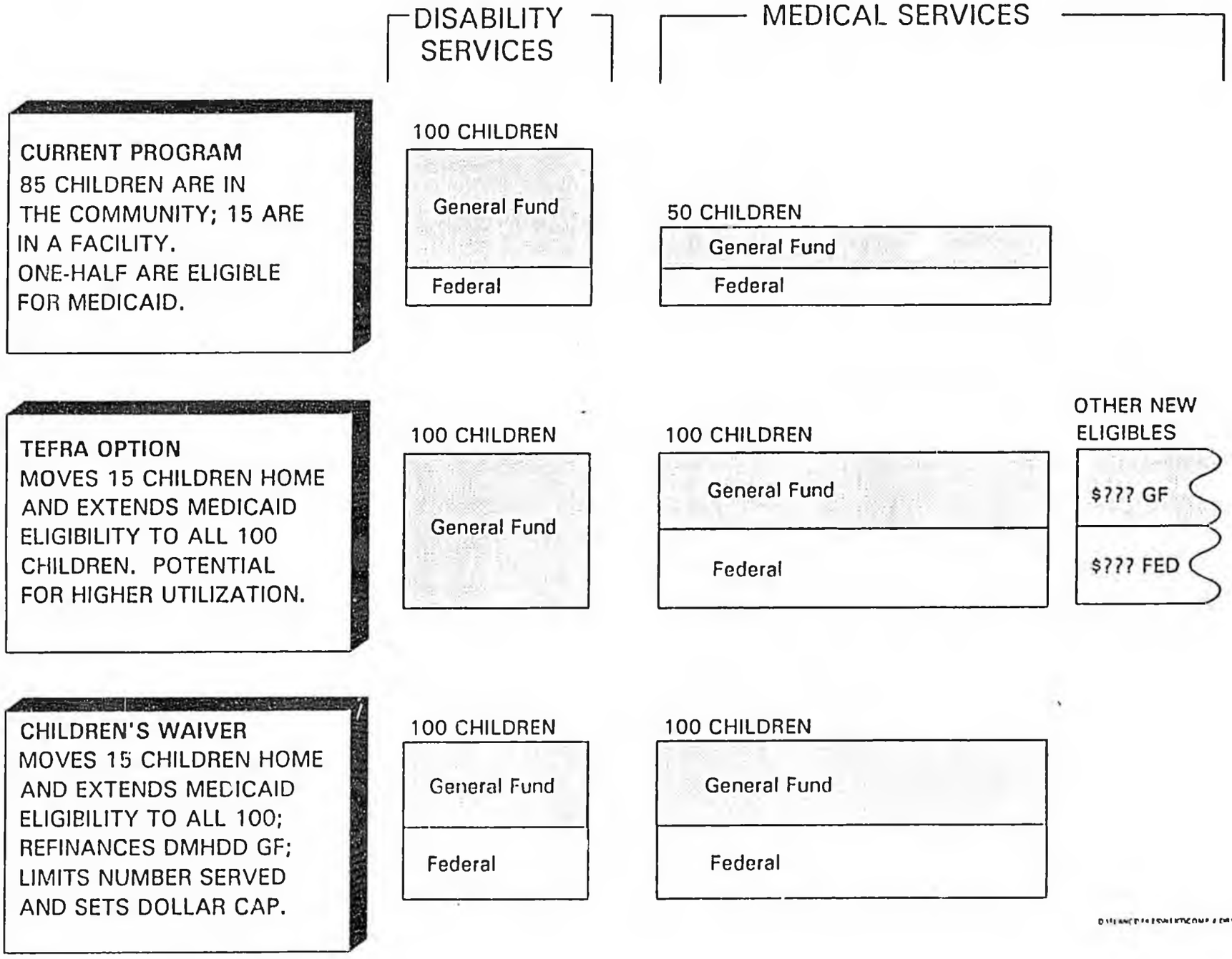
Medicaid Home Care Options for Disabled Children by State

	YEAR BEGAN TEFRA Option (1)	Number of TEFRA Children (2)	CHILDREN INCLUDED 2176 Waiver (3)	2176 Model Waiver (4)	Targeted Case-Management Options (5)
Alabama			Y	N	CMI, SED Children
Alaska			N	N	N
Arizona			N	N	N
Arkansas	85	227	Y	N	
California			Y	N	
Colorado			N	N	
Connecticut			N	Y	N
Delaware	86	194	N	N	
District of Columbia			N	N	N
Florida			Y	N	Disabled Children
* Georgia	82	84	N	Y	CMI, MR/DD
Hawaii			Y	N	N
Idaho	84	226	Y	N	N
Illinois			N	Y	N
Indiana			N	N	Pediatric AIDS
Iowa			N	Y	CMI, MR, DD, Pregnant Women
Kansas			N	N	MI, CMI, Vent-Dep. Children
Kentucky			Y	Y	Disabled Children
Louisiana			N	N	Ventilator-Dependent
Maine	83	160	Y	N	CMI, MR/DD, HIV, Dev-Delayed
Maryland			Y	Y	HIV, Pregnant Adolescents under 18
Massachusetts	87	140	N	N	Physician Plans
* Michigan	87	92	N	Y	MI, MR/DD, Medically Fragile
* Minnesota	88	950	Y	Y	CMI
Mississipoi	89	20	N	N	High-risk Pregnant Women & Children
Missouri			Y	N	At-risk Pregnant Women & Children
Montana			Y	N	N
* Nebraska	88	9	Y	Y	A/B/D, AFDC
* Nevada	82	27	Y	Y	N
New Hamoshire	89	16	N	N	CMI
New Jersey			Y	Y	N
New Mexico			Y	N	N
New York			Y	Y	Community MRs, CMI,
North Carolina			Y	Y	SED, CMI
North Dakota			N	N	N
Ohio			Y	Y	CMI, MR/DD
Oklahoma			Y	N	CMI
Oregon			N	N	DD
Pennsylvania			Y	Y	AIDS, HIV, High-risk Infants
* Rhode Island	83	84	N	Y	CMI
South Carolina			N	Y	MR/DD
South Dakota	86	2	Y	N	N
Tennessee			N	Y	N
Texas			Y	N	CMI, MR
Utah			Y	N	Function. Impaired, Disabled, DD
Vermont	87	28	Y	N	CMI, MR
Virginia			Y	Y	Pregnant Women & Children up to age 2
Washington			N	Y	AIDS, Adolescent Parents & under 21
West Virginia	85	2	Y	N	CMI, MR/DD
Wisconsin	83	1515	Y	N	CMI, MR/DD, SED Children
Wyoming			N	N	N
TOTALS	TEFRA OPTION 17	3776	2176 28	TEFRA WAIVER 20	32

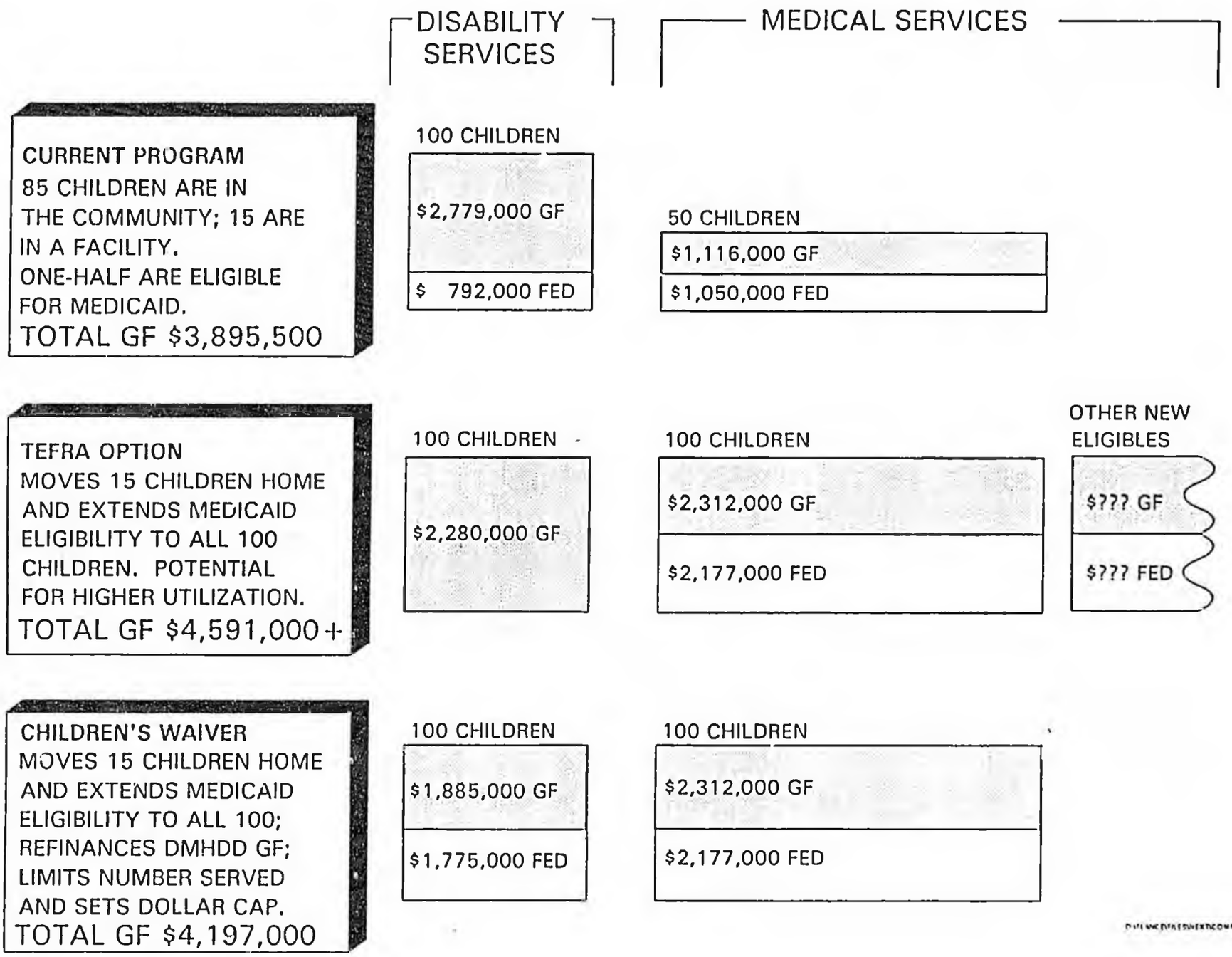
* STATES WITH BOTH THE TEFRA OPTION AND TEFRA WAIVER

Source: "Medicaid Home Care Options for Disabled Children" Nat. Gov's Assoc.

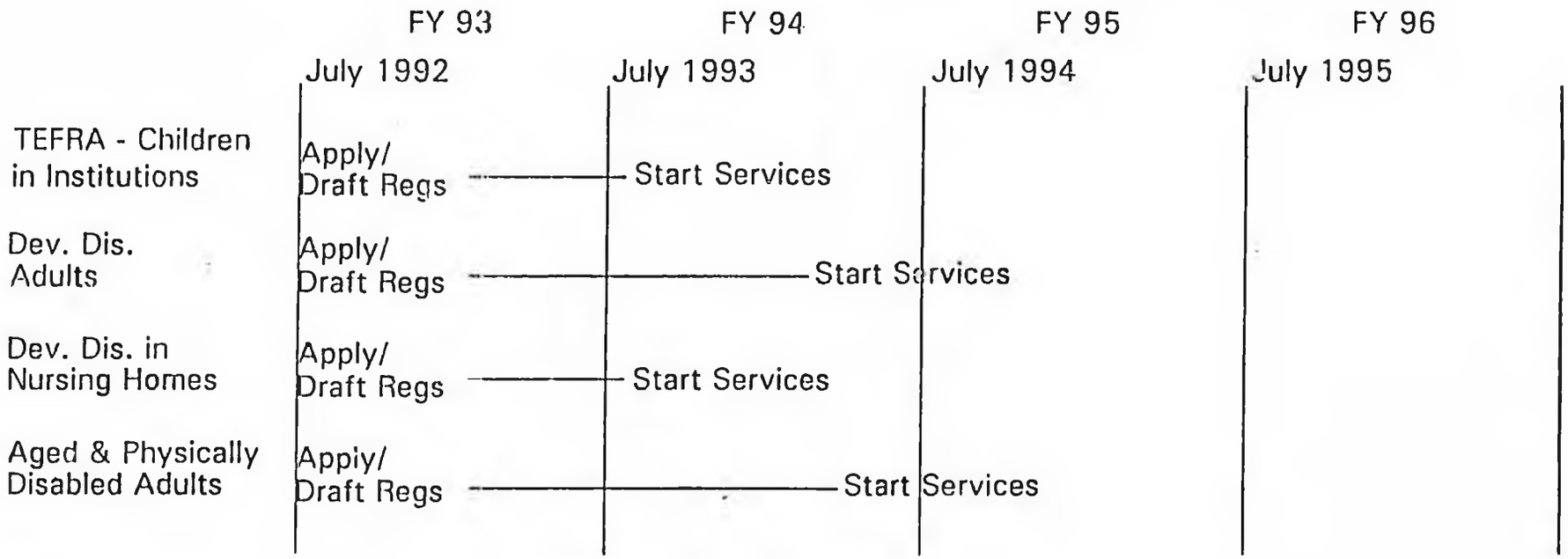
COMPARISON OF CURRENT PROGRAM, TEFRA OPTION, AND WAIVER



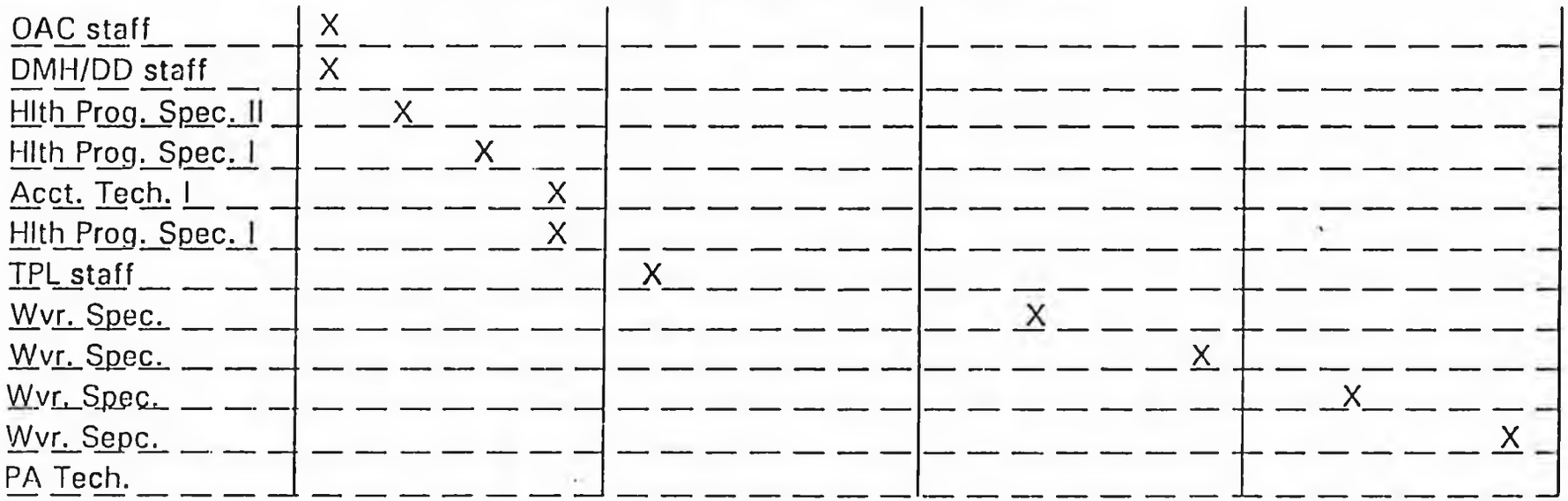
COMPARISON OF CURRENT PROGRAM, TEFRA OPTION, AND WAIVER



WAIVER APPLICATIONS CAN BE PHASED



STAFF ADDED AS NEEDED



Spending on Waiver Populations

With and Without Waivers

SPENDING WITH WAIVERS*

Client Group/Fiscal Year	FY 94	FY 95	FY 96	FY 97	FY 98
Children	1,266,180	3,897,123	5,924,766	6,900,692	7,659,768
Adults w/ Dev. Disabilities	542,336	1,989,627	3,394,515	4,108,644	4,560,595
OBRA 87	685,976	1,823,784	2,453,096	2,722,937	3,022,460
Aged and Disabled	1,003,805	5,643,636	11,435,319	14,543,871	16,143,697
Start–up Costs					
TOTAL	3,498,296	13,354,169	23,207,696	28,276,143	31,386,519

SPENDING WITHOUT WAIVERS

Client Group/Fiscal Year	FY 94	FY 95	FY 96	FY 97	FY 98
Children	666,346	2,176,414	3,359,484	3,921,292	4,352,634
Adults w/ Dev. Disabilities	464,499	1,786,534	3,108,569	3,769,587	4,184,241
OBRA 87	1,195,740	3,403,260	4,599,000	5,104,890	5,666,428
Aged and Disabled	1,106,418	6,468,287	13,702,557	17,489,909	19,413,799
TOTAL	3,433,002	13,834,495	24,769,610	30,285,678	33,617,102

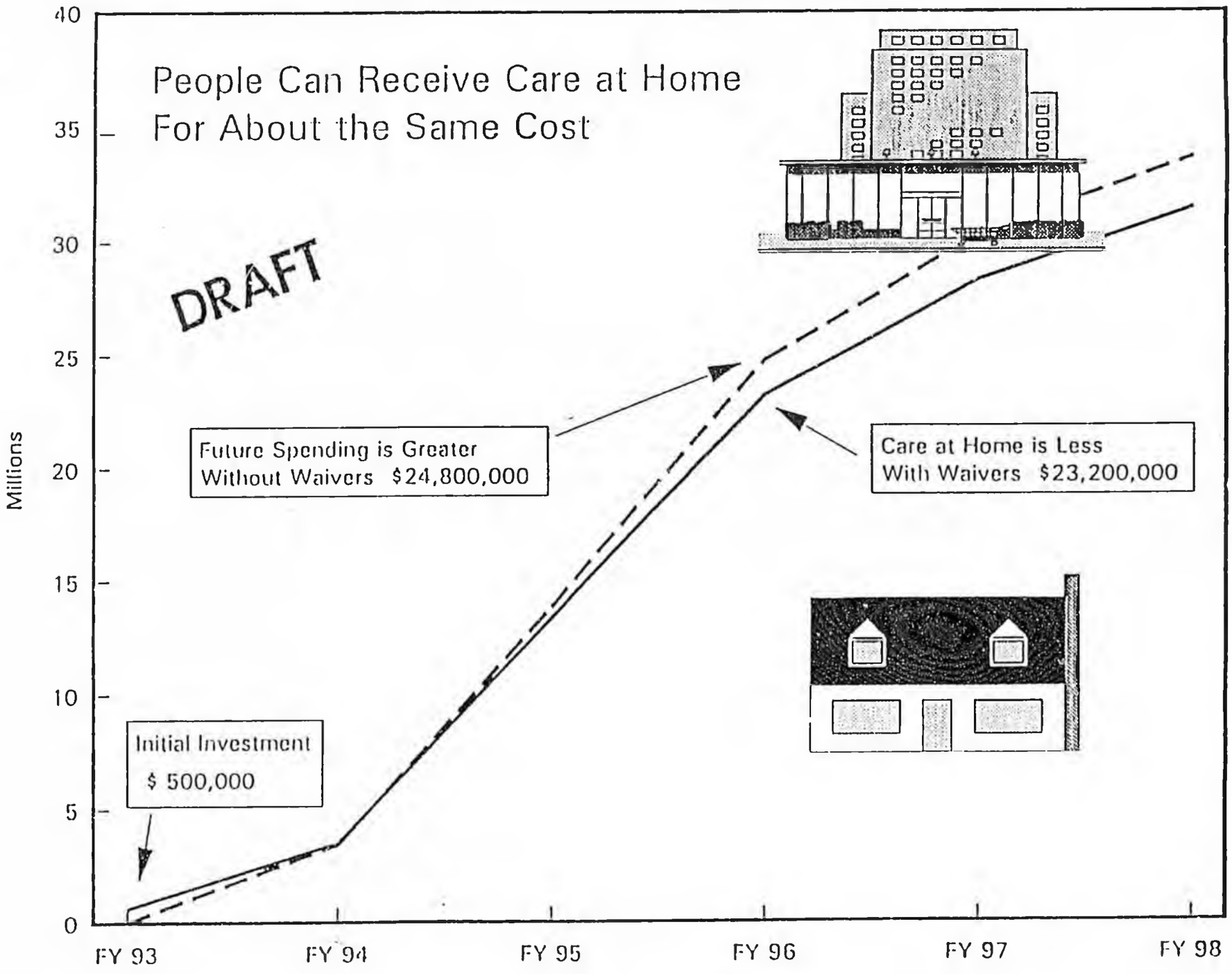
NET EFFECT ON SPENDING OF IMPLEMENTING WAIVERS

Funding Source/Fiscal Year	FY 94	FY 95	FY 96	FY 97	FY 98
All Funds	65,294	(480,326)	(1,561,914)	(2,009,534)	(2,230,583)
State General Funds Only	(137,678)	(662,656)	(1,443,310)	(1,738,357)	(1,929,577)

*Where waiver services replace services funded by other state programs, it is assumed that those state programs would incur budget reductions of 80 percent of the cost of services replaced.

Change in Alaska's Long Term Care Expenditures

for Individuals on Waivers, Federal and State Funds



HB

31

STATE OF ALASKA
1992 LEGISLATIVE SESSION

FISCAL NOTE

BILL NO. HB 31

Revision Date. 01/22/92
Department Affected: Commerce & Economic Development
Title: An Act relating to applicants for pharmacist licenses.
BRU: Occupational Licensing
Component: Administration
Sponsor: Rep. Koponen
Requestor: House Rules
COMPONENT SERIAL NO. 0 3 5 6

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	0.0	0.0	0.0
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	0.0	0.0	0.0	0.0	0.0	0.0
SUPPLIES	0.0	0.0	0.0	0.0	0.0	0.0
EQUIPMENT	0.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

GENERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS	0.0	0.0	0.0	0.0	0.0	0.0
OTHER	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME	0.0	0.0	0.0	0.0	0.0	0.0
TEMPORARY	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary)
HB 31 amends pharmacy education requirements for licensure to allow foreign pharmacy graduates an opportunity to become licensed. New funds are not required to implement this bill.

Prepared By: Jennifer Strickler
Phone: 465-2144
Division: Occupational Licensing
Date: 01/22/92
Approved by Commissioner: Glenn A. Olds for Asst. Comm.
Agency: Department of Commerce & Economic Development
Date: 1-22-92

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

FISCAL NOTE

STATE OF ALASKA
1991 LEGISLATIVE SESSION

BILL NO. HB 31

Revision Date: _____ Department Affected: Commerce & Economic Dev

Title: An Act relating to applicants for pharmacist licenses. BRU: Occupational Licensing

Component: Administration

Sponsor: Rep. Koponen

Requestor: Rep. Koponen **COMPONENT SERIAL NO.** 0 3 5 6

Expenditures/Revenues: (Thousands of Dollars)

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

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary.)

HB 31 amends pharmacy education requirements for licensure to allow foreign pharmacy graduates an opportunity to become licensed. New funds are not required to implement this bill.

Prepared By: Jennifer Strickler, Administrative Officer Phone: 465-2144

Division: Occupational Licensing Date: February 1, 1991

Approved by Commissioner: Glenn A. [illegible]

Agency: Department of Commerce & Economic Development Date: February 1, 1991

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

Rev 10/90
JS/dg18848D/020191a

STATE OF ALASKA
1992 LEGISLATIVE SESSION

FISCAL NOTE

No. 2
Bill Version: CSHB 31(RLS)
(H) Publish Date: 1/24/92

Revision Date. 01/22/92
Department Affected: Commerce & Economic Development
Title: An Act relating to appl cants for pharmacist licenses.
BRU: Occupational Licensing
Component: Administration
Sponsor: Rep. Koponen
Requestor: House Rules
COMPONENT SERIAL NO. 0 3 5 6

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	0.0	0.0	0.0
TRAVEL	0.0	0.0	0.0	0.0	0.0	0.0
CONTRACTUAL	0.0	0.0	0.0	0.0	0.0	0.0
SUPPLIES	0.0	0.0	0.0	0.0	0.0	0.0
EQUIPMENT	0.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES	0.0	0.0	0.0	0.0	0.0	0.0
GRANTS, CLAIMS	0.0	0.0	0.0	0.0	0.0	0.0
MISCELLANEOUS	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL	0.0	0.0	0.0	0.0	0.0	0.0
REVENUE	0.0	0.0	0.0	0.0	0.0	0.0

FUNDING: (Thousands of Dollars)

GENERAL FUND	0.0	0.0	0.0	0.0	0.0	0.0
FEDERAL FUNDS	0.0	0.0	0.0	0.0	0.0	0.0
OTHER	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME	0.0	0.0	0.0	0.0	0.0	0.0
TEMPORARY	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of current year impact: None

ANALYSIS: (Attach a separate page if necessary)
HB 31 amends pharmacy education requirements for licensure to allow foreign pharmacy graduates an opportunity to become licensed. New funds are not required to implement this bill.

Prepared By: Jennifer Strickler
Phone: 465-2144
Division: Occupational Licensing
Date: 01/22/92
Approved by Commissioner: Glenn A. Olds for Ted Williams Asst. Comm.
Agency: Department of Commerce & Economic Development
Date: 1-22-92

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

Rev 10/90

COMMITTEE COPY

Alaska State Legislature

SENATOR ARLISS STURGULEWSKI, Chairman
SENATOR PAUL FISCHER, Vice Chairman
SENATOR SAM COTTEN
SENATOR LYMAN HOFFMAN
SENATOR CURT MENARD

P.O. BOX V
ROOM 427
STATE CAPITOL
JUNEAU, ALASKA 99811
(907) 465-3762

Senate Committee on
Health, Education and Social Services

M E M O R A N D U M 13 March 1992

TO: Members, Senate HESS Committee

FROM: Senator Arliss Sturgulewski

There have been questions raised about the provision in House Bill 31 (Page 1, line 11) changing the college accrediting organization from the American Association of Colleges of Pharmacy (AACP) to the American Council on Pharmaceutical Education (ACPE) (or the foreign equivalent). This change was made because the AACP is not an accrediting organization but a social/fraternal organization.

We have written testimony that this change will require pharmacy license applicants to have six years of education instead of the current five and will exacerbate a current perceived shortage of pharmacists. It has been recommended that the legislation instead allow the Board of Pharmacy to decide which colleges are recognized.

Staff has contacted the American Council on Pharmaceutical Education and information is enclosed that discusses this six year degree proposal which is not expected to be decided upon until the year 2000. In addition, the National Association of Boards of Pharmacy has said that the six-year degree requirement would not apply to anyone who graduated before the year 2000.

It is recommended that the legislation continue to name the American Council on Pharmaceutical Education as the certifying agency. Because of the continuing discussion about the pharmaceutical profession and the regular sunset review of the Board of pharmacy, there will be ample review of changes in the educational requirements of the profession before the year 2000.

Alaska State Capitol
Juneau, AK 99801-1182
xxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxx
(907) 465-4992

Alaska State Legislature
Representative Niilo Koponen
House District 21

119 N. Cushman, Suite 207
Fairbanks, Alaska 99701
(907) 456-8172

M E M O R A N D U M

TO: Senator Arliss Sturgulewski, Chair
Health, Education and Social Services Committee

FROM: Representative Niilo Koponen

DATE: January 31, 1992

RE: House Bill 31, "An Act relating to applicants for pharmacist licenses; and providing for an effective date"

Please schedule a hearing for HB 31 at your earliest convenience. Attached are pertinent backup materials; if you require additional information or have any questions, please contact me or Ron Clarke of my staff. Thank you for your consideration.

encl.

cc: Senator Paul Fischer, Vice-Chair
Senator Sam Cotten
Senator Lyman Hoffman
Senator Curt Menard

Alaska State Capitol
Juneau, AK 99801-1182
XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXX
(907) 465-4992

Alaska State Legislature

Representative Niilo Koponen
House District 21

119 N. Cushman, Suite 207
Fairbanks, Alaska 99701
(907) 456-8172

SPONSOR STATEMENT

House Bill 31
"An Act relating to applicants for pharmacist licenses"

Foreign-educated doctors, nurses, chiropractors, physical therapists, optometrists and veterinarians may practice in Alaska, provided they successfully complete Alaskan licensing examinations and fulfill all pertinent qualifications. Standard equivalency examinations insure that credentials earned outside of the United States meet American standards of academic and clinical competence.

HB 31 extends the same opportunity to pharmacists trained at non-U.S. institutions. The state would benefit from expanding the universe of trained professionals available to serve the public. At present, Alaskans may qualify for state loans to study pharmacy at non-U.S. institutions, but they may not be licensed when they return to the state. Continued exclusion of these Alaskans from practice is inconsistent with treatment of other health professionals and extends no apparent advantage to other state residents.

Section 2 of the bill is essentially a sunset. Changes made by Section 1 allow licensure of foreign-educated pharmacists. When it takes effect in July 1994, Section 2 returns the statute's licensing requirements to the qualifications presently in place.

The greater principle of licensing competent professionals in Alaska is made clear -- and urgent -- in one specific case. A constituent of mine, educated at the Sorbonne in Paris, cannot work as a pharmacist in Alaska. She and her husband, a highly-valued member of the UAF mathematics faculty, may leave the state if she is unable to secure a professional pharmacist position in Alaska. It would be an unnecessary loss to our citizens if we lost these Alaskans to the Lower 48.

I urge your affirmative vote on HB 31.

Alaska State Capitol
Juneau, AK 99801-1182
~~Pouch V~~
~~Juneau, Alaska 99811~~
(907) 465-4992

Alaska State Legislature
Representative Niilo Koponen
House District 21

119 N. Cushman, Suite 207
Fairbanks, Alaska 99701
(907) 456-8172

SECTIONAL ANALYSIS

CS FOR HOUSE BILL NO. 31 (RULES)

"An Act relating to applicants for pharmacist licenses; and providing for an effective date."

Section 1. Replaces the American Association of Colleges of Pharmacy (AACP), a service organization for U.S. pharmacy schools, with the American Council on Pharmaceutical Education (ACPE), which accredits all U.S. schools of pharmacy, as the agency responsible for recognizing institutions from which Alaska-licensed pharmacists graduate. Allows Alaska licensing of graduates of non-U.S. institutions after applicants pass the Foreign Pharmacy Graduate Equivalency Examination, a standard test employed by a majority of other states.

Section 2. Effectively sunsets licensing of foreign-educated pharmacists; replaces Section 1 with the previous statutory language after July 1, 1994.

Section 3. Changes accreditation authority for Alaskan pregraduate intern pharmacists from AACP to ACPE.

Section 4. Repeals obsolete definition of "recognized college of pharmacy," since it is redefined in Section 1.

Section 5. Provides an effective date for the Section 2 sunset.

PHARMACIST LICENSING FACTS

The American Council on Pharmaceutical Education (ACPE, established 1932) is the national agency for accreditation of professional degree programs in pharmacy and for approval of providers of continuing pharmaceutical education.

The ACPE presently recognizes 74 accredited professional programs in 43 states, plus the District of Columbia and Puerto Rico.

30 other states, the District of Columbia and Puerto Rico allow foreign-educated pharmacists to sit for state licensing exams if they pass the Foreign Pharmacy Graduate Equivalency Examination administered by the Foreign Pharmacy Graduate Examination Committee (FPGEC).

The FPGEC certificate is awarded only to four-year graduates with Bachelor of Science degrees scoring 550 or higher on the Test of English as a Foreign Language.

Some foreign graduates are allowed to enter accredited U.S. schools of pharmacy as advanced students. After graduation, they qualify to take state examinations.

New York and California allow some candidates to take the state examination after their credentials have been evaluated and approved by the state licensing board.

ALASKA FACTS

All pharmacists must be licensed in Alaska.
Operators of pharmacy businesses must also have a license to dispense drugs and controlled substances.
Applicants must be graduates of a college of pharmacy and complete at least 1,500 hours as an intern.

Application fee: $30.00
Examination fee: $150.00
License fee: $180.00
Biennial renewal: $180.00

ALASKA EMPLOYMENT
(Statistics from the Alaska Department of Labor)

Employment in 1989: 188; in 1990: 193; in 1994: 209 (predicted)

Average Annual Job Openings, 1989-1994
Due to Growth: 4; Due to Separations: 5; Total: 9

Current license holders: 489

HB31 Miscellaneous Notes

Alaska licenses the following professionals who were educated at non-U.S. institutions:

Physicians
Nurses
Optometrists
Chiropractors
Physical Therapists
Veterinarians

On 4/25/91, the chairman of the Board of Pharmacy told me (RGC) that he had five vacancies for pharmacists in his company (Carr's) alone.

This is not a one-constituent bill. One constituent brought to light the broader issue -- a statewide shortage of pharmacists, and an inability for Alaskans educated at non-U.S. institutions to work in Alaska.

Alaska State Legislature
Representative Niilo Koponen

Pouch V
Juneau, Alaska 99811
(907) 465-4992

House District 21

119 N. Cushman, Suite 207
Fairbanks, Alaska 99701
(907) 456-8172

M E M O R A N D U M

TO: Representative Mark Hanley

FROM: Representative Niilo Koponen NK

DATE: January 28, 1992

RE: HB 31, "An Act relating to applicants for pharmacist licenses"

Today, my staff spoke with Ms. Lynn Moen of the Executive Director's office at the American Council on Pharmaceutical Education (ACPE) to determine the semantic weight of the term "recognition' in regard to pharmacy schools. The ACPE's 1991 Annual Directory states:

> "Annually, the ACPE publishes this Directory of Accredited Professional Programs of Colleges and Schools of Pharmacy which presents the accreditation status of the professional programs as well as the academic year of the most recent review, and the academic year for the next currently scheduled review or reconsideration of accreditation. ... ...Recognition [emphasis added] of the baccalaureate pharmacy or the doctor of pharmacy program in the Annual Directory of Accredited Professional Programs of Colleges and Schools of Pharmacy denotes overall compliance with the respective standards of the degree program."

I believe that HB 31's use of "recognition" in this sense precludes misinterpretation. I cannot think of an instance where this language would not provide sufficient protection from unintended admittance to Alaska practice by graduates of "substandard" pharmacy schools.

If you have further questions, please let me know.

encl.

cc: Jerry Luckhaupt

Alaska State Legislature

Representative Niilo Koponen

Pouch V
Juneau, Alaska 99811
(907) 465-4992

House District 21

119 N. Cushman, Suite 207
Fairbanks, Alaska 99701
(907) 456-8172

M E M O R A N D U M

TO: House Labor and Commerce Committee Members

FROM: Representative Niilo Koponen

DATE: April 30, 1991

RE: House Bill 31, "An Act relating to applicants for pharmacist licenses"

At the first committee hearing of the HB 31, confusion arose as to the appropriate body to recognize an Alaskan pharmacist's credentials. Here's a quick summary of the players:

- American Council on Pharmaceutical Education (ACPE): accredits all U.S. schools of pharmacy.

- National Association of Boards of Pharmacy Foundation (NABPF): examines and certifies foreign-educated pharmacists, through administration of the Foreign Pharmacy Graduate Equivalency Examination (FPGEE). Successful applicants receive a certificate from the Foreign Pharmacy Graduate Equivalency Committee (FPGEC).

- American Association of Colleges of Pharmacy (AACP): service organization for U.S. schools of pharmacy; publishes regular newsletter, etc.

Today, my staff spoke with Ms. Susan Meyer, Academic Affairs Director for the AACP. She stated unequivocally that the ACPE, not the AACP, was the appropriate body to recognize, certify or accredit U.S.-trained pharmacists, and that the NABPF/FPGEC was the appropriate body to perform the same function for foreign-educated pharmacists. She said the AACP was mostly a fraternal, "industry"-oriented group, not one concerned with professional licensing.

Therefore, the bill should stand as written, with the ACPE listed as the accrediting body.

Finally, the addition of the word "intern" to Sec. 2, Line 1, AS 08.80.116(b) is reasonable. I would accept this change in a CS for this bill.

Department of Commerce & Economic Development / POSITION PAPER

HB 31: An Act relating to applicants for pharmacist licenses.

The Department of Commerce and Economic Development supports passage of HB 31.

The proposed legislation will address a problem of longstanding for the Board of Pharmacy (hereinafter "board") within the Division of Occupational Licensing (hereinafter "division"). Presently, the board has no provision for licensure of pharmacy graduates educated in institutions not recognized by the American Council on Pharmaceutical Education (ACPE) and located outside the United States and its territories (hereinafter "foreign graduates").

The bill amends the qualifications for pharmacy registration to recognize applicants who have received their bachelor of science degree in pharmacy or an equivalent degree from outside of the United States and its territories. Currently, when foreign graduates apply for licensure, regardless of their qualifications, the board must deny licensure.

Nationally, the National Association of Boards of Pharmacy (NABP) Foundation has responded to this problem by developing course review procedures geared towards determining whether the bachelor of science degree in pharmacy attained by a foreign graduate is substantially equivalent to the degree and learning attained by a graduate of an ACPE accredited school in the United States.

The foreign graduate who possesses an NABP Foreign Pharmacy Graduate Equivalency Committee certificate is considered equivalently educated and is, therefore, eligible for licensure (assuming compliance with other admission criteria) in any state throughout the country. HB 31 will allow foreign-trained pharmacy graduates who possess an NABP Foreign Pharmacy Graduate Equivalency Committee certificate the opportunity to become licensed in Alaska.

There exists nationwide a significant shortage of pharmacists and an acute shortage in Alaska. This legislation will enable the state to admit qualified foreign graduates and, potentially improve our ability to meet our employment needs in this area.

Therefore, the department urges passage of HB 31.

Glenn A. Olds, Commissioner

Date: February 1, 1991

GAO/JS/dgl8849D
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MEMORANDUM State of Alaska

TO Members of the House Labor & Commerce
Rep. David Finklestein, Chairman

DATE April 26, 1991

FILE NO

TELEPHONE NO 465-2534

FROM Ann Boudreaux

SUBJECT HB 31

This memo is a follow-up to my testimony on April 25, 1991.

Today, I received a memo from the licensing examiner who took minutes at the April 16-17 Pharmacy Board meeting held in Juneau. Quoting from that memo in regard to HB 31:

> Sec. 1, AS 08.80.110(3) [American Council on Pharmaceutical Education] American Association of Colleges of Pharmacy.
>
> Sec. 2, Line 1, AS 08.80.116(b) An applicant for license as a pregraduate intern pharmacist....
>
> Sec. 2, AS 08.80.116(b) ...and must be enrolled in a pharmacy school recognized by [American Council on Pharmaceutical Education] American Association of Colleges of Pharmacy.

The Pharmacy Board wanted to keep the Association because the Council advocates a 6-year degree (doctor of pharmacy) and this would mean many of our applicants would not qualify as they have only the 5-year degree (registered pharmacist) that has been standard up to now.

Most states apparently have a 5-year standard. California has gone to 6-years.

One suggestion might be to have an or clause so that foreign students could have their education rated by the Council, but an American student who qualified under Association standards would not have an undue burden.

The Pharmacy Board, by a split vote, passed a resolution favoring the licensing of foreign-trained pharmacists at their meeting on November 1, 1990, in Anchorage.

By the way, the insertion of the word "intern" is to correct a typographical error in the original statute which was carried over in this bill. There is no pregraduate pharmacist; there is a pregraduate intern pharmacist and a postgraduate intern pharmacist.

es

PAY 'n SAVE

PAY 'n SAVE DRUG STORES, INCORPORATED
4045 Delridge Way S.W. • P.O. Box 47255 • (206) 938-6500
SEATTLE, WASHINGTON 98146-7255

February 4, 1992

Senator Arliss Sturgulewski, Chairman
Health, Education and Social Services Committee
Alaska State Senate
P.O. Box V
Juneau, Alaska 99811

Re: H.B. 31 - Pharmacy Applicant Qualifications

Dear Madam Chairman:

I am writing to express Pay'n Save's opposition to H.B. 31. Pay'n Save is one of the largest employers of pharmacists in Alaska. We operate 10 full service pharmacies throughout Alaska, and employ 23 full-time and 5 part-time pharmacists.

We oppose H.B. 31 for a simple reason: it will make it more difficult to recruit pharmacists to Alaska, because it reduces the number of eligible pharmacists eligible to practice pharmacy in Alaska, for no discernible reason.

H.B. 31 reduces the number of pharmacists in two ways. First, it requires graduation from an ACPE member school, which is a more restrictive standard than present practice. Students who attend a school outside the United States, or one within the United States which is not an ACPE member, will not be eligible to practice pharmacy in Alaska.

In other states such as Washington in which the Board of Pharmacy determines eligibility to practice, the Board devises specific tests, including internships, for "non-accredited" applicants, to test their ability to practice pharmacy. In Washington and other states, then, the qualifications are thus more tailored to the individual and promote the admission of pharmacists rather than restrict admission.

Second, ACPE supports a six-year education program for pharmacists, which we and most other pharmacy chains believe is absolutely unnecessary. Enclosed are materials from NACDS, the national organization representing chain drug stores. The NACDS information indicates clearly that there is no need to substitute the six-year program for the current five-year program.

The six-year program will increase the costs of a pharmacy education without significantly benefiting the pharmacist, the pharmacist's employer, or the pharmacist's patients. ACPE's strong stance in favor of this requirement is simply an artificial, unnecessary limitation on admission to practice, without any commensurate benefit.

Recruiting and hiring pharmacists to work in Alaska is difficult as it is. Using ACPE as the reference for determining ability to practice in Alaska will make this situation worse, for no good reason.

H.B. 31 should not be passed out of committee. If it is, it should be amended to ensure that the qualifications for admission to pharmacy practice are established by the Alaska State Board of Pharmacy.

If you need more information from Pay'n Save, please contact me at the address above or call me at (206) 938-6474. Jerry Reinwand has been working with us on this matter and can also provide more information.

Yours very truly,

PAY'n SAVE DRUG STORES, INCORPORATED

Kinne F. Hawes
Senior Vice President
and General Counsel

KFH:kls
Enclosures (as stated)

cc: Jerry Reinwand
Rick Dortch
John Banks
Don McCumby
Stan Thompson

FACT SHEETS

On The

Pharmacy Education Debate

THE PHARMACY EDUCATION DEBATE

Pharmacists are currently prepared for professional practice through one of two academic programs. More than 85% of students receive a Bachelor of Science in Pharmacy degree after five years of college study. The remaining 15% of students receive a Doctor of Pharmacy (Pharm.D.) after six years of college study, with the last year focused on clinical training. Both the five and six year programs are referred to by the academic community as entry-level, undergraduate, professional degrees. The professional doctoral degree (Pharm.D.) can also be obtained through a two-year post-baccalaureate program. This latter program is considered an advanced graduate level education.

The American Council on Pharmaceutical Education (ACPE), the body responsible for accrediting pharmacy education programs, released its Declaration of Intent (9/89) to focus exclusively "upon a doctor of pharmacy program as the only professional degree program evaluated and accredited." ACPE is proposing that educational standards be revised and the baccalaureate and doctoral programs of pharmacy be merged into a doctoral degree program.

In 1990, the National Association of Chain Drug Stores commissioned two independent studies on aspects of the education issue, and has offered the results to the pharmacy community to assist in consideration of this important issue.

> *"An Assessment of Future Educational Needs for Community Pharmacists," conducted by SRI International, examines the future role of community pharmacy practitioners, their future educational needs, and manpower implications of education policies.*
>
> *"A Gallup Survey of Pharmacy School Faculty," by The Gallup Organization, polled full-time pharmacy school faculty to assess their view of the pharmacy education degree issue.*

An exclusive Pharm.D. program is not supportable (see Fact Sheet #1) and would:

- Inappropriately educate the majority of pharmacists (Fact Sheet #2);
- Waste millions of taxpayers' and students' dollars on an educational program with no proven benefits (Fact Sheet #3);
- Close the door on a profession that has become increasingly attractive to women and minorities as well as education costs, thereby hitting low-income students hardest (Fact Sheet #4);
- Reduce consumer access to pharmacy services (Fact Sheet #5);
- Severely exacerbate the current shortage of pharmacists (Fact Sheet #6); and
- Disregard the views of the majority of the pharmacy practitioners, educators, and employers (Fact Sheet #7).

Based upon the results of the studies, NACDS continues to support the five-year degree program as the most appropriate and responsible education for the majority of pharmacy practitioners.

EXCLUSIVE PHARM.D. EDUCATION NOT SUPPORTABLE

The critical question is whether the increased costs of educating a pharmacist would be followed by increased benefits in serving a patient.

Known and Proven Costs...

- The SRI study documents the high costs of an exclusive Pharm.D. education program to the taxpayer, student, and consumer.

- Individual educators and institutions have documented the costs of exclusive Pharm.D. programs to be four times that of a 5-year education.

- Pharm.D. education requires substantially greater investment in clinical faculty and clinical facilities and is therefore more expensive per student. Conversion to a Pharm.D. system of education therefore requires a substantial increase in budget, or a substantial reduction in enrollment.

...Unknown and Unproven Benefit

- In 1984, the Task Force on Pharmaceutical Education of the American Pharmaceutical Association concluded that if the profession moves to exclusive Pharm.D. education, "it should be based on sound, supportable reasons." The Task Force called for a study to document the comparative utility and effectiveness of the 5-year B.S. and 6-year Pharm.D. degree pharmacists in practice, with special attention to community pharmacy.

- SRI reported that there is strong evidence that pharmacists with B.S. degrees and those with Pharm.D. degrees perform equally well in community practice. They did not find any studies to the contrary.

- No data exist to show the cost effectiveness of an exclusive Pharm.D. program.

- No data exist to show that an exclusive Pharm.D. program is different from the baccalaureate program...except in length and cost of education.

- No data exist to show effective pharmaceutical services in the future will require all generalist pharmacists to be educated at the doctoral level.

- No data exist to support a policy of exclusive Pharm.D. education.

Chain Pharmacy's Perspective

An exclusive Pharm.D. education for generalist pharmacists has known and proven costs with unknown and unproven benefits. Proponents of an exclusive Pharm.D. education have yet to objectively study the cost-benefit implications of their position. The SRI study concludes that a 5-year program should be the standard for generalist pharmacy practitioners. Chain pharmacy agrees.

ONE DEGREE CANNOT FIT ALL

The many different practice settings available to tomorrow's pharmacists will provide varied opportunities for professional growth. Considerable evolution has occurred in pharmacists' professional practice which has caused some of the opportunities in different practice settings to vary to an extent that necessitates the differentiation of pharmacists' education. A single doctoral-level degree that seeks to be "all things to all people" would not appropriately meet the needs of either a pharmacy generalist or an advanced practitioner.

Generalists First, Advanced Education as Needed Later

- The community setting accounts for 70% of all pharmacy practice opportunities.
- Few advertisements for pharmacist positions list the Pharm.D. degree as a requirement. Those that do, usually seek pharmacists for specialized positions.
- According to the SRI study, the most likely future role for generalist community pharmacists is that of "drug-use counselor" to patients. High-quality educational preparation for that role can be achieved in a 5-year program, the study reports.
- SRI found that very few current Pharm.D. graduates choose to practice in the community. Rather, they choose to enter alternative practice settings, such as hospital, institutional, or long-term care pharmacy.
- The SRI study also found that in community pharmacies, the small minority of pharmacists with Pharm.D. degrees are no better prepared to provide community based services than are pharmacists with baccalaureate degrees.

Five Year Program Should Be Revised For Generalist Practice

- SRI recommended that educators should revise the 5-year professional degree curriculum to better reflect the skills required of a generalist pharmacy practitioner. A 6-year curriculum should <u>not</u> be adopted to avoid the difficult task of curriculum revision.
- A survey of pharmacy faculty members conducted by The Gallup Organization found that nearly two thirds (63%) believe that the preferred degree progression is a 5-year program for general practice followed by a graduate level Pharm.D. degree to prepare pharmacists for practice requiring advanced education.

Chain Pharmacy's Perspective

A single Pharm.D. degree designed to educate pharmacists for every possible career option is unrealistic, impractical, and expensive. A 5-year program with appropriate curricular revisions, is the appropriate education for general practice. Education beyond 5 years should be reserved for pharmacists who wish to pursue opportunities requiring advanced education.

TAXPAYERS AND STUDENTS WILL PICK UP TAB WHEN COST OF PHARMACY EDUCATION QUADRUPLES

. . . . . .Increased Educational/Faculty Costs

- The extensive clinical training in the last professional year of a 6-year Pharm.D. program requires very low student to faculty ratios.

- The minimum increase in full-time faculty for 100 students in the last professional year of a 6-year Pharm.D. program would be 25 educators.

- The 1,500 additional faculty needed to educate the 6,000 baccalaureate degree candidates in pharmacy for an additional year would cost $96 million per year in salaries and benefits, or about $64,000 per educator.

. . . . . Increased Cost to Students

- The tuition and living expenses for an additional year of education would cost each student between $5,000 and $20,000.

- The loss of one year's pharmacist's salary would cost each student $40,000-$60,000.

- The total cost to 6,000 students graduating annually would be between $300 million and $360 million in additional tuition and lost wages if they were forced into an exclusive Pharm.D. program.

. . . . . Increased Tax and Societal Costs

- Implementation of an exclusive 6-year Pharm.D. program would increase its educational costs by 20-40 percent in order to maintain existing class sizes.

- Given the current status of state budgets, it is unlikely that additional funding can be made available to pharmacy schools to support an exclusive Pharm.D. program. States are experiencing budget shortfalls and a number of colleges and universities are having to make mid-year cuts in school budgets.

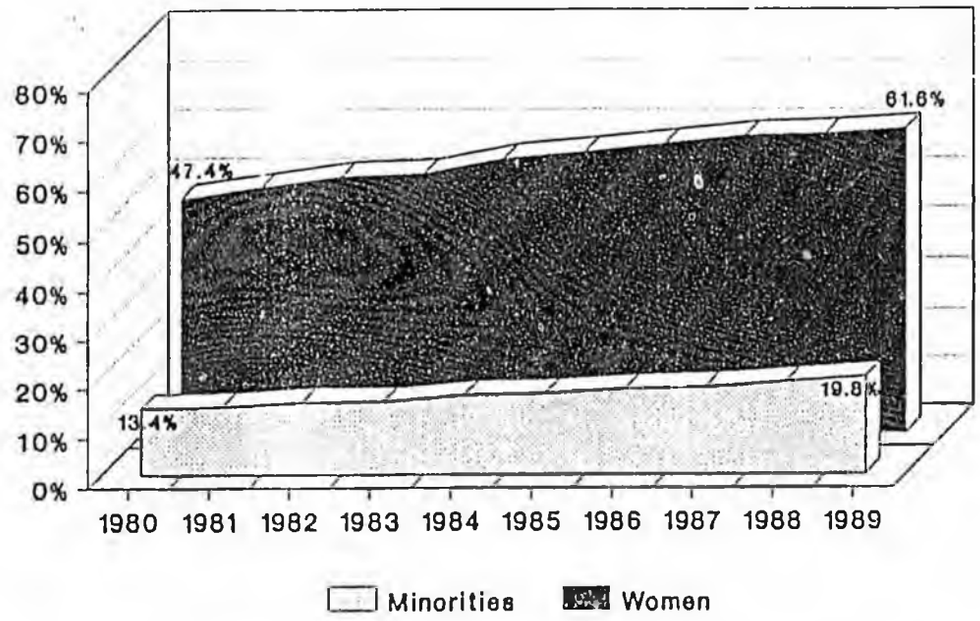
- The alternative to higher education costs is smaller class sizes. Class sizes would have to be reduced by 25 to 40 percent, according to estimates from the academic community. This would cause the existing pharmacist shortage to become serious by the year 2000, according to SRI.

Chain Pharmacy's Perspective

An exclusive Pharm.D. policy is a costly proposition. It would either cost schools, taxpayers, and students millions of unavailable dollars, or it would cost students an opportunity to become a pharmacist. It would certainly cost pharmacy patients the convenient availability of pharmacists' services.

DOOR WOULD CLOSE TO PROFESSION INCREASINGLY ATTRACTIVE TO WOMEN AND MINORITIES

Women and Minority Pharmacy Students
Percent of Total Students



- Pharmacy has become an increasingly popular career option for women. In 1980, women accounted for 47% of all students enrolled in pharmacy degree programs. By 1989, that percentage had increased to almost 62%, and it continues to grow each year.

- Pharmacy has also proved to be a popular career choice for minority students. Black, Hispanic, Indian, and Asian Americans accounted for nearly 20% of total pharmacy school enrollment in 1989.

- At a time when substantial efforts are being made to attract more women and minority students to careers in the health professions, it is illogical to decrease the opportunities available for those students to become pharmacists.

Pharmacy Won't Be Realistic Option For Low Income Students

- Students from low-income families might be prevented from studying pharmacy altogether if a more expensive, longer program is implemented in all schools. Five years of tuition and living expenses, which currently range from $5,000 to $20,000 per year, already present a serious burden for many pharmacy students. Scholarship and loan money for university students is increasingly scarce.

- Pharmacy students who are able to receive financial aid graduate with an average debt load of $13,000. Lengthening the time required to receive a pharmacy degree would substantially increase the debt load of these students.

JEOPARDIZE PATIENT ACCESS TO VITAL HEALTH CARE SERVICES

Pharmacy patients consistently rank convenience and the pharmacist provider as the two most important characteristics of their pharmacy. Today, there is a shortage of pharmacists which would be severely exacerbated if students are forced into an exclusive Pharm.D. program. The pharmacist shortage threatens patient access to pharmacists and pharmacy services.

. . . . . .Patients Suffer from Pharmacist Shortage

- There will be longer lines and increased waiting times at the prescription department.
- Patients will travel further for pharmacy services.
- Limited store hours, and the disappearance of 24-hour pharmacies will limit convenient and emergency access to prescriptions and pharmacy services.
- Neither technology nor techniques will solve the problems created by a pharmacist shortage.

. . . . . Limited Access to Vital Pharmacy Services Means Lower Quality and Higher Cost Health Care

- The National Council on Patient Information and Education (NCPIE) reports that 25% of hospital and nursing home admissions among the elderly are caused by adverse drug reactions, many of which could be prevented by proper pharmacist screening and counseling. These hospitalizations cost $21 billion annually.
- Pharmacy patients may be forced to seek pharmacy services from more convenient sources in which there is no opportunity for direct pharmacist-patient interaction, such as dispensing physicians and mail order. This may increase the likelihood of improper medication use.
- Improper use of medications carries other significant costs as well, according to NCPIE. These include:
  - -- More frequent hospitalizations and emergency room visits.
  - -- Otherwise unneeded diagnostic and treatment services.
  - -- Higher health care expenditures overall.
  - -- Higher insurance premiums.
  - -- The wasted cost of unused medicines.
- With revision, the current 5-year curriculum can effectively educate future pharmacists for the ever expanding role of drug use counsellors.

PHARMACIST SHORTAGE WILL BE MOST SEVERE WHEN BABY BOOMERS NEED PHARMACY SERVICES THE MOST

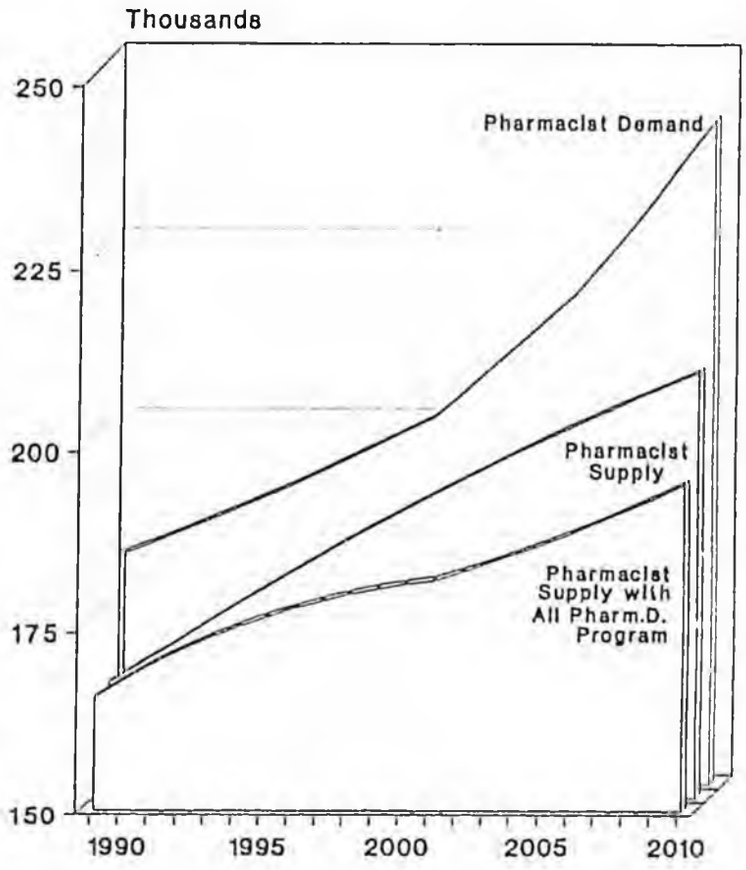
The Pharmacist Shortage is Real...

- There is a current shortage of 15,000 pharmacists nationwide, or about 8.2 percent of the total number of pharmacists needed in all practice settings.

- SRI estimates that even if there is no loss of pharmacy school graduates due to lengthening the time required to become a pharmacist, there will be a shortage of 33,000 pharmacists or 13.7 percent of the total demand for pharmacists by the year 2010.

- If pharmacy schools are forced to move exclusively to a 6 year Pharm.D. degree program, SRI's most conservative estimates predict a serious shortage of pharmacists by the year 2000 (19,000 or 9.5 percent) and a severe shortage by the year 2010 (42,000 or 17.4 percent).

Pharmacy Manpower Imbalance
Supply and Demand 1989 - 2010



...and It Will Adversely Affect Patients.

- Patient access to pharmacists and their services will be severely diminished by the pharmacist shortage. Community pharmacies will not be able to continue to offer the convenience of late hours or 24-hour locations, and indeed some pharmacies will close, forcing patients to travel longer distances for pharmacy services.

- The combination of the increased need and demand for pharmacists and the shortage of pharmacists will certainly lead to increased competition among employers in all practice settings for pharmacists. This will lead to increased health care costs to patients.

- SRI contends that the impact of a serious shortage of pharmacists would result in an emphasis on short-term economic considerations (e.g. increasing the number of prescriptions filled per pharmacist) rather than encouraging professional services that improve the quality of health care and have long-term economic benefits.

PHARMACY COMMUNITY OVERWHELMING SUPPORT FOR A 5-YEAR GENERALIST DEGREE

There is broad documented support for the 5-year generalist degree program in pharmacy. The 5-year generalist approach, with an option of pursuing an advanced professional degree is supported by pharmacy practitioners, educators, and employers.

. . . . . .Pharmacy Practitioner Support

- A statistically valid national survey of 677 community pharmacists conducted by SRI International found that 64 percent disapproved of the exclusive Pharm.D. program and only 30 percent approved of it.

"If curricula are continually revised and updated, then the B.S. degree will continue to serve pharmacists well as the entry-level degree."

-- *Susan Bartlemay, R.Ph., M.S., Allen Pharmacy, Allen, Texas, U.S. Pharmacist, August 1990*

"I would not choose a Pharm.D. degree today if I had to do it all over again. I am currently employed by a large chain and do not attribute my success to my degree but to my experience, perseverance and hard work."

-- *Letter to the Editor, US Pharmacist, November 1990*

"High quality programs at both the Baccalaureate and Doctor of Pharmacy levels are needed to produce pharmacists who can meet the entire spectrum of patients' pharmaceutical needs."

-- *Position Statement of American College of Clinical Pharmacy, February 9, 1991*

. . . . . Pharmacy Educator Support

- SRI reported that 59 percent of pharmacy school deans did not favor the movement to an exclusive Pharm.D. program.

- The Gallup Organization survey discovered that 63 percent of full-time pharmacy school faculty feel that the progression from a 5-year generalist degree to an advanced Pharm.D. degree for specialized pharmacy practice is preferred because it will best prepare pharmacists for various practice settings. Only 30 percent did not feel this way.

"I do not understand how people can propose the entry-level Pharm.D. as a strategy to improve the quality of health care, while at the same time acknowledge this will drastically reduce access to prescriptions."

-- *William H. Campbell, Dean, Auburn University School of Pharmacy, Presentation to State University of New York at Buffalo, June 22, 1990*

"During the general discussion held at this retreat it became apparent that realities of societal demand, educational resources required, and differentiated forms of practice were leading faculty to conclude that a uniform, doctoral level plan of study and experience for all entry-level pharmacists was neither academically rational nor cost effective."

-- *The University of Texas College of Pharmacy, January 14, 1991*

PHARMACY COMMUNITY OVERWHELMING SUPPORT FOR A 5-YEAR GENERALIST DEGREE (Con't)

. . . . . .Pharmacist Employer Support

- Employers of community pharmacists do not see a difference in the performance of employee pharmacists with B.S. degrees and those with Pharm.D. degrees, according to SRI International.

- A survey of nearly 2,000 independent retail pharmacists' showed that over 60% of the pharmacists believed the period of time required to complete the first professional degree should be 5 years. Only 25% felt the initial degree should be 6 years. -- *NARD Newsletter, December 15, 1990*

Chain Pharmacy's Perspective

NACDS and the chain drug store industry strongly support a multiple degree approach to pharmacy education which includes a 5-year generalist degree as the appropriate system for pharmacy education.

CORRESPONDENCE WITH

THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

(ACPE)

(312) 664-3575

Should be directed to:

Daniel A. Nona, Ph.D., Sc.D.
Executive Director
American Council on Pharmaceutical Education
311 West Superior Street
Suite 512
Chicago, IL 60610.

Please send to the attention of Laura J. Weber, Pharmacy Education Secretariat at NACDS, any correspondence to Daniel Nona.

Additionally, you may wish to copy your correspondence to the entire ACPE Board of Directors (list is on back).

ACPE BOARD OF DIRECTORS

Ellen E. Chaffee, Ph.D.
Vice Chancellor for
Academic Affairs
North Dakota University System
10th Floor, State Capitol
600 East Boulevard
Bismarck, ND 58505

Jack L. Coffey, R.Ph.
Shawnee Medical Center
2803 N. Saratoga
Shawnee, OK 74801

Jack R. Cole, Ph.D.
Senior Vice President
for Academic Affairs
and Provost
University of Arizona
512 Administration Building
Tucson, AZ 85721

Harold N. Godwin, M.S.
Director of Pharmacy Services
University of Kansas Medical Center
Department of Pharmacy (B-400)
Rainbow Boulevard at 39th
Kansas City, KS 66103

Michael E. Hart, Jr., R.Ph.
Hart Snyder Drug
808 S. Lake
Forest Lake, MN 55025

William J. Kinnard, Jr., Ph.D. *
Professor of Pharmacy Administration
University of Maryland
School of Pharmacy
Baltimore, MD 21201

Evelyn D. Timmons, R.Ph. *
Arizona Apothecaries, Ltd.
DBA Mt. View Pharmacy
10565 North Tatum Blvd.
Suite B-118
Paradise Valley, AZ 85253

James B. Powers, R.Ph.
Barda Pharmacy
Post Office Drawer "B"
Carrabelle, FL 52322

Mr. John H. Vandel R.Ph. *
Vandel Drug, Inc.
2041 Main Street
Torrington, WY 82240

Michael A. Schwartz, Ph.D.
Dean
University of Florida
College of Pharmacy
Box J484 JHMHC
Gainesville, FL 32610

* ACPE OFFICERS
John H. Vandel, President
William J. Kinnard, Vice President
Evelyn Timmons, Secretary-Treasurer

AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

PROCEDURES AND SCHEDULE FOR THE REVISION OF ACCREDITATION STANDARDS AND GUIDELINES (NINTH EDITION)

January 7, 1990

PROCEDURES AND SCHEDULE FOR THE REVISION OF ACCREDITATION STANDARDS AND GUIDELINES (For the Ninth Edition)

1990-2000

INTRODUCTION

Since the first accreditation standards were published in 1937, these evaluative criteria have been revised periodically, approximately every six or seven years, in keeping with changes in pharmaceutical education and pharmacy practice. The current standards and associated guidelines (eighth edition) were adopted July 1, 1984, and became effective January 1, 1985. In September 1989, the American Council on Pharmaceutical Education announced its intention to initiate the next revision process.

The ACPE's view of the mission of the pharmacy practitioner and the goals of the pharmacy practitioner's services were presented along with the Council's intention to establish new programmatic accreditation standards that will reflect and respond to the mission set-forth for the pharmacy practitioner. Moreover, it was stated that this new direction may become adopted as soon as the year 2000 (cf. ACPE Declaration of Intent, September 17, 1989, copy appended). This opinion was presented to the pharmacy community and the public with the understanding that full and open discussions would be held in accord with ACPE's published policies and procedures for the revision of accreditation standards. It was indicated that the procedure for hearings and submission of written comments was to be released in 1990.

The first five years of the ten-year revision process will be primarily devoted to the formulation of proposed revisions. This will include broadly-based input regarding competencies and curricular content necessary for a generalist pharmacy practitioner. The second five years provide for open hearings and submission of written comments. The details regarding the procedure for formulation of proposed revisions as well as the schedule for the comment period are as follows:

AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

Procedure and Schedule for the Revision of Accreditation Standards and Guidelines in the 1990's

I. Distribution of Agenda for Development and Schedule for Hearings. Timeline: Spring 1990.

II. Competency and Content Development: Broadly-Based and Participatory Procedures for Development of Proposed Revisions of Standards. Timeline: June 1990-June 1991.

A. ACPE extends an invitation to sponsoring organizations as well as to all other professional societies (e.g., JCPP membership) to:

1. Provide key competencies or other educational outcome characteristics which the organization feels are necessary for a generalist pharmacy practitioner (i.e., community and hospital practice) to meet the societal purpose of pharmacy at present and in the future.

2. Review and analyze current curricular standards for both professional programs accredited by ACPE (i.e., baccalaureate in pharmacy and doctor of pharmacy). The relative importance and emphasis which should be given to each curricular area to provide for future educational preparedness as a generalist pharmacy practitioner should be assessed. [A standardized format will be provided by ACPE which may be used to assist in this review and analysis.]

3. Submit suggestions and recommendations for reduced emphasis (or deletions) and increased emphasis (or additions) which are deemed necessary for each professional program (baccalaureate in pharmacy and doctor of pharmacy) to prepare graduates as general practitioners so as to meet the societal purpose of pharmacy at present and the future, as set-forth in A-1 above. The mission of the pharmacy practitioner and the goals of the pharmacy practitioner's services as presented in the ACPE Declaration of Intent, September 18, 1989, may be used as guidance.

Recommendations and suggestions should also be included related to enhancing efficiencies in the educational process involving students as active learners and maturing professionals consistent with

program outcome goals, and emphasis on the development of problem-solving skills.

Note: While comments may be included on the programmatic framework as presented in the ACPE Declaration, the purpose of this analysis is to ascertain opinions for competencies and content.

4. Provide perspectives and recommendations for appropriate educational development of baccalaureate degreed pharmacists already in practice (e.g., non-traditional educational approaches). This input should include appropriate education and training program innovations as well as assessment processes for outcome characteristics and individualized practice patterns of pharmacists.

III. Analysis and Preliminary Formulation of Proposed Revisions of Standards. Timeline: June 1991 - June 1992.

A. ACPE analyzes responses from the pharmacy community (e.g., frequency of comments, analysis of recommendations, weighing of opinions).

B. ACPE formulates, as of June 1992, in appropriate accreditation/technical language, proposed revisions of standards in accord with the programmatic framework of a doctor of pharmacy program, as presented in the Declaration of Intent. (This will involve a process of merging program standards.)

IV. Preliminary Review of Proposed Revisions by Professional Societies. Timeline: June 1992 - June 1993.

ACPE appoints an ad hoc Advisory Committee on Standards Revision. The charges to this committee include:

a) assistance in the continuing development of proposed revisions;
b) review of and reaction to a doctor of pharmacy programmatic framework;
c) review of and reaction to curricular and other revised standards as proposed.

Note: The member of the ad hoc committee (approximately 10-12 members) will be appointed on the nomination of sponsoring organizations and other professional and educational societies.

V. ACPE Reviews Findings and Recommendations of ACPE ad hoc Advisory Committee on Standards Revisions. Timeline: June 1993 - June 1994.

A. If general approval is noted, ACPE may proceed to hearing stage.

B. If recommendations are made with regard to changes in content, curricular or other standards, the ACPE may modify, revise or refine, and then proceed to hearing stage.

C. If the committee expresses broad countervailing sentiment regarding the revisions as proposed, including the doctor of pharmacy programmatic framework, the ACPE would reconsider the programmatic approach.

VI. Comment Period #1 (For Option A and B above). Timeline: June 1994 - June 1995.

Open hearings are to be scheduled at professional organization meetings and written comments are invited over a one-year period.

VII. ACPE Review #1. Timeline: June 1995 - January 1996.

Reactions obtained during the comment period are considered, and the modified standards are readied for subsequent comments. Or, if reconsideration of the programmatic framework is needed, the Council would modify the revision procedure as in V.(C.) above.

VIII. Comment Period #2. Timeline: January 1996 - January 1997.

Open hearings are scheduled at professional organization meetings and written comments are invited over a one-year period.

IX. ACPE Review #2. Timeline: January 1997 - June 1997.

A. Reactions to Comment Period #2 are considered; modifications are made where indicated.

B. Standards adopted - June 1997.

C. Effective date to be established based upon resource development, etc., perhaps as soon as July 1, 2000.

Note: If the proposed revision of standards is to be reconsidered as of June 1994 (cf. V.(C.) above), based upon countervailing sentiment expressed by the ad hoc Advisory Committee on Standards Revision, or subsequent to the scheduled comment periods, the information gathered to date may be utilized for purposes of standards revisions within the current programmatic framework (e.g., baccalaureate in pharmacy and doctor of pharmacy program). A revision process would need to be rescheduled but should be completed within an additional two years.

The Board of Directors of the American Council on Pharmaceutical Education, January 7, 1990.

Ellen E. Chaffee
Robert K. Chalmers
Jack L. Coffey
Jack R. Cole
Leonard J. DeMino
Harold N. Godwin
Michael E. Hart, Jr.
William J. Kinnard, Jr.
Evelyn D. Timmons
John H. Vandel

THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION
311 West Superior Street • Chicago, Illinois 60610 • 312/664-3575 • FAX 312/664-4652

Declaration of Intent: Revision of Accreditation Standards in 1990's in Keeping with Changes in Pharmacy Practice and Pharmaceutical Education

The American Council on Pharmaceutical Education recognizes the changes occurring and contemplated in health care and acknowledges that the societal purpose of pharmacy dictates that it be a patient-centered practice. Hence, it is the view of ACPE that the mission of the pharmacy practitioner is to assume responsibility for providing pharmaceutical services that ensure rational drug use in the individualized care of patients.

The goals of the pharmacy practitioner's services are:

1) to provide drug therapy that is appropriate, safe, efficacious and cost effective;
2) to educate and motivate patients to assume an appropriate and active role in self-care and the management of their drug therapy as related to their particular medical conditions; and
3) to effect the appropriate distribution of medication to patients.

The ACPE intends to establish new programmatic accreditation standards that reflect and respond to the above mission set-forth for the pharmacy practitioner. Based upon the Council's analysis and assessment of current practice developments, future practice challenges and the corresponding educational preparedness needed, the Council foresees the time when the accreditation standards will focus upon a doctor of pharmacy program as the only professional degree program evaluated and accredited. This new direction may become adopted as soon as the year 2000.

The ACPE presents this opinion to the pharmacy community and the public. Full and open discussions are intended, including hearings and written comments regarding revision of curricular and other standards. The procedure for hearings and submission of written comments will be released in 1990.

Developed and unanimously approved by the Board of Directors of the American Council on Pharmaceutical Education, September 17, 1989.

Dr. Ellen E. Chaffee
Associate Commissioner for Academic Affairs
North Dakota State Board of Higher Education

Dr. Robert K. Chalmers
Head, Department of Pharmacy Practice
School of Pharmacy and Pharmacal Sciences
Purdue University

Mr. Jack L. Coffee
Community Pharmacy Practitioner
Shawnee Medical Center

Dr. Jack R. Cole
Senior Vice President for Academic Affairs and Provost
University of Arizona

Mr. Leonard J. DeMino
Vice President, Pharmacy
National Association of Chain Drug Stores (NACDS)

Mr. Harold N. Godwin
Director of Pharmacy Services
University of Kansas Medical Center
Professor of Pharmacy Practice
University of Kansas School of Pharmacy

Mr. Michael E. Hart, Jr.
Community Pharmacy Practitioner
Hart Synder Drug Store

Dr. William J. Kinnard, Jr.
Acting President
University of Maryland

Ms. Evelyn D. Timmons
Community Pharmacy Practitioner
Arizona Apothecaries, Ltd.

Mr. John H. Vandel
Community Pharmacy Practitioner
Vandel Drugs