

ALASKA LEGISLATURE COMMITTEE FILES 1991-1992 8672
7442 SENATE HEALTH EDUCATION & SOCIAL SERVICES

*****STATE OF ALASKA*****
FOREIGN LANGUAGE ENROLLMENTS
1989-90

Level	Chinese	French	German	Japanese	Latin	Russian	Spanish	FLEX	TOTAL
Elementary	0	92	0	486			480	650	1726
Jr. High	16	371	66	69		55	652	153	1382
H.S. I	44	1279	501	260	59	244	1824		4211
H.S. II	14	795	377	131	14	59	1228		2618
H.S. III		262	132	48	3	28	302		775
H.S. IV & V		145	89	0		16	126		376
TOTAL	74	2944	1165	994	76	420	4612	803	11088

10885011E

Elementary School Foreign Language Enrollments 1989-90

DISTRICT/SCHOOL	FRENCH						JAPANESE						SPANISH						RUSSIAN						FLEX	
	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6		
MAI-SU Finger Lake														25		30	5	51								
SIIKA Verstovia Elementary				2																						
TANANA Tanana City													6	6	6	6										
TOTALS	18	12	18	23	14	7	128	71	60	168	42	17	77	98	80	105	54	66				5	5	5	3	650

*Students in this FLEX program study Japanese language & culture

Elementary School Enrollments:

French = 92
 Japanese = 486
 Spanish = 480
 Russian = 18
 FLEX = 650
 Total = 1,726

10885011E

Junior High School Foreign Language Enrollments 1989-90

DISTRICT/SCHOOL	CHINESE		FRENCH				GERMAN				JAPANESE			SPANISH				RUSSIAN				FLEX	
	I	II	I	II	III	IV/V	I	II	III	IV/V	I	II	III	I	II	III	IV/V	I	II	III	IV		
KAILBELT Anderson																							13
SIIKA Blatchley Jr. High				8							37			20									
SOUTHEAST ISLAND Port Alexander														5									
VALDEZ Gilson Jr. High							10							10									
YUKON FLATS Northern Lights							NA							NA									
TOTALS	16		256	115			55	11			69			513	139			41	14			153	

Junior High Enrollments:

Chinese = 16
 French = 371
 German = 66
 Japanese = 69
 Spanish = 652
 Russian = 55
 FLEX = 153
 Total = 1,382

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High School Foreign Language Enrollments 1989-90

DISTRICT/SCHOOL	CHINESE		FRENCH				GERMAN				JAPANESE			SPANISH				RUSSIAN				LATIN			
	I	II	I	II	III	IV/V	I	II	III	IV/V	I	II	III	I	II	III	IV/V	I	II	III	IV	I	II	III	
YAKUTIA CITY Yakutat High																									
YUKON FLATS Fort Yukon High																									
Northern Lights High															2										
Private School: Monroe Catholic Sch.			14								2			18	27			8							
TOTALS	44	14	1279	795	262	145	501	377	132	89	260	131	48	1824	1228	302	126	244	59	28	16	59	14	3	

High School Totals:

Chinese = 58
 French = 2,481
 German = 1,099
 Japanese = 439
 Spanish = 3,480
 Russian = 347
 Latin = 76
 Total = ~~7,098~~

7,980

K-12 Totals:

Chinese = 74
 French = 2,944
 German = 1,165
 Japanese = 994
 Spanish = 4,612
 Russian = 420
 Latin = 76
 FLEX = 803
 Total = 11,016

ATTACHMENT C

STEP Program
1990 - 1991

Distance Learning Program
Fall 1991

DISTANCE LEARNING A NEW APPROACH IN FOREIGN LANGUAGE LEARNING IN ALASKA

Educational Service District 101 of Spokane, Washington, has been offering Japanese, Spanish and Russian language classes for two years in the Pacific Northwest, including Alaska. STEP (Satellite Telecommunications Educational Programming) classes are broadcast live with one-way video and two-way audio hookups. Telephones allow students to communicate during the class with the teacher. Students enrolled in each class may be from very small schools in Alaska, Washington, Oregon, Idaho or Montana.

Tests, quizzes and homework are sent to the students through the mail. These materials are returned to STEP for grading, but school districts assign a final letter grade and credit for the classes. The use of FAXes for sending and receiving homework will be used next school year.

Tutors are available at night, via phone (800) numbers, for students to practice their oral language skills and to get help with homework.

A classroom monitor is an important part of the management of these classes. The monitor ideally is a language instructor who not only serves as the classroom facilitator but also learns the language with the students. However, most monitors do not have these specific skills. It is important for the monitor to be a motivator, someone who can spend time trying to locate native speakers or cultural presenters and one who can find additional materials to help maintain interest.

After school contact by the students with STEP tutors is important. Many schools and monitors make this contact a requirement of the course.

In 1990 - 1991 districts offered Japanese I & II, Spanish I & II and Russian I. Enrollments for these classes are on the following page.

In the fall of 1991 districts offered Japanese I & II, Spanish I & II and Russian I & II. Enrollments for these classes also follow.

STEP Programs
1990-1991
Foreign Language Enrollments

District/School	Japanese			Spanish			Russian			Total
	I	II	III	I	II	III	I	II	III	
<u>Alaska Gateway</u>										
Eagle							2			2
<u>Aleutians East Bor.</u>										
False Pass				7						7
Sand Point				1						1
<u>Copper River</u>										
Glennallen High	1			1						2
Kenny Lake High				8						8
<u>Fairbanks North Star</u>										
Ben Eielson High	6									6
<u>Galena City Schools</u>	4			2			2			8
<u>Iditarod Area</u>										
Blackwell							4			4
<u>Juneau Borough</u>										
Juneau High							7			7
<u>Kenai Pen Bor</u>										
Homer High	5	3								8
Kenai Central High					1		1			2
Nikiski High										
Ninilchik							1			1
Seward High	10	5					6			21
Skyview High	8									8
Soldotna High ?										
Susan B. English	1						4			5
<u>Klawock City Schools</u>				5	4					9
<u>Kodiak Port Lions</u>	14									14
<u>Lake & Peninsula</u>										
Port Heiden				2						2
Port Alsworth				4						4
<u>Mat-Su Borough SD</u>										
Colony Middle	14						15			29
Palmer Middle	8									8
Palmer High	4									4
Wasilla Middle	14						14			28
<u>Nenana City High</u>	6			5	8		8			27
<u>Skagway High</u>				6	6					12
<u>Southeast Island</u>										
Hobart Bay				7						7
Thorne Bay	4									4
<u>Unalaska High</u>							1			1
TOTALS	99	8	0	48	19	0	65	0	0	239

Distance Learning Program
Fall '91
Foreign Language Enrollment

DISTRICT/SCHOOL	SPANISH		JAPANESE		RUSSIAN		TOTAL
	I	II	I	II	I	II	
Alaska Gateway							
Eagle Community School	1					1	2
Tok					1		1
Aleutians East							
Cold Bay	7						7
Fase Pass (STEP)	2	3					5
King Cove					5		5
Sand Point (STEP)		1	3				4
Copper River							
Chisochina			5	2			7
Glennallen	3	1	3				7
Kennv Lake (STEP)	2	7			5		14
Dillingham Schools							
Dillingham			4		7		11
Fairbanks North Star Borough							
Ben Eielson (CCS STEP)				2			2
Galena Schools							
Galena (STEP)			4	1			5
Hoonah Schools							
Hoonah Secondary	1						1
Kake City Schools							
Kake High School	2				5		7
Kenai							
Skvview High School			15	4			19
Soldotna High School			11	1			12
Susan B. English (STEP)	5		3			2	10
Kodiak							
Ouzinkie			1		1		2
Port Lions (STEP)						7	7
Kuspuk							
Aniak High School					2		2
George Willis		1					1
Lake and Peninsula							
Levelock					6		6
Newhalen			6				6
Pilot Point	1						1
Port Heiden (STEP)					2		2
Lower Kuskokwim							
Akula Eliinaurvik			1	1			2
Bethel High School			8				8

DISTRICT/SCHOOL	SPANISH	JAPANESE	RUSSIAN	TOTAL			
Mat-Su							
Colony High School		21	7	17	7	52	
Colony Middle		8		11		19	
Glacier View		19	13			32	
Houston (Big Lake)	16	2	10	3		31	
Palmer High (STEP)			38			38	
Palmer Junior Middle				10		10	
Susitna Valley		6				6	
Wasilla High (STEP)				64		64	
Wasilla Middle (STEP)			3	10		13	
Nenana City Schools							
Nenana High School	2	2	1		1	6	
Northwest Arctic							
McQueen (Kivalina)				3		3	
Southeast Island							
Howard Valentine				3		3	
Port Alexander			3			3	
Unalaska Schools							
Unalaska			5		1	6	
Wrangell							
Wrangell Middle/High	8				7	15	
Yakutat							
Yakutat Jr/Sr High School					1	1	
TOTALS	50	23	172	34	161	18	448

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During a panel discussion at the 1991 AFLA Conference in Anchorage, a four person panel composed of Akira Yoshida, Japanese language instructor from STEP, Annette MacDonald, STEP project facilitator from Nenana City Schools, Yasuko Lehtinen, Japanese language facilitator from Soldotna High School and Linda Soriano, director of curriculum, Mat-Su Borough Schools, gave personal testimony about distance learning in their schools.

Annette MacDonald of Nenana spoke highly of the program. She indicated that Spanish and Russian classes would not be available at her school if it were not for STEP. As a facilitator, she stressed the importance of making a contract with the students, providing motivation and requiring students to contact the tutors after hours. She indicated that the STEP program provided unique opportunities for the students as they are able to meet other students from the Pacific Northwest. In addition, the program provides access to cultural activities that even a regular classroom teacher seldom has time to develop.

Yasuko Lehtinen tutors her students each day. She also provides an additional thirty minutes of activities each week. She is beginning a sister-city program with Japan in November.

Linda Soriano has found the STEP program to fill an important need for foreign language classes in her district. Facilitators in the Japanese and Russian classes speak the language. Classes are offered at both the middle school and high school levels. Although the classes are college level work, most of the students handle the classes well, especially with supportive facilitators.

Dr. Soriano is considering distance learning for elementary classes as the ideal way to have language programs at this level, provide a way for the classroom teacher to learn the target language, and deliver a good program for about 65% of the cost of regular foreign language classes.

During a visit to both middle school and high school Japanese language programs in the Mat-Su Borough School District in February, 1991, I found students to be highly motivated and able to understand and use Japanese to an extent I didn't think possible after such a short time of instruction.

In 1991 the National Council of State Supervisors of Foreign Languages developed a position paper with guidelines for Distance Learning in Foreign Languages. Following is a Position Statement, guidelines for programs and characteristics of effective programs.

NCSSFL

POSITION STATEMENT ON DISTANCE LEARNING IN FOREIGN LANGUAGES

Foreign language educators recognize the rapid growth and contributions of foreign language distance learning programs. Their concerns are:

- * *The need for distance learning*
- * *Involvement of foreign language specialists in program design and implementation*
- * *Qualifications of the distance learning teachers and on-site facilitators*
- * *Appropriate use of technology*

In this position statement, distance learning refers to instruction that relies on the use of telecommunications, rather than an on-site teacher, as the major delivery system for foreign language instruction.

This statement briefly outlines guidelines from specialists in foreign language education who work for state education agencies in the United States. The accompanying documents (*Guidelines for Foreign Language Distance Learning Programs* and *Characteristics of Effective Foreign Language Distance Learning Programs*) may be useful to anyone responsible for selecting and implementing distance learning programs.

- * *The need for distance learning*

Distance learning classes should be used only when qualified teachers who are proficient in the target language(s) are not available or when qualified teachers want to enrich their programs. For example, distance learning might be a way to offer foreign language instruction in areas of population sparsity or when there are small numbers of potential students.

- * *Involvement of foreign language specialists in program design and implementation*

The expertise of the specialist is needed when considering curriculum, methodology, policies, and mandates. For distance learning to be a viable alternative to conventional classroom instruction, it must be consistent with current research and practice which focuses on developing the learner's language proficiency. Proficiency, what the learner can do with the language rather than what he or she knows about it, is the major principle around which today's foreign language teaching and curricula are organized. Distance learning programs must, therefore, provide a mechanism for a major portion of class time to be devoted to meaningful language use and practice and to authentic communication.

* *Qualifications of the distance learning teachers and on-site facilitators*

The distance learning teacher should be an experienced master teacher with proven proficiency in the target language. The classroom facilitator should participate in appropriate in-service and should have a working knowledge of the target language or should be committed to learning the language.

* *Appropriate use of technology*

It is essential that technology be at the service of communication (i.e., acquisition of skills) and not an end in itself. The electronic technology in foreign language distance learning programs should allow for interactive instructional activities (i.e., one-way video and two-way audio or two-way audio-video). Live interaction is essential to quality foreign language teaching and learning.

The National Council of State Supervisors of Foreign Languages (NCSSFL) recognizes the potential of distance learning to overcome obstacles of distance, time, and human and material resources that limit access to foreign language learning opportunities. However, if the purpose of a distance learning program is to teach foreign language, then the program must provide instruction that fosters creative interaction both among and between learners and with a native or near-native speaker of the language. This interaction should occur in a range of contexts likely to be encountered in the target culture. In summary, when school districts choose distance learning programs due to the limited resources as described above, NCSSFL encourages selection of materials and opportunities which are designed to meet the goals of quality foreign language education.

NCSSFL GUIDELINES FOR FOREIGN LANGUAGE DISTANCE LEARNING PROGRAMS

1. Foreign language distance learning programs shall be approved by and under the supervision of the state education agency (instruction and curriculum section) or other program-approval authority.
2. The state education agency foreign language specialist (or designated foreign language educator, if there is no state agency specialist) shall be involved in the approval process.
3. An annual approved application will be required of all elementary schools with mandated foreign language programs and secondary schools that utilize foreign language distance learning programs as part of the course offering for which students may earn high school credits.
4. Application forms must include attachments documenting the need for a foreign language distance learning program.
5. Application forms must include a local education agency plan for use of available resource persons (native speakers and others proficient in the target language and/or knowledgeable of target cultures) and a local education agency plan for involving students in extracurricular foreign language festivals, competitions, cultural events, and other activities.
6. All foreign language distance learning program sources must provide to the state education agency foreign language specialist the following:
 - * program schedule
 - * program goals and objectives
 - * curriculum guide
 - * samples of daily lesson plans
 - * sample copies of tests, quizzes, instructional games, drill and practice sheets, and other printed materials
 - * list of textbooks and supplementary materials to be used by classroom facilitator and students
 - * newsletter
7. See list of *Characteristics of Effective Foreign Language Distance Learning Programs* for additional recommended guidelines.

CHARACTERISTICS OF EFFECTIVE FOREIGN LANGUAGE DISTANCE LEARNING PROGRAMS

1. Foreign language distance learning programs offer at least two levels of each foreign language.
2. Foreign language distance learning programs are interactive (two-way audio and video or two-way audio and fax or computer terminal for interactivity) in the foreign language.
3. Foreign language distance learning classes are limited to no more than 10-15 students or interaction with groups of students is with groups of 12 or fewer students.
4. The program offers a variety of instructional activities to include listening, speaking, reading, and writing skills, as well as social and cultural information.
5. The program provides frequent (daily, if possible, but at least 2-3 times each week) oral interactions between each student and an adult proficient in the target language (i.e., a certified foreign language teacher, a native speaker, or other individual with training in interactive teaching/learning techniques).
6. There is immediate feedback on student oral performance. Program source grades and returns student work (tests, assignments, projects, etc.) within 7-10 school days.
7. Program source is extremely well-organized so that classroom facilitators and students are informed of scheduled activities well in advance. A calendar of lesson objectives, test dates, activities, etc., is printed prior to each semester.
8. Text and printed materials correlated with the distance learning class are used for review, drill, practice, and homework to strengthen the concepts being taught.
9. In addition to all program printed materials, program source provides classroom facilitators recent research on foreign language learning and foreign language teaching methodology.
10. Program source directly involves all schools and students by providing a vehicle for networking with each other and with program source.
11. Each distance learning class is formally evaluated each year. Program source provides data on program effectiveness.
12. The distance learning teacher is an experienced master teacher with proven proficiency in the target language.
13. The program source provides in-service training in course organization, classroom management, and technical aspects of the program for classroom facilitators.
14. Each distance learning class has a classroom facilitator who is a certified teacher (preferably in another foreign language or a related field).
15. Classroom facilitators have a working knowledge of the foreign language or are committed to learning the language (with students and/or through college/university classes).
16. School schedule coincides with program schedule.
17. Local education agencies have the facility and permission to tape programs for repetition and reinforcement of instruction.

ISSUES FACING DISTANCE LEARNING:

Although many schools are finding this delivery system for foreign language teaching to be very beneficial, there are some major issues facing the field. These include:

Teacher certification across state boundaries is a problem that can be complex. For example, does the Japanese I language teacher for the ED101 STEP program need to be certified in Alaska? If so, how can he or she become certified? How can we assure that teachers have the skills and proficiency to be language teachers and be able to use this medium well?

Program facilitators are a critical part of the delivery system. Should the facilitators be certified teachers or can any adult school employee be used as the facilitator?

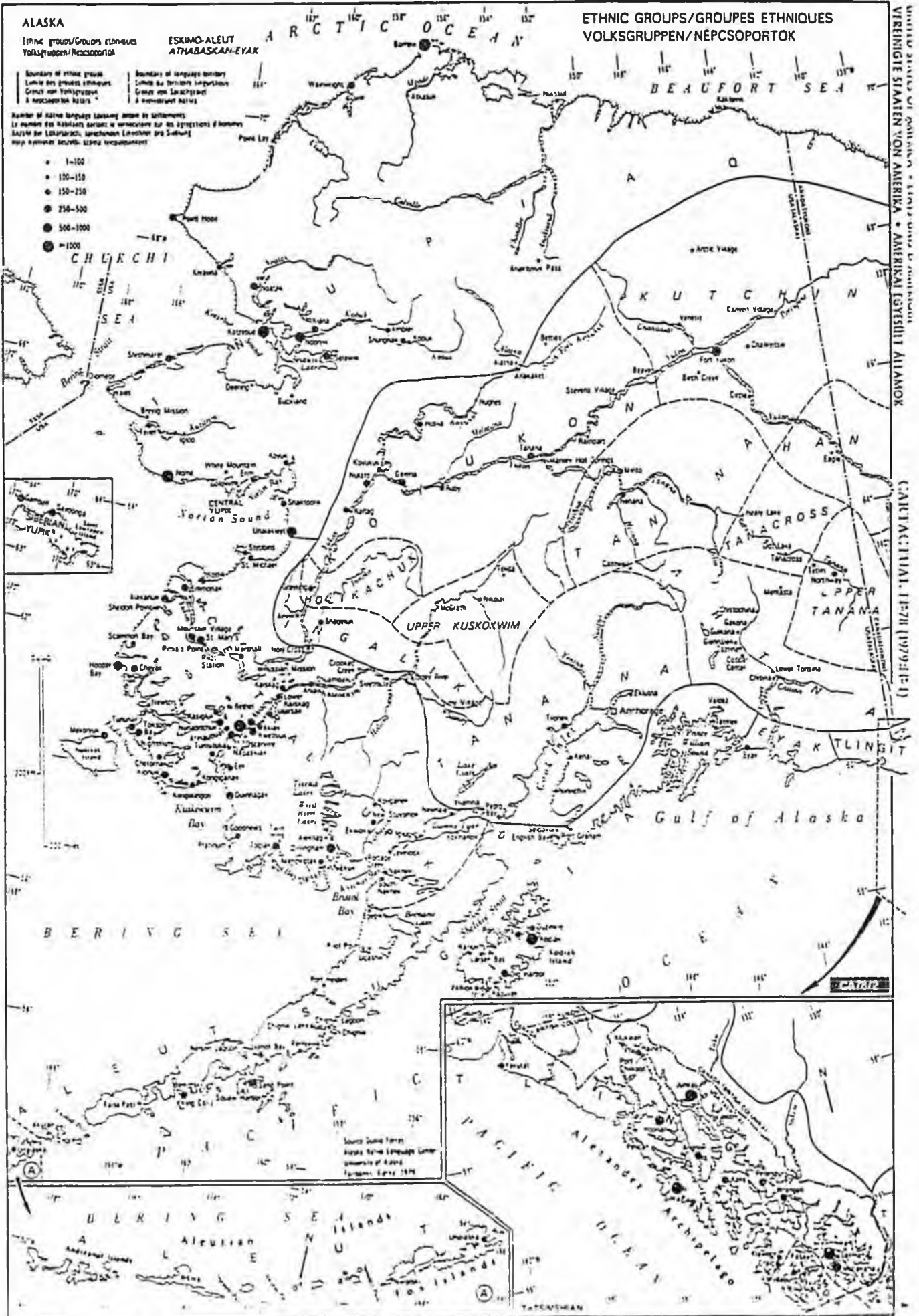
Will school districts utilize this delivery system in the long-run? Presently, many school use the STEP program because they receive funds from the STAR SCHOOLS project or have gotten up-front money from other state grant programs. Will districts allocate general fund resources to continue these programs?

Procedures to accredit distance-learning programs need to be developed and adopted. Small rural schools in Alaska are using STEP language programs to fulfill a accreditation requirements. Can these programs be approved by the Northwest Association for Accreditation of High Schools?

Although the **costs of the programs** may decrease over the next several years because of increased student enrollments, districts must also pick up the costs of programs from general fund money. Will they opt to do so?

Scheduling is also an issue as there are two time zones in the area served by ED 101, STEP programs. Schedules are most often made for the convenience of large groups of students in Washington, Oregon or Idaho or Montana rather than Alaska. Alaskan schools must often attempt "to fit" the live classes into their schedules or use tapes of the broadcasts.

For additional information regarding distance learning in foreign languages, please contact Mike Travis at 465-2970.



ALASKA

Ethnic groups/Groupes ethniques
Volksgruppen/NePCSOPOTOK

ESKIMO-ALEUT
ATHABASCAN-EYAK

**ETHNIC GROUPS/GROUPES ETHNIQUES
VOLKSGRUPPEN/NEPCSOPOPTOK**

Boundary of ethnic group
Limite des groupes ethniques
Grenze von Volksgruppen
& nePCSOPOTOK

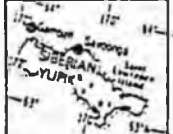
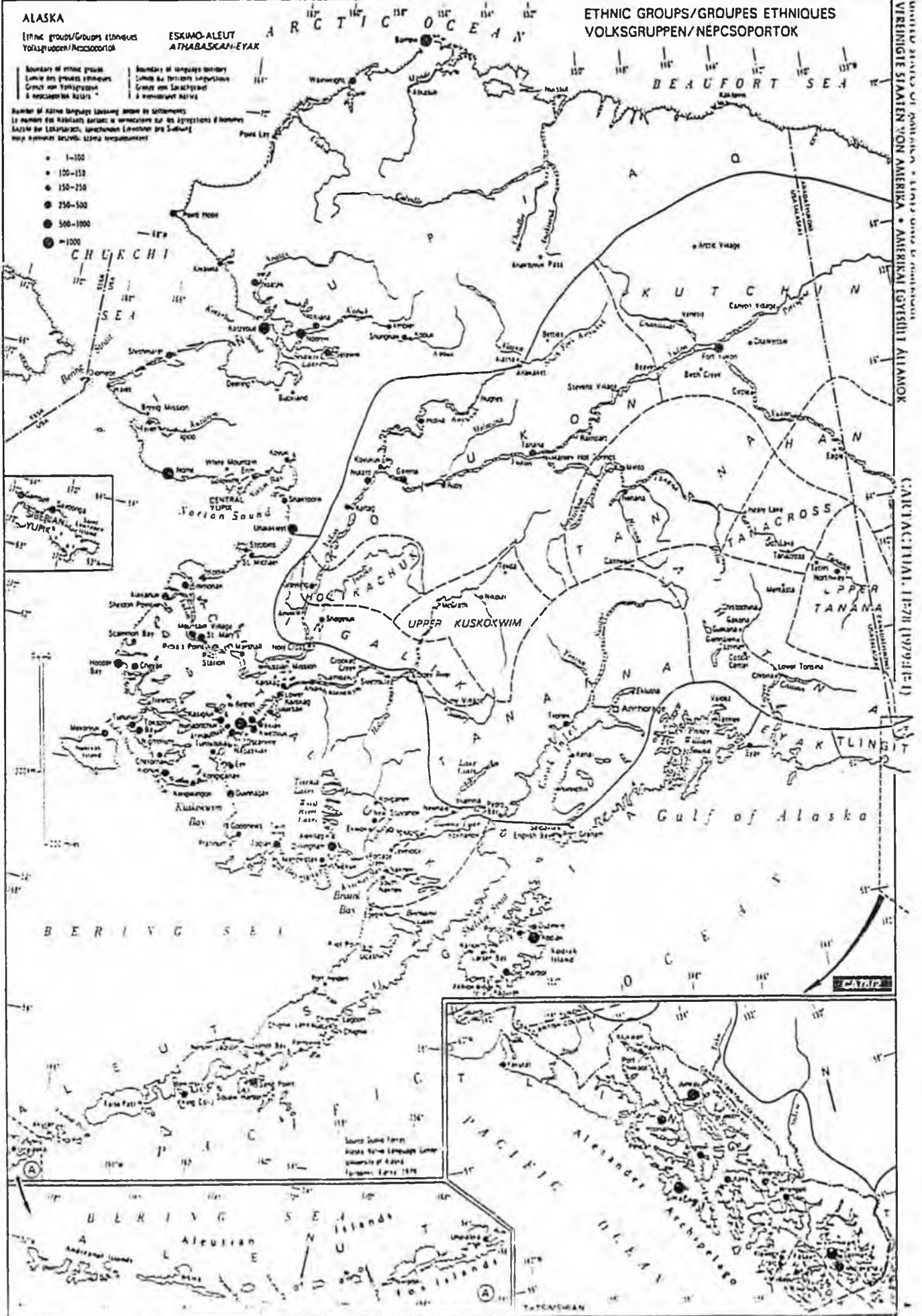
Boundary of language territory
Limite du territoire linguistique
Grenze von Sprachgebiet
& nePCSOPOTOK

Number of native language speaking people in settlements
Le nombre des habitants parlant le nePCSOPOTOK par les agglomérations
Anzahl der Einwohner, sprachgeborene Einwohner pro Siedlung
nach nePCSOPOTOK-sprachgeborenen

- 1-100
- 100-150
- 150-250
- 250-500
- 500-1000
- 1000

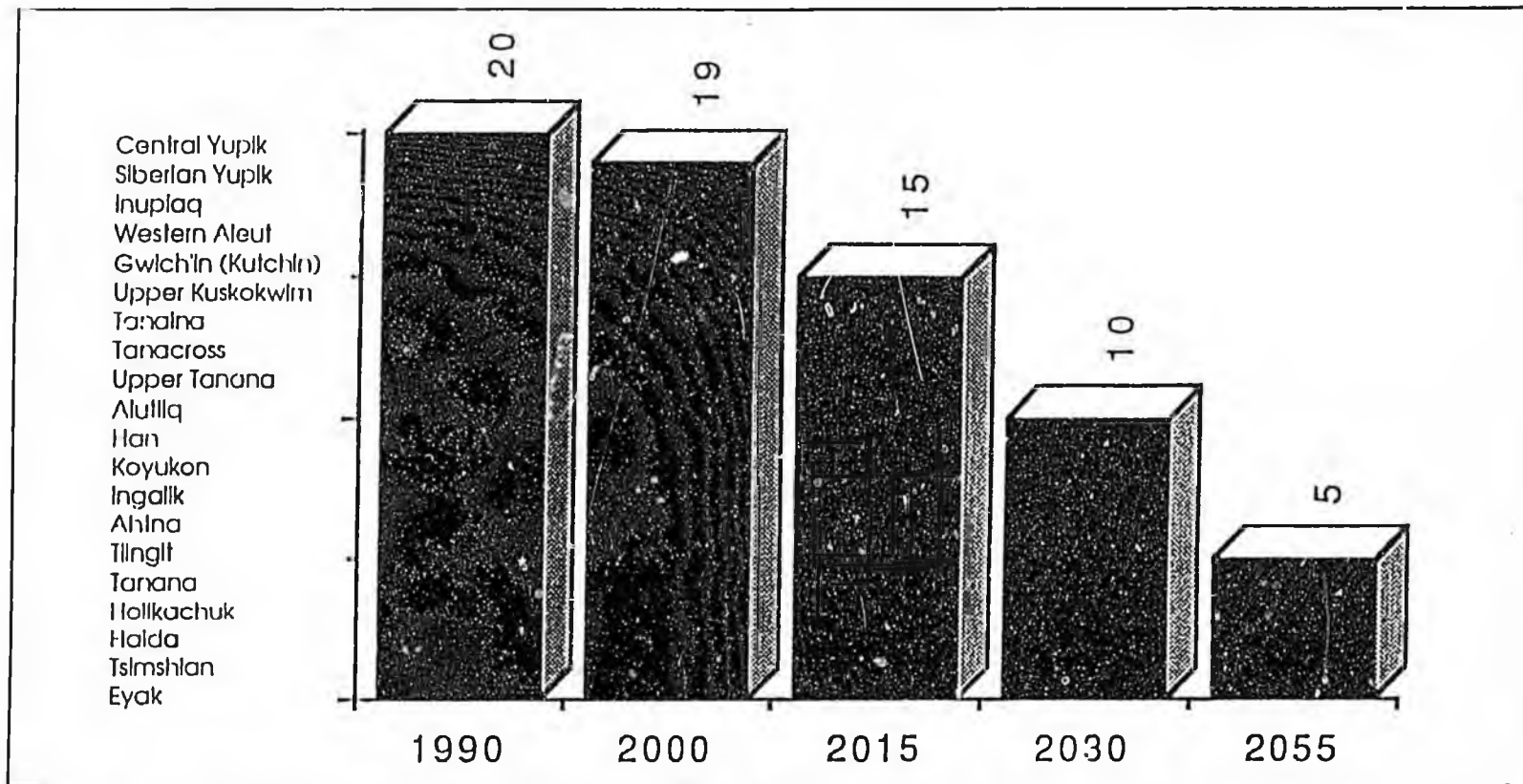
UNITED STATES OF AMERICA • ETATS UNIS D'AMERIQUE
VEREINIGTE STAATEN VON AMERIKA • AMERIKA IGYISHTI ALIANKOK

CARTOGRAPHICAL 1:278 (1979:12:1)



Source: Data from
Alaska Native Language Center
University of Alaska
Fairbanks, 1978

Languages in Peril



Not allowing for miracles, Eyak will probably not survive this century; Alaska Tsimshian, Alaska Haida, Hollkachuk, and Tanana will probably be extinct by 2015; and Tlingit, Ahtna, Ingallik, Koyukon and Han will probably be extinct by 2030. Furthermore, Alutiiq, Upper Tanana, Tanacross, Tanalna and Upper Kuskokwim have an extremely doubtful future . . . not allowing for miracles or other radical changes, they will probably be extinct within a lifetime, by about 2055. By that year, then, probably only five of the twenty Alaska languages will still be spoken . . . Western Aleut . . . Kutchin . . . Inupiaq . . . Central Alaska Yupik and Siberian Yupik . . .

Dr. Michael Krauss
Alaska Native Languages: Past, Present and Future
Alaska Native Language Center Research Papers - 1980
University of Alaska Fairbanks

Last Eyak understands true meaning of eulogy

By CHARLES WOHLFORTH
Daily News reporter

Only one person at Sophie Borodkin's funeral potlatch could understand the eulogy that was spoken in her native language. That was Borodkin's 73-year-old sister, Marie Smith, the only full-blooded Eyak left living, and the last Native speaker of the unique Eyak language since her sister died a week ago in Cordova.

Smith asked Michael Krauss, the University of Alaska linguist who has learned her language and read the Eyak eulogy, to translate for the rest of the people at the potlatch Thursday.

"There is one other person who speaks Eyak, but he is not an Eyak," Smith said Sunday. "It was a wonderful eulogy."

Borodkin, 80, died after a long illness, leaving a sense of disappearing history along with the grief felt by

her friends. She was one of the last links remaining to a culture that was already dying when she was a little girl.

"She was always talking about the way things used to be," said Agnes Nichols, an old friend. "She made the best seal oil I ever tasted."

"I can tell you she was a very wonderful person, and whenever we wanted to find out what we had to do for a special occasion in the church, or even cooking something, she would always tell you," said Barbara Olsen. "She wanted to pass on the traditional ways."

"We lost a lot of history when she died. A lot. She sure had a lot of stories to tell."

The Eyaks, people of the Gulf of Alaska coast from Prince William Sound east to Yakutat, apparently broke from the Interior's Athabascans around 1500 B.C., the Alaska Native Lan-



AP Wire photo

Sophie Borodkin

guage Center's Krauss has written. They may never have numbered more than hundreds, but the Eyaks' language and culture evolved in isolation for thousands of years until it became sharply different from Athabascan, Tlingit and Aleut — the more numerous peoples living on

PK 500 Back Page, EYAK

EYAK LANGUAGE: Lone Native speaker works to keep tongue from disappearing

Continued from Page A-1

each side.

But with the arrival of Russian invaders in the 18th century, and possibly with incursions by Aleuts and Tlingits before that, the Eyaks went into decline, said James Kari, also of the language center. Disease and alcohol brought by whites at the end of the 19th century killed off many more Eyaks, and intermarriage with other peoples diluted their culture further.

By 1905, only 50 Eyaks remained, according to a reference. And their children

went to white schools where speaking the language was forbidden, Nichols said.

"They were punished if they did," she said. "So when they came home they weren't interested in it anymore."

But Borodkin and Smith grew up in a family where the language never died.

"She only went to school three years, and then she said she was too busy for it and she came home and married young and raised her family," Nichols said. "The race was diluted, and the language wasn't spoken anymore. But these two kept it

alive."

"We weren't allowed to speak it in school, or near school," Smith said. "My mother and dad were alive, and we always spoke it at home."

Smith has lived in Anchorage the last 19 years, but she didn't stop speaking her native tongue.

"We talked on the phone a lot together," she said.

In recent years, interest in the disappearing language and culture renewed, partly owing to Borodkin's warm and expansive personality. Friends said she was so popular in Cordova that when

her age and illness with cancer made it too difficult for her to gather subsistence foods, her freezer always stayed full with gifts from others.

"She always had a pot of tea. Her home was always warm and welcoming," Nichols said. "She was almost blind — she could just see shadows — but she loved to go to rummage sales. Somebody would go and pick her up and describe what was on the table, and she'd buy."

Krauss wrote a typescript Eyak dictionary, which Borodkin kept by her

side, and he learned to speak the language fluently, although at the potlatch last week he was occasionally corrected by Smith. His work is part of the center's efforts to record Alaska's disappearing languages.

"Right there in Anchorage, the upper Cook Inlet Dena'ina is in the same shape," Kari said.

"It's just like Aleut," said Olsen. "If people don't start to speak it, it's going to die out, too, even though there are a lot of Aleuts around here. I understand it but I don't speak it. My grandchild-

ren don't understand it." But the last full-blooded Eyak hasn't given up. Smith said she recently started teaching Eyak to her granddaughter.

"It's going good," she said. "We only had a two-day session. I'm going work for word now. I had her write the words she wanted to learn. Simple things, like 'fire.' And she learned 20 words in just two days. It's a wonderful thing."

"I'm trying my darnedest not to let it die. My granddaughter is going to carry it on."

Indian Nations at Risk: An educational strategy for action

BY WILLIAM DEMMERT

Indian nations are considered to be at risk for the following reasons: schools have failed to educate large numbers of Indian students and adults; the language and cultural base of American Natives are rapidly eroding; the diminished lands and natural resources of the American Native are constantly under siege; and Indian self-determination and governance rights are challenged by the changing policies of the administration, Congress, and the justice system.

These are Americans with a language and cultural base found in no other part of the world. They cannot go to Europe, Asia, Africa, or other old world nations to recapture the essence of their history. Their past is here, their languages are here, their ancestors are here, their cultural roots are here.

During the past 20 years, Indian educators have had a unique opportunity to demonstrate a wide variety of educational programs for Indian and Alaska Native children. They have had resources to plan, implement, and sometimes evaluate the kinds of programs that they thought would work with Native children. They have organized schools around more traditional guidelines by bringing in parents, elders, and the arts (dancing, music, and visual arts). They have developed and tried curriculum and teaching strategies that focused on Native perspectives and experimented with different learning and teaching styles. They have even tried to modify the physical and intellectual environment of the schools, educating Native students so that the educational experience became more comfortable (environmentally and academically more challenging).

Community ownership and control became a reality in some communities. The idea of parental participation was implemented, and its importance later reinforced by research. Indian communities and educators learned what it would take to turn the educational levels of Indian children around so that they could develop the intellectual skills that traditional public schools would not or could not promote. The Indian Education Act of 1972 (as amended) and other additions to education legislation, specifically for the Indian community, have been instrumental in providing this opportunity.

The practical experiences of the Native community has meshed well with the research findings on effective schools. Experience has identified practice and theory that works. The Native community has even demonstrated that some of their traditional ideas work in the modern setting. (When I was about 10 and my sister was about 8 our grandmother stopped us at play one day and asked whether we had eaten lunch yet. We replied that we had not. In her broken English she told my sister that she needed to take time to build a strong body while she was young for it would influence how strong her own children were when they were born.)

We are entering a new era in the process of education for the American Indian and Alaska Native. We have had the opportunity to try

program options we believe in—some have succeeded, other ideas have been abandoned. We are ready to implement what we have learned on a broad scale. The numbers of Indian teachers and administrators has increased to the point that they will influence what a school does to and for Native students. Where the Native administrators or teachers have developed a majority or strong minority they have caused change that has improved the academic performance of Indian children. The Indian Nations At Risk Task Force, which presented its findings this past summer, believed that schools serving Native children have a responsibility to make changes to allow those students to develop their academic skills.

National Education Goals

Our task force devised 10 national education goals for American Indians and Alaska Natives that mesh with the President's six national education goals. That is politically important if they are to be supported by this administration. The goals are the following:

- Better early childhood education;
- * • Respect for Native languages and cultures;
- Improved literacy;
- Higher student academic achievement;
- Increased high school graduation;
- Culturally aware school personnel;
- Safe, alcohol-free, and drug-free schools;
- Improved access to adult education and lifelong learning;
- Restructured schools to meet students' needs;
- Opportunity for parental, community, and tribal partnerships;

In addition, the task force developed a set of strategies for reaching the 10 national goals and for implementing the recommendations. The strategies include the following:

1. Develop comprehensive education plans that bring together federal, state, local, and tribal resources.
2. Develop partnerships among schools and parents, tribes, universities, business and industry, and health and social services agencies.
3. Develop parent-based, early childhood education programs that are culturally, linguistically, and developmentally appropriate.
4. Require schools to promote students' tribal language and culture.
5. Increase the number of trained Indian educators and other professionals, and improve the quality of instruction.
6. Strengthen tribal and Bureau of Indian Affairs colleges to prepare students for higher levels of academic success.
7. Create mechanisms that will hold local, tribal, state, and national officials accountable for achieving the goals.
8. Foster understanding of the relationships between tribes and all levels of government.

William Demmert, C.A.S. 71, Ed.D. 73, cochaired the Indian Nations At Risk task force, and was an official delegate to the recent White House Conference on Indian Education. He has served as deputy U.S. commissioner of education, director of education for the Bureau of Indian Affairs, and commissioner of education for Alaska. He is currently a visiting professor of education at Stanford University.

Recommendations for Partners

Parents are asked to take responsibility for being their children's most important teacher, for becoming active in school and political activities to ensure that schools meet expectations and that proper attention is paid to improving schools and schooling, and for developing parenting skills that promote success in schooling.

School officials and educators are asked to promote and maintain high expectations for all students to make the curriculum challenging, make schools safe and comfortable places to be, and to incorporate other findings from the research base on school improvement.

Tribal governments and Native communities are asked to pursue intellectual, cultural, social, spiritual, and physical development of all children and adults as tribal priorities. They are asked to participate in the development of educational plans in partnership with schools and other agencies, and promote tribal and community responsibility and accountability for the education of all students.

Local governments and schools are asked to remove social and political barriers that prevent Natives from full participation in the educational process. They are also asked to use textbooks and other library and learning resources that provide contemporary and historical information on American Natives from a variety of perspectives (including the Indian perspective).

State governments are asked to help local districts, tribal governments, and parents develop comprehensive educational plans to meet the educational needs and to improve the academic achievement of Native students. They are asked to provide funding and technical assistance to local schools for incorporating early childhood education principles in the primary grades and for programs that focus on linguistically, culturally, and developmentally appropriate curricula. They are also asked to support Native languages and language teachers with legislation.

The federal government is asked to do various things that focus on systematic educational reforms; priorities for additional funding; and priorities for research, statistics, and evaluation.

Among the most important recommendations are those that focus on comprehensive educational planning from schools and state departments of education; funding for school facilities; additional funding for early childhood education, Indian community colleges, and undergraduate and university students; and changes in federal legislation that would allow permanent funding of programs that work—an opportunity to institutionalize those things that have proven to be successful over the past 20 years.

Continued on page 12

Kodiak offers Native course as foreign language study

KODIAK (AP)—The Kodiak Island Borough School District is experimenting this semester with teaching Alutiiq, approaching it as a foreign language.

Kodiak High School and village schools in Akhiok and Old Harbor have added pilot social studies courses called "Alutiiq Studies," which organizers hope will become a curriculum fixture.

The program is funded by an \$80,000 federal grant obtained by the Kodiak Area Native Association.

"Ironically, even the Native kids would have to learn their Native language as a foreign language," said Philomena Knecht, Alutiiq curriculum specialist for KANA.

"I found out that they couldn't fund a language program here through the usual grants, which are bilingual grants, because these kids' first language is English."

Knecht said bilingual education programs don't aim to teach a second language, but to bring speakers of those languages up to speed in English.

She began looking for grant money at the request of former KANA President Gary Arenson.

"He couldn't understand why it wasn't being taught in the schools," Knecht said.

In November, KANA was awarded a grant from the Office of Indian Education, a division of the U.S. Education Department.

Only then did Knecht discover what a long shot her proposal had been, she said. "I didn't realize it at the time that they only award two of them in the country," said Knecht.

KANA and the district moved to implement the course for this spring semester. The district hired teacher Judy Fulp to teach the social studies side of it and KANA hired Florence Pestrikoff to teach the language.

In the two villages, teachers simply adopted the course into the day's studies.

Fulp and Pestrikoff said they have much more material than time to teach it. In addition to language, they cover the history and culture of Native Alaskans.

"I think it's the first time Alutiiq language has been taught like this, along with the culture, ever in Kodiak," said Fulp. "They teach Native languages around the state, but this is more state of the art."

The course uses interactive video and computers to teach the language. Pestrikoff also uses a method called Total Physical Response, in which students are immersed in the language.

"I don't speak English when I'm teaching the class, just Aleut," she said. "I do motions, gestures—I think it's a good way to go."

Pestrikoff, whose first language also is English, said her Alutiiq was a little rusty.

"It takes a little while to arrange the sounds in my mind to be able to speak it," she said.

She picked up Alutiiq from her parents many years ago.

"The reason they didn't speak Aleut or have me learn Aleut was because they got punished in school," she said. "They couldn't speak Aleut in the school, but they

spoke Aleut in the home as children."

Knecht said the pilot program in the villages has had 100 percent student participation, but the Kodiak program got off to a shakier start. By the time KANA learned it had the grant, high-schoolers already had a course schedule for the semester.

The 13 students now enrolled moved recently to Kodiak or had dropped other courses.

That has made one of the pilot program's goals difficult to obtain: finding out how many students would be interested in such a class and seeing how they respond to the material.


There is enough grant money, however, to teach the course another semester, and Knecht hopes the district will agree to do that.

She says the class is nearly college level and is important in challenging students.

"Native kids in Alaska score on an average three points below other Native Americans in achievement tests," she said. "They're at a real disadvantage because non-Native Alaskans tend to have three to five years more education than the average adult in the Lower 48."

Anchorage Daily News

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Native languages

Schools can be part of solution

Studying Aleut or Tsimshian in school is not the same as speaking Aleut or Tsimshian at home. We have only to look at Latin to know that teaching a language is not the same as keeping a language alive.

But not all Aleuts or Tsimshians still speak their language well enough to pass it on at home. Only two of Alaska's 20 Native languages are still spoken by children. The rest are dying.

That is why Republican Rep. Georgianna Lincoln's Native Language Education Act deserves support. The act would require school districts with majority-Native enrollments to teach the local language if the community wants it taught.

Can schools take the place of parents in preserving a language? No. But if Alaska Natives want to keep their languages from dying, schools can — and should — help.

It is only right that schools try to be part of the solution. After all, if many Natives now find their languages irrelevant, schools bear a good share of the blame. They taught previous generations of Natives not to speak their own language.

But the education bill could backfire if schools force language instruction on Natives, like outsiders forced English on them in the past. So Rep. Lincoln's bill rightly leaves the decision to the villages. It requires districts to set up language curriculum advisory boards to decide whether the local language should be taught.

Self-determination gives villagers a stake in the language program. It discourages the temptation to turn responsibility entirely over to schools. Enthusiasm at the local level is the most hopeful sign that — given enough support — Alaska's rich languages may yet survive.

Rep. Lincoln's bill is no panacea. Anyone who's taken French or Spanish in school knows the result is not always fluency. But, like a federal bill being shepherded by Sen. Frank Murkowski (which could provide welcome funding), the Native Language Education Act would do more than teach a language. It would send a message that Native languages are worth saving.

The World's Languages in Crisis

Michael Krauss, University of Alaska Fairbanks
for Symposium: Endangered Languages and their Preservation,
Meeting of the Linguistic Society of America, Chicago, Jan. 3, 1991

The Eyak language of Alaska now has two aged speakers; Mandan has 6, Osage 5, Abenaki-Penobscot 20, and Iowa has 5 fluent speakers. According to counts in 1977, already 13 years ago, Coeur d'Alene had fewer than 20, Tuscarora fewer than 30, Menomini fewer than 50, Yokuts fewer than 10. On and on this sad litany goes, and by no means only for Native North America. Sireniki Eskimo has 2 speakers, Alnu is perhaps extinct. Ubykh, the Northwest Caucasian language with the most consonants, 80-some, might be considered extinct with the death of Mr. Tefvik Iesenç. Here we might be accused of jumping the gun again, prematurely announcing the extinction of a language, since -- as I heard somewhere -- two or three more speakers of Ubykh had reportedly been found.¹ But what difference does it make in human history that a language became extinct in 1999 instead of 1989? What difference does it make if the youngest speaker is 90 or in fact 97? Only 81 years in the date of the inevitable extinction of the language, a mere moment in human history (though a crucial moment for linguists today -- a subject to which I'll return).

Speaking of language endangerment properly calls for comparison with endangered or threatened species in biology -- to this I shall also return. For language we need our own definition of terms. Languages no longer being learned as a mother-tongue by children are beyond mere endangerment, for, unless the course is somehow dramatically reversed, they are already doomed to extinction; let us say technically to be defined as "moribund." (There is an important difference here from biological extinction, because language is potentially revivable, as shown by the case of Hebrew, under certain conditions, to which we shall return.) Not counting the languages already known to have become extinct -- that is yet another question, which we shall *not* get into -- the question for us here is how many languages still spoken today are no longer being learned by children, are no longer viable, so definable as moribund, thus to become extinct during the century nearly upon us?

¹Except for the case of Eyak, which I can personally confirm, many of the statistics, large and small, in this presentation are but reports or estimates; I trust it will be obvious that any imprecision in the present figures should in no way detract from the basic point of their shocking significance.

Statistics on language viability are very hard to come by. This is partly because in some parts of the world we hardly know what languages are spoken, let alone how viable each is, and partly because governments generally favor one language over another and have reason not to provide figures for non-favored languages; or, if they do at all, for various reasons they may provide inaccurate or distorted figures. For some viability statistics I shall begin in the areas most familiar to me personally. In Alaska now only 2 of the 20 Native languages -- Central Yupik Eskimo and Siberian Yupik Eskimo of St. Lawrence Island -- are still being learned by children. For the languages of the small Soviet northern minorities it is much the same: only 3 of about 30 are generally being learned by children. Thus in Alaska and the Soviet North together, about 45 of the 50 indigenous languages, 90%, are moribund. For the whole USA and Canada together, a similar count is only a little less alarming: of 187 languages, I calculate that 149 are no longer being learned by children; that is, of the Native North American languages still spoken, 80% are moribund. These North American numbers are relatively well known to us.² The situation in Central and South America, though less well known, is apparently much better. It would seem, so far, that only about 50 of 300 or 17% of Central American indigenous languages (including Mexico) and 110 of 400 or 27% of South American languages are likely to be moribund. So for all the Americas the total is 300 of 900, or one-third.

For the rest of the world, the worst continent by far is Australia, with 90% of 250³ aboriginal languages still spoken now moribund, most of those *very* near extinction. It would seem that English language dominance in the "English-speaking world" has achieved and continues to achieve the highest documented rate of destruction, approaching now 90%. In comparison, Russian domination has reached 90% only among the small peoples of the North; in the RSFSR, 45 of 65 indigenous languages, or 70%, are moribund, while for the USSR as a whole the total is more like 50%.

For the world as a whole it is, as implied above, much easier to estimate the number of languages still spoken than to estimate the number of those

²Note however that 187 languages is only a very small proportion of the world's languages, about 3%. For this and much of the following I am most indebted to Barbara and Joseph Grimes and their *Ethnologue*, SIL, 1988 edition, and some late 1990 updates, personal communication. This work provides by far the most detailed worldwide survey of languages yet available, and is also a project continuously being updated. In keeping with the estimated nature of the statistics, I have generally rounded the Grimeses' figures.

³The Grimeses' updated figures now include over 100 more very nearly extinct Australian languages listed in Wurm and Hattori 1981 but not in the 1988 *Ethnologue*.

still spoken by children. Voegelin and Voegelin 1977 were able to list 4,500 languages (living and dead), Ruhlen 1987 estimates 5,000 living languages for the world, while the Grimeses in 1988 list 6,000 and now have 6,500, a difference partly in language-vs.-dialect definition. Most linguists I have consulted who have contemplated this question on a worldwide scale have agreed that 6,000 is not an unreasonable round estimate, and that will do nicely as a base figure for our purposes.

The distribution though is very uneven. All the Americas together have only 900, as noted, or 15%. Europe and the Middle East together have only 275, or 4%. The other 81% of the world's languages are in Africa (1,900) and in Asia and the Pacific (3,000). For some figures from which we may derive some sense of their viability, we are again most indebted to the Grimeses, who provide relevant information largely in terms of Bible translation, already done, ongoing, or stated to be needed, altogether for a total of about 50% of the world's languages, implying for at least most of these sufficient viability to warrant the work. For the rest, the condition of about 40% is inadequately known, and 10% are classed as "nearly extinct" or "highly bilingual," not warranting translation work. Allowing that a good majority of the unknown 40% may still be viable, the Grimeses themselves might agree that as many as 20% of the world's languages are already moribund. However, other linguists with wide experience, such as Steve Wurm in Australia, E.M. Uhlenbeck in Holland, and our USA President Robert Austerlitz, all independently guessed, along with me, that the total may be more like 50%,⁴ or at least that the number of languages which, at the rate things are going, will become extinct during the coming century is 3,000 of 6,000.

For us to guess whether the mortality is already more like 50% or more like 20%, it will help to consider the conditions under which these languages now exist, by country. The nine countries which each have over 200 languages account for 3,500 of the 6,000. The big two are Papua New Guinea with 850 and Indonesia with 670; then Nigeria with 410 and India with 380; then Cameroon 270, Australia 250, Mexico 240, Zaire 210, and Brazil 210. Another 13 countries have 160 to 100 languages each. In roughly descending order they are Philippines, USSR, USA, Malaysia, PRC, Sudan, Tanzania, Ethiopia, Chad, New Hebrides, Central African Republic, Burma, and Nepal. These top 22, including overlap, may account for 5,000 languages. If we consider what has led to the present mortality we know, ranging from outright genocide, social or economic or habitat destruction, displacement, demographic submersion, language suppression in forced assimilation or assimilatory education, to electronic media

bombardment, especially television, an incalculably lethal new weapon (which I have called "cultural nerve gas") -- if we consider what has gone on and is now going on in these 22 countries, we can more readily predict how many languages will die during the coming century. We need only to think of present conditions in Indonesia (reportedly genocidal in West Irian, 250 languages), Brazil, Chad, Ethiopia -- to mention only those I've heard a little something about -- to draw some grimly pessimistic conclusions about the number of languages which, if not already so, soon will be no longer learned by children.

Soon will be -- this brings us to the subject of those languages which, if present conditions continue, though now still being learned by children, will during the coming century cease to be learned by children. These are the languages that I term merely "endangered." The number of these is even more difficult to calculate, of course; let us instead take the approach of calculating the number of languages that are neither "moribund" nor "endangered" but "safe." For these we may identify two obvious positive factors: official state support and very large numbers of speakers. The first does not account for much, as there are only about 170 sovereign states, and the official language of the majority of these is either English (45 cases), French (30), Spanish or Arabic (20 each) or Portuguese (6), leaving only about 70 others. The total could be raised to something over 100 by including regional official languages of the USSR or India, for example. Considering now sheer numbers of speakers, there are 200 to 250 languages spoken by a million or more, but these of course greatly overlap with those of the official languages category. By including languages with down to half a million we might raise the total by 50, and by going down to 100,000 as a safety-in-numbers limit, we might perhaps double the total to 600 "safe" languages. Remember though the case of Breton, with perhaps a million speakers in living memory, now with very few children speakers, or Navajo with well over 100,000 speakers a generation ago, now also with a very uncertain future. Moreover, the recent decline of both of these has taken place under steady pressure, but not under genocidal or cataclysmic conditions. If this can happen in Europe and North America, then in Indonesia or Brazil or Africa -- with urbanization, deforestation, desertification, and AIDS, to mention only a few newer trends on top of those already mentioned -- will conditions be *better* for minority language survival? Bear in mind moreover that the *median* number of speakers for the languages of the world is nowhere near 100,000, but 5,000 or 6,000. Therefore I consider it a plausible calculation that -- at the rate things are going -- the coming century will see either the death or the doom of 90% of mankind's languages. What are we linguists doing to prepare for this or to prevent this catastrophic destruction of the linguistic world?

⁴Our organizer, Ken Hale, guesses more than 50%. Others, such as Joshua Fishman and Joseph Greenberg, also consulted, defer more to the Grimeses.

Now let us compare the biological world situation. For this we have nicely comparable numbers, also well known.⁵ The most endangered category is mammals. Of 4,400 mammal species, 326 are currently on the "endangered" plus "threatened" list, "endangered" being "species that are in imminent danger of extinction" and "threatened" being "species that in the foreseeable future will be in imminent danger of extinction." The next most endangered category and also the next most visible to us is birds, with 231 of 8,600 species endangered or threatened. Thus 7.4% of mammals and 2.7% of birds are endangered or threatened. I should add that in both cases the majority are only "threatened," not "endangered." Interestingly, however, for political and economic reasons it is difficult to get an animal officially listed, and the biologists I've talked to concur that in view of this underlisting, especially for birds, the total of endangered or threatened mammals may be 10%, and birds 5%.

Why is there so much more concern over this relatively mild threat to the world's biological diversity than to the far worse threat to its linguistic diversity, and why are we linguists so much quieter about it than biologists? For the animals we have, at the international level, the UN's International Union for the Conservation of Nature, the private World Wildlife Fund, and about 40 others; nationally, we have federal agencies such as the US Fish and Wildlife Service, the National Parks Service, US Forest Service, the Environmental Protection Agency and the Bureau of Land Management, all of which have responsibilities for the protection of wildlife, and privately we have organizations such as the National Wildlife Fund, National Audubon Society, Sierra Club, Wilderness Society, Greenpeace, and at least 300 more, engaged in education, publicity, research, lobbying and monitoring, and in activism for the survival of animal species. What do we have for languages?

Surely, just as the extinction of any animal species diminishes our world, so does the extinction of any language. Surely we linguists know, and some of the general public can sense, that any language is a supreme achievement of a uniquely human collective genius, as divine and endless a mystery as a living organism. Should we mourn the loss of Eyak or Ubykh any less than the loss of the panda or California condor, or, for that matter, the demolition of the Parthenon? We could -- and should -- ponder this all night, but let me just cap this philosophical thought with one spiritual question, to those who would argue that mankind is better off with fewer languages: Is the diversification of our languages simply a punishment for

⁵For this information I am especially indebted to David R. Klein of the Biology and Wildlife Department of the University of Alaska Fairbanks, and Ronald Garrett, Endangered Species Coordinator, U.S. Fish and Wildlife Service, Anchorage.

the presumptuous Tower of Babel, for which penance has now been paid, or is it our Maker's design for how we should live?

I think that at the very least it behooves us as scientists and human beings, seeing the present situation, to work responsibly both for the future of our science and for the future of our languages, not so much for reward according to the fashion of the day, but for the sake of posterity. I think it hardly a feat of foresight, but rather it now stares us in the face, what we need to do. Else we should be cursed by future generations for Neronically fiddling while Rome burned.

We must obtain adequate information on the condition of the languages of the world, better than we have now, and use it to plan priorities for linguistic work in a rational and coordinated way. SIL (Summer Institute of Linguistics/Wycliffe Bible Translators), which has come closest to doing this, still has insufficient information even for its own purposes in 40% of the languages, as noted.

Obviously for scientific purposes it is most urgent to document languages before they disappear, the closer to extinction the more urgent, and, within that framework, the more isolated genetically or typologically, the more urgent yet. By documentation I mean grammar, lexicon, and corpus of texts, a traditional task well proven in the history of linguistics, to which we can now add documentation on audio- and videotape. There must also be a network of repositories and centers for safeguarding and using this documentation, of which our Alaska Native Language Center is an example.

This work is potentially of equal or even greater importance for social purposes; the documentation is not only valuable for science, but a national treasure for those peoples whose languages are thus preserved. The very existence of a book on a shelf or an archive of manuscripts can be of crucial symbolic value. Moreover, without such documentation the language must irrevocably disappear into oblivion, and very likely so also the national identity in the long run. With such documentation, however, it remains always possible to maintain or establish a limited but crucial role for the language institutionalized within the society, e.g. in schools, or ceremonial life. From that position, even after the last native speaker has died, it is possible -- as shown by the case of Hebrew, and perhaps others, such as Cornish -- for that limited role to expand back to first-language use, where the *will* of the people is strong enough. For this purpose, adequate documentation is most certainly feasible. For Hebrew we had no tapes, no grammar, no dictionary, not even most vowels, but just the consonants of one important text scratched on parchment!

For those languages still being learned by children, those merely "endangered," there is an equal need for us to support and promote their survival. Here, too, similar criteria would apply, the smaller the number,

or especially proportion, of speakers, and/or the more adverse the conditions, the more such involvement is needed. We should not only be documenting these languages, but also working educationally, culturally, and politically to increase their chances of survival, working with members of the communities in educational systems to help produce pedagogical materials, establish literature and language development in the necessary domains, including television, and working with communities, agencies, and, where possible, governments, for supportive language planning. Where necessary, and this may be most often the case, we must learn from biologists and conservationists the techniques of organization, monitoring and lobbying, publicity and activism. This we must do on local, regional, national, and international scales.

We have a number of terms, from language planning, support, and promotion for those merely endangered languages, to "revival" as in the case of Hebrew or Cornish for those extinct. Let this include also terms such as "revitalization" or "restoration," which remain to be defined, for the range of moribund and partly moribund languages in between. Here we should mention more complex cases like Maori and Hawaiian, and the encouraging development of "Language Nests" for these; or the Diwan schools for Breton, or the Irish situation. Assessment of such movements as a potential force in limiting the impending holocaust is an important priority, as well as the urgently needed documentation.

Who is going to do all this work and what is the role of linguistics and the LSA in it? Nowadays SIL is doing more of it than any other group. Their current capacity is 850 languages, cumulatively so far 1,200 -- within their own agenda. Besides SIL we have a few regional centers, such as our Alaskan one, or groups dedicated to specific languages such as Hualapai or Rama; or for Native American languages in educational or scientific roles, such as NALI (Native American Language Institute), or SSILA (Society for the Study of the Indigenous Languages of the Americas), and the plan for centers for speakers of Native American languages, which we are to hear about this evening.⁶ Internationally we have the Permanent International Committee of Linguists and UNESCO; significantly, language endangerment has been chosen by that Committee as

⁶Politically we even have the 1990 Federal Native American Languages Act (Public Law 101-477, Oct. 30, 1990), which may help neutralize the U.S. English lobby in this regard, but appropriates no funds (and to which the BIA has responded, in true form, "any legislation of this kind must ensure that the Native American language does not supplant English as the main language. After they receive their education, these Indian students must be able to compete outside the reservation if economic development is to occur in Indian country. This bill should emphasize this priority." Calendar No. 476, 101st Congress, Second Session, U.S. Senate, Report 100-250, letter dated Nov. 8, 1989).

a main theme for the next International Congress, Quebec 1992. So a movement is finally beginning within linguistics itself.

To this forum, I end with the question what will be the role of the LSA? This organization may have more influence on the orientation, training, and priorities for linguistics than any other organization in the world. In American linguistics which languages of the world receive the most attention? Are graduate students encouraged to document moribund or endangered languages for their dissertations? How much encouragement is there to compile a dictionary of one? If these languages are studied at all, is theory used to enhance the quality and quantity of the coverage, or instead are the linguistic data mainly used for the testing and development of theory? How many academic departments encourage applied linguistics in communities for the support of endangered languages? How many departments provide appropriate training for speakers of these languages most ideally suited to do the most needed work? Obviously we must do some serious rethinking of our priorities, lest linguistics go down in history as the only science that presided obliviously over the disappearance of 90% of the very field to which it is dedicated.

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STATE OF ALASKA

FISCAL NOTE

BILL NO. CSHB 437(L&C)

1992 LEGISLATIVE SESSION

Revision Date: _____ Department Affected: Commerce & Economic Development
 Title: An Act relating to the regulation of the BRU: Occupational Licensing
practice of naturopathy. Component: Administration
 Sponsor: Rep. Gruenberg
 Requestor: Rep. Gruenberg COMPONENT SERIAL NO.

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0.0	0.0	0.0	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)
 CSHB 437(L&C) repeals and reenacts requirements for a license to practice naturopathy, and to provide for temporary licenses while waiting to take an examination or examination results. New funds are not required to implement this bill.

Prepared By: Jennifer Strickler Phone: 465-2144
 Division: Occupational Licensing Date: 12/14/92
 Approved by Commissioner: Glen A. Olds
 Agency: Commerce & Economic Development Date: 4-14-92

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

DIVISION OF LEGAL SERVICES

LEGISLATIVE AFFAIRS AGENCY STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

240 Main Street, Suite 500
Juneau, Alaska 99801-2101

MEMORANDUM

January 31, 1992

SUBJECT: Sectional Summary - HB 437 (W.O.17LS-1847\D))

TO: Representative Max Gruenberg

FROM: Jerry Luckhaupt ~~JEL~~
Legislative Counsel

You have requested a sectional summary of HB 437, an relating to the practice of naturopathy. Be advised that a sectional summary is not an authoritative interpretation of the bill. The bill itself is the best statement of its contents.

Section 1 of the bill repeals and reenacts AS 08.45.030 and revises the requirements for a naturopathy license for an applicant who completed naturopathic studies on or before December 31, 1987.

Section 2 of the bill adds AS 08.35.035 which permits the division of occupational licensing to issue temporary licenses.

Section 3 of the bill adds AS 08.45.100 which requires the department of commerce and economic development to adopt regulations for AS 08.45.

Section 4 of the bill provides an effective date.

JL:gc
92-082.glc

7-LS1847S ✓
Luckhaupt
5/6/92

*Adopted
&
passed
5/6*

SENATE CS FOR CS FOR HOUSE BILL NO. 437 (L&C)
IN THE LEGISLATURE OF THE STATE OF ALASKA
SEVENTEENTH LEGISLATURE - SECOND SESSION

BY THE SENATE LABOR AND COMMERCE COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVE GRUENBERG

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to the regulation of the practice of naturopathy; and providing for an
2 effective date."

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

4 * Section 1. AS 08.45.030 is repealed and reenacted to read:

5 Sec. 08.45.030. ISSUANCE OF LICENSE. The division shall issue a license to practice
6 naturopathy to an applicant who provides proof satisfactory to the division that the applicant has
7 received a degree from an accredited four-year college or university, and

8 (1) on or before December 31, 1987, has graduated from a school of naturopathy
9 that required four years of attendance at the school and after graduation has received a license
10 in another state after passing an examination for licensure in that state and is licensed by a state
11 at the time of application; or

12 (2) after December 31, 1987, has

13 (A) graduated from a school of naturopathy that required four years of
14 attendance at the school and at the time of graduation the school was accredited or a

1 candidate for accreditation by the Council on Naturopathic Medical Education or a
2 successor organization recognized by the United States Department of Education; and

3 (B) passed the Naturopathic Physicians Licensing Examination sponsored
4 by the American Association of Naturopathic Physicians.

5 * Sec. 2. AS 08.45 is amended by adding a new section to read:

6 Sec. 08.45.035. TEMPORARY LICENSES. (a) The division shall issue a temporary
7 license to practice naturopathy to an applicant who has applied for and is qualified to take the
8 next Naturopathic Physicians Licensing Examination offered after the date of application and
9 provides proof satisfactory to the division that the applicant

10 (1) meets the requirements of AS 08.45.030(2)(A); and

11 (2) has not previously failed the Naturopathic Physicians Licensing Examination
12 sponsored by the American Association of Naturopathic Physicians.

13 (b) A temporary license issued under (a) of this section terminates on the date

14 (1) the results of the examination the applicant agreed to take under (a) of this
15 section are reported by the testing authority if the applicant failed the examination; or

16 (2) of the Naturopathic Physicians Licensing Examination that the applicant
17 agreed to take under (a) of this section if the applicant fails to take the examination.

18 (c) A temporary license holder may practice only in the office of a naturopath licensed
19 by this state.

20 * Sec. 3. AS 08.45 is amended by adding a new section to read:

21 Sec. 08.45.100. REGULATIONS. The Department of Commerce and Economic
22 Development shall adopt regulations to implement this chapter.

23 * Sec. 4. This Act takes effect immediately under AS 01.10.070(c).

Department of Commerce
 & Economic Development / POSITION PAPER

Senate CS for CS HB 487: "An Act relating to the regulation of the practice of naturopathy; and providing for an effective date."

The department supports this legislation for the following reasons:

Section 1 of this bill provides for licensure in Alaska for applicants who do not already hold a license in another state. This will benefit Alaskan residents who currently must apply for initial licensure in another state. There currently exists a national examination which provides a standard by which to qualify applicants. This examination is incorporated into this bill.

Section 2 provides for temporary licensing for those who are waiting for the results of their examination, comparable to the nursing and medical statutes. It adds a safeguard for the public that a naturopath who holds a temporary license cannot work independently but must work in the office of another Alaska-licensed naturopath.

Finally, Section 3 gives the department the right to adopt regulations to implement the chapter. This fills a void as there is no board for this area and the department needs this authority.

Glenn A. Olds
 Glenn A. Olds, Commissioner

Date: 5/8/92

GAO/AB/dgl2075D
 050892a

FIREWEED HEALTH CARE
924 West Fireweed Lane
Anchorage, Alaska 99503
(907) 276-4611

May 1, 1992

Senator Druë Pearce
Room 101-C
Alaska State Legislature
P.O. Box V (MS 3100)
Juneau, Alaska 99811

Dear Senator Pearce,

H.B. 437 is a clean up bill. It does three things.

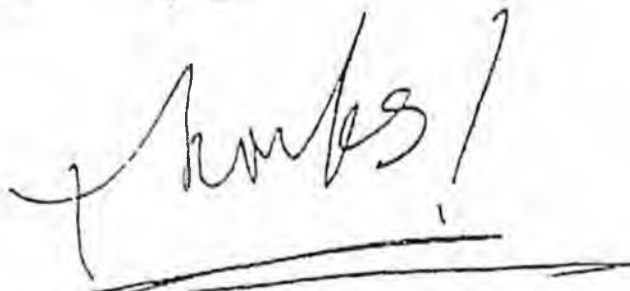
- 1) It allows for temporary licensing for our graduates while awaiting the results of the National Board exam, (similar to Nurses, Medical Doctors, Physical Therapists, Psychologists, Veterinarians etc.).
- 2) It allows graduates who were licensed before the National board exam existed, to be licensed in Alaska based on whatever state exam they took, if they are still currently licensed in some other state.
- 3) It allows the state to adopt regulations to regulate the Naturopathic profession, which should have been in the original licensure bill passed in 1986.

Thank you for your time and consideration on this bill. Although it doesn't make any great changes, it will make the licensing process smoother for our profession. The administration supports this bill as does the Alaska Association of Naturopathic Physicians. There was no negative testimony in any House Committee, and the House floor vote was 36 to 0.

Thanks again.

Sincerely,


Cary Jasper N.D.
CJ/tm



State of Alaska

file HB437

House Majority Leader

COMMITTEES

HOUSE JUDICIARY

HOUSE RULES

HOUSE STATE AFFAIRS

SPECIAL COMMITTEE

MILITARY AND VET. AFFAIRS

LEGISLATIVE COUNCIL



Representative Max F. Gruenberg, Jr.

District 11

Spenard, Upper Midtown Anchorage

P.O. Box V
JUNEAU, AK 99811
(907) 465-3718
465-4968/4986
(SESSION)

3111 C STREET, SUITE 440
ANCHORAGE, AK 99503
(907) 561-7621

April 20, 1992

J M Peacock
801 N Bragaw
Anchorage AK 99508

Dear Ms Peacock :

Thank you for your response to my most recent survey. I found them very helpful, and will remember them when dealing with legislation during the rest of the legislative session.

I was most interested in your comments making alternative medicine more available. Enclosed is HB437, which I introduced at the request of the naturopaths.* I also support Dr. Rowen's appointment to the state medical board. Thank you for sharing your views with me. I value your advice, and will take it into account.

If I can be of any assistance to you or your family, please do not hesitate to call, or write,

You can reach me at:

House of Representatives
State Capitol
Juneau, Alaska
99811-1182
or call collect: 465-4968

Sincerely,

Max F. Gruenberg Jr
Max F. Gruenberg Jr

* The bill passed the House today
and is now in the Senate.

PUBLIC OPINION MESSAGE

DEAR: REPRESENTATIVE GRUENSERG

D

NAME: MARY MINOR
TITLE:
ADDRESS: 925 MELCHINA
CITY: ANCHORAGE ZIP: 99501
PHONE: 278-6279
BILL NO: HB 437
SUBJECT: REGULATION OF PRACTICE OF NATUROPATHY
MESSAGE: I WOULD LIKE YOU ALL TO VOTE IN SUPPORT OF HB437./RD

T
ADI

BI
SI
MI

POMID: 03104821
DATE: 92/04/20
TIME: 10:48:21
LIONAME: ANCHORAGE LIO

COPIES: REPRESENTATIVES REPRESENTATIVES SENATORS

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FINKELSTEIN	FOSTER	FISCHER
GONZALES	GRUSSENDORF	FRANK
HANLEY	HUDSON	HALFORD
IVAN	JACKO	HOFFMAN
KOPONEN	KUBINA	JONES
LARSON	LEMAN	KERTTULA
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PARNELL	G.PHILLIPS	SHULTZ
R.PHILLIPS	SHARP	STURGULEWSKI
TAYLOR	ULMER	UEHLING
ZAWACKI		ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: REPRESENTATIVE GRUENBERG

NAME: LORRIE PETERSON
TITLE:
ADDRESS: 2631 MELVIN
CITY: ANCHORAGE ZIP: 99517
PHONE: 248-2030
BILL NO: HB 437
SUBJECT: REGULATION OF PRACTICE OF NATUROPATHY
MESSAGE: I ENCOURAGE YOU TO ALL VOTE FOR THE NATUROPATHIC LICENSING BILL
WEDSDAY WHEN IT IS ON THE FLOOR. /JSM

POMID: 03112056
DATE: 92/04/16
TIME: 11:20:56
LOCATION: ANCHORAGE LIO

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MOYER	NAVARRE
PARNELL	G.PHILLIPS
R.PHILLIPS	SHARP
TAYLOR	ULMER
ZAWACKI	

PUBLIC OPINION MESSAGE

DEAR: REPRESENTATIVE GRUENBERG

NAME: JULIE DAVIS
TITLE:
ADDRESS: PO BOX 110502
CITY: ANCHORAGE ZIP: 99511
PHONE: 561-2330
BILL NO: HB 437
SUBJECT: REGULATION OF PRACTICE OF NATUROPATHY
MESSAGE: AS A NATURAL HEALTH CONSUMER I WOULD APPRECIATE YOUR SUPPORT IN
PASSING THIS BILL./RD

POMID: 03141624
DATE: 92/04/20
TIME: 14:16:24
LOCATION: ANCHORAGE LID

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GONZALES	GRUSSENDORF	FRANK
HANLEY	HUDSON	HALFORD
IVAN	JACKO	HOFFMAN
KOPONEN	KUBINA	JONES
LARSON	LEMAN	KERTTULA
LINCOLN	MACKIE	MENARD
MACLEAN	MARTIN	PEARCE
M.A.MILLER	M.W.MILLER	POURCHOT
MOYER	NAVARRE	RODEY
PARNELL	G.PHILLIPS	SHULTZ
R.PHILLIPS	SHARP	STURGULEWSKI
TAYLOR	ULMER	UEHLING
ZAWACKI		ZHAROFF

PUBLIC OPINION MESSAGE

DEAR: REPRESENTATIVE GRUENBERG

NAME: MICHELE JAEGER
TITLE:
ADDRESS: PO BOX 142864
CITY: ANCHORAGE ZIP: 99514
PHONE: 337-9427
BILL NO: HB 437
SUBJECT: REGULATION OF PRACTICE OF NATUROPATHY
MESSAGE: I URGE YOU TO SUPPORT HB437. THANK YOU./RD

POHID: 03141420
DATE: 92/04/20
TIME: 14:14:20
LIONAME: ANCHORAGE LIO

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	CHOQUETTE	DAVIDSON	CRAFT
	B.DAVIS	C.DAVIS	DUNCAN
	DONLEY	ELLIS	ELIASON
	FINKELSTEIN	FOSTER	FISCHER
	GONZALES	GRUSSENDORF	FRANK
	HANLEY	HUDSON	HALFORD
	IVAN	JACKO	HOFFMAN
	KOPONEN	KUBINA	JONES
	LARSON	LEMAN	KERTTULA
	LINCOLN	MACKIE	MENARD
	MACLEAN	MARTIN	PEARCE
	M.A.MILLER	M.W.MILLER	POURCHOT
	MOYER	NAVARRE	RODEY
	PARNELL	G.PHILLIPS	SHULTZ
	R.PHILLIPS	SHARP	STURGULEWSKI
	TAYLOR	ULMER	UEHLING
	ZAWACKI		ZHAROFF

H B

4 3 8

FISCAL NOTE

No. 6

Bill Version: CSHB 438(FIN)

(H) Publish Date: 4-29-92

**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

BILL NO.

Revision Date: 4/28/92

Department Affected: Health and Social Services

Title: An Act relating to Medicaid eligibility of persons who are eligible to be institutionalized ...

BRU: Medical Assistance

Component: PFD Hold Harmless

Sponsor: Representative Ellis

Requestor: House Finance

COMPONENT SERIAL NO.

--	--	--	--

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	2.9	5.8	9.2
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	2.9	5.8	9.2

CAPITAL	0	0	0	0	0	0
---------	---	---	---	---	---	---

REVENUE FUND SOURCE:	0	0	0	0	0	0
----------------------	---	---	---	---	---	---

FUNDING (Thousands of Dollars)

GENERAL FUNDS	0	0	0	2.9	5.8	9.2
FEDERAL FUNDS	0	0	0	0	0	0
OTHER FUND SOURCE:	0	0	0	0	0	0
TOTAL	0	0	0	2.9	5.8	9.2

POSITIONS:

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

Estimate of current year Impact:

ANALYSIS: (Attach a separate page if necessary.) Includes estimated 6 percent annual inflation. The cost of operating waivers are currently considered in legislative budget documents. The waiver costs shown in attached budget amendment summary page would have to be added to this fiscal note if dropped from the legislative budget. See attached analysis for additional information.

Prepared by: Co-Chair Eileen MacLean *[Signature]* Phone: 465-4833
Co-Chair Mike Navarre *[Signature]* Phone: 465-3779
 Division: House Finance Committee Date: 4/29/92

Approved by Commissioner: _____ Date: _____

Agency: _____ Date: _____

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

no.
4-29-92

NOTES TO FISCAL NOTE FOR HCS HB 438 (FIN)

HCS HB 438 (Fin) directs the Department of Health and Social Services to seek Medicaid home and community-based waivers and to implement the TEFRA option 2 years after the waiver for children becomes effective. Both the waiver and the option would extend Medicaid coverage to some people not currently eligible for Medicaid.

The cost of seeking and operating Medicaid waivers is not included in this fiscal note. HB 504 currently includes funding for the Division of Medicaid Assistance to seek waivers under the listings of Medical Assistance - Medicaid State Programs, and Medical Assistance Administration - Certification and Licensing and Claims Processing. If funding for waivers is not included in the operating budget, the cost of implementing HCS HB 438 (Fin) will be substantially greater than estimated by this fiscal note. The attached budget amendment summary page shows the additional funding required in FY 93 to seek waivers. Table 1 shows the cost of services under waivers for children and the TEFRA option.

Medical Assistance -- Medicaid Non-Facility, PFD Hold Harmless

We assume that all individuals eligible for the TEFRA option will be receive waiver services except that, under the TEFRA option, we assume an additional growth factor in TEFRA recipients of 2 percent per year due to contested level of care determinations lost on appeal. While it is not the intention of the Division to lower the criteria for eligibility to institutional care, it is probable that some appeals will be lost. The experience of other states with appeals varies widely; the cost of the TEFRA option could be greater depending on Alaska's actual experiences with appeals.

The resulting difference in the cost of services with a TEFRA option is in the TEFRA subtotal of Table 1. Medicaid Non-Facility component is estimated to be 97 percent of this amount. The Permanent Fund Dividend Hold Harmless component is assumed to account for 3 percent of the cost of services.

Medical Assistance Administration -- Office of Hearings and Appeals

The Division estimates that one additional hearing officer will be required beginning in FY 96, to handle the increase in hearings and appeals associated with the TEFRA option.

Additional background information on this fiscal note is available upon request from the Division of Medical Assistance.

	Medical State Programs					Claims Processing				Certification and Licensing						Program Totals			
	OAC	DMH	DMH	TOTAL	SGF	FED	OTHER	TOTAL	SGF	FED	TOTAL	SGF	FED	TOTAL	SGF	FED			
100 PERSONAL SERVICES																			
% of Year	HPSII 100%	HPSII 100%					HPSI 50%				HPSII 75%	HPSI 25%	AT 25%						
	040	027		1275	030	030	270	270	130	130	471	130	105	714	357	357	2204	1132	1132
	--	--		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
200 TRAVEL																			
In-state, @ \$100 per trip	24	24		40	24	24	10	10	00	00	24	00	00	40	20	20	104	52	52
Out-of-state, @ \$2,000 per trip	20	20		40	20	20	20	20	10	10	20	00	00	20	10	10	80	40	40
Wolverine Development Conference	100	100		200	100	100											200	100	100
MMIS -- Training Costs							140	140	35	105							140	35	105
MMIS -- Acceptance Testing							100	100	25	75							100	25	75
Total	144	144		200	144	144	30	240	270	70	188	44	00	00	30	30	824	252	372
	--	--		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
300 CONTRACTUAL																			
Communications	10	10		30	10	10	00	00	05	04	20	07	05	40	20	20	85	42	
Printing and Advertising	01	01		02	01	01	01	01	00	01	01	00	00	01	01	01	04	02	
Repairs and Maintenance	01	01		02	01	01	01	01	01	00	01	00	00	01	01	01	04	03	02
Office Space Rental	00	00		00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00
Equipment Rental	03	03		00	03	03	02	02	01	01	02	01	01	04	02	02	11	00	00
MMIS -- New Categories of Service							1950	1950	400	1403							1950	400	1403
MMIS -- Change or Add Edits							210	210	53	158							210	53	158
MMIS -- New Reports							572	572	143	420							572	143	420
Transition Funding				2000	2000	00											2000	2000	00
Other	23	23		40	23	23	02	02	01	01	02	01	01	04	02	02	51	20	20
Total	40	40		2000	2002	40	13	2732	2745	690	2055	34	00	07	50	25	4007	2701	2120
	--	--		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
400 SUPPLIES																			
	00	00		12	00	00	03	03	02	02	05	02	02	09	04	05	24	12	13
	--	--		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
500 EQUIPMENT																			
Micro computer, monitor, NIC	00	00		35	10	10	35	35	10	10	35	35	35	105	53	53	175	00	00
Software	05	05		21	11	11	10	10	00	00	10	10	10	40	24	24	85	43	43
Desk and Chair	00	00		00	05	05	10	10	05	05	10	10	10	30	15	15	40	20	20
Total	05	05		65	33	33	61	61	31	31	61	61	61	183	92	92	300	155	155
	--	--		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
TOTAL	040	003	2000	3732	2006	000	300	2972	3301	030	2423	015	210	183	500	500	8100	4312	3707
	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Position Summary	Title	Range	Start Date
Medical State Programs			
OAC	Health Program Spec. II	100	7/1/02
DMH	Health Program Spec. II	10A	7/1/02
Claims Processing	Health Program Spec. I	17A	1/1/03
Certification and Licensing	Health Program Spec. I	17A	4/1/03
	Accounting Technician I	12A	4/1/03
	Health Program Spec. II	10A	10/1/02

**C5 ADDITIONAL
EXPLANATION FORM**

AGENCY Health & Social Services
 BRU Medical Assistance Administration
 COMPONENT Claims Processing 243

Page 4 of 4
 Revised Date: 2/24/92

FY 93

2

TABLE 1
 ESTIMATED COST OF SERVICE FOR CHILDREN UNDER HCS HB438 (FIN)
 ADJUSTED FOR INFLATION
 (ADMINISTRATIVE COST NOT INCLUDED)
 FY 93 - FY 98

Inflation Factor @ 6%	1.00	1.06	1.12	1.19	1.26	1.34	1.00	1.06	1.12	1.19	1.26	1.34
CHILDREN'S WAIVERS	TOTAL COSTS						STATE GENERAL FUNDS					
No. of Children (at end of year)	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
Medicaid Facility	0	52	96	100	122	137	0					
Institutional Care Offset	0	(450,283)	(1,358,468)	(1,945,914)	(2,320,503)	(2,767,199)	0	(231,896)	(699,611)	(1,002,146)	(1,195,059)	(1,425,108)
Medicaid Nonfacility												
Home & Community-Based Svcs Cost	0	1,008,648	3,043,009	4,358,904	5,197,993	6,188,607	0	519,453	1,567,149	2,244,836	2,676,967	3,192,113
Other Program Cost	0	578,297	1,744,676	2,499,131	2,980,214	3,553,905	0	297,823	898,508	1,287,052	1,534,810	1,830,261
Other Medicaid Offset	0	(18,713)	(56,457)	(80,870)	(96,438)	(115,002)	0	(9,637)	(29,075)	(41,648)	(49,666)	(59,226)
Subtotal	0	1,568,230	4,731,228	6,777,165	8,081,769	9,637,509	0	807,638	2,436,583	3,490,240	4,162,111	4,963,317
TOTAL MEDICAID	0	1,117,947	3,372,760	4,831,251	5,761,266	6,870,310	0	575,743	1,736,971	2,488,096	2,967,052	3,538,210
DPA	0	0	0	0	0	0	0	0	0	0	0	0
DMHDD	0	(213,607)	(644,434)	(923,109)	(1,100,807)	(1,312,713)	0	(213,607)	(644,434)	(923,109)	(1,100,807)	(1,312,713)
TOTAL	0	904,340	2,728,325	3,908,142	4,667,459	5,557,597	0	362,136	1,092,537	1,564,985	1,866,245	2,225,497
=====												
TEFRA OPTION	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
No. of Children on Option	0	65	73	67	77	88						
Percent of Year TEFRA offered	0	0	0	1	1	1						
Medicaid Nonfacility												
Home Based Services (@\$7649)	0	0	0	610,375	743,565	900,776	0	0	0	314,343	382,938	467,799
Other Medicaid Services @41966*50/65	0	0	0	2,576,005	3,138,112	3,801,598	0	0	0	1,326,642	1,616,128	1,962,113
Medicaid Subtotal	0	0	0	3,186,380	3,881,677	4,702,374	0	0	0	1,640,985	1,999,066	2,429,912
Duplicated Waiver Expenditures												
Home Based Services (7649/waiver\$)	0	0	0	592,155	708,145	842,078	0	0	0	304,960	363,665	433,670
Other Medicaid Services	0	0	0	2,499,131	2,980,214	3,553,905	0	0	0	1,287,052	1,534,810	1,830,261
Waiver Subtotal	0	0	0	3,091,286	3,688,359	4,395,983	0	0	0	1,592,012	1,898,475	2,263,931
Spending on TEFRA Option Less Waiver Expenditures												
Home Based Services	0	0	0	18,220	37,420	58,698	0	0	0	9,383	19,271	30,229
Other Medicaid Services	0	0	0	76,874	157,898	247,694	0	0	0	39,590	81,318	127,562
TEFRA Subtotal	0	0	0	95,094	195,318	306,391	0	0	0	48,973	100,589	157,791
=====												
TOTAL SERVICE COST -- WAIVER AND OPTION	0	904,340	2,728,325	4,003,236	4,855,777	5,863,988	0	362,136	1,092,537	1,613,958	1,966,834	2,383,288

FISCAL NOTE

No. 5

**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

Bill Version: CSHB 438 (FIN)

BILL NO.

(H) Publish Date: 4-29-92

Revision Date: 4/28/92

Department Affected: Health and Social Services

Title: An Act relating to Medicaid eligibility of persons who are eligible to be institutionalized ...

BRU: Medical Assistance Administration

Component: Office of Hearing and Appeals

Sponsor: Representative Ellis

Requestor: House Finance

COMPONENT SERIAL NO.

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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	84.0	89.0	94.3
TRAVEL	0	0	0	2.1	2.3	2.4
CONTRACTUAL	0	0	0	7.7	8.2	8.7
SUPPLIES	0	0	0	0.7	0.8	0.8
EQUIPMENT	0	0	0	7.3	0.6	0.7
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	101.8	100.9	106.9

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

GENERAL FUNDS	0	0	0	50.9	50.5	53.5
FEDERAL FUNDS	0	0	0	50.9	50.4	53.4
OTHER FUND SOURCE:	0	0	0	0	0	0
TOTAL	0	0	0	101.8	100.9	106.9

POSITIONS:

FULL-TIME	0	0	0	1	1	1
PART-TIME	0	0	0	0	0	0
TEMPORARY:	0	0	0	0	0	0

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary.) Includes estimated 6 percent annual inflation. There is a one-time cost of \$7.1 in FY 96 (3.6 GF). The cost of operating waivers are currently considered in legislative budget documents. The waiver costs shown in the attached budget amendment summary page would have to be added to this fiscal note if dropped from the legislative budget. See attached analysis for additional information.

Prepared by: /Co-Chair Eileen MacLean *EM* Phone: 465-4833
Co-Chair Mike Navarre *MN* Phone: 465-3779
 Division: House Finance Committee Date: 4/28/92

Approved by Commissioner: _____

Agency: _____ Date: _____

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

no. 5
4-29-92

NOTES TO FISCAL NOTE FOR HCS HB 432 (FIN)

HCS HB 438 (Fin) directs the Department of Health and Social Services to seek Medicaid home and community-based waivers and to implement the TEFRA option 2 years after the waiver for children becomes effective. Both the waiver and the option would extend Medicaid coverage to some people not currently eligible for Medicaid.

The cost of seeking and operating Medicaid waivers is not included in this fiscal note. HB 504 currently includes funding for the Division of Medicaid Assistance to seek waivers under the listings of Medical Assistance - Medicaid State Programs, and Medical Assistance Administration - Certification and Licensing and Claims Processing. If funding for waivers is not included in the operating budget, the cost of implementing HCS HB 438 (Fin) will be substantially greater than estimated by this fiscal note. The attached budget amendment summary page shows the additional funding required in FY 93 to seek waivers. Table 1 shows the cost of services under waivers for children and the TEFRA option.

Medical Assistance -- Medicaid Non-Facility, PFD Hold Harmless

We assume that all individuals eligible for the TEFRA option will be receive waiver services except that, under the TEFRA option, we assume an additional growth factor in TEFRA recipients of 2 percent per year due to contested level of care determinations lost on appeal. While it is not the intention of the Division to lower the criteria for eligibility to institutional care, it is probable that some appeals will be lost. The experience of other states with appeals varies widely; the cost of the TEFRA option could be greater depending on Alaska's actual experiences with appeals.

The resulting difference in the cost of services with a TEFRA option is in the TEFRA subtotal of Table 1. Medicaid Non-Facility component is estimated to be 97 percent of this amount. The Permanent Fund Dividend Hold Harmless component is assumed to account for 3 percent of the cost of services.

Medical Assistance Administration -- Office of Hearings and Appeals

The Division estimates that one additional hearing officer will be required beginning in FY 96, to handle the increase in hearings and appeals associated with the TEFRA option.

Additional background information on this fiscal note is available upon request from the Division of Medical Assistance.

COMMITTEE COPY

COMMITTEE COPY

	Medical State Programs					Claims Processing				Certification and Licensing					Program Totals					
	OAC	DMH	DMH	TOTAL	SGF	FED	OTHER	TOTAL	SGF	FED	TOTAL	SGF	FED	TOTAL	SGF	FED				
100 PERSONAL SERVICES	HPSII	HPSII					HPSI				HPSII	HPSI	AT							
% of Year	100%	100%				50%					75%	25%	25%							
	84.0	82.7		127.5	83.8	83.0	27.8		27.8	13.8	13.8	47.1	13.8	10.5	7.4	35.7	35.7	228.4	113.2	113.2

200 TRAVEL																				
In-state, @ \$1000 per trip	2.4	2.4		4.0	2.4	2.4	1.0		1.0	0.8	0.8	2.4	0.8	0.8	4.0	2.0	2.0	10.4	5.2	5.2
Out-of-state, @ \$2,000 per trip	2.0	2.0		4.0	2.0	2.0	2.0		2.0	1.0	1.0	2.0	0.0	0.0	2.0	1.0	1.0	8.0	4.0	4.0
Waiver Development Conference	10.0	10.0		20.0	10.0	10.0												20.0	10.0	10.0
MMIS - Training Costs							14.0		14.0	3.5	10.5							14.0	3.5	10.5
MMIS - Acceptance Testing							10.0		10.0	2.5	7.5							10.0	2.5	7.5
Total	14.4	14.4		28.8	14.4	14.4	3.0	24.0	27.6	7.8	19.8	4.4	0.8	0.8	6.0	3.0	3.0	62.4	25.2	37.2

300 CONTRACTUAL																				
Communications	1.0	1.0		3.6	1.8	1.8	0.9		0.9	0.5	0.4	2.8	0.7	0.5	4.0	2.0	2.0	8.5	4.2	4.3
Printing and Advertising	0.1	0.1		0.2	0.1	0.1	0.1		0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.4	0.2	0.3
Repairs and Maintenance	0.1	0.1		0.2	0.1	0.1	0.1		0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.1	0.1	0.4	0.3	0.2
Office Space Rental	0.0	0.0		0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.3	0.3		0.0	0.3	0.3	0.2		0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.2	0.2	1.1	0.8	0.8
MMIS - New Categories of Service			2000	2000	2000	0.0	19.50	10.50	48.8	14.63								19.50	48.8	14.63
MMIS - Change or Add Edits							21.0	21.0	5.3	15.8								21.0	5.3	15.8
MMIS - New Reports							57.2	57.2	14.3	42.9								57.2	14.3	42.9
Transition Funding																		2000	2000	0.0
Other	2.3	2.3		4.6	2.3	2.3	0.2		0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.2	0.2	5.1	2.6	2.8
Total	4.6	4.6	2000	2092	2046	4.0	1.3	273.2	274.5	69.0	205.5	3.4	0.9	0.7	5.0	2.5	2.5	488.7	278.1	212.6

400 SUPPLIES	0.0	0.0		1.2	0.8	0.0	0.3		0.3	0.2	0.2	0.5	0.2	0.2	0.9	0.4	0.5	2.4	1.2	1.3

500 EQUIPMENT																				
Micro computer, monitor, NIC	0.0	3.5		3.5	1.8	1.0	3.5		3.5	1.8	1.8	3.5	3.5	3.5	10.5	5.3	5.3	17.5	8.8	8.8
Software	0.5	1.0		2.1	1.1	1.1	1.0		1.0	0.8	0.0	1.0	1.0	1.0	4.8	2.4	2.4	8.5	4.3	4.3
Desk and Chair	0.0	0.0		0.0	0.5	0.5	1.0		1.0	0.5	0.5	1.0	1.0	1.0	3.0	1.5	1.5	4.9	2.5	2.5
Total	0.5	6.0		6.5	3.3	3.3	6.1		6.1	3.1	3.1	6.1	6.1	6.1	18.3	9.2	9.2	30.9	15.5	15.5

TOTAL	84.0	88.3	2000	373.2	200.6	80.0	38.9	297.2	330.1	93.8	242.3	61.5	21.8	18.3	101.6	50.8	50.8	810.8	431.2	378.7

Position Summary	Title	Range	Start Date
Medical State Programs			
OAC	Health Program Spec. II	10B	7/1/82
DMH/D	Health Program Spec. II	19A	7/1/82
Claims Processing	Health Program Spec. I	17A	1/1/80
Certification and Licensing	Health Program Spec. I	17A	4/1/80
	Accounting Technician I	12A	4/1/83
	Health Program Spec. II	18A	10/1/82

C5 ADDITIONAL EXPLANATION FORM

AGENCY Health & Social Services
 BRU Medical Assistance Administration
 COMPONENT Claims Processing 243

Page 4 of 4
 Revised Date: 2/24/92

FY 93

Jan

TABLE 1
 ESTIMATED COST OF SERVICE FOR CHILDREN UNDER HCS HB438 (FIN)
 ADJUSTED FOR INFLATION
 (ADMINISTRATIVE COST NOT INCLUDED)
 FY 93 - FY 98

Inflation Factor @ 6%	1.00	1.06	1.12	1.19	1.26	1.34	1.00	1.06	1.12	1.19	1.26	1.34
CHILDREN'S WAIVERS	TOTAL COSTS						STATE GENERAL FUNDS					
No. of Children (at end of year)	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
Medical Facility	0	52	96	108	122	137						
Institutional Care Offset	0	(450,283)	(1,358,468)	(1,945,914)	(2,320,503)	(2,767,199)	0	(231,896)	(699,611)	(1,002,146)	(1,195,059)	(1,425,108)
Medical Nonfacility												
Home & Community-Based Svcs Cost	0	1,008,646	3,043,009	4,358,904	5,197,993	6,198,607	0	519,453	1,567,149	2,244,836	2,676,967	3,192,283
Other Program Cost	0	573,297	1,744,676	2,499,131	2,980,214	3,553,905	0	297,823	898,508	1,287,052	1,534,810	1,830,261
Other Medical Offset	0	(18,713)	(56,457)	(80,870)	(96,438)	(115,002)	0	(9,637)	(29,075)	(41,648)	(49,666)	(59,226)
Subtotal	0	1,568,230	4,731,228	6,777,165	8,081,769	9,637,509	0	807,638	2,436,583	3,490,240	4,162,111	4,963,317
TOTAL MEDICAID	0	1,117,947	3,372,760	4,831,251	5,761,266	6,870,310	0	575,743	1,736,971	2,488,094	2,967,052	3,538,210
DPA	0	0	0	0	0	0	0	0	0	0	0	0
DMHDD	0	(213,607)	(644,434)	(923,109)	(1,100,807)	(1,312,713)	0	(213,607)	(644,434)	(923,109)	(1,100,807)	(1,312,713)
TOTAL	0	904,340	2,728,325	3,908,142	4,660,459	5,557,597	0	362,136	1,092,537	1,564,985	1,866,245	2,225,497

COMMITTEE COPY

TEFRA OPTION	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
No. of Children on Option	0	65	73	67	77	88						
Percent of Year TEFRA offered	0	0	0	1	1	1						
Medical Nonfacility												
Home Based Services @\$7649	0	0	0	610,375	743,565	900,776	0	0	0	314,343	382,936	467,799
Other Medical Services @41966*50/65	0	0	0	2,576,005	3,138,112	3,801,598	0	0	0	1,326,642	1,616,128	1,930,313
Medical Subtotal	0	0	0	3,186,380	3,881,677	4,702,374	0	0	0	1,640,986	1,999,063	2,421,723
Duplicated Waiver Expenditures												
Home Based Services (7649/waiver\$)	0	0	0	592,155	706,145	842,078	0	0	0	304,960	363,665	433,670
Other Medical Services	0	0	0	2,499,131	2,980,214	3,553,905	0	0	0	1,287,052	1,534,810	1,830,261
Waiver Subtotal	0	0	0	3,091,286	3,686,359	4,395,983	0	0	0	1,592,012	1,898,475	2,263,931
Spending on TEFRA Option Less Waiver Expenditures												
Home Based Services	0	0	0	18,220	37,420	58,698	0	0	0	9,383	19,271	30,229
Other Medical Services	0	0	0	76,874	157,898	247,694	0	0	0	39,590	81,318	127,562
TEFRA Subtotal	0	0	0	95,094	195,318	306,391	0	0	0	48,973	100,589	157,791
TOTAL SERVICE COST --- WAIVER AND OPTION	0	904,340	2,728,325	4,003,236	4,855,777	5,863,988	0	362,136	1,092,537	1,613,958	1,966,834	2,383,288

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**STATE OF ALASKA
1992 LEGISLATIVE SESSION**

FISCAL NOTE No. 4

Bill Version: CSHB 438 (FIN)

BILL NO.

(H) Publish Date: 4-29-92

Revision Date: 4/28/92 Department Affected: Health and Social Services

Title: An Act relating to Medicaid eligibility of BRU: Medical Assistance

persons who are eligible to be Institutionalized ... Component: Medicaid Non-Facility

Sponsor: Representative Ells

Requestor: House Finance **COMPONENT SERIAL NO.**

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EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	92.1	189.1	297.6
MISCELLANEOUS	0	0	0	0	0	0
TOTAL OPERATING	0	0	0	92.1	189.1	297.6

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

GENERAL FUNDS	0	0	0	46.1	94.6	148.8
FEDERAL FUNDS	0	0	0	46.0	94.5	148.8
OTHER FUND SOURCE:	0	0	0	0	0	0
TOTAL	0	0	0	92.1	189.1	297.6

POSITIONS:

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

Estimate of current year impact:

ANALYSIS: (Attach a separate page if necessary.) Includes estimated 6 percent annual inflation. The cost of operating waivers are currently considered in legislative budget documents. The waiver costs shown in the attached budget amendment summary page would have to be added to this fiscal note if dropped from the legislative budget. See attached analysis for additional information.

Prepared by: Co-Chair Eileen MacLean Co-Chair Mike Navarre Phone: 465-4833
465-3779

Division: House Finance Committee Date: 4/28/92

Approved by Commissioner: _____

Agency: _____ Date: _____

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

no.
4-29-92

NOTES TO FISCAL NOTE FOR HCS HB 438 (FIN)

HCS HB 438 (Fin) directs the Department of Health and Social Services to seek Medicaid home and community-based waivers and to implement the TEFRA option 2 years after the waiver for children becomes effective. Both the waiver and the option would extend Medicaid coverage to some people not currently eligible for Medicaid.

The cost of seeking and operating Medicaid waivers is not included in this fiscal note. HB 504 currently includes funding for the Division of Medicaid Assistance to seek waivers under the listings of Medical Assistance - Medicaid State Programs, and Medical Assistance Administration - Certification and Licensing and Claims Processing. If funding for waivers is not included in the operating budget, the cost of implementing HCS HB 438 (Fin) will be substantially greater than estimated by this fiscal note. The attached budget amendment summary page shows the additional funding required in FY 93 to seek waivers. Table 1 shows the cost of services under waivers for children and the TEFRA option.

Medical Assistance -- Medicaid Non-Facility, PFD Hold Harmless

We assume that all individuals eligible for the TEFRA option will be receive waiver services except that, under the TEFRA option, we assume an additional growth factor in TEFRA recipients of 2 percent per year due to contested level of care determinations lost on appeal. While it is not the intention of the Division to lower the criteria for eligibility to institutional care, it is probable that some appeals will be lost. The experience of other states with appeals varies widely; the cost of the TEFRA option could be greater depending on Alaska's actual experiences with appeals.

The resulting difference in the cost of services with a TEFRA option is in the TEFRA subtotal of Table 1. Medicaid Non-Facility component is estimated to be 97 percent of this amount. The Permanent Fund Dividend Hold Harmless component is assumed to account for 3 percent of the cost of services.

Medical Assistance Administration -- Office of Hearings and Appeals

The Division estimates that one additional hearing officer will be required beginning in FY 96, to handle the increase in hearings and appeals associated with the TEFRA option.

Additional background information on this fiscal note is available upon request from the Division of Medical Assistance.

	Medicaid State Programs					Claims Processing				Certification and Licensing					Program Totals				
	OAC	DMIDD	OTHER	TOTAL	SGF	FED	OTHER	TOTAL	SGF	FED	TOTAL	SGF	FED	TOTAL	SGF	FED			
100 PERSONAL SERVICES	HPSII	HPSI					HPSI				HPSII	HPSI	AT						
% of Year	100%	100%					50%				75%	25%	25%						
	64.0	62.7		127.5	63.6	63.0	27.0	27.6	13.6	13.6	47.1	13.6	10.5	71.4	35.7	35.7	226.4	113.2	113.2
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200 TRAVEL																			
In-state, @ \$1001 per trip	2.4	2.4		4.0	2.4	2.4	1.8	1.8	0.8	0.8	2.4	0.8	0.8	4.0	2.0	2.0	10.4	5.2	5.2
Out-of-state, @ \$2,001 per trip	2.0	2.0		4.0	2.0	2.0	2.0	2.0	1.0	1.0	2.0	0.0	0.0	2.0	1.0	1.0	8.8	4.0	4.0
Walker Development Conference	10.0	10.0		20.0	10.0	10.0											20.0	10.0	10.0
MMIS -- Training Costs								14.0	14.0	3.5	10.5						14.0	3.5	10.5
MMIS -- Acceptance Testing								10.0	10.0	2.5	7.5						10.0	2.5	7.5
Total	14.4	14.4		28.0	14.4	14.4	3.8	24.0	27.6	7.6	19.6	4.4	0.8	6.0	3.0	3.0	62.4	25.2	37.2
	--	--		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
300 CONTRACTUAL																			
Communications	1.0	1.0		3.0	1.8	1.0	0.9	0.9	0.5	0.4	2.8	0.7	0.5	4.0	2.0	2.0	8.5	4.2	
Printing and Advertising	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.4	0.2	
Repairs and Maintenance	0.1	0.1		0.2	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.1	0.1	0.4	0.3	0.2
Office Space Rental	0.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Equipment Rental	0.3	0.3		0.6	0.3	0.3	0.2	0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.2	0.2	1.1	0.6	0.6
MMIS -- New Categories of Service								18.50	10.50	4.88	14.63						18.50	4.88	14.63
MMIS -- Change or Add Edits								2.10	2.10	0.53	1.58						2.10	0.53	1.58
MMIS -- New Reports								57.2	57.2	14.3	42.9						57.2	14.3	42.9
Transition Funding				200.0	200.0	0.0											200.0	200.0	0.0
Other	2.3	2.3		4.6	2.3	2.3	0.2	0.2	0.1	0.1	0.2	0.1	0.1	0.4	0.2	0.2	5.1	2.6	2.6
Total	4.6	4.6		209.2	204.6	4.0	1.3	273.2	274.5	69.0	205.5	3.4	0.0	0.7	5.0	2.5	486.7	276.1	212.8
	--	--		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
400 SUPPLIES																			
	0.0	0.6		1.2	0.6	0.6	0.3	0.3	0.2	0.2	0.5	0.2	0.2	0.9	0.4	0.5	2.4	1.2	1.3
	--	--		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
500 EQUIPMENT																			
Micro computer, monitor, NIC	0.0	3.5		3.5	1.8	1.8	3.5	3.5	1.8	1.8	3.5	3.5	3.5	10.5	5.3	5.3	17.5	8.8	8.8
Software	0.5	1.0		2.1	1.1	1.1	1.8	1.8	0.8	0.8	1.8	1.8	1.8	4.8	2.4	2.4	6.5	4.3	4.3
Desk and Chair	0.0	0.0		0.0	0.5	0.5	1.0	1.0	0.5	0.5	1.0	1.0	1.0	3.0	1.5	1.5	4.0	2.5	2.5
Total	0.5	6.0		6.5	3.3	3.3	6.1	6.1	3.1	3.1	6.1	6.1	6.1	18.3	9.2	9.2	30.9	15.5	15.5
	--	--		--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
TOTAL	64.0	60.3	200.0	373.2	206.6	60.6	38.8	297.2	330.1	83.6	242.3	61.5	21.8	16.3	101.6	50.6	610.6	431.2	379.7
	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Position Summary	Title	Range	Start Date
Medicaid State Programs			
OAC	Health Program Spec. II	10B	7/1/82
DMIDD	Health Program Spec. II	19A	7/1/82
Claims Processing	Health Program Spec. I	17A	1/1/83
Certification and Licensing	Health Program Spec. I	17A	4/1/83
	Accounting Technician I	12A	4/1/83
	Health Program Spec. II	19A	10/1/82

C5 ADDITIONAL
EXPLANATION FORM

AGENCY Health & Social Services
 BRU Medical Assistance Administration
 COMPONENT Claims Processing 243

FY 93

Page 4 of 4
 Revised Date: 2/23/92

TABLE 1
 ESTIMATED COST OF SERVICE FOR CHILDREN UNDER HCS HB438 (FIN)
 ADJUSTED FOR INFLATION
 (ADMINISTRATIVE COST NOT INCLUDED)
 FY 93 - FY 98

Inflation Factor @ 6%	1.00	1.06	1.12	1.19	1.26	1.34	1.00	1.06	1.12	1.19	1.26	1.34
CHILDREN'S WAIVERS	TOTAL COSTS						STATE GENERAL FUNDS					
	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
No. of Children (at end of year)	0	52	96	108	122	137						
Medicaid Facility												
Institutional Care Offset	0	(450,283)	(1,358,468)	(1,945,914)	(2,320,503)	(2,767,199)	0	(231,896)	(699,611)	(1,002,146)	(1,195,059)	(1,425,108)
Medicaid Nonfacility												
Home & Community-Based Svcs Cost	0	1,008,646	3,043,009	4,358,904	5,197,993	6,198,607	0	519,453	1,567,149	2,244,836	2,676,967	3,192,003
Other Program Cost	0	578,297	1,744,676	2,499,131	2,980,214	3,553,905	0	297,823	898,508	1,287,052	1,534,810	1,830,261
Other Medicaid Offset	0	(18,713)	(56,457)	(80,870)	(96,438)	(115,002)	0	(9,637)	(29,075)	(41,648)	(49,666)	(59,226)
Subtotal	0	1,568,230	4,731,228	6,777,165	8,081,769	9,637,509	0	807,638	2,436,583	3,490,240	4,162,111	4,963,317
TOTAL MEDICAID	0	1,117,947	3,372,760	4,831,251	5,761,266	6,870,310	0	575,743	1,736,971	2,488,094	2,967,052	3,538,210
DPA	0	0	0	0	0	0	0	0	0	0	0	0
DMHDD	0	(213,607)	(644,434)	(923,109)	(1,100,807)	(1,312,713)	0	(213,607)	(644,434)	(923,109)	(1,100,807)	(1,312,713)
TOTAL	0	904,340	2,728,325	3,908,142	4,660,459	5,557,597	0	362,136	1,092,537	1,564,985	1,866,245	2,225,497
=====												
TEFRA OPTION	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
No. of Children on Option	0	65	73	67	77	88						
Percent of Year TEFRA offered	0	0	0	1	1	1						
Medicaid Nonfacility												
Home Based Services @\$7649	0	0	0	610,375	743,565	900,776	0	0	0	314,343	382,938	462,499
Other Medicaid Services @41966*50/65	0	0	0	2,576,005	3,138,112	3,801,598	0	0	0	1,326,642	1,616,128	1,933,313
Medicaid Subtotal	0	0	0	3,186,380	3,881,677	4,702,374	0	0	0	1,640,986	1,999,063	2,421,723
Duplicated Waiver Expenditures												
Home Based Services (7649/waiver\$)	0	0	0	592,155	706,145	842,078	0	0	0	304,960	363,665	433,670
Other Medicaid Services	0	0	0	2,499,131	2,980,214	3,553,905	0	0	0	1,287,052	1,534,810	1,830,261
Waiver Subtotal	0	0	0	3,091,286	3,686,359	4,395,983	0	0	0	1,592,012	1,898,475	2,263,931
Spending on TEFRA Option Less Waiver Expenditures												
Home Based Services	0	0	0	18,220	37,420	58,698	0	0	0	9,383	19,271	30,229
Other Medicaid Services	0	0	0	76,874	157,898	247,694	0	0	0	39,590	81,318	127,562
TEFRA Subtotal	0	0	0	95,094	195,318	306,391	0	0	0	48,973	100,589	157,791
=====												
TOTAL SERVICE COST -- WAIVER AND OPTION	0	904,340	2,728,325	4,003,236	4,855,777	5,863,988	0	362,136	1,092,537	1,613,958	1,966,834	2,383,288

No.

HOUSE FINANCE COMMITTEE

LETTER OF INTENT

for

CSHB 438 (FIN)

It is the intent of the Legislature to support the Governor's decision to direct the Department of Health & Social Services to proceed without delay to gain federal approval of Medicaid waivers and options to provide home and community-based services to the aged, physically disabled adults, and developmentally disabled adults and children, including children with special medical needs.

Further, the Legislature believes that Alaska has a growing population needing an institutional level of care that would, if not for the home and community-based alternatives available under Medicaid waivers and options, require additional investment in construction and operation of additional health care facilities.

In regard to the Medicaid waivers and options for developmentally disabled children, including children with special medical needs, the Legislature further requests the Department of Health & Social Services to listen to and incorporate the concerns of families across the state. Specifically, the Department should:

1. Allow the Division of Mental Health & Developmental Disabilities to play a key role in the service design and policy of Medicaid waivers, along with the Division of Medical Assistance.

2. Allow parents, advocates and professionals to be involved with the development of the criteria for the definition of "at risk of institutionalization."

Finally, if the Department of Health & Social Services, Division of Medical Assistance fails to gain approval for the children's Medicaid waiver, it is the intent of the legislature that the department notify the Legislature without delay so that the Legislature can proceed with implementing the Medicaid option, the effective date of which is dependent upon approval of the Medicaid waiver for children with disabilities and special medical needs.

Eileen P. Wukien

Mike Savare

4-30-92

COMMITTEE COPY

Adopted by the House

ENGROSSED

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

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

ALASKA STATE HOUSE

CHAIR
RULES COMMITTEE

JUDICIARY


SPECIAL COMMITTEE ON INTERNATIONAL
TRADE & TOURISM


LEGISLATIVE COUNCIL

REPRESENTATIVE JOHNNY ELLIS

MEMORANDUM

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

FROM: Rep. Johnny Ellis 

RE: Scheduling CSHB 438  Brianna Hurley Bill

DATE: May 2, 1992

Thank you for scheduling CSHB 438. The House Finance Committee amended section 5 of CSHB 438 — which will delay the effective date of this legislation in order to allow the Department of Health & Social Services to implement federally-approved Medicaid Waivers for home and community-based health care. This legislation will not take effect until two years after the waivers are approved by the federal government. The fiscal note for the proposed CSHB 438 (Finance) is zero.

CSHB 438 — the TEFRA Medicaid Option — provides for health care for children with disabilities. It allows a child to be Medicaid eligible at home by treating the parents' income in the same way it would be handled if the child were in an institution. It makes *all* kids under age 19 who qualify for an institutional level of care, *and* their care is more cost-effective if provided at home, Medicaid eligible for basic hospital doctor care/health services, hospice for kids, case management — everything in normal EPSTD coverage.

Adopting CSHB 438 is important in many ways. It allows families to stay together, it saves the state money — because the cost of home or community-based care in many cases is up to three times less the cost of an institution — and it creates jobs — because new home and community-based agencies and businesses must develop in many rural areas to keep those families together.



ALASKA STATE HOUSE

REPRESENTATIVE JOHNNY ELLIS

CSHB 438 SPONSOR STATEMENT

WHAT SERVICES DOES CSHB 438 — THE TEFRA OPTION BILL — OFFER?

The TEFRA Option Bill allows a child to be Medicaid eligible at home by treating the parents' income in the same way it would be handled if the child were in an institution. The option makes *all* kids under age 19 who qualify for an institutional level of care Medicaid eligible for basic hospital doctor care/health services, hospice for kids, case management — everything in normal EPSTD coverage. Seventeen states have the TEFRA Option, 28 states have regular waivers that serve kids and six have both as of Sept. 1, 1989.

DOES THIS BILL HAVE ANY MEANS OF COST CONTAINMENT?

Yes. It only applies to kids under the age of 19 who meet the requirement for an institutional level of care *and* their care is more cost-effective if provided at home.

WHO IS ELIGIBLE FOR THE SERVICES PROVIDED BY CSHB 438?

- Is under the age of 19 and would be eligible for Medicaid in an institution
- Requires or is at risk of needing an "institutional" level of care
- The care is appropriately provided outside the institution
- The cost of providing care is no more than the cost of institutional care
- Home and community based services are not available to this person under a waiver

WHAT GROUPS OF CHILDREN DOES CSHB 438 COVER?

The DH&SS estimates about 100 children would be eligible for the option as of June 1990 — Families & advocates estimate there are more children.

- 20 children in Hope Cottages, one of Alaska's two ICF-MR's
- 5 children in hospitals
- 11 children in foster care
- 9 children in nursing homes
- Estimated 55 children at home (paid through private insurance from parents or Medicaid)

CONCLUSION

Please consider adopting both the TEFRA option — CSHB 438 — and at the same time support the DH&SS's decision to apply for Medicaid waivers. The effective date of this legislation is two years after the federally-approved effective date of the waivers — hopefully July 1, 1995. This legislation will provide services only to those families who cannot be covered with a Medicaid waiver.

ALASKA STATE HOUSE

REPRESENTATIVE JOHNNY ELLIS

CSHB 438 SECTIONAL ANALYSIS

The House Finance Committee made several technical amendments to this legislation in regard to citing federal documents. Those are on page 4, lines 19, 24 and 30. Also, effective date has been changed: page 5, line 3 changes from 180 days to 2 years after the effective date of medicaid waivers for children.

HB 438 Amends Alaska Statutes 47.07 — Medical Assistance for Needy Persons

SECTION 1

AS 47.07.020 (b) is amended by adding a new section (10) describing the kind of person to be eligible for the Medicaid option. (A) and (B) defines people under the age of 19 who are eligible for assistance if in a hospital, nursing facility or ICF-MR — whose care would cost less if that person were receiving care at home, and (C) and (D) says that if that person were eligible for Medicaid in the institution then that person should remain eligible if that person left the facility — disregarding the income and resources of that person's parents, guardian or other caretakers.

SECTION 2

AS 47.07.030 is amended by adding a new section (c) that makes clear in the Statutes that the Department of H&SS can offer services under a waiver. The bill drafters thought this might be necessary to have in statute.

SECTION 3

AS47.07.035 is amended to add the new Medicaid option to the list of prioritized Medicaid options the state can offer. It lists the new option as number 20 on the priority list. I worked with the bill drafters to place it as number 20 because that is where the services end and the groups of people begin. Last year there was an unwritten policy that new options listed should be the first to go on the priority list, and putting this at number 20 follows that policy to the extent that this is placed as the first GROUP of people.

SECTION 4

This section recognizes that the state shall seek approval of a waiver from the federal government to provide home and community based services for persons who are Medicaid eligible.

SECTION 5

Sections 1 and 3 of this Act take effect two years after the waivers for children are approved by the Federal government. The Department of Health & Social Services is expected to gain approval for waivers no later than July of 1993, thereby making the effective date of this legislation July 1, 1995.



ALASKA STATE MEDICAL ASSOCIATION

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

REC'D FEB 20 1992

February 14, 1992

Representative Johnny Ellis
Alaska State Legislature
P. O. Box V (MS 3100)
Juneau, AK 99811

Dear Representative Ellis:

Thank you for sponsoring House Bill 438. This bill, if enacted, would provide much needed home and community based services for children who would otherwise be institutionalized. At last night's meeting of the Alaska State Medical Association Legislative Affairs Committee, we discussed your bill and gave it our strong support. If the medical association can be of any assistance in helping to get this bill passed, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "D R Lehmann".

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

Alaska C.O.P.E.

**Coalition Of Parents Educating
For The Disabled & Medically Complex
P.O. Box 220584
Anchorage, Alaska 99522-0584
(907) 522-1097**

December 10, 1991

Dear Lawmakers,

We are writing to ask for your support in the upcoming legislative session regarding the Medicaid option and waiver reports for medically complex individuals.

Alaska C.O.P.E. is a new educational and support group forming to educate parents and the community on issues related to the disabled and the medically complex.

Our immediate interest is in the recommendations to the State from Project Choice. We support the recommendations that Alaska like many other states adopt the Tefra waiver or option. If Alaska chooses to adopt the Tefra option, it would allow Medicaid to waive the parent income eligibility rules. This would allow families like ours to earn an income above the poverty level. It would also provide services and funding for families that are currently ineligible for Medicaid.

As a group we are urging parents and the community to contact you and express their concerns. Your consideration and support will be greatly appreciated.

Sincerely,

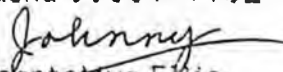
Elaine M. Hurley
Director

REC'D FEB 21 1992

ACTION FOR ALASKA'S CHILDREN

FEBRUARY 17, 1992

Representative Johnny Ellis
Alaska State Legislature
State Capitol
Juneau, Alaska 99801-1182

Dear  Representative Ellis:

RE: HCR 48 and HB 43

Action for Alaska's Children (AAC) is a state-wide child advocacy organization concerned with the health and well-being of our Alaska children. It is a volunteer organization with no paid staff and does not receive any local, state or federal funds.

AAC IS IN STRONG SUPPORT OF HCR 48 THAT URGES THE ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES TO APPLY FOR WAIVERS TO PROVIDE HOME AND COMMUNITY BASED CARE FOR KIDS, ADULTS WITH DISABILITIES AND THE ELDERLY.

WE ALSO SUPPORT HB 438 THAT WOULD PROVIDE MEDICAID HEALTH CARE COVERAGE FOR KIDS WHO WILL NOT BE ELIGIBLE FOR THE WAIVER SERVICES WHEN THEY ARE OFFERED. WE ARE CONVINCED THAT MONEY SPENT IN PREVENTION AND EARLY INTERVENTION SERVICES SAVES IN THE LONG RUN.

WE URGE YOUR SUPPORT OF BOTH HCR 48 AND HB 438.

Many thanks for your support of legislation beneficial to children and families in the past.

Sincerely,



Thelma P. Langdon
President/CEO

American
Academy of
Pediatrics



Alaska Chapter

President

David G. Alexander, MD
3340 Providence Drive
Suite 488
Anchorage, AK 99508-4884
(907) 581-1854

Vice President

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3600 Matthews Drive
Anchorage, AK 99516
(907) 561-2171

Secretary-Treasurer

Nancy Oulmet, MD
1200 Airport Heights Drive
Suite 140
Anchorage, AK 99508
(907) 264-1800

Dear Rep. ^{Johnny} Ellis

REC'D MAR 11 1992

The American Academy of Pediatrics has as it's primary goal the advocacy of children. As the president of the Alaskan chapter of that organization I wish to comment on a couple of issues that are coming up before the legislature this year.

First is HB 438 which is basically a bill to allow parents who have children that are disabled enough to be hospitalized at state expense to have the option of keeping those children at home while they receive medicaid health coverage without having to first divest themselves of all of their financial where-with-all. Optimally all children should be allowed to stay with their own parents and certainly it would be cheaper for the state to provide medicaid dollars rather than institutionalization dollars. Therefore we pediatricians strongly endorse this bill.

Secondly, we pediatricians and the national AAP have been advocating for access to health care for all children and pregnant women. We, and most state and national legislators are in agreement that it is a disgrace that we have defenseless children who are also totally uninsured and that some fetuses are raised in an unhealthy environment because mom is uninsured. There are certainly other problems with the access to health care, but the lack of insurance for helpless individuals should somehow be completely circumvented in this society of ours. I am very pleased to note that both the legislative task force on health care and the physicians and hospitals "health access and cost containment council" appear to be inclined to put this issue as a priority. It would seem to be appropriate to find some way to accomplish this since there is universal support.

Sincerely


David G. Alexander, M.D.

THE INFANT LEARNING PROGRAM

1266 Ocean Drive, Suite D
Homer, Alaska 99603
Phone 235-6044 • Fax 235-2644



DR

February 11, 1992

Dear House Health, Education, and Social Service Committee Members,

Please support HCR 48 and HB 438 to offer Medicaid options and waivers for home-based care for the elderly and children and adults with disabilities.

The Homer Infant Learning Program provides home-based early intervention services to families with infants and toddlers birth to three years who are at risk or experience a developmental delay or disability. Current grant funding levels are not sufficient to provide adequate frequency of services to the 40 families enrolled, especially in the 14 villages in the catchment area. In addition, 40 families are on the waiting list for services.

With Medicaid Health Care coverage, more children/families could be served.

Sincerely,



Colleen Powers
Program Coordinator

cc: Johnny Ellis



FRAN DURNER / Anchorage Daily News

Elaine and Douglas Hurley with 18-month-old daughter Brianna.

Caught in a Health Care Trap

Medicaid rules push middle-class family toward poverty

By JAY BLUCHER
Daily News reporter

Douglas and Elaine Hurley had it all — a new marriage, good jobs, a promising future. The only thing that would have made their lives perfect, they thought, was a child.

But when their daughter, Brianna, was born with severe medical problems, the Hurleys were forced to surrender much of what they had so Medicaid would pay for her care.

Eighteen months ago, before Brianna's birth, the Hurleys were a two-income family earning more than \$40,000 a year. Douglas, 24, was working full time as a baker and commercial fisherman, and Elaine, 26, was holding down three part-time jobs as a secretary and bookkeeper. They had been married for just two years.

"We scrimped, saved and planned for this baby and thought we had what people think of as the American dream — money for a down payment on a house, college funds, savings accounts — if not attainable, then at least in sight," says Douglas.

Brianna was born with cerebral palsy and epilepsy. She also has severe brain damage caused by viral encephalitis contracted in the womb. The disease, often fatal, causes paralysis.

At 7 months old, Brianna also suffered a stroke.

Some doctors tell the Hurleys that Brianna might learn to walk

by age 6 or 7. Others, such as Dr. Jerome Mednick, a pediatric neurologist in San Francisco, say she will never walk or talk.

Now, when other children her age are toddling, Brianna has only recently been able to muster the muscle coordination to wave her right hand. She cannot support herself upright or crawl, and the entire left side of her body is impaired. She is like a limp rag doll, with the motor skills of a 2-month-old.

While the Hurleys accept Brianna's special needs, the cost of caring for her at home was unexpected.

"We thought to ourselves, 'OK, we'll deal with it; there's help available for families like us,' " says Elaine.

But little did they realize that their decision to care for Brianna at home would force them to cash in their lives for a welfare check.

Since birth, Brianna has required extensive medical attention ranging from emergency hospitalizations — as when her seizures caused a semi-comatose state for 30 days — to regular visits with pediatricians, neurologists, nutritionists and other specialists. As a disabled infant, she also receives regular occupational, physical and speech therapy services through the state's Infant Learning Program.

She's had every manner of diagnostic test, and these continue.

At a big price.

The specialized infant formula she needs to gain weight costs \$75 a case, and lasts only a week because Brianna still cannot eat solid foods. The medications needed to control her seizures cost \$700 per month. Her medical bills average \$4,000 a month. And in Brianna's future looms extensive orthopedic surgery and probably an expensive liver transplant. (The drugs that help control her seizure have damaged her liver.)

The Hurleys estimate Brianna's medical bills will cost \$60,000 annually for the next five years. More than \$20,000 remains unpaid now.

At first, the couple had reasonably good medical insurance through Douglas' employer. It paid 80 percent of the family's medical costs. But after just three months in which Brianna's total medical costs topped \$60,000, Blue Cross of Washington and Alaska reduced its coverage to 50 percent.

Douglas' employer at the time, William Pargeter, who owns Harry's restaurant and owned the now-defunct Kayak Club, could have continued the higher coverage, but at greater cost.

Pargeter says he was acutely aware of the Hurleys' high medical expenses because the Kayak Club was in the midst of a bankruptcy reorganization at the time and he

Please see Page D-2, TRA

was looking for a new health insurance plan for his employees.

"But this family's high medical costs made the insurance companies leery of accepting the whole group," he says. "In fact, one carrier flatly refused to carry us as long as Douglas was employed with us."

Rather than offering his employees a health plan that excluded the Hurleys, Pargeter instead opted for a less comprehensive Blue Cross plan for all.

Blue Cross officials would say only that the company opted for a less expensive health plan.

Other insurance companies wouldn't accept the family because Brianna's medical needs were "pre-existing."

The Hurleys soon owed thousands of dollars with no hope of ever repaying it on their existing incomes. Threatening phone calls from bill collectors now punctuate their days. Their credit ratings are ruined.

"We were taking food out of our own mouths in order to send \$10 here, \$20 there, for medical bills left unpaid by our insurance, but we were falling hopelessly behind," says Elaine.

The couple realized their only option was Medicaid, the federal health-care program administered by individual states to help the poor. But Medicaid has a strict income limit, and the Hurleys exceeded it.

This family of three, to qualify for Medicaid, would have to begin living on \$1,334 a month, before taxes. Or, as they were told by Medicaid officials, they would have to "spend down to 133 percent of the federal poverty level."

This meant Douglas had to quit his job in September and go on unemployment, which pays him \$760 a month. Elaine could bring in only \$574 a month to stay under Medicaid's limit, so she could accept only part-time work as a bookkeeper.

"I despise living this way, feeling like I'm on the dole looking for a handout, but it's the only way my daughter's medical bills can be paid," says Douglas.

"It's frustrating to be a capable and willing-to-work father who wants to be the provider for my family, and yet be forced by bureaucratic rules to not work," says Douglas.

Income wasn't the only thing they had to cut. The Hurleys were required by Medicaid rules to delete their savings accounts, college funds for Brianna, certificates of deposit, individual retirement accounts, and to trim their possessions to one car of no more than \$1,500 value, household goods of \$500 value, and \$250 worth of baby furniture.

Every three months, state public assistance officials grill the family about new sources of income — inheritances, church donations or money from other family members.

"It makes me feel so demeaned, like

• I despise living this way, feeling like I'm on the dole looking for a handout . . . It's frustrating to be a capable and willing-to-work father who wants to be the provider for my family, and yet be forced by bureaucratic rules to not work. •

— Douglas Hurley

I have no worth, no self-esteem," says Douglas.

Since he's been unemployed, he's gotten several good job offers at considerably more salary.

"I've been reduced to turning down good jobs in order to care for my daughter," he says. "Now isn't that a perverse situation?"

Elaine is just as frustrated.

She worries that the couple may never be able to afford a home, have other children or excel in a career that could provide the security every family seeks.

They could do all that, however, if they did just one thing: Put Brianna in an institution or make her a ward of the state. Then Medicaid would pay for her care and release her parents from income limits.

Unacceptable, say the Hurleys.

"We want to be able to look at ourselves in the mirror and say that we did everything we possibly could to help her, no matter the sacrifice," says Elaine.

Equally distasteful is a third option — for the couple to legally separate. Elaine could accept public assistance as a single parent and Douglas would be free to return to work and pay child support.

"So the state would actually reward the breakup of a loving family," says Douglas sarcastically.

Chris Ashenbrenner, program officer for the state's medical assistance office, says the Hurleys are not alone.

"Because there's no nationwide health plan in this country, people such as the Hurleys are among the gap group, people caught in the middle-class health crisis," she says.

But she also says it's unfair to blame Medicaid.

"It's the whole health care mess in this country and insurance companies that are allowed to drop coverage when claims get too high or certain limits are reached."

David Maltman, executive director

of the Governor's Council for Handicapped and Gifted, says it could happen to anyone.

He agrees that Alaska's current policy needlessly impoverishes working families trying to care for a disabled child at home.

Responding to the problem, the council has examined the Medicaid system and recommended improvements to make home care more available to persons with disabilities.

In 1990, the legislature required a similar study by an independent commission known as Project Choice, whose final report will be presented in January. Both the council and Project Choice recommend that the state ask for a waiver from federal Medicaid rules.

This would let Medicaid waive income limits for families like the Hurleys.

Alaska is one of only a handful of states that have not adopted a waiver program or something known as the "Katie Beckett option."

In 1981 Katie Beckett, a 3-year-old girl from Iowa who, like Brianna, suffered from viral encephalitis, was granted a federal waiver by President Ronald Reagan. He cited the case as a reason for Medicaid reform.

Since then, a majority of U.S. states have adopted either waiver programs or Katie Beckett options.

Medicaid's Ashenbrenner says Alaska has never applied for this particular waiver or option because the state already has an adequate welfare program, with the most generous eligibility standards in the country.

This rationale, however, does not consider people like the Hurleys: a family caught in precisely the regulatory paradox that such waiver programs were intended to address.

The Hurleys see a waiver or Beckett option as their only relief from poverty.

"Sometimes, you get the impression these Medicaid people think of it as their own money," says Elaine.

She glances lovingly at Brianna who responds with a curious look. When all the frustrations become too much, the Hurleys focus on what is most dear.

They shower Brianna with attention. The tiniest of achievements, such as a simple wave of her hand, bring them renewed hope for her future.

"Her wonderful disposition through all of this really makes it easy on our hearts, knowing that as difficult as it gets for us sometimes, her love remains unconditional," says Douglas.

He marvels at his daughter's reliance as she sleeps in his arms.

"She's so beautiful, so innocent. She has no idea any of this is happening, no idea that she's . . . different or how difficult all of this has been for her parents," he says.

Brianna stirs.

"Ssshhh, little one. It's OK. Dad's here."

DDN 1/7/92

Medicaid reform

Start with a waiver, but do more

In photographs, Brianna Hurley looks like any healthy, happy 18-month old. The picture that ran in Monday's Daily News showed her sitting on her mother's lap. Her pink sweat shirt had white ponies on it, and her straight brown hair was swept back with a matching pink barrette. She shared the couch with her father and a doll.

But the photograph doesn't tell you the whole story. Yes, Brianna is as sweet looking as they come. And it's obvious her parents, Elaine and Douglas Hurley, love her. But their daughter can't hug her doll, or even sit upright on the couch by herself. Born with cerebral palsy and epilepsy, brain damaged from viral encephalitis, felled by a stroke, Brianna can't walk or talk, and may not ever.

Elaine and Douglas Hurley's life is like that photograph: It turned out different than it looked. It's not just that their daughter was born with the problems she has; they have found the personal strength to deal with that. But their financial resources — their jobs, insurance and savings — proved wholly inadequate in the face of \$60,000-a-year medical bills.

There's something wrong with a system that pays for institutional care but won't help a family that wants to care for its loved one at home.

There's something wrong with a system that takes two people with good work histories and tells them they can't work.

Had they put their daughter in an institution Medicaid would have paid for her care without restricting the Hurleys' income. But the couple wanted to take care of their daughter, at home, themselves. So they've had to quit their jobs, deplete their savings and sell off household goods to meet Medicaid income limitations.

There's something wrong with a system that pays for institutional care but won't help a family that wants to care for its loved one at home. There's something wrong with a system that takes two people with good work histories and tells them they can't work.

The state of Alaska can help the Hurleys and families like them by applying for an option — used by other states — that would let Medicaid waive the income limits for families who want to care for disabled members outside of an institution.

But while that's a quick fix — and a necessary one — there is more wrong here than simply Medicaid.

There's something wrong with an insurance company that can reduce coverage just when it's needed most, as happened to the Hurleys. There's something wrong with an insurance industry that can refuse to cover prior conditions or high-risk people. There's something wrong with a system that doesn't address catastrophic illnesses. And there's something very wrong with a system that leaves some 90,000 Alaskans with no insurance coverage at all.

The Alaska legislature can ask for a Medicaid waiver. But that's only a stopgap measure toward ensuring everyone the right to medical care. It's only a reminder of how desperately this country needs to reform its health care system.

Remember, the family in the photograph could be yours. If this could happen to the Hurleys, it could happen to you.

State wants Medicaid for home care

WEDNESDAY
February 12, 1992

By DIRK MILLER

THE JUNEAU EMPIRE

The Hickel administration wants to speed up the process to allow Medicaid patients a choice between home or institutional health care, at a savings to the state and federal governments.

Alaska is one of the last states to seek a federal waiver for using Medicaid to cover home care.

The cost of the health-care program for low-income elderly or disabled people is shared about 50-50 by the federal and state governments. But home care is not covered in Alaska, and people who cannot live at home without help must move into a nursing home or other institution to qualify for Medicaid.

Alaska has been seeking to change the program since 1990, when lawmakers passed a bill directing the Department of Health and Social Services to look into obtaining the waivers.

If approved by the federal government, it is expected the change would be in place by 1994.

"I think we've already established it's a good idea," said John Manly, spokesman for Gov. Walter J. Hickel. "The governor would like to see it in place as soon as it can be done."

Last year, the state's share of Medicaid was almost \$82.3 million. With the elderly population growing, that figure is sure to rise in the next few years, said Dave Williams, who is overseeing the waiver application for the Health and Social Services Department.

"Over the years it would cost less to take care of people at home than in an institution," he said today.

"The population that needs care is growing," Williams said. "What we're doing is making a decision about how to meet that growing need."

Health Commissioner Ted Mala and Hickel have directed the department to speed up the process, rather than wait for more legislative direction, Williams said.

"The commissioner and governor have come back and told us to go and get the waivers," he said.

Manly said allowing people a choice in health care is as important as any cost savings to the governor. "The major thrust of the governor's health agenda is to keep families together as much as possible," he said.

The percentage of people who choose home health care as an alternative to a nursing home or hospital likely would increase under the waiver program, Williams said.

"I think what we're looking at is not particularly saving a great deal of money, but allowing people to make a choice whether to stay at home or be put in an institution," Williams said.

The changes would benefit senior citizens, disabled children and their parents, and Alaskans with developmental or physical disabilities, according to Sen. Rick Uehling's office. The Anchorage Republican sponsored the 1990 legislation that directed the state to consider the Medicaid waivers.

"In many cases, the home-care alternative will save the state money," Uehling said in a prepared statement. "And the recovery process is much more rapid when people are home, supported by family."

Private nursing homes in the state charge between \$7,000 to \$9,000 a month per patient, Williams said.

As of Jan. 21, more than 630 Alaskans were in nursing homes, long-term care centers, hospitals and other insti-

Medicaid...

Continued from Page 1

tutions under the Medicaid program, according to statistics from the state.

The number does not include residents at the six state-subsidized Pioneers' Homes, which provide nursing care for elderly Alaskans.

But allowing payments for home care would not empty out Alaska's nursing homes and institutions, Williams said. Instead, people who have remained at home be-

cause they did not want to be institutionalized could receive needed services at home.

"The service is just more desirable if you can just stay home rather than go to an institution," he said.

"When you go into an institution, you turn your life over to the institution."

The department has estimated that in the first three years of the program, 530 people might opt for home health care instead of nursing homes, while many more people would receive home care currently unavailable through Medicaid.

Governor's Council for the Handicapped and Gifted

MEDICAID TASK FORCE

Six Draft Recommendations for Implementing the Medicaid Waiver Program.

DRAFT

Recommendations of the Medicaid Steering Committee, Governor's Council for the Handicapped and Gifted

The Medicaid Task Force of the Governor's Council for the Handicapped and Gifted met on April 21, 1992 to discuss the recommendations for improvement formulated by parents at the Pathways Conference. The Task Force did three things during the teleconference 1) tentatively agreed to the recommendations formulated by the parents at Pathways, 2) further developed the reasoning for those recommendations and 3) made several assignments to participants in order to seek more information before adopting these recommendations in final. The Medicaid Task Force plans to meet again within the next two weeks to share information on assignments that were made.

The Division of Mental Health and Developmental Disabilities should be given control of service design and policy. New services should be built on what is currently being done in the system, and most importantly on the service principles of the Developmental Disabilities system.

Discussion:

DMHDD and DD service providers have been working to discharge children and adults from institutions and prevent them from ever going in very successfully for a number of years. Families seem almost universally satisfied with the DD process and the improvements made in individualized planning. The aim of state policymakers should be to actively build on the existing DD system, using Medicaid as a financing tool. Anything less than a unified and consistent management of services for persons with severe disabilities will be duplicative and unnecessarily expensive.

It is likely that individuals qualifying for waiver services will, throughout their life, qualify for and need DD services. Therefore, it is extremely important that services be totally integrated and consistent across all age groups and across an individual's lifespan. Families are already painfully aware of being caught between service systems such as the school district and other service providers. Every federal initiative in this area is to make the systems that families deal with more cohesive and consistent.

It is equally important that the services be designed around the same service principles that drive other dd services, that of the individualized approach. It is vital that the Division and other service providers be involved in service design and setting up the planning process that will be used to help families and consumers determine their needs.

Subtasks

1. The Department should delineate in writing that DMHDD has role in setting policy for the program, in authorizing admission and in designing services for all waivers for persons with disabilities. It was suggested that a memorandum of agreement should be developed delineating responsibilities between DMA and DMHDD.

Some specific areas of responsibility for DD should include:

1. Designing assessment criteria and forms

2. Designing the individualized planning process, plan of care or habilitation plan requirements used by the state or providers (and the forms if any)

3. Lead staff in developing the initial planning, in determining and authorizing the care plans of individual clients within budgets specified by DMA. The regional program specialists and Marchelle Hansen currently do this function in conjunction with the DD programs. It is essential that this be done by DD under the waiver to ensure consistency with the service principles and family satisfaction with the decisions made.

4. Lead in design of community based services particularly those that have traditionally been segregated service models such as habilitation done in group homes or foster care. Also in determining equipment and home modifications policy.

5. Determine DD state office staff role versus DD provider/ FRS role in assessment and ongoing case management.

6. Establish provider agreements if needed. Supervise provider technical assistance.

On an ongoing basis:

7. When appropriate, participate in individualized planning process

8. Participate in ongoing case management

9. Develop program standards with providers that measure quality under the waiver program consistent with the service principles and integrate into existing system of review. Conduct quality reviews.

DRAFT

The criteria for determining which children will qualify as being "at risk of institutionalization" needs to be developed as broadly as federally permissible and in conjunction with professionals and consumers familiar with the field of disabilities.

Discussion:

States have broad latitude to set the definition for which children will qualify for services under a waiver and option. States have tailored their definitions based on the other choices available for families and individuals in their states. For instance, a state with a TEFRA option and waiver may chose to use their waiver to serve a highly specialized group of children.

There appears to be no standardized definition of a child "at risk of institutionalization." The working definition of which children should be in an institution, especially an ICF-MR, has changed dramatically in Alaska as other options for children have developed in the community. Children now living safely in small villages would likely have lived in Harborview or Hope Cottages ten years ago. Often, admission or continuing stay decisions include somewhat subjective or psycho-social factors--based largely on the fact that there are no other viable options for the child at this time. Such psycho-social factors such as caregiver burnout, economic stress, lack of other options for family, a change in family support system should be factored into the "at risk" definition for the waiver or option.

Eventually, these criteria may need to be embodied in regulation and a public comment process will be necessary. However, DHSS has used working groups of effected providers in the past to fashion program guidelines prior to regulation writing. Such a process should be used now to ensure maximum cooperation during the regulation process.

Sub Tasks:

1. Examine state and federal licensing and certification requirements to find out what criteria already exist ie Does all institutional care require a child to need "24 hour nursing supervision"? Also agreed to examine hearing officer decisions about criteria for institutionalization. (Putnam)
2. Conduct an historical review of changing severity of condition for institutionalized persons with disabilities in Alaska. (Lesko)
3. Contact other states with children's waivers to obtain examples of criteria used by them, including but not limited to Wisconsin and Minnesota(Maltman), Iowa (Hurley), Nebraska and Montana. (Cullington) (Project Choice may already have some copies of criteria to share)

4. The Department should empanel a working group to determine assessment criteria and the assessment process to be used. The team should include providers who work with developmentally disabled children in the community such as Hope Cottages, DMHDD staff such as Marchelle Hanson, a parent of a child with disabilities, and others such as representatives of the LIFE program at Providence and Infant learning. Certification and licensing staff at DMA should also be part of the group.

5. The Division of Medical Assistance should share any background materials on definitions they have gathered and provide in writing any legal limitations they believe will limit the work of the group or any working definitions they would prefer to see. If the thinking is that a child needs "24 hour nursing supervision" then how do they see that being done for persons with disabilities in home-based settings in various Alaskan communities. What impact do they think that will have on the usefulness of the waiver to persons currently living in the community?

DRAFT

Parents and advocates should assist the state in designing the "slot" allocation criteria, including how slots are allocated and the order in which children will be served.

Discussion:

The most difficult task will be deciding which qualified children will get to use the waiver slots. States have used a variety of approaches from first-come, first served to a system of prioritization. As one policy maker puts it, "its like playing God". Advocates should be involved in determining the criteria that should be employed by the state to hand out waiver slots.

Sub Task(s)

- 1. Explore how other states have allocated slots at the beginning of their waiver implementation Wyoming and Arizona were suggested as recent waiver states (GCHG)
- 2. The Department should seek input from the GCHG on the slot criteria.
- 3. The GCHG or a subcommittee should develop the criteria.

Ensure that families and consumers are involved in the design of the waivers and options

Subtasks

1. The DMHDD, GCHG and DMA develop a timeline for development of the waivers and options. The timeline should be made available to the public as soon as possible. The timeline should clearly display decision milestones and opportunities for public input into drafts. (Lobaugh)

More than 100 waiver slots should be made available.

Discussion:

Prior to applying for a waiver, the Department (including DMHDD) should conduct a more thorough review of how many children may actually qualify for a waiver. Also more children can be served through allowing access to other waivers planned to be written by the Department.

However, the success of the waiver meeting many families needs hinges on the availability of cold ICF-MR beds. Many of the older children (beyond infancy) will be qualified only for ICF-MR care as opposed to acute or nursing care beds. Currently, only a portion, perhaps 32-40 beds have been identified as available at this juncture. Over 120 vacant ICF-MR beds will be needed to meet the needs outlined in the Project Choice report for both children and adults. (60 for children and 60 for adults). There is a legitimate concern about how the necessary cold beds can be found to make the waiver useful. Under a scenario where very limited numbers of ICF-MR beds are available, it is clear that the TEFRA option would provide an important release valve for demand.

Subtasks:

DRAFT

1. Ask the Department to review the assumptions of the number of ICF-MR cold beds available and provide more information on the steps needed to gain the necessary cold beds. (Maltman) Look at possibility of conversion of hospital and swing beds for ICF-MR certification. (Cullington)

2. Create more waiver slots for children by a) placing children living in nursing homes in OBRA waiver (no cold bed requirement) b) GCHG discuss the possibility of allowing older children who live in Hope Cottages ICF-MR and those who are

H B

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1992 LEGISLATIVE SESSION

Revision Date: _____ Department Affected: Commerce & Economic Development
 Title: An Act relating to the bonding of hearing aid dealers. BRU: Occupational Licensing
 Component: Administration
 Sponsor: Rep. Carney
 Requestor: House HES COMPONENT SERIAL NO.

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Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 93	FY 94	FY 95	FY 96	FY 97	FY 98
PERSONAL SERVICES	0.0	0.0	0.0	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
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REVENUE	0.0	0.0	0.0	0.0	0.0	0.0
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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)

The bill exempts employees of a hearing aid dealer from the bonding requirement; however, it increases the bond from \$5,000 to \$10,000 for hearing aid dealers with employees. New funds are not required to implement this bill.

Prepared By: Jennifer Strickler Phone: 465-2144
 Division: Occupational Licensing Date: 03/23/92
 Approved by Commissioner: Glenn A. Olds
 Agency: Commerce & Economic Development Date: 3-24-92

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

Co-Chair
Health, Education and
Social Services Committee

Resources Committee

Legislative Budget and Audit

Special Committee
on Oil and Gas

Alaska State Legislature



Representative Patrick J. Carney

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SPONSOR STATEMENT FOR CSHB 480 (L&C)

AN ACT RELATING TO THE SECURITY THAT MUST BE PROVIDED BY OR FOR HEARING AID DEALERS

Under current statute, an employee of a hearing aid dealer is required to file a \$5,000 surety bond as a condition of licensure. This requirement can be cumbersome and costly for dealers with more than one or two employees.

CSHB 480 (L&C) would amend AS 08.55.030 to allow the dealer the option of filing a company bond in the amount of \$10,000 to cover all the dealer's employees. Employees of the hearing aid dealer would not be required to file an individual bond.

The bill adds the provision that the applicant may file a certificate of deposit instead of a bond and that the bond or certificate of deposit must be kept in effect for three years after the holder ceases to be a hearing aid dealer or employee.

The bill adds a section providing that the dealer would be held liable in the event of negligence by an employee.

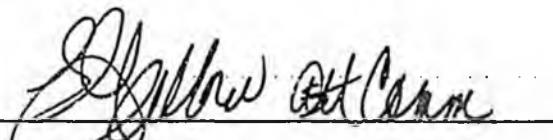
The Department of Commerce and Economic Development supports this legislation and has been actively involved with the drafting of the current committee substitute.

CS HB 480: "An Act relating to the security that must be provided
by or for hearing aid dealers"

CSHB 480 would remove the requirement for individual employees of a hearing aid dealer to be bonded. It would also increase the amount of bonding for the dealer to increase from \$5,000 to \$10,000 if the dealer has employees.

It also allows for a certificate of deposit in favor of the State to be held in lieu of a surety bond.

The department is supportive of this bill.



Glenn A. Olds, Commissioner

Date: 4.27.92

GAO/AB