

ALASKA LEGISLATURE COMMITTEE FILES 1993-1994 8672

7769 HOUSE • HEALTH EDUCATION & SOCIAL SERVICES

University of Missouri - Kansas City - Graduate Nursing Student,  
Kansas City Missouri  
September, 1977 - August 1978

Shawnee Mission Medical Center - Staff Nurse, Overland Park,  
Kansas  
December 1976 - May 1978

United States Air Force - Pediatric Nurse Extender, Eielson AFB,  
Alaska  
May 1974 - September 1976

United States Air Force - Staff Nurse, England AFB, Louisiana  
April 1973 - March 1974

United States Air Force - Staff Nurse, Barksdale AFB, Louisiana  
July 1972 - March 1973

Confederate Memorial Medical Center - Staff Nurse, Shreveport,  
Louisiana  
June 1971 - May 1972

Natchitoches Parish Hospital - Staff Nurse, Natchitoches, Louisiana  
January, 1970 - May 1970

Oschner Foundation Hospital - Staff Nurse, New Orleans,  
Louisiana  
September, 1969 - December 1969

Baptist Medical Center - Summer Missionary Nurse, Nalerigu,  
Ghana, West Africa  
June 1969 - August 1969

OFFICES:

Summer President Baptist Student Union, Northwestern State  
University  
June 1970 - August 1970

President of Baptist Student Union, Charity Hospital of Nursing  
1968 - 1969

AWARDS:

Kodiak Area Native Association Employee of the Year - 1993

\$200.00 grant for research project - Women's Council, University  
of Missouri, Kansas City, Missouri - 1978

CURRICULUM VITAE

KENDAL L. KAIHOI

Home Address:

4737 Villanova Drive  
Fairbanks, Alaska 99709  
(907) 479-3922

EDUCATION

Graduate, Mayo High School, Rochester, Minnesota, 1977.

Graduate, North Dakota State University, Fargo North Dakota.  
Bachelor of Science Degree in Pharmacy, 1983.

LICENSES TO PRACTICE PHARMACY

North Dakota Board of Pharmacy, #4104, by examination, 1984.  
Alaska Board of Pharmacy, #783, by reciprocity, 1984.  
Minnesota Board of Pharmacy, #5344, by reciprocity, 1989.

WORK EXPERIENCE AS A PHARMACIST

1990-           Manager, Prescription Center Pharmacy  
                  1919 Lathrop Street, Suite 109  
                  Fairbanks, Alaska 99701

1983-1990       Professional Pharmacy  
                  1001 Noble Street  
                  Fairbanks, Alaska 99701

1984-           Consultant Pharmacist  
                  Denali Center  
                  1949 Gillam Way  
                  Fairbanks, Alaska 99701

WORK EXPERIENCE AS A PHARMACIST (CONT.)

1992 - Consultant pharmacist  
Fairbanks pioneer home  
2221 Eagan street  
Fairbanks, Alaska 99701

PROFESSIONAL ORGANIZATIONS

Alaska Pharmaceutical Association, member since 1984.

American Pharmaceutical Association, member since 1990.

American Society of Consultant Pharmacists  
Fellow: 1990-

National Association of Retail Druggists, member since 1991.

COMMUNITY ACTIVITIES RELATED TO PHARMACY

Instructor: Community College System (UAF)

1. "Pharmacology" - This was a practical pharmacology and drug information for licensed and practicing nurses in office, hospital and nursing home situations.

OTHER ORGANIZATIONS AND ACTIVITIES

Fairbanks Chapter American Diabetes Association,  
Professional Section: 1986-  
Vice President: 1988

Hospice of Tanana Valley  
Board of Directors: 1990-1991

CURRICULUM VITAE : Kendal L. Kaihoi

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AWARDS

Young Pharmacist of the Year for the state of Alaska, 1988.  
Presented by Marion Laboratories

PERSONAL DATA

Date of Birth: March 29, 1959

Place of Birth: Windom, Minnesota

Married to Janice F. Kaihoi, Registered Nurse, Fairbanks Memorial  
Hospital

Children: Randi Kaihoi

Born: February 4, 1986

Rachyl Kaihoi

Born: December 20, 1991

REFERENCES

Mark Bertilrud, Administrator  
Denali Center  
1949 Gillam Way  
Fairbanks, Alaska 99701

Richard J. Burger, M.D.  
2009 Cowles Street  
Fairbanks, Alaska 99701  
(907) 456-6610

J. Michael Carroll, M.D.  
1919 Lathrop Street  
Fairbanks, Alaska 99701  
(907) 452-4768

Ron Davis, Administrator  
Tanana Valley Clinic  
1001 Noble Street  
Fairbanks, Alaska 99701  
(907) 452-1611

William H. Doolittle, M.D.  
1919 Lathrop Street  
Fairbanks, Alaska 99701  
(907) 452-4760

Michael J. Heinle, M.D.  
1001 Noble Street  
Fairbanks, Alaska 99701  
(907) 452-1611

Joan Jelinek, M.D.  
Medical Director, Denali Center  
Service  
1305 21st Avenue  
Fairbanks, Alaska 99701  
(907) 452-7524

Jackie Ortelli, R.N.  
Director of Nursing

Denali Center  
1949 Gillam Way  
Fairbanks, Alaska 99701  
(907) 452-1921



STATE OF ALASKA

OFFICE OF THE GOVERNOR
P.O. Box 110001
Juneau, AK 99811-0001

BOARDS AND COMMISSIONS RESUME

INSTRUCTIONS

A separate application is required for each position for which you apply. Complete and specific answers will aid in rapid and accurate processing of your resume. The initial determination of whether you qualify for the position specified will be based on this application.

Please type or print legibly in ink. Forward to the above address. Be sure your answers are true. A willfully false answer may result in your disqualification or removal from office if you are appointed.

Position for which I am applying:

Board of Pharmacy

Please list any other Board or Commission on which you serve:

Name: Kendal L. Kaihoi; Previous Name applied under:

Mailing Address: 4737 Villanova Drive; Residence Address: same

City, State and Zip Code: Fairbanks, Alaska 99709

Home Telephone: (907) 479-3922; Business or Message Telephone: work (907) 452-1514

REPORT ADDRESS AND TELEPHONE CHANGES PROMPTLY

AS 39.05.100 requires that a person appointed to a board or commission be a registered voter before the last general election:

Are you a registered voter? [X] YES [ ] NO

Voter Registration Number (Optional); Social Security Number (Optional)

Have you ever been convicted of a misdemeanor within the past five years or a felony within the past ten years? [ ] YES [X] NO

If "YES", explain the circumstances on a separate sheet of paper and attach it to this application. A conviction is not necessarily grounds for disqualification. The number of convictions, nature, recency and relationship to the board position applied for will be evaluated and a determination will be made after a review of all relevant facts.

A policy in the Governor's Office pertaining to boards and commissions is that a member attend at least 75% of the meetings. Are there any circumstances in either your professional or personal life which would prevent you from participating at the required authorized meetings? [ ] YES [X] NO

If "YES", explain on a separate sheet of paper and attach to this application.

This position may require that the member travel to either urban or rural (or both) areas. Are there any circumstances which would prevent you from participating? No

CONFLICTS OF INTEREST. Certain Boards and Commissions require full disclosure of personal financial data under AS 39.30.010. If required for the Board or Commission for which you are applying, are you willing to do so? [X] YES [ ] NO

Could you or any member of your family be affected financially by decisions to be made by the Board or Commission for which you have applied?

[X] YES [ ] NO If "YES", explain. I AM EMPLOYED AS A PHARMACIST. MY OCCUPATION IS REGULATED BY THIS BOARD. NO OTHER CONNECTIONS THAN MY CAREER.

The Office of the Governor will not discriminate against an applicant for a Board or Commission based on Sex, Age, National Origin, Marital Status, Pregnancy, Handicap, Religion or Parenthood.

TRAINING & EXPERIENCE: (If resumé attached, is not necessary to complete items A-D)

A. List any professional licenses, certifications, or registrations and dates obtained that may be used as qualifying criteria:

Registered pharmacist in states of Alaska, North Dakota and Minnesota  
Member : Alaska Pharmaceutical Association, American Pharmaceutical Association,  
National Association of Retail Druggist, American Association of Consultant  
Pharmacists (Fellow), Fairbanks Pharmaceutical Association (President)

B. List both formal and informal education and training experiences: (Use additional paper if necessary)

BS degree in Pharmacy from North Dakota State University

C. List any community service positions, municipal government positions, state positions held, and list any awards received. These include both compensated and uncompensated positions (for example, president of a service organization or a mayor). Also include length of time served in the positions.

Board of Directors - American Diabetes Association, Fairbanks chapter (2 yr)  
Hospice of the Tanana Valley (2 yr)  
Award - Young Pharmacist of the Year

D. Employment work history: paid, unpaid or voluntary: (Use additional paper if necessary)

1983 - present Fairbanks Professional Pharmacy & Prescription Center (manager)  
1985 - present pharmacy consultant for Denali Center  
1992 - present pharmacy consultant to Fairbanks Pioneer Home

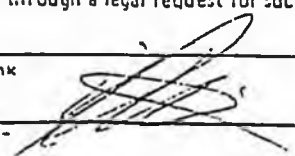
The Office of the Governor and the State of Alaska have an Affirmative Action Equal Employment Opportunity Program. To assist in the program, you are asked to voluntarily answer the following questions to provide the information necessary for reporting purposes. Under State and Federal law, the information you provide will not be used to illegally discriminate against you.

SEX  Male  Female  
ETHNIC BACKGROUND  White  Black  Hispanic  Alaska Native  Asian or Pacific Islander  American Indian

Date of Birth 3/29/59 Military Service (If applicable, give dates)

CERTIFICATION: I swear that the information I have entered on this form is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the form my application may be rejected, I may be removed from the list of eligible candidates or I may be removed from the position. I agree that the Office of the Governor may contact present or former employers or other persons who know me to obtain additional information about my skills and abilities. I understand that the information on this application is public information and may be released through a legal request for such information.

Signature in Ink



Date

3/8/94

STATE OF ALASKA  
Boards and Commissions

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BARBERS AND HAIRDRESSERS

BOARD: Board of Barbers and Hairdressers

BOARD IDENTIFICATION NUMBER: 011

DEPARTMENT: Department of Commerce and Economic Development

AUTHORITY: AS 08.13.010

STATUS: Active

SUNSET DATE: June 30, 1993

REQUIREMENTS: Legislative Confirmation

PROHIBITIONS: Cannot serve more than all or part of two consecutive terms.

TERM: 4 years

DESCRIPTION: 5 members appointed by Governor: 2 licensed barbers, 2 licensed hairdressers and 1 public member; serve at the pleasure of Governor.

FUNCTION: Regulates and controls applications, licenses and permits of barbers, hairdressers and cosmetologists.

CHAIR: Governor may select.

SPECIAL FACTS: Annual report to Governor. Members serve until a successor is appointed. An appointment to fill a vacancy is for the remainder of the unexpired term. A member who has served all or part of two successive terms may not be reappointed unless four years have elapsed since the person has last served. Serve at the pleasure of the governor.

COMPENSATION: Standard Travel and Per Diem. No additional compensation.

MEETINGS: As often as necessary to conduct business.

FOR FURTHER INFORMATION CONTACT: Ms. Adela Florendo, Division of Occupational Licensing, DCED, P.O. Box 110806 M/S 0800, Juneau, AK, 99811 0806, Phone: 907 465 2547

STATE OF ALASKA  
Boards and Commissions

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Membership Roster  
BARBERS AND HAIRDRESSERS (011)

Member	Appointed	Reappointed	Term Exp.
Karen L. Cleek Public 9304 Turn Street Juneau, AK 99801	12/02/93		07/01/96
<del>Elmo Kienbaum</del> Barber 2337 Second Avenue Ketchikan, AK 99901	09/30/91	07/01/93	07/01/97
Jerry Mayfield Barber 750 Highview Drive Anchorage, AK 99515	06/15/91	08/17/92	07/01/96
Mariann Stoffel Hairdresser -- Chair 1352 Pioneer Peak Drive Wasilla, AK 99687	10/09/91	07/01/93	07/01/97
Barbara Watkins Hairdresser 1017 San Fernando Apt. #2 Anchorage, AK 99508	08/14/91		07/01/95

6219 met  
3/21/94

STATE OF ALASKA  
Boards and Commissions

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MEDICAL BOARD

BOARD: State Medical Board

BOARD IDENTIFICATION NUMBER: 061

DEPARTMENT: Department of Commerce and Economic Development

AUTHORITY: AS 08.64.010

STATUS: Active

SUNSET DATE: June 30, 1995

REQUIREMENTS: Legislative Confirmation

PROHIBITIONS: Cannot serve more than all or part of two consecutive terms.

TERM: 4 years

DESCRIPTION: 7 members appointed by Governor: 5 licensed physicians residing in as many separate Alaska judicial districts as possible and 2 persons with no direct financial interest in the health care industry.

FUNCTION: Prescribes and establishes rules/regulations to carry into effect provisions of chapter; examine and issue licenses to applicants.

CHAIR: Board selects.

SPECIAL FACTS: Quorum - 4 members; serve at the pleasure of the Governor (AS 08.01.020). Staffed with an executive secretary located in Anchorage. Members serve until a successor is appointed. An appointment to fill a vacancy is for the remainder of the unexpired term. A member who has served all or part of two successive terms may not be reappointed unless four years have elapsed since the person has last served.

COMPENSATION: Standard Travel and Per Diem.

MEETINGS: At least 4 times per year.

FOR FURTHER INFORMATION CONTACT: Nancy Ferguson, Division of Occupational Licensing, DCED, P.O. Box 110806 M/S 0800, Juneau, AK, 99811 0806,  
Phone: 907 465 2541

STATE OF ALASKA  
Boards and Commissions

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Membership Roster  
MEDICAL BOARD (061)

Member	Appointed	Reappointed	Term Exp.
Eileen L. Becker Public P.O. Box 109 Homer, AK 99603	01/09/93		01/09/97
Noel W. DeVries Public P.O. Box 1027 Palmer, AK 99645	12/09/91	07/23/92	08/13/96
Joan Jelinek Physician 1305 21st Avenue, Suite 101 Fairbanks, AK 99701	12/14/92		01/12/96
Gary L. Johnson Physician P.O. Box 80606 Fairbanks, AK 99708	11/12/92		11/06/96
David A. McGuire Physician -- Chair Suite 202, 4048 Laurel Street Anchorage, AK 99508	04/21/92		04/21/96
Robert J. Rowen Physician 615 East 82 Street, Suite 300 Anchorage, AK 99518	07/23/92		07/08/96
Edward D. Spencer Physician P.O. Box 1907 Palmer, AK 99645	02/18/92		04/21/94

STATE OF ALASKA  
Boards and Commissions

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PHARMACY BOARD

BOARD: Board of Pharmacy

BOARD IDENTIFICATION NUMBER: 078

DEPARTMENT: Department of Commerce and Economic Development

AUTHORITY: AS 08.30.010

STATUS: Active

SUNSET DATE: June 30, 1993

REQUIREMENTS: Legislative Confirmation

PROHIBITIONS: Cannot serve more than all or part of two consecutive terms.

TERM: 4 years

DESCRIPTION: 7 members appointed by Governor: 5 licensed pharmacists actively engaged in practice in Alaska for 3 years immediately preceding appointment; 2 public members with no direct financial interest in health care industry; when possible, one member should represent each judicial district; terms begin April 1; members elect president. Terms of public members shall be staggered so that they do not expire at the same time.

FUNCTION: Controls registration, disciplinary sanctions, provides for the regulation of controlled substances.

CHAIR: Board selects.

SPECIAL FACTS: Serve at the pleasure of the Governor. Quorum - 4 members (3 when examining applications for registration); report to Legislature; members may be removed for cause. Members serve until a successor is appointed. An appointment to fill a vacancy is for the remainder of the unexpired term. A member who has served all or part of two successive terms may not be reappointed unless four years have elapsed since the person has last served.

COMPENSATION: Standard Travel and Per Diem.

MEETINGS: 3 times per year; 9 days total.

FOR FURTHER INFORMATION CONTACT: Ms. Elaine Seymour, Division of Occupational Licensing, DCED, P.O. Box 110806, M/S 0800, Juneau, AK, 99811 0806,  
Phone: 907 465 3811

STATE OF ALASKA  
Boards and Commissions

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Membership Roster  
PHARMACY BOARD (078)

Member	Appointed	Reappointed	Term Exp.
Timothy J. Boehmer Pharmacist -- Chair 12640 Ridgewood Road Anchorage, AK 99516	04/26/90		04/01/94
Chris E. Coursey Pharmacist HC 83, Box 1734 Eagle River, AK 99577	04/23/91		04/01/95
Patricia H. Douglas Public 19932 Birchwood Loop Road Chugiak, AK 99567	06/30/93		04/01/97
Paul Joseph Gionet Pharmacist 4120 Laurel Street, Suite 101 Anchorage, AK 99508	04/01/93		04/01/97
Charles J. Lastufka Public 7801 Highlander Anchorage, AK 99518	09/03/92		04/01/96
Sally M. Sarber Pharmacist P.O. Box 6635 Ketchikan, AK 99901	04/01/93		04/01/97
Stanley P. Thompson Pharmacist 1018 W. 73rd Avenue Anchorage, AK 99518	04/09/92		04/01/96

STATE OF ALASKA  
Boards and Commissions

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NURSING

BOARD: Board of Nursing

BOARD IDENTIFICATION NUMBER: 067

DEPARTMENT: Department of Commerce and Economic Development

AUTHORITY: AS 08.68.010

STATUS: Active

SUNSET DATE: June 30, 1995

REQUIREMENTS: Legislative Confirmation

PROHIBITIONS: Cannot serve more than all or part of two consecutive terms.

TERM: 4 years

DESCRIPTION: 7 members appointed by Governor; 5 nurses licensed in Alaska, actively engaged in nursing for four years (refer to statute AS 08.68.060): 1 licensed practical nurse currently involved in institutional nursing, 1 registered nurse engaged in baccalaureate nursing education, 3 registered nurses at large; 2 public members with no direct financial interest in health care industry; board elects chair.

FUNCTION: Regulates and approves applications for licenses and permits, and discipline of nurses.

CHAIR: Board selects.

SPECIAL FACTS: Serve at pleasure of the Governor; quorum is majority. Staffed with an executive secretary located in Anchorage. Members serve until a successor is appointed. An appointment to fill a vacancy is for the remainder of the unexpired term. A member who has served all or part of two successive terms may not be reappointed unless four years have elapsed since the person has last served.

COMPENSATION: Standard Travel and Per Diem.

MEETINGS: At least 4 times a year; 12 days maximum.

FOR FURTHER INFORMATION CONTACT: Ms. Linda Gohl, Division of Occupational Licensing, DCED, P.O. Box 110806 M/S 0800, Juneau, AK, 99811 0806, Phone: 907 465 2544

STATE OF ALASKA  
Boards and Commissions

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Membership Roster  
NURSING (067)

Member	Appointed	Reappointed	Term Exp.
J. Keenan Casteel RN/Baccalaureate Education Assistant Professor of Nursing School of Nursing & Health Sciences 3211 Providence Drive Anchorage, AK 99508	11/02/93		03/31/97
Belle L. Cunningham LPN P.O. Box 230991 Anchorage, AK 99523	05/11/92		03/31/95
Louise M. Dean Public -- Chair 1911 Waldron Drive Anchorage, AK 99507	04/10/90		03/31/94
Suzanne Gass Registered Nurse 719 Grant Ketchikan, AK 99901	01/14/92		03/31/95
Marion K. Lampman Public 9232 Elgin Circle Anchorage, AK 99515	08/17/92		03/31/95
Betsy B. McCune Registered Nurse 16505 Marcus Street Eagle River, AK 99577	05/11/92		03/31/96
Mary A. Stroeing Registered Nurse 904765 Glacier Highway Juneau, AK 99801	04/10/90		03/31/94

Overview

Dept. of

H&SS

1-19-94

## HOUSE HESS PRESENTATION

Madam Chair, Mr. Chairman, Members of the Committee:

Thank you for this opportunity to meet with you and discuss the Department of Health and Social Services. Our Department is made up of 7 divisions: Public Health, Mental Health and Developmental Disabilities, Family and Youth Services, Alcoholism and Drug Abuse, Public Assistance, Medical Assistance, and Administration. You are acquainted with our Division Directors, but I would like to introduce Julie Neyhart, our new Director of DMHDD.

As regards legislation at this point in time, we are particularly interested in four categories. Those are the Governor's crime package, the Senior Services legislation, Health Care Reform, and Alcohol and Tobacco excise tax. We have specific involvement in each of these areas.

I would like to call your attention to the planning that is in process in DHSS, as regards services to Alaskans. We are preparing to publish the "Healthy Alaskans 2000" document in February; this is the document that my predecessor took initiative on, in order to have a long range plan for the health of Alaska. It coordinates with the federal plan "Health People 2000." As you are aware, there have been two major conferences on health planning recently -- the conference in Fairbanks

in August at the invitation of various legislators, and the Health Summit in Anchorage at the end of November. The other major piece of this planning is the Healthy Children plan that is just getting started. Over 500 Alaskans were involved in the preparation of Healthy Alaskans 2000, and the process for development the integrated healthy child plan will also involve much community input, lead by competent contractors and a fine steering committee.

I will share some of our specific priorities and concerns with you, but before I do that, I would like you to know that our Department is made up of advocates for the people who receive services from DHSS. We join you in struggling to make very tough decisions during this very challenging time. But we represent devalued and powerless individuals, in most cases, and we will continue to make you aware of their needs.

\* \* \* \* \*

Major health issues facing the State, such as teenage suicide, violence, unintentional injuries, unsafe water and sewage disposal, escalating cancer rates, teen pregnancy, domestic violence, and unhealthy communities can only be addressed and controlled with a strong state public health program based on prevention, health promotion, and protection.

During the past year, the Women, Infants, and Children nutrition program grew by about 50%. A proposal for full federal funding in 1996 will bring that caseload to about 30,000. This will bring more federal funds into the state and also enhance a vital program.

The Home Health Care/Homemaker/Personal Care Attendant program has grown through consolidation to five agencies throughout the state providing services to 900 persons: 555 are covered by Medicaid, 28% are under age 60, 3% are under age 21, and 1% are developmentally disabled.

\* \* \* \* \*

In the Division of Mental Health and Developmental Disabilities Medicaid refinancing for mental health services has proven very successful. As of January, Medicaid revenues collected by grantees were greater than for the entire previous year. By April it is anticipated that all grantees will have made up through Medicaid for funding cuts in FY94.

Also through Medicaid, the Alaska Youth Initiative is able to serve 130 youngsters for a budget that previously accommodated 100, without decrease in quality of comprehensive services.

However, in our needs assessment research on Severely Emotionally Disturbed children statewide, we find distressing evidence of great unmet need for mental health services.

In suicide prevention we have data that clearly shows that the decline in suicide is the most significant in the villages that have grants for our rural program--that is about 60 villages throughout the state.

The developmental disabilities menu now includes Project CHOICE waivers to serve individuals who experience physical disabilities and medically complex children. Later this month the TEFRA option will be implemented, providing Medicaid services to eligible children under 18, regardless of family income.

\* \* \* \* \*

There has been decreased reliance of foster care resulting in a reduction of children placed, even though the reports of harm and need for intake has increased. This is due to serving children in their own homes whenever possible, and shortening out-placement length of stay. More children are being placed with relatives, and adoption and guardianships are increasing, resulting in more permanent placements and less disruption to childrens' lives. This is the reality of Family Preservation that you have heard a lot about during the past three years.

Our Department is supporting the automatic waiver of juveniles age 16 and over to be remanded to adult courts, per the amendment of SB 54.

The American Correctional Association Commission on Accreditation for Corrections has accredited all of Alaska's five juvenile correctional facilities and the three regional state probation programs. We are one of three states in the nation which has the entire youth correctional program accredited.

In the Administration legislative package on senior services protection and licensing for adults and children is reorganized. If this legislation passes, DFYS will only be responsible for protection and licensing for children. All adult concerns will be shared by the Division of Senior Services in the Department of Administration and DMHDD in our Department.

\* \* \* \* \*

Based on concerns regarding the alcohol and drug abuse programs, a contract has been entered into with a national firm to engage us in outcome research over the next two and a half years. This research will provide a foundation for measuring performance of treatment providers and a basis for developing future performance expectations of grantees.

In addition, the results of a research project under UAA will be published soon, focusing on outcomes from the Alcohol Safety Action Program. This study tracks misdemeanor offenders and recidivism from 1989 through 1992.

The House Task Force on Alcohol Abuse held four public hearings during the legislative interim, and we anticipate a report that is positive toward the Department's efforts and direction in practice and treatment.

Governor Hickel will submit legislation to increase the excise tax on alcoholic beverages by 50%. We endorse this heartily as a deterrent to alcohol abuse. The effect of what really amounts to a user fee is especially beneficial in decreasing alcohol consumption among the young, as proven in national research, and yet does not effect the nearly 40% of Alaskans who do not use alcoholic beverages.

\* \* \* \* \*

In the area of public assistance, we know that you acknowledge with us that these recipients are the result of lack of other preventive and supportive programs that prevent people from getting into the system in the first place. Regarding welfare dependency and cost increase, we want to produce economically independent families via the JOBS Program and other self-sufficiency projects for AFDC clients.

We need adequate staffing to assure that we can keep up our caseload containment and payment accuracy. Ensuring that only eligible clients receive benefits requires staff, but controls are needed to contain the rate of growth of the program. The eligibility information system is also crucial to this effort and is in need of alterations, updating, and enhancement.

Some legislators have expressed interest and intention to submit welfare reform legislation. We are anxious to cooperate in this effort and to assist in supplying data and information towards their efforts. We also expect that federal legislation will be forthcoming fairly soon, which we will also monitor.

\* \* \* \* \*

Medical Assistance and Medicaid efforts have been clearly directed toward increasing home-based and community services for clients, and toward reducing the amount of dollars spent for facility or in-patient treatment. This is reflected in Project CHOICE waivers, the TEFRA option, and also in community mental health refinancing. In mental health, the goal is to create a managed care system that will save literally millions of dollars, while providing more appropriate services to the chronically mentally ill.

\* \* \* \* \*

Along with all of these agendas we are moving along on the replacement of API on its current site in Anchorage. With capital funding appropriated, we will replace the existing hospital with a small facility designated to provide comprehensive mental health treatment for complex patients, while enhancing a state system to provide designated treatment beds in existing facilities around the state, so that most in-patient treatment can occur in a patient's home area. Current plans are for a 90-bed facility with a 24-bed forensic facility on the same site.

The issue of the future of and uses for Harborview Developmental Center will also need to be considered during this session, and I believe it will come to our attention both as a fiscal and a needs issue.

\* \* \* \* \*

It is good to be able to share with you the services and concerns of the Department. We will answer questions as you wish. Thank you.

Proposed Regs

State Lab

Fees

8-13-93

LTN1100-R01  
08/31/93

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 01  
16:53:08

TCN: 30662 DATE & TIME: 08/31/93 09:00 TO 12:00 STATUS:7 STATS: IN

\*\*\*\* ORDER SUMMARY \*\*\*\*

SPONSOR: NHES HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: TOOHEY

PURPOSE: WRK WORK SESSION

CONTACT: MARVEEN TEL#: (907)258-8195

CHAIRING SITE: ANCHORAGE 716 W 4TH, #200 ZZZ

TOLL FREE: DIAL-UP: LIO:(700)222-1000

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 99 MINUTE LIMIT

SPONSOR REMARKS(LIO): BACKUP MATERIAL:Y MEETING IN PROGRESS:N MAX. SITES:20  
TCN REQUESTED ON 08/31/93 AND HAS 9 UPDATES

\*\*\*\* AGENDA \*\*\*\*

- 1 PROPOSED STATE LAB FEES
- 2 ROLE OF THE STATE LAB

\*\*\*\* PARTICIPATING LIOS \*\*\*\*

* ANC ANCHORAGE	716 W 4TH, #200	LOCATION STAFF
BET BETHEL	301 WILLOW ST.	LOCATION STAFF
DJT DELTA JCT.	JARVIS CTR. #210	LOCATION STAFF
FBX FAIRBANKS	119 N CUSHMAN ST	LOCATION STAFF
GLN GLENNALLEN	COMMUNITY LIB.	LOCATION STAFF
HOM HOMER LTC	126 W PIONEER #4	LOCATION STAFF
JNU JUNEAU	CAPITOL CAP205	LOCATION STAFF
MAT MATSU	165 E PARKS HWY.	LOCATION STAFF
NOM NONE	FRONT STREET	LOCATION STAFF
PSG PETERSBURG	101 GJOA STREET	LOCATION STAFF
SOL KEN/SOL	34824 KALIFONSKY	LOCATION STAFF
VAL VALDEZ	STATE BLDG. #13	LOCATION STAFF

\*\*\*\* VOLUNTEER & OFFNET SITES \*\*\*\*

SOL SEW SEWARD	COMMUNITY LIB.	VICKY SEIGEL	(907)224-3740
VAL COR CORDOVA	CITY HALL	LORI DENSON	(907)424-6200

PARTICIPANTS IN: ANCHORAGE ANC

1 REP	CYNTHIA	TOOHEY	AK	TSFY, PROPOSED STAT (907)000-0000
2 REP	PETE	KOTT	AK	TSFY, PROPOSED STAT (907)000-0000
3 REP	BETTYE	DAVIS	AK	TSFY, PROPOSED STAT (907)000-0000
4 REP	JIM	NORDLUN	AK	TSFY, PROPOSED STAT (907)000-0000
5 SEN	JOHNNY	ELLIS	AK	TSFY, PROPOSED STAT (907)000-0000
6 SEN	DAVE	DONLEY	AK	TSFY, PROPOSED STAT (907)000-0000
7	PETER	NAKAMURA	AK	TSFY, PROPOSED STAT (907)465-3090
8 DR	UNKNOWN	KELLY	AK	TSFY, PROPOSED STAT (907)000-0000
9	CHARLES	TEDFORD	AK	TSFY, PROPOSED STAT (907)000-0000
10	JENNIFER	GARCIA	AK	TSFY, PROPOSED STAT

TCN: 30662 DATE &amp; TIME: 08/31/93 09:00 TO 12:00 STATUS:7 STATS. IN

PARTICIPANTS IN ANCHORAGE		ANC		
11	JEN NIFLER SANCIA HEATHER FLYNN 100 W 13TH	ANCHORAGE	AK 99511 (907)276-5222	TSFY. PROPOSED STAT
12	JEANNE WOLF	MOA/DHHS	AK 99501 (907)279-9581	TSFY. PROPOSED STAT
13	JAN WILLS	MOA/DHHS	AK (907)343-4605	TSFY. PROPOSED STAT
14	YVONNE BROADHEAD		AK (907)343-4605	OBSV. PROPOSED STAT
15	JAY LIVEY	DHSS	AK (907)000-0000	OBSV. PROPOSED STAT
16	REGINA SMITH	IHS LABORATORIES	AK (907)465-3030	OBSV. PROPOSED STAT
17	KIP KNUDSON OFFICE OF REP. HANLEY		AK (907)257-1220	OBSV. PROPOSED STAT
18	DONNA HURDA 406 W FIREWEED	PLANNED PARENTHD ANCHORAGE	AK (907)258-8192	OBSV. PROPOSED STAT
19	DENNIS GELLHOUSE 3044 WOODDUCK AVE	JUNEAU	AK 99503 (907)272-4822	OBSV. PROPOSED STAT
20	CHUCK O'CONNELL 3510 SPENARD RD	ANCHORAGE	AK 99801 (907)789-2638	OBSV. PROPOSED STAT
21 SEN.	JOHNNY ELLIS		AK 99503 (907)277-5200	OBSV. PROPOSED STAT
22	KUHN KEILY 3256 HOSPITAL DR	JUNEAU	AK (907)000-0000	OBSV. PROPOSED STAT
23	ANNETTE KREITZER SEN. LEMAN'S OFFICE		AK 99801 (907)586-3586	OBSV. PROPOSED STAT
24	CARMEN DIEZ CANSECO MALLIJUDI 3150 SEAWIND DR	ANCHORAGE	AK (907)000-0000	TSFY. PROPOSED STAT
25	ROSE TANAKA		AK 99516 (907)345-4174	TSFY. PROPOSED STAT
26	TONY BELL 825 L ST. RM 107	ANCHORAGE	AK (907)000-0000	TSFY. PROPOSED STAT
27	HAROLD JOHNSTON, M.D. 1217 E 10TH AVE	ANCH NEIGHBORHD ANCHORAGE	AK 99501 (907)343-4611	TSFY. PROPOSED STAT
28	GEORGE HANSEN, DDS 4860 FOLKER ST	ANCHORAGE	AK 99501 (907)257-4600	TSFY. PROPOSED STAT
29	KAY LAHDEMPERE	MOA/DHHS	AK 99507 (907)567-7518	TSFY. PROPOSED STAT
30	PATRICIA HONG 237 E 3RD. NO 3	ANCHORAGE	AK (907)343-4624	TSFY. PROPOSED STAT
31	LISA HARLAMERI 19530 WINGHAM CIRCLE	EAGLE RIVER	AK 99501 (907)274-0827	OBSV. PROPOSED STAT
32	SAM OBEIDI		AK 99577 (907)696-8426	OBSV. PROPOSED STAT
33	CHRIS TOAL REP. FINKELSTEIN'S STAFF		AK (907)000-0000	OBSV. PROPOSED STAT
34	FRANK PAULS 3431 COTTONWOOD ST	ANCHORAGE	AK (907)000-0000	OBSV. PROPOSED STAT
35	WILLIAM GALLANGER 644 W 34TH AVE NO. 425	ANCHORAGE	AK 99508 (907)274-9930	TSFY. PROPOSED STAT
36	AMY NOE 3400 SPENARD RD, STE 10	ANC DENTAL SOC ANCHORAGE	AK 99503 (907)562-5276	OBSV. PROPOSED STAT

TCN: 30662 DATE & TIME: 08/31/93 09:00 TO 12:00 STATUS: 7 STATS. IN

PARTICIPANTS IN: ANCHORAGE

ANC

37	LARRY STEVENS			OBSV. PROPOSED STAT
	SEN. JACKO'S OFFICE		AK	(907)000-0000
38	B.J. ANDERSON	ANCH NEIGHBOR		OBSV. PROPOSED STAT
	1217 E 10TH AVE	ANCHORAGE	AK	99501 (907)257-4609
39	DAN SADDLER			OBSV. PROPOSED STAT
			AK	(907)000-0000
40	MARVEEN COGGINS			OBSV. PROPOSED STAT
			AK	(907)000-0000
41	KEN ERICKSON			OBSV. PROPOSED STAT
			AK	(907)000-0000
42	RHONDA ROBERTS			OBSV. PROPOSED STAT
			AK	(907)000-0000
43	ROSEMARY KARISH			OBSV. PROPOSED STAT
			AK	(907)000-0000
44	RENEE CHATMAN			OBSV. PROPOSED STAT
			AK	(907)000-0000
45	CHANNEL TWO			OBSV. PROPOSED STAT
			AK	(907)000-0000
46	CHANNEL TWO			OBSV. PROPOSED STAT
			AK	(907)000-0000
47	CHANNEL ELEVEN			OBSV. PROPOSED STAT
			AK	(907)000-0000
48	CHANNEL ELEVEN			OBSV. PROPOSED STAT
			AK	(907)000-0000
49	WAYNE MALONEY			OBSV. PROPOSED STAT
			AK	(907)000-0000

PARTICIPANTS IN: DELTA JCT

DJT

MS.	TONY LEE, LAB SUPER.	FAMILY MED.	CLIN TSFY.	PROPOSED STAT
	HC 60, BOX 3140	DELTA JCT.	AK	99737 (907)895-5100
2 MS.	ANNIE LANDRUM	STAFF REP.	OLBERG	OBSV. PROPOSED STAT
	RM. 110, STATE CAPITOL	JUNEAU	AK	99801 (907)465-4859

PARTICIPANTS IN: FAIRBANKS

FBX

1 REP.	JOE SITTON			TSFY. PROPOSED STAT
	119 N. CUSHMAN	FAIRBANKS	AK	99701 (907)456-8161
2 REP.	TOM BRICE			TSFY. PROPOSED STAT
	119 N. CUSHMAN	FAIRBANKS	AK	99701 (907)456-7423
3 MR.	TERRY SCHMIDT	STATE HEALTH LAB	TSFY.	PROPOSED STAT
			AK	99701 (907)474-7017
4 MR.	DAN RITTER	STATE HEALTH LAB	TSFY.	PROPOSED STAT
			AK	99701 (907)474-7017
5 MS DR	MELINDA EVANS, M.D.	MPH UAF, HEALTH	CTR.	TSFY. PROPOSED STAT
	UAF, HSS BLDG. 2ND FLR.	FAIRBANKS	AK	99775 (907)474-7043
6 MS.	SUZANNE OLSON	UAF, HEALTH	CTR.	TSFY. PROPOSED STAT
	UAF, HSS BLDG., 2ND FLR.	FAIRBANKS	AK	99775 (907)474-7043
7 MR.	WALLY EVANS	STATE HEALTH LAB	OBSV.	PROPOSED STAT
		FAIRBANKS	AK	99701 (907)474-7017
8 MS.	CHERYL KILGORE			OBSV. PROPOSED STAT
	1919 LATHROP #23	FAIRBANKS	AK	99701 (907)451-2940
9 MS.	SANDRA STRINGER	FNSB MAYOR'S OFF	OBSV.	PROPOSED STAT
	PO BOX 71267	FAIRBANKS	AK	99707 (907)459-1304
10 MS.	SUE THOMPSON	KTVF-11		OBSV. PROPOSED STAT

TCN: 30662 DATE & TIME: 08/31/93 09:00 TO 12:00 STATUS:7 STATS. IN

PARTICIPANTS IN FAIRBANKS <sup>Cont</sup> FBX  
INTERNATIONAL ROAD FAIRBANKS AK 99701 (907)452-5123  
1) MS. NANCY FIORA. MT ASCP TANANA CLINIC OBSV. PROPOSED STAT  
1001 NOBLE FAIRBANKS AK 99701 (907)452-1611

PARTICIPANTS IN GLENNALLEN GLN  
1 MS. SHARLANE DONALSON LAB SUPERVISOR TSFY. PROPOSED STAT  
BOX 5 GLENNALLEN AK 99588 (907)822-3293  
2 MS. IRENE NICHOLAI TSFY. PROPOSED STAT  
BOX 86 TANANA AK 99777 (907)000-0000

PARTICIPANTS IN HOMER LTC HOM  
1 MS. KIM SMITH K.B.FAMILY PLAN. TSFY. PROPOSED STAT  
BOX 2742 HOMER AK 99603 (907)235-3436  
2 MR. DON FIEBELKORN S.P. HOSPITAL TSFY. PROPOSED STAT  
BOX 4333 HOMER AK 99603 (907)235-8101  
3 MS. SUSAN KERNES FAMILY PLANNING TSFY. PROPOSED STAT  
BOX 984 HOMER AK 99603 (907)235-5194  
4 MRS. LINDA GJOSUND REP. PHILLIPS OBSV. PROPOSED STAT  
BOX 649 HOMER AK 99603 (907)235-8392  
5 REP. GAIL PHILLIPS OBSV. PROPOSED STAT  
126 W. PIONEER AVE., #3 HOMER AK 99603 (907)235-2921

PARTICIPANTS IN JUNEAU JNU  
1 MARY JEFFERSON BARTLETT HOSP. TSFY. PROPOSED STAT  
9351 MINER DRIVE JUNEAU AK 99801 (907)586-8417  
2 DONALD NOVOTNEY BARTLETT HOSP. TSFY. PROPOSED STAT  
1120 TIMBERLINE CT. JUNEAU AK 99801 (907)586-8413  
3 DAVE TONKOVICH LEG. FINANCE OBSV. PROPOSED STAT  
JUNEAU AK (907)465-5410

PARTICIPANTS IN NOME NOM  
1 MS. VICKI MARIE COLACICCO NSHC-PHN TSFY. PROPOSED STAT  
P. O. BOX 966 NOME AK 99762 (907)443-3221

PARTICIPANTS IN PETERSBURG PSG  
1 MS. SALLY GUINEY PSG GEN. HOSP. TSFY. PROPOSED STAT  
BOX 1244 PETERSBURG AK 99833 (907)772-4291

PARTICIPANTS IN KEN/SOL SOL  
1 MRS. SHELIA NORDALE GEN PEN GEN HPS TSFY. PROPOSED STAT  
BOX 866 SOLDOTNA AK 99669 (907)262-4404  
2 MRS. JOAN BENNETT SCHRADER CLUM TSFY. ALL ITEMS  
BOX 1587 KENAI AK 99611 (907)000-0000  
3 SEN. SUZANNE LITTLE TSFY. ALL ITEMS  
34824 K-BEACH RD. SOLDOTNA AK 99669 (907)262-9420  
4 MR. GENE DEKERLEGAND KPCLC OBSV. ALL ITEMS  
PO BOX 1757 SOLDOTNA AK 99669 (907)000-0000  
5 MRS. HELEN DONAHUE REP. G. DAVIS OBSV. ALL ITEMS  
34824 K-BEACH RD. SOLDOTNA AK 99669 (907)262-8414

PARTICIPANTS IN SEWARD SOL SEM  
1 MS. MARGARET ERICKSON SEW GEN. HOPST TSFY. ALL ITEMS  
PO BOX 265 SEWARD AK 99664 (907)224-3845

TCN: 30662 DATE & TIME: 08/31/93 09:00 TO 12:00 STATUS:7 STATS. IN

PARTICIPANTS IN SEWARD SOL SEW  
2 MS. JULIE BRYANT REP. G. DAVIS ORSV. ALL ITEMS  
216 4TH AVE. SEWARD AK 99664 (907)224-2051

\*\*\* SCHEDULING NOTES \*\*\*

MARVEEN INDICATED THAT THIS WAS NOT A SPONSORED TELECONFERENCE - IT IS A COMMITTEE WORK SESSION CHAIRED BY REP. TOOHEY PW 8/18 (I TALKED EXTENSIVELY WITH HER ON 8/17 - LCM).  
ELENMALLEN - CONFIRMED 8/19-LCM-PHONE NOON.  
MARVEEN CALLED AND INDICATED SHE'D REQUESTED BARROW TO BE ADDED ON. I LET HER KNOW THAT BARROW HAD ASKED TO BE REMOVED AS THE OFFICE WOULD BE CLOSED. SHE MAY CALL AND ADD AN OFFER. LCM 8/20  
HOMER AND SEWARD ADDED PER MARVEEN. PLEASE CONFIRM PARTICIPATION.  
TC BACKUP PROVIDED AND SENT OUT 8/24 PW  
VAL AND COR CONFIRMED 8/24. BK  
DJT CONFIRMED 8/24. BK  
HOM CONFIRMED 8/25. BK  
SEW CONFIRMED 8/25. BK

\*\*\* UPDATES \*\*\*

01 08/18/93 15:06:31 ANNOUNCING TELECONFERENCE  
02 08/18/93 15:12:14 KEN/SOL ADDED ON  
02 08/18/93 15:12:15 BARROW ADDED ON  
03 08/19/93 11:23:60 DELTA JCT. ADDED ON  
03 08/19/93 11:23:61 VALDEZ ADDED ON  
03 08/19/93 11:23:62 CORDOVA ADDED ON  
04 08/19/93 16:18:23 BARROW DROPPED  
05 08/20/93 11:26:20 NOME ADDED ON  
06 08/24/93 14:36:34 SEWARD ADDED ON  
07 08/24/93 14:36:57 HOMER LTC ADDED ON  
08 08/26/93 11:44:08 MATSU ADDED ON  
09 08/30/93 15:36:47 PETERSBURG ADDED ON

08/31/93 LEGISLATIVE TELECONFERENCE NETWORK SYSTEM LTN1150  
10:26:53 PARTICIPANT LIST (TESTIFIERS ONLY) BY:ANC  
TCN:30662 SCHEDULED FOR:08/31/93 09:00 TO 12:00 FOR:JNU  
WORK SESSION HOUSE HEALTH, EDUCATION AND SOCIAL SERVI

LOCATION: JUNEAU  
PROPOSED STATE MARY JEFFERSON BARTLETT HOSP. TESTIFY  
PROPOSED STATE DONALD NORTNEY BARTLETT HOSP. TESTIFY



# LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

SPONSOR: HOUSE HESS COMMITTEE

SUBJECT: STATE PUBLIC HEALTH LAB FEES

START/END TIME: 9AM - 12PM DATE: AUG, 31 1993

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	JENNIFER GARCIA	P.O. BOX 110578 A/A	99571	276-5222	✓		
2.	Heather Flynn	100 W. 13 <sup>th</sup>	99501	279-9581	✓		
3.	Jeanne Wolf	MOA - DHHS		343-4605	✓		
4.	JAN WILIS	MOA - DHHS		343-4605	✓		
5.	Jeanne Beardsley						
6.	JAY LIVEY	DHSS	99861	465-3030		✓	
7.	Rogin Smith	IHS Substation	99501	257-1220		✓	
8.	Peter Nakamura	DHSS, DPHS		465-3090			
9.	KIP KAUNDSON	OFF. OF REP. HANLEY		258-8192			
10.	DENNA HULLA	1409 W. 1 <sup>st</sup> AVE. JUNEAU	99503	277-4822			
11.	DENNIS GELCHOUSE	3044 WOODDUCK AVE. JUNEAU 99801		789-2658		✓	
12.	ALAN O'CONNOR	3510 Seward Rd. Juneau	99503	277-5200		✓	
13.	JOHNNY ELLIS	1241 Denali #201	99801	258-8182		✓	
14.	Paula Riley	3256 Haggard Rd. Juneau	99801	586-5586			
15.	GINETTE KREITZER	STAFF - Senator Louie Gorman		258-8189		✓	



# LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

SPONSOR: HOUSE HESS COMMITTEE

SUBJECT: STATE PUBLIC HEALTH LAB FEES

START/END TIME: 9am - 12pm DATE: AUG, 31 1993

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	LISA M. HANLAMERT	1953N WINGHAM Circle ER	99577	1296-8426		✓	
2.	Sam Obeidi	ANCH				✓	
3.	Chris Toal - Rep. Fiv. Kelstein	716 W. 4th Ave. #240-A	99501	258-8195		✓	
4.	Frank P. Paul	3431 - Cottonwood St.	99508	274-9930			
5.	William Gallanzer	664 W. 34th Ave #425	99503	562-5276	✓		
6.	Amey B. Nee / Anch. Dental Society	3400 Sprengel Rd, Suite 110	99503	279-5144		✓	
7.	HARRY STEVENS / JACKO	ANCH OFFICE	99501	258-9187		✓	
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							



# LEGISLATIVE TELECONFERENCE NETWORK SIGN-IN SHEET

SPONSOR: HOUSE HESS COMMITTEE

SUBJECT: STATE PUBLIC HEALTH LAB FEES

START/END TIME: 9AM - 12PM DATE: AUG, 31 1993

PLEASE PRINT

	Name/Representing	Address	Zip	Phone No.	Testify	Observe	Bill No.
1.	Charles F. Tedford / Rad. Health DHSS	320 W. Willoughby St. Seward AK	99811	465-3019			
2.	Tom Bell MOA / STD. Clinic	825 "L" St, Rm 107 9	99507	343-4611	X		
3.	Harold Johnston MD / Arch. Neighborhood Health Center	1217 E 10th Ave Anch.	99501	257-4600	X		
4.	GEORGE M. HANSEN DDS	4860 FOLKER STREET	99507	567-7518	X		
5.	B.W. ANDERSON / ANCH. NEIGH. HEALTH	1217 E 10th AVE	99501	257-4609		✓	
6.	KAY LAHDENPERE	MOA (DHHS)	99501	343-4624	✓		
7.	PATRICIA HONG - ALASKA NURSES ASSOCIATION	237 E THIRD #3	99501	274-0827	✓		
8.	CARMEN DIEZ CANSECO MALLIPUDI	3150 SEAWIND DR	99516	345-4174	-		
9.	ROSE TANAKA						
10.							
11.							
12.							
13.							
14.							
15.							

# HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE  
HOUSE OF REPRESENTATIVES

STATE CAPITOL, JUNEAU 99801  
(907) 465-3759



## HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE WORK SESSION

### REGARDING PROPOSED FEES FOR PUBLIC HEALTH LABORATORY AND RADIOLOGIC HEALTH SERVICES

AUGUST 31, 1993

9:00 A.M.- 12:00 NOON

#### AGENDA

- I. Department of Health & Social Services: explanation of the proposed regulations by Dr. Katherine Kelley, Chief Section of Laboratories
- II. Public testimony
- III. (If time allows) The role of the state labs in the present and in the future.

AGENDA



Official Business

# Alaska State Legislature

State Capitol  
Juneau, AK 99801-1182

August 13, 1993

Dr. Peter Nakamura  
DEPT. OF HEALTH & SOCIAL SERVICES  
P.O. Box 110610  
Juneau, AK 99811-0610

Re: Proposed State Lab Fees

Dear Dr. Nakamura,

The Department has proposed to collect state lab fees for services which were previously free. It is understood that this is intended to provide program receipt revenue in the amount of approximately \$600,000. Not only are fees proposed, but most of the fees appear to be excessive in many instances. They are as high or higher than what private labs charge. Yet the processing time for lab tests in the state labs is substantially slower than in private labs. One questions how any of the three state labs can compete under that scenario.

A number of concerns have been expressed about these proposed regulations and questions have been asked that do not appear to have been answered sufficiently. There was a public hearing on these regulations July 30th. However a number of individuals heard about the hearing after the fact. Some of those who attended, remain concerned and desire clarification on a number of issues related to the proposals. There are potentially some serious consequences in the area of public health if these regulations are implemented.

One of the most serious concerns is in the area of epidemiology and the close scrutiny of infectious diseases, both through screening and through gathering of statistical data. Another concern is financial. How will these proposed regulations affect non-profits and other clinics? If there is an

LETTER FROM REPRESENTATIVES REQUESTING HEARING

Page Two  
August 13, 1993  
Dr. Nakamura

increase in bookkeeping, these clinics may not be able to handle the financial burden.

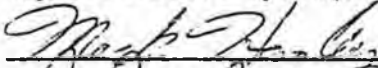
Is there a further breakdown on how the Department intends to collect sufficient revenues through this process? It is the understanding of the undersigned that two more positions will be necessary in the Juneau lab. A bookkeeping and billing system will have to be developed and put in place. The latter is already being done although the regulations have not been implemented.

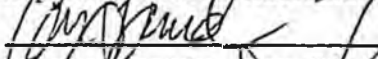
Rather than relate all the concerns that have been voiced, it is the request of the undersigned that at least one more public, well-publicized hearing be held so that these concerns can be adequately addressed. We request that you send notice to all clinics and users of the state lab, including facilities which may be affected by your proposed fees for radiologic inspections and other services listed in your proposed fee schedule.

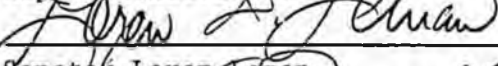
With another hearing, it is anticipated that a great many of the concerns and confusion about these proposals could be addressed. We will await your response. By copy of this letter, we are advising Commissioner Mala of our request.

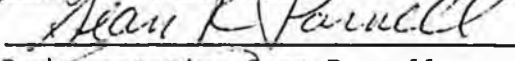
Sincerely,

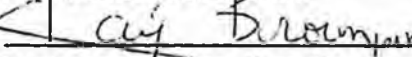
  
Representative Cynthia Tobney

  
Representative Mark Hanley


  
Representative Con Bunda

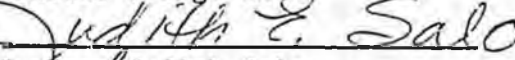
  
Senator Loren Leman

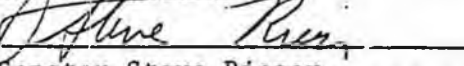
  
Representative Sean Parnell

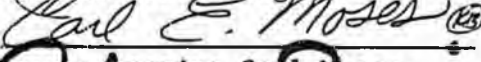
  
Representative Kay Brown

  
Representative Kamona Barnes

  
Senator George Jacko

  
Senator Judith Salo

  
Senator Steve Rieger

  
Representative Carl Moses

  
Senator Johnny Ellis

Page Three  
August 13, 1993  
Dr. Nakamura

*Bettye Davis*

Representative Bettye Davis

*Jerry Sanders*

Representative Jerry Sanders

*Dave Donley*

Senator Dave Donley

*Drue Pearce*

Senator Drue Pearce

*Pete Kott*

Representative Pete Kott

*Brian Porter*

Representative Brian Porter

*Eldon Mulder*

Representative Eldon Mulder

*David Finkelstein*

Representative David Finkelstein

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AGENCY CONTACT: Janet Clarke, Director

PHONE NUMBER: 485-3082

DESCRIPTION OF CHANGES IN COMPONENT SERVICES BETWEEN FY94 GOV AMD AND FY94 CC + OTHER:

The FY94 Governor's Amended Laboratory Services Component's Budget was reduced by <\$20.0> in Personal Services Line 100 and by <\$4.9> as an unallocated reduction. It also gained \$27.9 in the Supply Line 400 for the testing of sex offenders (HB109).

When the fiscal note for the additional services required by HB109 to test sex offenders for sexually transmitted diseases was prepared, it was assumed that the current staff could handle the additional workload. By reducing the personal services line in the operating budget simultaneously, this scenario has changed. In order to manage the reduced personal services funding, the component will have to delay recruiting for the Chemist II position and refrain from filling any other vacancies generated throughout the fiscal year. This will result in protracted turnaround time for all lab testing.

The component will be absorbing the \$4.9 unallocated reduction in its equipment line. If the labs experience any major equipment failures, the component may not be able to replace it without submitting a Revised Program Request.

	FY93 AUTH + SUPPLEMENTAL	FY94 GOV AMD	FY94 CC + OTHER
<b>EXPENDITURES</b>			
PERSONAL SERVICES	1,842.2	2,187.3	2,147.3
OTHER PROGRAM COSTS	710.0	1,011.2	1,034.2
<b>TOTAL</b>	<b>2,552.2</b>	<b>3,178.5</b>	<b>3,181.5</b>
<b>FUNDING SOURCES</b>			
FEDERAL FUNDS	90.0	217.7	217.7
GENERAL FUND MATCH			
GENERAL FUND	2,043.5	2,308.3	2,312.3
GENERAL FUND/PR	128.7	608.5	608.5
GENERAL FUND/MHTIA			
OTHER STATE FUNDS	280.0	42.0	42.0
<b>TOTAL</b>	<b>2,552.2</b>	<b>3,178.5</b>	<b>3,181.5</b>

CF3

ADJUSTED  
COMPONENT  
SERVICES

AGENCY HEALTH AND SOCIAL SERVICES  
 BRU STATE HEALTH SERVICES  
 COMPONENT LABORATORY SERVICES  
 COMPONENT # 281

FY94

Page 1 of 1  
 Revised Date:

FY94 BUDGET CUT'S EFFECT ON PUBLIC HEALTH LABS



## NOTICE OF PROPOSED CHANGES IN THE REGULATIONS OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Notice is given that the Department of Health and Social Services, under authority vested by AS 18.05.040 and AS 44.29.022 proposes to amend, repeal and adopt regulations in Title 7 of the Alaska Administrative Code, dealing with fee for service and implementing AS 44.29 as follows:

- (1) 7 AAC 80.010 is proposed to be amended to update references to the federal poverty income guidelines, to clarify a basis for radiological device registration services and to establish a basis for fees for personal care services, chore services and family planning.
- (2) 7 AAC 80.020 is proposed to be amended to clarify the conditions under which certain fees will be waived.
- (3) 7 AAC 80.030 is proposed to be amended to include new fees, to update old fees and to set forth the standards for a sliding fee scale for certain services.
- (4) 7 AAC 80.090 is proposed to be amended to add definitions pertaining to public health programs.
- (5) 7 AAC 80.100 is proposed to be amended to correct obsolete references.
- (6) 7 AAC 80.120 is proposed to be amended to correct obsolete references, delete obsolete material and to reflect administrative changes in the homemaker program.
- (7) 7 AAC 80.130 is proposed to be repealed as the substance is now incorporated in other regulations.
- (8) 7 AAC 80.140 is proposed to be repealed. This section pertains to services which have been changed in character and those services are administered by a different agency in the department.
- (9) 7 AAC 80.190 is proposed to be amended to delete definitions which are no longer relevant to departmental programs.
- (10) 7 AAC 80.210 is proposed to be amended to increase the fee for alcohol safety action program services and to establish an incentive for early payment.

- (11) 7 AAC 80 is proposed to be amended by adding a new section to establish a fee for educational or consultive services provided by departmental staff.

Notice is also given that any person interested may present written or oral statements or arguments relevant to the proposed action at a hearing to be held on:

July 30, 1993  
1:00 pm to 5:00 pm  
716 W. 4th St., Suite 200  
Anchorage, Alaska

In addition oral statements or arguments relevant to the proposed action may be presented via the teleconference network of the Legislative Information Offices in Fairbanks (119 N. Cushman St., Suite 101) and Juneau (130 Seward St., Suite 313) from 1:00 pm to 3:00 pm on July 30, 1993.

The hearing may be extended to accommodate those present who do not have an opportunity to testify.

In addition, written statements or arguments may be sent to Dr. Peter Nakamura, Director, Division of Public Health, P.O. Box 110610, Juneau, Alaska 99811-0610. Comments must be received no later than 5:00 pm, August 13, 1993.

If you are a person with a disability who may need special modification in order to comment on the proposed regulations, please contact Katherine Kelley (907)586-3543 before July 29, 1993 to make any necessary arrangements.

This action is not expected to require an increased appropriation.

Copies of the proposed regulations may be obtained from Division of Public Health, Section of Maternal, Child and Family Health, P.O. Box 110612, Juneau, Alaska 99811-0612 (Phone: (907)465-3100).

The Department of Health and Social Services, upon its own motion or at the instance of any interested person, may, after the deadline stated above, adopt proposals within the scope of this notice or may decide to take no action on them.

Date: \_\_\_\_\_

\_\_\_\_\_  
Theodore A. Mala, MD, MPH  
Commissioner  
Department of Health and  
Social Services

CHAPTER 80. FEES FOR DEPARTMENT SERVICES.

Article

1. Public Health Services (7 AAC 80-010 -- 7 AAC 80.090)
2. Family and Youth Services (7 AAC 80.100 -- 7 AAC 80.190)
3. Alcohol Safety Action Program Services (7 AAC 80.200 -- 7 AAC 80.230)
4. General Provisions (7 AAC 80.900 -- 7 AAC 80.990)

Article 1. Public Health Services

Section

10. Reasonable fee
20. Public interest waiver  
AAC 80.090
30. Fee schedule

Section

40. Applicability to public health grantees and contractors
90. Definitions for 7 AAC 80.010 -- 7 AAC 80.090

7 AAC 80.010(c), (d), (h) and (i) are amended to read:

(c) A full discount of a fee will be allowed to an individual from a family with an annual income at or below that set out in the Department of Health and Human Services' Poverty Income Guidelines for Alaska, 58 Fed. Register 8287 (1993) [51 FED. REGISTER 5,105 (1986)].

(d) No discount of a fee will be allowed to an individual from a family whose annual income exceeds 250 percent of the levels set out in the Department of Health and Human Services' Poverty Income Guidelines for Alaska, 58 Fed. Register 8287 (1993) [51 FED. REGISTER 5,105 (1986)].

(h) In the case of certification or registration services provided and inspections conducted under [7 AAC 30.005 -- 7 AAC 30.080 and ]AS 18.60.475(a), the reasonable fee for certification or registration will include an amount to compensate for the cost of inspections. When inspections are not done annually the amount included in the annual fee to compensate for the cost of inspections will be based on an average of cost-per-unit expenditures.

(i) The fees for personal care services, chore services and family planning will be based on monthly family income, relative to the United States Department of Health and Human Services poverty income guidelines for Alaska 58 Fed. Register 8287 (1993). The method for determining the fee schedule is set out in 7 AAC 80.030. (Eff. 12/6/86, Register 100; am / / , Register )

Authority: AS 18.05.040  
AS 44.29.022  
AS 44.29.020  
AS 47.05.010

Editor's notes -- A copy of the federal guidelines referred to in 7 AAC 80.010(c), (d) and (i) is available from the [OFFICE OF THE FAMILY PLANNING COORDINATOR, ]Section of Maternal, Child and Family Health, Division of Public Health, P.O. Box 110612 H-06, Juneau, Alaska 99811-0612 [99811-9976].

7 AAC 80.020 is amended to read:

7 AAC 80.020. PUBLIC INTEREST WAIVER. (a) Notwithstanding 7 AAC 80.010(e) -- 7 AAC 80.010(g) t[T]h= department will, in its discretion, waive a fee for a public health service if the commissioner determines that

(1) a public health emergency exists and public health services at no cost to the public are needed to meet the emergency;

(2) the service is necessary for the prevention of a communicable [OR SEXUALLY TRANSMITTED] disease, and charging a fee would seriously deter receipt of services and cause risk to the general public; or

(3) the public health is otherwise best served by waiver of the fee.

(b) No person will be denied public health services because of the person's inability to pay for services at the time treatment is sought. The department will post a sign informing the public of this policy in each location where services are provided. Except as provided in 7 AAC 80.010(d) [7 AAC 80.010(e)] -- (g), the department will discount [WAIVE] a fee for a public health service if a patient is unable to pay the fee at the time treatment is sought and requests that the fee be discounted [WAIVED]. (Eff. 12/6/86, Register 100; am / / , Register)

Authority: AS 44.29.020  
AS 44.29.022  
AS 47.05.010

7 AAC 80.030 is amended to read:

7 AAC 80.030. FEE SCHEDULE. (a) The following fees will be collected for health services provided by the department;

Public Health Laboratory Tests

<u>Disease/Agent</u>	<u>Test</u>	<u>Fee</u>
<u>Adenovirus</u>	<u>Isolation and identification</u>	<u>\$ 69.50</u>
<u>Anaerobic Bacteria</u>	<u>Culture and identification</u>	<u>\$174.00</u>
<u>Arbovirus</u>	<u>Isolation and identification</u>	<u>\$150.00</u>
<u>Arthropods</u>	<u>Identification</u>	<u>\$ 42.75</u>
<u>Brucellosis</u>	<u>Identification</u>	<u>\$ 83.00</u>

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<u>Brucellosis</u>	<u>Slide agglutination</u>	<u>\$ 48.75</u>
<u>Brucellosis</u>	<u>Tube agglutination</u>	<u>\$ 65.00</u>
<u>Chlamydia</u>	<u>Isolation and identification</u>	<u>\$127.75</u>
<u>Chlamydia</u>	<u>EIA serology</u>	<u>\$ 65.00</u>
<u>Chlamydia</u>	<u>DNA probe</u>	<u>\$ 16.25</u>
<u>Cytomegalovirus</u>	<u>Isolation and identification</u>	<u>\$ 69.50</u>
<u>Cytomegalovirus</u>	<u>EIA serology IgG</u>	<u>\$ 32.50</u>
<u>Cytomegalovirus</u>	<u>EIA serology IgM</u>	<u>\$ 32.50</u>
<u>Diphtheria</u>	<u>Culture, identification and biotype</u>	<u>\$ 49.75</u>
<u>Diphtheria</u>	<u>Toxicogenic testing</u>	<u>\$ 99.75</u>
<u>Enteric Bacteria</u>	<u>Culture and identification</u>	<u>\$ 46.75</u>
<u>Enteric Bacteria</u>	<u>Serotype</u>	<u>\$111.00</u>
<u>Enteric Bacteria</u>	<u>Food testing</u>	<u>\$125.25</u>
<u>Enterovirus</u>	<u>Isolation and identification</u>	<u>\$ 88.25</u>
<u>Epstein-Barr Virus</u>	<u>IFA serology IgG</u>	<u>\$ 65.00</u>
<u>Epstein-Barr Virus</u>	<u>IFA serology IgM</u>	<u>\$ 65.00</u>
<u>E. coli 0157:h7</u>	<u>Culture and identification</u>	<u>\$ 65.00</u>
<u>E. coli 0157:h7</u>	<u>Typing</u>	<u>\$ 34.00</u>
<u>Filariasis</u>	<u>Identification</u>	<u>\$128.25</u>
<u>Fungus/Yeast</u>	<u>Culture and identification</u>	<u>\$ 91.00</u>
<u>Gonorrhea</u>	<u>Microscopic exam</u>	<u>\$ 11.25</u>
<u>Gonorrhea</u>	<u>Culture and identification</u>	<u>\$ 17.00</u>
<u>Gonorrhea</u>	<u>DNA probe</u>	<u>\$ 8.50</u>
<u>Hemophilis influenza</u>	<u>Culture and identification</u>	<u>\$ 55.75</u>
<u>Hepatitis A</u>	<u>EIA serology IgG</u>	<u>\$ 32.50</u>
<u>Hepatitis A</u>	<u>EIA serology IgM</u>	<u>\$ 32.50</u>
<u>Hepatitis B</u>	<u>Immune status B, IgG</u>	<u>\$ 32.50</u>
<u>Hepatitis B</u>	<u>Confirmation</u>	<u>\$ 65.00</u>

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<u>Hepatitis B</u>	<u>Diagnostic panel</u>	<u>\$166.25</u>
<u>Hepatitis Delta</u>	<u>EIA serology</u>	<u>\$ 32.50</u>
<u>Herpes Simplex</u>	<u>EIA serology</u>	<u>\$ 32.50</u>
<u>Herpes Simplex</u>	<u>Isolation and identification</u>	<u>\$ 69.50</u>
<u>Human Immunodeficiency Virus (HIV)</u>	<u>EIA serology</u>	<u>\$ 26.00</u>
<u>Human Immunodeficiency Virus (HIV)</u>	<u>Western Blot</u>	<u>\$ 45.25</u>
<u>Influenza</u>	<u>HI serology</u>	<u>\$ 32.50</u>
<u>Influenza</u>	<u>Isolation and identification</u>	<u>\$ 86.50</u>
<u>Legionnaire's Disease</u>	<u>FA test</u>	<u>\$ 31.25</u>
<u>Malaria</u>	<u>Microscopic identification</u>	<u>\$128.25</u>
<u>Miscellaneous Cultures</u>	<u>Identification and confirmation</u>	<u>\$128.25</u>
<u>Meningococcal Meningitis</u>	<u>Culture and identification</u>	<u>\$ 59.75</u>
<u>Mumps</u>	<u>EIA serology</u>	<u>\$ 32.50</u>
<u>Mumps</u>	<u>Isolation and identification</u>	<u>\$ 86.50</u>
<u>Mycobacterium (TB)</u>	<u>Concentrate and smear</u>	<u>\$ 42.75</u>
<u>Mycobacterium (TB)</u>	<u>Culture and biochemical</u>	<u>\$ 28.50</u>
<u>Mycobacterium (TB)</u>	<u>Drug susceptibility</u>	<u>\$ 22.75</u>
<u>Mycobacterium (TB)</u>	<u>DNA probe M.TB</u>	<u>\$ 24.75</u>
<u>Mycobacterium (TB)</u>	<u>DNA probe M. avium</u>	<u>\$ 24.75</u>
<u>Mycoplasma pneumonia</u>	<u>EIA serology IgG</u>	<u>\$ 32.50</u>
<u>Mycoplasma pneumonia</u>	<u>EIA serology IgM</u>	<u>\$ 32.50</u>
<u>Parainfluenza virus</u>	<u>Isolation and identification</u>	<u>\$ 86.50</u>
<u>Parasites (Intestinal)</u>	<u>Identification</u>	<u>\$166.00</u>
<u>Pertussis</u>	<u>Culture, identification and agglutination</u>	<u>\$ 39.75</u>
<u>Pertussis</u>	<u>Direct FA</u>	<u>\$ 42.75</u>

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<u>Pinworm</u>	<u>Identification</u>	<u>\$ 7.00</u>
<u>Poliovirus</u>	<u>Isolation and identification</u>	<u>\$ 88.25</u>
<u>Rabies virus</u>	<u>Direct FA</u>	<u>\$114.00</u>
<u>Respiratory Syncytial Virus (RSV)</u>	<u>EIA serology</u>	<u>\$ 32.50</u>
<u>Respiratory Syncytial Virus (RSV)</u>	<u>Isolation and identification</u>	<u>\$ 86.50</u>
<u>Rotavirus</u>	<u>EIA</u>	<u>\$ 32.50</u>
<u>Rubeola (Measles)</u>	<u>EIA serology IgG</u>	<u>\$ 32.50</u>
<u>Rubeola (Measles)</u>	<u>EIA serology IgM</u>	<u>\$ 32.50</u>
<u>Rubeola (Measles)</u>	<u>Isolation and identification</u>	<u>\$ 79.00</u>
<u>Rubella (German Measles)</u>	<u>EIA serology IgG</u>	<u>\$ 32.50</u>
<u>Rubella (German Measles)</u>	<u>EIA serology IgM</u>	<u>\$ 32.50</u>
<u>Rubella (German Measles)</u>	<u>Isolation and identification</u>	<u>\$ 79.00</u>
<u>Staphylococcus</u>	<u>Identification and confirmation</u>	<u>\$ 28.50</u>
<u>Staphylococcus</u>	<u>Food testing</u>	<u>\$ 69.50</u>
<u>Streptococcus Group A</u>	<u>Culture, identification and grouping</u>	<u>\$ 30.00</u>
<u>Streptococcus pneumonia</u>	<u>Culture and identification</u>	<u>\$ 52.25</u>
<u>Syphilis</u>	<u>Serology RPR</u>	<u>\$ 4.00</u>
<u>Syphilis</u>	<u>Serology VDRL</u>	<u>\$ 19.50</u>
<u>Syphilis</u>	<u>Serology FTA-ABS</u>	<u>\$ 39.00</u>
<u>TORCH</u>	<u>EIA serology</u>	<u>\$228.00</u>
<u>Toxoplasma</u>	<u>EIA serology IgG</u>	<u>\$ 32.50</u>
<u>Toxoplasma</u>	<u>EIA serology IgM</u>	<u>\$ 32.50</u>
<u>Tularemia</u>	<u>Tube agglutination</u>	<u>\$ 57.00</u>
<u>Tularemia</u>	<u>Slide agglutination</u>	<u>\$ 42.75</u>

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<u>Varicella Zoster virus</u>	<u>EIA serology</u>	<u>\$ 57.00</u>
<u>Varicella Zoster virus</u>	<u>Isolation and identification</u>	<u>\$125.25</u>
<u>Water bacteriology non-potable</u>	<u>MPN, total and fecal coliforms</u>	<u>\$ 82.00</u>
<u>Water bacteriology drinking water</u>	<u>Culture total and fecal</u>	<u>\$ 51.25</u>

OTHER SERVICES [SERVICE]                      FEE

Radiologic Health [LAB] SERVICES

[METABOLIC SCREENING TESTING KIT	\$10]
<u>Annual radiological equipment registration and periodic inspection (for dentists)</u>	<u>\$50 \$20 per x-ray tube</u>
<u>Annual radiological equipment registration and periodic inspection (for others)</u>	<u>\$80 \$30 per x-ray tube</u>
<u>Radon monitoring</u>	<u>\$30 per Alpha Track on charcoal test device [dosimeter]</u>
<u>Mammography registration and annual inspection</u>	<u>\$1,500 per mammography tube</u>
<u>Linear Accelerator registration and periodic inspection</u>	<u>\$500 per machine</u>

AUDIOLOGY SERVICES [FOR ADULTS]

Screening		\$10
Evaluation/Consultation		
less than 20 minutes	up to	\$30
more than 20 minutes	up to	\$50
<u>Hearing Aid - fitting and follow-up (does not include hearing aid)</u>		
1 hearing aid	up to	\$125
2 hearing aids	up to	\$150
<u>Auditory Brain Stem Response</u>		
<u>Diagnostic evaluation</u>		<u>\$150</u>
<u>Threshold</u>		<u>\$200</u>

ADULT HEALTH

Physical assessment/risk identification	\$20
Blood pressure monitoring [HEARING SCREENING/REFERRAL]	\$ 3
Administration of immunization	

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(per visit, including for foreign travel)	\$10
Exceptions [(ADDITIONAL FEE)]:	
Yellow Fever vaccine	\$30 [20]
[HEPTAVAX VACCINE (NON-IHS RECIPIENTS)]	\$30
Tuberculin test for employment	\$10

WOMEN'S HEALTH

Cancer screening services	
Physical assessment (including pap smear, breast self examination)	\$40 [25]
Pap smear (abnormal) repeat	\$20 [10]
Pregnancy services	
pregnancy test	\$15 [10]
Prenatal/assess/counsel/refer	\$25
[RUBELLA TEST	\$10]
Administration of Rh Immune Globulin	\$10

FAMILY PLANNING SERVICES

<u>Initial examination</u>	\$90
<u>Annual examination</u>	\$75
<u>Problem visit</u>	\$40
<u>Brief visit</u>	\$20
<u>IUD insertion</u>	\$75
<u>Norplant</u>	\$650
<u>Depo-Provera</u>	\$40
<u>Family planning classes</u>	\$40
(per series)	
[ENROLLMENT (INCLUDES EXAMINATION, METHOD, COUNSELING, PROBLEM VISITS)	UP TO \$70]

SEPARATE SERVICES WHEN NOT PART  
OF ABOVE SERVICES

<u>Home visit</u>	\$30/hr
<u>Specialty clinics</u>	\$150
( <u>Cardiac, neurodevelopmental and other similar medical clinics</u> )	
Brief visit	\$10
Urine test	\$ 3
Hemoglobin test	\$ 3
Drawing blood	\$10 [5]
Throat cultures	\$ 5
Metabolic screening test	\$30 [10]
<u>Personal care services</u>	\$18/hr
<u>Chore services</u>	\$15/hr

<u>Occupational therapy</u>	<u>\$45/hr</u>
<u>Speech therapy</u>	<u>\$45/hr</u>
<u>Physical therapy</u>	<u>\$45/hr</u>
<u>Nutrition Services</u>	
<u>(initial visit)</u>	<u>\$50/hr</u>
<u>Nutrition Services</u>	
<u>(follow-up visits)</u>	<u>\$35/hr</u>

## OTHER

Researching records (per hour)	\$50
[EDUCATIONAL SEMINAR	\$100
(PLUS TRAVEL COSTS IF MORE THAN	
\$25)]	

(b) The department will not collect fees for the following services, free provision of which best serves the public interest:

- (1) HIV [HTLV III] pre-test counseling and screening, and post-test counseling; and
- (2) an initial patient visit made at the request or requirement of a person other than the patient, or made by the department for the purpose of communicable disease control.

(c) Fees for radiological equipment registrations are due annually [ON JANUARY 1 OF EACH YEAR] or, for new equipment [ACQUIRED AFTER JANUARY 1], within 30 days after acquisition. Fees are billed when due. If the annual fee is not paid within 60 [10] days after the billing is received, the outstanding balance may be referred for collection [DATE DUE, THE FEE WILL BE DOUBLED].

(d) The sliding fee scale for personal care services, chore services and family planning is applied to the fee established in (a) of this section if a recipient has monthly family income above the United States Department of Health and Human Services poverty guidelines for Alaska (58 Fed. Register 8287 (1993)). If the monthly family income is

- (1) less than 115 percent of the poverty level there is no fee;
- (2) between 115 percent and 130 percent of the poverty level the charge will be ten percent of the established fee;
- (3) between 130 percent and 145 percent of the poverty level the charge will be 20 percent of the established fee;
- (4) between 145 percent and 160 percent of the poverty level the charge will be 30 percent of the established fee;
- (5) between 160 percent and 175 percent of the poverty level the charge will be 40 percent of the established fee;
- (6) between 175 percent and 190 percent of the poverty level the charge will be 50 percent of the established fee;
- (7) between 190 percent and 205 percent of the poverty level the charge will be 60 percent of the established fee;
- (8) between 205 percent and 220 percent of the poverty level the charge will be 70 percent of the established fee;
- (9) between 220 percent and 235 percent of the poverty

level the charge will be 80 percent of the established fee;

(10) between 235 percent and 250 percent of the poverty level the charge will be 90 percent of the established fee;

(11) 250 percent or more of the poverty level the charge will be 100 percent of the established fee.

(e) The department will determine a family's monthly adjusted income by

(1) counting all family income, before deductions, for the month ending with the date of service, or application for service, whether earned or unearned, from any source, including the fair market value of in-kind payments, but excluding non-taxable payments made under the Alaska Native Claims Settlement Act;

(2) subtracting all of the family's unreimbursed expenditures for medical and dental services, and medical insurance, including necessary transportation and temporary housing;

(3) subtracting child support and alimony payments made by a member of the family, unless those payments were paid to or for another family member;

(4) subtracting payment for the care of a child or dependent adult that was necessary to permit a family member to work, unless those payments are made to another family member;

(5) subtracting an amount to compensate for geographical differences in the cost of living, determined as follows.

(A) using the percentage geographical cost of living differentials negotiated between the state and the General Government Unit employees (Agreement, article 21, section 3, subsection A (1990));

(B) multiply the income as determined in paragraphs (1) -- (4) of this subsection by the percentage of increase, if any, applicable to the location of the usual residence of the recipient to determine the amount to be subtracted for a cost of living differential. (Eff. 12/6/86, Register 100; am 2/3/88, Register 105; am / / , Register )

Authority: AS 18.05.040  
AS 44.29.022  
AS 44.29.020  
AS 47.05.010

Editor's notes. -- A copy of the general government unit agreement mentioned in 7 AAC 80.030(e) is available from the Section of Maternal, Child and Family Health, Division of Public Health, P.O. Box 110612, Juneau, Alaska 99811-0612.

7 AAC 80.090 is amended to read:

7 AAC 80.090. DEFINITIONS FOR 7 AAC 80.010 -- 7 AAC 80.090. In 7 AAC 80.010 -- 7 AAC 80-090,

(1) "direct costs" means the overall operational costs determined by the department to be necessary to provide public

health patients with public health services;

(2) "indirect costs" means the overall administrative costs determined by the department to be necessary to provide public health patients with public health services;

(3) "sexually transmitted disease" includes gonorrhea, syphilis, chlamydia, genital herpes, and other diseases commonly transmitted through sexual contact[, BUT EXCLUDES ACQUIRED IMMUNE DEFICIENCY SYNDROME];

(4) "chore services" means housekeeping and other assistance necessary to maintain a recipient's home in a clean, sanitary, and safe condition for the habitation of the recipient, and which are necessary to prevent institutionalization of the recipient and include

(A) helping the client with planning and organizing household tasks;

(B) routine cleaning, including one-time or intermittent washing of floors, walls, and windows when doing so is essential to achieving or maintaining a clean, sanitary, and safe environment;

(C) personal laundry;

(D) menu planning and food preparation (according to economic and cultural setting);

(E) grocery shopping;

(F) mending clothes;

(G) hauling water;

(H) chopping wood;

(I) hauling fuel;

(J) shovelling snow; and

(K) other, similar chore tasks essential to maintaining the independent functioning of the recipient within his or her home;

(5) "director" means the director of the Division of Public Health;

(6) "family" means the recipient, the recipient's spouse, parents, the recipient's siblings and the recipient's children and grandchildren that live in the same household with

(A) the recipient; or

(B) the custodial parent of the recipient, if the recipient is a dependent minor, with whom the recipient spends most of his or her time; and

(7) "personal care services" are services consistent with the requirements of 7 AAC 43.750 -- 43.975 and include tasks of a nontechnical medical nature that assist a recipient in following a plan of care to improve the recipient's physical health or to prevent or delay deterioration in his or her physical health, and which are necessary to enable the recipient to remain safely at home. (Eff- 12/6/86, Register 100; am / / , Register )

Authority: AS 44.29.022  
AS 18.05-040

AS 44.29.020  
AS 47.05.010

Article 2. Family and Youth Services .

Section	Section
100. Reasonable fee	[140. REASONABLE FEE FOR
110. Public interest waiver	HOMEMAKER SERVICES]
120. Formulas for determining	190. Definitions for 7 AAC
fees by service category	80.100 -- 7 AAC 80.190
[130. FEE SCHEDULE]	

7 AAC 80.100(f) is amended to read:

(f) Fees assessed under 7 AAC 80.100 -- 7 AAC 80.120 [7 AAC 80.130] will be collected by the Department of Revenue, child support enforcement division, through procedures established by formal agreement between the Departments of Revenue, Law, and Health and Social Services. If the agreement between departments does not provide for collection of a type of fee or from a type of client, that fee will be collected by the Department of Health and Social Services. (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register )

Authority: AS 44.29.020  
AS 44.29.022  
AS 47.05.010

7 AAC 80.120 is amended to read:

7 AAC 80.120. FORMULAS FOR DETERMINING FEES BY SERVICE CATEGORY. The department will periodically publish a schedule of fees for each category of service provided. The fee for a service will be computed according to the following formulas:

(1) The fee for child foster [HOME] care costs [WILL BE THE AVERAGE FOSTER HOME CARE MONTHLY RATE BY AGE GROUP AS INDICATED IN THE CURRENT FOSTER HOME CARE RATE SCHEDULE, WHICH] is computed annually according to the formula established in 7 AAC 53.030 -- 53.040 [7 AAC 50.720(c)] and published annually before the fiscal year to which they apply.

(2) The fee for residential child care costs will be based on facility category as established in 7 AAC 50.901(e). The fee for each in-state residential child care facility category will be the average monthly rate for all in-state facilities in each category with which the department contracts. The fee for each out-of-state residential child care facility will be the average monthly rate for all out-of-state residential child care facilities with which the department contracts.

[(3) THE FEE FOR PURCHASED CARE COSTS WILL BE THE AVERAGE MONTHLY COST OF ALL PURCHASED CARE SERVICES, DETERMINED AFTER DIVIDING THE CURRENT YEAR BUDGET FOR PURCHASED CARE SERVICES BY THE

## TOTAL NUMBER OF CLIENTS PROJECTED TO RECEIVE THESE SERVICES.

(4) THE FEE FOR HOMEMAKER SERVICES WILL BE BASED ON MONTHLY FAMILY INCOME, RELATIVE TO THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES POVERTY INCOME GUIDELINES FOR ALASKA (51 FED. REGISTER 5,105 (1986)). THE FEE SCHEDULE FOR HOMEMAKER SERVICES IS SET OUT IN 7 AAC 80.140.] (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register )

Authority: AS 44.29.020  
 AS 44.29.024  
 AS 44.29.022  
 AS 47.05.010

Editor's notes. -- A copy of the child foster care and child residential care rates mentioned in 7 AAC 80.120(1) and (2) are available from the Division of Family and Youth Services, P.O. Box 110630, Juneau, Alaska 99811-0630 [1986 POVERTY INCOME GUIDELINES MENTIONED IN 7 AAC 80.120(4) IS AVAILABLE FROM THE CENTRAL OFFICE OF THE DIVISION OF FAMILY AND YOUTH SERVICES, P.O. BOX H-05, JUNEAU, ALASKA 99811];

7 AAC 80.130 is repealed.

7 AAC 80.140 is repealed.

7 AAC 80.190 is amended to read:

7 AAC 80.190. DEFINITIONS FOR 7 AAC 80.100 -- 7 AAC 80.190. m  
 7 AAC 80.100 -- 7 AAC 80.190,

(1) "foster home care costs" means the expenses associated with the care of a foster child set out at 7 AAC 53.030 -- 7 AAC 53.040 [50.720]; and

(2) "residential child care costs" means the expenses associated with the care of children in residential care facilities set out at 7 AAC 50.941(a) -- (m);

[(3) "PURCHASED CARE COSTS" MEANS THE COST TO THE DEPARTMENT FOR SERVICES PURCHASED FOR FAMILIES, INCLUDING INDIVIDUAL AND FAMILY COUNSELING, PSYCHOLOGICAL AND OTHER CLINICAL ASSESSMENT, DAY CARE, MEDICAL AND DENTAL CARE NOT OTHERWISE PROVIDED FOR THE FAMILY UNDER A HEALTH INSURANCE PLAN OR FEDERAL ENTITLEMENT PROGRAM, AND SPECIAL NEEDS AS SET OUT IN 7 AAC 50.760;

(4) "AVAILABLE AND NECESSARY SOCIAL SERVICES" MEANS THAT RESOURCES ARE AVAILABLE TO THE DEPARTMENT TO PROVIDE A SPECIFIC SERVICE AND THAT THE DEPARTMENT HAS ASSESSED THE CLIENT AS HAVING A NEED FOR THE SPECIFIC SERVICE; AND

(5) "HOMEMAKER SERVICES" IS A TEAM SERVICE, FOR ADULTS AND CHILDREN THAT IS DESIGNED TO PREVENT INSTITUTIONALIZATION AND TO PREVENT UNNECESSARY OUT-OF-HOME PLACEMENT]. (Eff. 12/6/86, Register 100; am 12/31/86, Register 101; am / / , Register )

)

Authority: AS 44.29.020  
AS 44.29.022  
AS 47.05.010

Article 3. Alcohol Safety Action Program Services

Section	Section
200. Applicability	220. Collection procedure
210. Fee schedule	230. Public interest waiver

Publisher's notes. -- Existing Article 3 (7 AAC 80.900 -- 7 AAC 80.990), as it appears in the Register 107 main pamphlet, was redesignated as Article 4 as of Register 111.

7 AAC 80.210 is amended to read:

7 AAC 80.210. FEE SCHEDULE. The fee for alcohol safety action program services is \$100 [75] for each court case. The department may reduce this fee to \$75 as an incentive for early payment. The department will determine the time period for early payment on an individual basis. (Eff. 7/16/89, Register 111; am / / Register )

Authority: AS 44.29.020  
AS 44.29.022  
AS 47.05.010  
AS 47.37.040(14)

Article 4. General Provisions

Section	Section
900. Scope of service fees	<u>925. Professional services</u>
910. Actual cost	930. Non-collection of fee
920. Administrative services fees	940. Economic feasibility
	990. Definitions

7 AAC 80 is amended by adding a new section to read:

7 AAC 80.925. PROFESSIONAL SERVICES. The department may charge and collect a fee equal to the hourly cost, up to \$300 per day, for individual staff who provide educational or consultive services to agencies or organizations. (Eff. / / , Register )

Authority: AS 44.29.020  
AS 44.29.022  
AS 47.05.010

**LABORATORY AND RADIOLOGIC HEALTH PROPOSED FEES FOR SERVICE**

**SUMMARY OF COMMENTS**

August 18, 1993

The following is a compilation of both public testimony and written comments received by the Division of Public Health through this date. Comments have been divided out into general areas of concern. The number of comments per topic have been tallied. It was often the case that a single letter or testimony identified several areas of concern. These were noted.

<u>Concern</u>	<u>Oral</u>	<u>Written</u>	<u>Total</u>
<b>Laboratory fees:</b>			
Cost/Impact on care	9	18	27
Epidemiologic	6	11	17
Disease specific (TB, STD)	5	6	11
Privatization/Efficiency	7	5	12
Exemptions/Waivers	4	5	9
Regulatory concerns	3	4	7
Billing/Payment of fees	2	4	6
Decision Making	8	3	11
<b>Radiologic fees:</b>			
Radiologic concerns - all	5	10	15

It is hoped that this information will be helpful in developing the agenda for the House HESS Committee work session August 31, 1993. Areas which need to be clearly explained are easily identified by this review.

*SUMMARY OF PUBLIC COMMENTS ON PROPOSED LAB FEES*

**EXEMPTIONS/WAIVERS**

Currently dollar wise the State is supporting the State lab, and the State lab is supporting the Neighborhood Health Center in screening this population of patients. If the State lab funds are removed, the State lab no longer can support us, we have to seek screening laboratory studies elsewhere and the only place left available to us would be the private contract labs. Private contract laboratories are cheaper than the fees you have proposed to charge, but they are not cheaper than free, which is what we have been getting up until this time. So the Anchorage Neighborhood Health Center, faced with the need to seek laboratory services from a private contract lab would have to seek money to pay that contract lab somewhere, and I don't know where we would find that money. Currently we are subsidized by a federal grant with the U.S. public health service, that grant has proven to be quite inflexible with the amount of money that it can give us. So it would cause us significant budget problems.

Non-profit organizations are government and federally funded, and will be forced to decrease services. They will then face the same problem that the State is now facing.

In the previous regulations there are a series of exceptions when fees are not be charged? Will these exception apply to these laboratory services? More specifically, there is an existing statement that says that services related to sexually transmitted diseases are not charged for by the State of Alaska in order to protect the public health. (RPR?, etc...)

I understand that fees are not applied to all patients and/or circumstances. Explain.

We are a non-profit organization and we are a comprehensive primary care facility and we are the only non-profit clinic in Anchorage, I think maybe even in Alaska. Many of our patients are on sliding scale fee and a nominal scale fee. We are really concerned about the laboratory fee schedule for our purposes. We would request that we could have an exemption from the laboratory fees, recognizing that we are a non-profit health care facility. We echo the comments that we made concerning mammography inspection.

## EPI CONCERNS

If we charge money for STD work will the people doing the testing send specimens to other labs? This would pose problems with such things as positives not reported, and possible problems with follow up contact surveillance. I also see this as having a very negative impact on the collection of epidemiologic data regarding infections and communicable diseases throughout the State.

Epidemiologic information that is obtained by easy access to these cultures will be seriously compromised by charging for them.

What is going to happen to the reporting of Hepatitis, STD's, etc..., that is currently done by the State employees?

From the point of view of a public health officer, I feel that we need to be very careful in determining what are clinical laboratory services and what are epidemiological services and how they overlap?

The identification of influenza is epidemiological. EPI asks and encourages us to send in specimens of influenza. The results have national and international implications. If billed, we can't justify sending specimens in for this purpose.

We do over 800 viral tests per year, so far this year I have already had 400. On average we have 2 or 3 specimens per week, and during the outbreaks, we get approximately 15 per day. Some of these tests are done for EPI, and some are clinical, however, there is a lot of overlap. Hard to draw the line between these two cases.

**GENERAL REGULATION CONCERNS**

Because we do a very active screening program, we catch cases of influenza, STD's, etc..., at their early stages. I don't think that the language in these regulations supports screening as it should.

How far along are the regulations? Are they still subject to revision?

Deletion on Page 2 7AAC 80.020 public interest waiver the deletion of the word sexually transmitted that was done to be clearer in the language that sexually transmitted diseases are in fact communicable diseases and was not meant to separate STD's from all other communicable diseases.

**BILLING/PAYMENT OF FEES**

Who is going to be the responsible party for the payment of the fees? The patient? The Physician? The party who insists on the test being done? If the State requires that the school district be screening for T.B. who is then responsible for the payment of the fee? Village screenings are where a lot of T.B. cases are caught early on.

How is the billing going to be done? I feel that the Laboratory should bill the Doctor and then the Doctor bills the patient. Otherwise there is going to have to be a whole new bureaucracy of paperwork, employees, etc... The doctor already has name, address, phone number, etc...Billing takes a fare amount of time. How will insurance forms be dealt with?

**TUBERCULOSIS, STD'S, HIV**

I have concerns from myself and two other co-workers at the State Public Health Lab in Anchorage.

Charlotte Williams- letter to Dr. Nakamura regarding teenagers and young adults who use the services provided by the STD and family planning clinics and the stop AIDS project for whom the Anchorage lab provides services. If we charge for services, this group is not going to be tested. They either don't have the money or they are unable to ask their parents for support. This problem that teenagers have

It may takes month before someone with Tuberculosis realizes that they have it. They may think they have a cough that won't go away, or it's just the dust, and all this time they are infecting hundreds of people around them before they receive a diagnosis. In the long run, putting off testing for T.B. until there is some type of epidemic will cost more money because many, many people will become sick without anyone realizing it. It may not cost the State Lab that money but it will cost the State in terms of worker productivity and costs for people who need medical care as well as the anxiety.

Rates of T.B. are very high in Alaska, however, they are not increasing, they are decreasing. Multiple Drug Resistant Tuberculosis, these people need life long isolation. If they have the HIV infection there life span is very short, they will only live for approximately 6-8 weeks. If a healthy person becomes infected with this they are not just exposed to tuberculosis, but Multiple Drug Resistant Tuberculosis, a disease that is untreatable. There is currently an outbreak of this disease on the East Coast. Alaska has not yet been exposed, however Alaska is not an island people move here all the time from all over the United States. The population that generally gets T.B. are people who are homeless, people who are native, people who have immigrated from places like southeast Asia, Central and South America, etc..., and people who are in poverty, starving, etc... We don't fully understand, but these people are unable to fight off the infection as well.

I feel that one of the reasons that the rate of Tuberculosis in Alaska has gone down in recent years while rates of Tuberculosis in other countries has gone up is because the State of Alaska has not charged for this testing therefore making it easy to catch T.B. cases early on. How is the State going to deal with Tuberculosis testing?

## FEES IN GENERAL

When doing a strep test, there is about a 2/3 chance that the culture will be negative. It is hard to justify doing viral cultures unless there is a very specific clinical indication which would be unfortunate because we identify a lot of kids with CMV, Rotavirus, etc...

When I hear people talk about how high our fees are, I have to agree. When we request not one sample, but multiples, for example 3 parasite cultures, etc...we're talking in the neighborhood of over \$100.00 dollars. I think these fees need to be adjusted. I also feel that some of the tests, for example Gonorrhea, should be broken down. Culture and Identification are put in the fee schedule together as one test. However, most of the time we screen the specimens and they come out negative, therefore they don't require any further identification. If the test turns out to be positive, then further identification is required, this should cost more money. I feel there should be two separate charges.

The problems that these fees present to the poor people should be carefully considered before they are put into effect.

I feel that there are two directions that the laboratory can go, one is to continue with our present mission- we do the tests that no one else wants to do, like food borne infection and outbreaks and other epidemic testing. Our price has been right, but the State labs are not speedy. If we are going to charge for these services pretty near what the commercial labs are charging we need to have quicker turn around time, and we cannot do this with our current number of staff members. The people who are going to be paying these fees are going to want to have quick service.

Both Lisa and I have some concerns with the fees that the laboratory will be charging. That instantly puts the lab out of the category of service and into commercial work.

As a member of the private sector I do appreciate the problems you are having. Some of the concerns that I have from a business sense is that are these fees going to be a flat rate for all the users or are they going to be marked by the users, for example the high volume users vs. the user who submits only 1 specimen.

The population at the University is students. We need these tests, and we need them at a minimal cost. Minimal fees are understandable, and I think students will be willing to pay that, but students will not pay these prices.

I don't understand how fees can not be making profit yet are comparable to other profit making laboratories.

The fee schedule lists the disease by virus, Adenovirus, CMV, etc..., but this is not the way it's done in the real world. Sometimes something grows and sometimes nothing grows. If the virus does not grow, then you are done. However, if the virus does grow then there is a lot more work to be done with the specimen. I don't know in advance whether or not the child who is sick has influenza, adenovirus, or herpes in their throat, but I know I'm going to do a viral culture. If it's going to be charged for, then I would recommend that the charge be handled as most laboratories handle it. There should a flat rate for a urine culture, and then if the urine culture grows and has to be further identified and have a sensitivity then another fee should follow.

Let's say that I am face to face with a parent whose child has a sore throat and I am pretty sure they have a viral infection - it would be very beneficial to the child, the child's siblings, and the children who go to school with the child, to know whether or not this is an adenovirus because it can last a long time and can be given to the people around the child very easily. However, if I have to say to that parent I'm going to add another \$90.00 to your office visit today, I have to think very carefully about that. 2/3 of the tests are going to be negative, and I'm not going to be able to tell the parent that for a period of 2-3 weeks. Tests are important, and some charge is reasonable but you should stratify them if the viral culture is negative, so that there will be a lower charge than if the culture is positive.

## PRIVATIZATION/COMMERCIALIZATION

I also feel that the State laboratory's training program is very important. There really isn't anyone who offers training the way we do because we are part of the National Laboratory Training Network. We are tied in nationally to do training for any laboratory employees. I think it would be a very sorry thing if we lost this asset.

I feel that the State lab fills a niche where the private sector has a problem. The private sector cannot mobilize outbreaks and epidemics the way the State does.

The private labs send things to us as a reference because they cannot identify something or if they want something confirmed. I think we fill a very useful service.

I feature that charging for tests will put the State lab out of business and if that's what the public wants, then the section of laboratories can just disappear. The commercial facilities can take over. The unfortunate thing is that the people who need inexpensive medical health are going to find barriers, and I worry about those people.

Are we going to be putting out the services that the commercial labs can put out? For example, couriers running around all over town picking up specimens, staff working 24 hours a day, etc... Is it legal for a state agency to be competing with a commercial enterprise?

The fees are considerably higher than laboratory fees for almost everything that is commonly done that we have experienced from private contract labs. If we are expected to pay these fees, we will probably go entirely with contract labs, because the high volume tests that we have, we can get for much cheaper from a contract lab and the low volume, rare, tests are so infrequent that they would not have much impact on us.

I see for the State Lab the effect of these fees is going to be privatization whether it's intentional or not because private organizations and private physicians, etc..., will find it cheaper and more convenient to go to the contract lab. If the State is going to charge these substantially high fees, you have to offer appropriate turn around time which includes weekends and holidays. The other commercial laboratories that can be used do have quick turn around time, lower fees (in some cases) and they are open on weekends and holidays to give results, etc... If the State laboratory is going to compete you must make yourselves competitive.

I would also like to address the turn around time. The private labs have much faster turn around time and this is important to many people. In management, there is going to have to be more personnel procedure, paperwork, for the dept. to do this, I assume that this was worked into these costs. A comment is, has the department seriously considered sub-contracting many of these services to the private sector who has already addressed those problems and can charge a much lower fee than what you possibly can charge?

Also the private sector does not have the problems with personnel unions that the State may have. The State is also bound to personnel contracts where the lab tech's are only working 7.5 hour days, 5 days a week that the State must operate under.

I realize that in the rural parts of Alaska that privatization is not applicable, but in many areas I think it can be, and I certainly hope that it will be addressed by the department.

**DECISION MAKING**

Have we given thought to charging a flat rate for each of our tests rather than charging fees on this structured basis. Maybe we could raise more revenue this way. I think that is more acceptable to the private community.

Were other things considered before it was determined that the State would begin charging for services? For example was closing the Juneau office and merging it with the Anchorage office considered? And why were those things rejected?

Even if we charge, I don't anticipate that we are going to make the amount that we intend to make. Is there a plan for the labs if this amount isn't made? I see a spiral happening in the future of the lab. If we cut back on services, I see that as we lose tests, we lose revenue, etc...

How much revenue would be expected to be collected by charging fees?

Who will decide what gets charged for and what does not? Will the Doctor have to justify taking the test?

In the case of public health emergencies, for example measles outbreaks, blood is drawn routinely must the testing be authorized ahead of time?

I have a question regarding public policy on the passing through of the lab fees and the inspection fees. As I recall, the legislature authorized the department to establish fees and gave them the flexibility. It's my impression that the public policy decision as to how much of these fees are passed through to providers and to patients and how much are under written as part of our public health program by the State is really a decision made by this administration. If we're going to change this policy we really should be dealing with the Governor and Dr. Mala, is this correct?

What is the possibility of all this being retracted this September? Is this totally set in stone?

## RADIOLOGIC CONCERNS

In regard to the inspection fee for Mammography units...we understand that the \$1500 fee will not be charged in 1993 or 1994 and is pending a decision by the FDA.

Concerns are with the fee schedule surrounding the Radiologic Health Inspection. The \$1500.00 per year Mammography fee seems to be excessive. There is a number of regulatory bodies that cover Mammography services and the costs continue to increase for the provider of mammography. The whole process of screening mammography is to be low cost and to be accessible to many women who are in need of the service.

75% of the sources that the Radiologic Health Specialist inspects, are located in Anchorage. Travel costs are from Juneau to Anchorage. Maybe if he were relocated to Anchorage, then the cost of mammography units inspections would be less.

Inspection of Mammography units being inspected every year and the inspection of Linear Accelerator every 2 years.....where did this information come from?

We are required on an annual basis by joint commission to have our x-ray equipment tested by a certified health physicist. We have two of those people on our staff. In addition to that we have maintenance contracts on all of our equipment that require that the equipment be tested by the manufacturer twice a year. Our physics staff performs the same tests that Mr. Tedford is proposing twice a year, that is four times a year that our equipment is being tested. The approximate cost to us of what is being proposed here is 10,000 a year at a time when all of us are being challenged to cut costs. I find that this is very unacceptable. It's a needless duplication of what we're doing, and I just don't think we need to do it.

Providence Hospital X-Ray Equipment:  
(Approximations)

20 x-ray tubes  
2 Linear Accelerators  
4 Mammography Units  
2 Dental Units

# STATE OF ALASKA

## DEPT. OF HEALTH AND SOCIAL SERVICES

### DIVISION OF PUBLIC HEALTH


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#### M E M O R A N D U M

DATE: August 11, 1993

TO: Kip Knudson, staff to  
Representative Hanley

FROM:  Katherine A. Kelley, DrPH, MPH  
Chief, Laboratories

SUBJECT: Information re: state public health laboratories

Elmer Lindstrom, Legislative Liaison for DH&SS has asked to me respond to your questions about the organization and operation of the state public health laboratories in Alaska. I hope the following information will suffice; if not, please feel free to contact me directly.

#### Workload by Location:

There are public health laboratories in Anchorage, Juneau and Fairbanks. Pages 59 through 67 of the Proposed Fee Schedule Documentation, Section of Laboratories lists the types and numbers of tests performed by each laboratory for FY 92. These numbers are fairly representative for FY 93 to the present. We are seeing increases in requests for tuberculosis, HIV and Hepatitis B.

As you can see Anchorage has the largest workload, followed by Fairbanks and Juneau.

#### Staffing:

Page 4a of the same document is an organizational chart for the Section of Laboratories. Within the laboratory units there are only three types of personnel:

Microbiologists - A Bachelors or higher deegred professional laboratorian with a specialty in the discipline of bacteriology, virology or immunoserology. Performs all laboratory tests.

Laboratory Technician - High school diploma or higher. Usually with some laboratory or science background, but also trained on-site. Makes up reagents and sets up for tests, accesses in specimens, maintains support systems such as stock cultures, tissue cultures and animal colonies. Do not perform any testing.

Clerical - Maintains specimen records and reporting system, orders supplies, takes calls from providers, arranges for shipments of supplies, test kits to medical community, provides general office support. Clerk typists have more administrative duties; data processing clerks are more involved with the specimen tracking and reporting system.

I have also included a listing of the numbers and types of work performed by all state public health laboratories in the United States. You will see that there is considerable variation in the types of services provided by public health laboratories. These data are taken from the Consolidated Annual Report of the Association of State and Territorial Public Health Laboratory Directors. I hope you will find it of interest.

TABLE 1. NUMBER OF SPECIMENS, BY REPORTING CATEGORY

Lab & Region (1)	Total Number of Specimens (2)	Bacteriology		Mycology		Parasitology		Virology	
		Number (3)	Percent (4)	Number (5)	Percent (6)	Number (7)	Percent (8)	Number (9)	Percent (10)
No. of States Reporting	53	53		45		52		52	
<b>TOTAL</b>	<b>39,344,847</b>	<b>4,932,318</b>	<b>12.54</b>	<b>66,490</b>	<b>0.17</b>	<b>318,159</b>	<b>0.81</b>	<b>1,507,987</b>	<b>3.83</b>
<b>AVERAGE</b>	<b>742,358</b>	<b>93,063</b>		<b>1,478</b>		<b>6,118</b>		<b>28,999</b>	
<b>NEW ENGLAND</b>	<b>2,069,124</b>	<b>198,018</b>	<b>9.63</b>	<b>4,223</b>	<b>0.21</b>	<b>11,197</b>	<b>0.54</b>	<b>43,779</b>	<b>2.13</b>
Connecticut	478,305	37,312	7.83	1,598	0.34	1,747	0.37	12,018	2.62
Massachusetts	1,067,361	68,941	6.52	518	0.05	84	0.01	5,300	0.50
Maine	109,631	10,017	9.14	1,019	0.93	385	0.35	11,564	10.54
New Hampshire	64,788	10,999	20.08	688	1.07	90	0.18	10,302	18.06
Rhode Island	297,133	60,138	20.24	208	0.07	4,081	1.37	2,334	0.79
Vermont	60,918	10,811	17.42	297	0.49	4,810	7.90	2,188	3.69
<b>MIDDLE ATLANTIC</b>	<b>1,201,253</b>	<b>187,397</b>	<b>13.94</b>	<b>180</b>	<b>0.01</b>	<b>1,828</b>	<b>0.14</b>	<b>18,151</b>	<b>1.51</b>
New Jersey	788,716	168,988	20.88	160	0.02	1,489	0.19	14,859	1.93
New York*									
Pennsylvania	432,537	8,411	1.94	0	0.00	137	0.03	3,282	0.76
<b>EAST NORTH CENTRAL</b>	<b>6,164,171</b>	<b>172,340</b>	<b>2.80</b>	<b>9,272</b>	<b>0.16</b>	<b>22,248</b>	<b>0.36</b>	<b>204,782</b>	<b>3.33</b>
Illinois	1,640,472	65,335	3.37	889	0.04	2,717	0.17	12,752	0.78
Indiana	140,628	6,323	4.23	404	0.27	2,339	1.68	8,349	5.69
Michigan	1,612,668	44,438	2.78	2,238	0.14	8,296	0.51	21,938	1.36
Ohio	1,168,557	27,225	2.34	688	0.06	958	0.08	89,681	6.98
Wisconsin	1,582,848	38,919	2.48	6,307	0.34	7,938	0.50	62,052	6.82
<b>WEST NORTH CENTRAL</b>	<b>2,090,930</b>	<b>277,679</b>	<b>10.38</b>	<b>3,717</b>	<b>0.18</b>	<b>22,398</b>	<b>0.84</b>	<b>164,976</b>	<b>8.14</b>
Iowa	658,044	71,730	10.31	1,714	0.26	5,872	0.84	30,355	4.38
Kansas	337,082	35,354	10.49	1,112	0.33	6,452	1.62	23,512	8.98
Minnesota	437,447	73,163	16.72	444	0.10	2,933	0.67	12,391	2.83
Missouri	923,876	73,346	7.94	293	0.03	4,810	0.49	50,333	5.45
Nebraska	87,774	8,283	9.44	0	0.00	22	0.03	13,872	15.80
North Dakota	93,209	6,864	8.28	149	0.16	722	0.77	13,741	14.74
South Dakota	105,469	9,759	9.44	55	0.05	2,853	2.73	20,771	19.69
<b>SOUTH ATLANTIC</b>	<b>9,912,239</b>	<b>1,683,788</b>	<b>16.99</b>	<b>19,875</b>	<b>0.20</b>	<b>108,425</b>	<b>1.09</b>	<b>374,838</b>	<b>3.82</b>
Delaware	169,112	43,118	27.10	5,405	3.40	284	0.18	20,010	12.59
District of Columbia	430,742	58,195	13.61	0	0.00	0	0.00	14,577	3.38
Florida	2,512,844	813,131	24.40	1,714	0.07	64,720	2.18	80,475	3.20
Georgia	692,440	239,832	24.14	902	0.09	18,371	1.85	9,639	0.97
Maryland	3,087,601	428,085	13.87	5,748	0.19	18,153	0.59	59,081	1.91
North Carolina	1,138,970	25,334	2.23	1,481	0.13	5,754	0.51	62,327	5.48
South Carolina	699,891	87,073	14.51	1,358	0.23	3,889	0.84	47,013	7.84
Virginia	678,214	125,259	18.52	2,568	0.38	6,858	0.84	64,908	12.68
West Virginia	318,524	84,041	20.23	519	0.16	1,600	0.51	608	0.19
<b>EAST SOUTH CENTRAL</b>	<b>2,959,940</b>	<b>788,487</b>	<b>26.89</b>	<b>8,007</b>	<b>0.27</b>	<b>16,632</b>	<b>0.63</b>	<b>94,338</b>	<b>3.19</b>
Alabama	1,096,646	248,813	22.89	4,437	0.40	4,721	0.43	57,373	5.23
Kentucky	380,548	11,877	3.07	0	0.00	2,537	0.36	18,503	4.27
Mississippi	835,202	223,976	26.82	1,492	0.18	5,671	0.68	8,453	0.77
Tennessee	641,548	281,802	43.93	2,138	0.33	2,703	0.42	14,007	2.18
<b>WEST SOUTH CENTRAL</b>	<b>6,151,771</b>	<b>741,008</b>	<b>12.06</b>	<b>5,320</b>	<b>0.09</b>	<b>20,258</b>	<b>0.33</b>	<b>112,664</b>	<b>1.83</b>
Arkansas	478,453	94,848	19.80	2,015	0.42	1,369	0.29	1,115	0.23
Louisiana	737,834	148,797	19.78	0	0.00	7,765	1.05	1,551	0.21
Oklahoma	417,273	69,251	16.60	881	0.23	3,384	0.81	5,301	1.27
Texas	4,517,211	431,014	9.54	2,344	0.05	7,788	0.17	104,887	2.32
<b>MOUNTAIN</b>	<b>2,770,967</b>	<b>207,209</b>	<b>7.48</b>	<b>1,576</b>	<b>0.06</b>	<b>11,559</b>	<b>0.42</b>	<b>109,550</b>	<b>3.95</b>
Arizona	128,365	27,088	21.10	317	0.25	191	0.15	13,824	10.77
Colorado	1,818,238	15,287	0.85	71	0.00	2,580	0.18	14,738	0.81
Idaho	124,322	21,919	17.63	248	0.20	1,588	1.28	24,907	20.11
Montana	170,284	7,439	4.37	285	0.18	2,030	1.19	27,154	15.95
Nebraska	88,670	31,570	35.80	31	0.03	2,107	2.38	0	0.00
New Mexico	279,678	27,821	9.95	400	0.16	2,198	0.79	15,413	5.51
Utah	269,906	18,210	7.01	119	0.05	735	0.29	6,274	2.41
Wyoming	103,804	57,875	56.88	116	0.11	102	0.10	7,152	8.90
<b>PACIFIC</b>	<b>5,125,217</b>	<b>873,795</b>	<b>13.15</b>	<b>14,379</b>	<b>0.28</b>	<b>94,403</b>	<b>1.84</b>	<b>373,882</b>	<b>7.29</b>
Alaska	110,174	80,151	64.60	285	0.26	3,078	2.79	8,778	8.16
California	2,868,889	498,103	18.71	13,000	0.40	81,571	2.75	240,095	8.29
Hawaii	228,700	73,897	32.60	199	0.09	390	0.18	7,462	3.29
Oregon	1,462,828	6,388	0.44	0	0.00	2,777	0.19	52,828	3.64
Washington	387,028	37,258	10.15	93	0.03	6,581	1.79	80,733	16.66
<b>TERRITORIES</b>	<b>332,238</b>	<b>44,641</b>	<b>13.44</b>	<b>101</b>	<b>0.03</b>	<b>10,417</b>	<b>3.14</b>	<b>7,223</b>	<b>2.17</b>
Guam	24,484	10,328	42.18	101	0.41	512	2.09	1,725	7.05
Puerto Rico	24,442	1,210	4.95	0	0.00	658	3.50	4,558	18.65
Virgin Islands	283,310	33,103	11.68	0	0.00	9,049	3.19	840	0.33

\* New York did not report for fiscal year 1989.

TABLE 1. NUMBER OF SPECIMENS, BY REPORTING CATEGORY (continued)

Lab & Region	Total Number of Specimens (21)	Environmental Microbiology		Environmental Chemistry		Occupational Safety and Health		Toxicology	
		Number (22)	Percent (24)	Number (25)	Percent (26)	Number (27)	Percent (28)	Number (29)	Percent (30)
No. of States Reporting	53	53		44		27		39	
<b>TOTAL</b>	<b>39,344,847</b>	<b>2,347,745</b>	<b>5.97</b>	<b>1,076,709</b>	<b>2.73</b>	<b>104,451</b>	<b>0.27</b>	<b>1,235,033</b>	<b>3.14</b>
<b>AVERAGE</b>	<b>742,368</b>	<b>44,297</b>		<b>24,448</b>		<b>3,869</b>		<b>31,888</b>	
<b>NEW ENGLAND</b>	<b>2,058,124</b>	<b>81,321</b>	<b>3.96</b>	<b>116,283</b>	<b>5.61</b>	<b>8,001</b>	<b>0.39</b>	<b>426,611</b>	<b>20.70</b>
Connecticut	478,305	18,213	3.82	32,127	6.75	5,286	1.11	81,120	17.03
Massachusetts	1,067,361	4,639	0.44	349	0.03	0	0.00	243,416	22.59
Maine	109,631	22,810	20.82	20,304	18.52	252	0.23	7,148	6.62
New Hampshire	64,788	1,487	2.21	2	0.00	2,378	4.34	13,643	24.72
Rhode Island	297,133	11,937	4.02	68,681	19.08	104	0.04	68,982	23.55
Vermont	80,918	22,435	38.83	6,800	9.52	0	0.00	4,395	7.21
<b>MIDDLE ATLANTIC</b>	<b>1,201,283</b>	<b>8,262</b>	<b>0.52</b>	<b>8,357</b>	<b>0.70</b>	<b>2,188</b>	<b>0.18</b>	<b>224,513</b>	<b>18.69</b>
New Jersey	788,718	8,144	0.80	8,367	1.09	2,188	0.28	218,580	28.43
New York*									
Pennsylvania	432,637	118	0.03	0	0.00	0	0.00	8,933	1.37
<b>EAST NORTH CENTRAL</b>	<b>8,164,171</b>	<b>378,546</b>	<b>4.15</b>	<b>205,265</b>	<b>2.34</b>	<b>85,377</b>	<b>1.06</b>	<b>81,622</b>	<b>1.00</b>
Illinois	1,640,472	39,219	2.40	6,697	0.41	1,839	0.11	16,377	1.02
Indiana	149,828	77,225	51.81	21,283	14.21	2,797	1.87	2,757	1.84
Michigan	1,612,888	125,787	7.80	54,807	3.40	0	0.00	0	0.00
Ohio	1,168,557	61,749	4.38	11,027	0.94	3,647	0.31	17,692	1.51
Wisconsin	1,582,848	86,098	5.38	111,471	7.04	87,094	5.61	24,398	1.54
<b>WEST NORTH CENTRAL</b>	<b>2,680,830</b>	<b>280,003</b>	<b>10.44</b>	<b>149,642</b>	<b>5.58</b>	<b>11,031</b>	<b>0.41</b>	<b>24,310</b>	<b>0.91</b>
Iowa	898,044	41,782	4.65	68,336	7.61	6,628	0.74	209	0.03
Kansas	337,082	45,450	13.48	13,628	4.01	408	0.12	0	0.00
Minnesota	437,447	13,638	3.09	22,110	5.06	638	0.15	0	0.00
Missouri	923,876	116,846	12.54	12,498	1.35	39	0.00	45	0.00
Nebraska	87,774	23,985	27.33	13,884	15.82	609	0.69	1,602	1.83
North Dakota	83,208	20,854	25.07	10,772	12.83	9	0.01	13,417	16.39
South Dakota	106,499	18,648	17.50	8,602	8.08	0	0.00	9,037	8.57
<b>SOUTH ATLANTIC</b>	<b>9,912,238</b>	<b>614,218</b>	<b>6.20</b>	<b>291,783</b>	<b>2.94</b>	<b>11,484</b>	<b>0.12</b>	<b>257,380</b>	<b>2.60</b>
Delaware	166,112	16,672	9.85	8,152	5.12	0	0.00	8,853	5.44
District of Columbia	430,742	209	0.05	239	0.06	0	0.00	79,312	18.41
Florida	2,612,844	268,068	11.50	35,821	1.43	639	0.03	26,220	1.04
Georgia	992,440	221	0.02	0	0.00	0	0.00	0	0.00
Maryland	3,087,501	191,070	4.34	213,739	6.92	9,664	0.31	66,811	2.13
North Carolina	1,138,970	80,637	4.44	32,115	2.82	81	0.01	25,414	2.24
South Carolina	509,891	12,328	2.08	0	0.00	1,210	0.20	51,970	8.66
Virginia	878,214	70,044	10.36	0	0.00	0	0.00	0	0.00
West Virginia	318,624	42,369	13.39	1,727	0.56	0	0.00	0	0.00
<b>EAST SOUTH CENTRAL</b>	<b>2,959,940</b>	<b>182,403</b>	<b>6.16</b>	<b>23,694</b>	<b>0.80</b>	<b>2,151</b>	<b>0.07</b>	<b>10,843</b>	<b>0.37</b>
Alabama	1,096,646	67,711	6.18	0	0.00	0	0.00	0	0.00
Kentucky	386,548	9,788	2.53	9,954	2.42	2,151	0.56	10,843	2.81
Mississippi	835,202	72,788	8.71	7,478	0.90	0	0.00	0	0.00
Tennessee	641,546	12,058	1.88	8,864	1.07	0	0.00	0	0.00
<b>WEST SOUTH CENTRAL</b>	<b>6,161,771</b>	<b>484,697</b>	<b>7.88</b>	<b>104,080</b>	<b>1.69</b>	<b>2,709</b>	<b>0.04</b>	<b>98,825</b>	<b>1.41</b>
Arkansas	479,463	80,648	16.88	12,167	2.54	1,721	0.36	1,066	0.22
Louisiana	737,834	92,897	12.59	29,084	3.94	16	0.00	89,354	9.40
Oklahoma	417,273	79,080	18.95	24,385	5.84	545	0.13	81	0.01
Texas	4,517,211	231,884	5.13	38,424	0.85	427	0.01	16,344	0.36
<b>MOUNTAIN</b>	<b>2,770,987</b>	<b>140,829</b>	<b>5.08</b>	<b>73,248</b>	<b>2.64</b>	<b>1,510</b>	<b>0.05</b>	<b>133,058</b>	<b>4.80</b>
Arizona	128,385	9,763	7.61	3,778	2.94	856	0.67	22	0.02
Colorado	1,618,238	24,736	1.53	21,368	1.32	0	0.00	108,729	6.60
Idaho	124,322	40,125	32.28	10,723	8.63	0	0.00	0	0.00
Montana	170,284	18,112	10.64	9,535	5.60	138	0.08	220	0.13
Nevada	88,870	11,460	12.95	6,278	6.95	0	0.00	0	0.00
New Mexico	279,578	16,533	5.91	12,815	4.58	0	0.00	8,442	3.02
Utah	259,909	7,498	2.88	9,753	3.76	616	0.20	4,138	1.59
Wyoming	103,804	12,584	12.15	0	0.00	0	0.00	13,507	13.04
<b>PACIFIC</b>	<b>6,126,217</b>	<b>146,770</b>	<b>2.39</b>	<b>93,840</b>	<b>1.53</b>	<b>0</b>	<b>0.00</b>	<b>8,730</b>	<b>0.13</b>
Alaska	110,174	151	0.14	0	0.00	0	0.00	2,687	2.42
California	2,968,889	113,507	3.82	29,434	0.99	0	0.00	3,687	0.13
Hawaii	226,700	12,672	5.68	68,841	25.07	0	0.00	78	0.03
Oregon	1,462,820	8,851	0.60	0	0.00	0	0.00	0	0.00
Washington	387,028	11,589	3.18	7,565	2.06	0	0.00	0	0.00
<b>TERRITORIES</b>	<b>332,238</b>	<b>32,708</b>	<b>9.84</b>	<b>10,629</b>	<b>3.17</b>	<b>0</b>	<b>0.00</b>	<b>4,141</b>	<b>1.25</b>
Guam	24,484	368	1.49	0	0.00	0	0.00	0	0.00
Puerto Rico	24,412	8,897	36.58	2,850	10.84	0	0.00	740	3.03
Virgin Islands	283,310	23,643	8.36	7,879	2.78	0	0.00	3,401	1.20

\* New York did not report for fiscal year 1989.

ADN 8-15-93

# State lab fees

*Rethink now, reform later*

Alaska's Public Health Division wants to start charging fees for tests done at the state's three public health laboratories. Bureaucrats defended the proposed charges as necessary because of declining state revenues. Since when is Alaska so poor that — intentionally or not — it intends to cut funding for indigent health care?

The state wants to be able to tap federal Medicaid funds to help pay for the tests and, according to federal rules, if the state charges Medicaid patients, it has to charge everybody. The labs intend to waive fees for patients who don't have insurance, aren't eligible for Medicaid and can't afford to pay.

On the surface, taking advantage of federal funding and charging those who can afford to pay sounds perfectly reasonable. But like just about everything else in our Byzantine health-care system, there's more to it than that.

Clinics that rely on the labs are stunned at the proposed fees. In Anchorage, these clinics include the Anchorage Neighborhood Health Center, the municipal health clinic, the city's sexually transmitted disease clinic and the homeless shelters. All of these clinics treat low-income or no-income people, and all depend on the free lab tests to subsidize the care they provide.

Even if the state does waive the fees for patients who can't afford to pay, bureaucrats haven't told clinics what kind of documentation they'll need, or how they'll pay for gathering that information. The sexually transmitted disease clinic, for example, charges \$40 for exams, tests and treatment, but waives the fee if the person says he or she can't afford it, no more questions asked.

If you think this is careless accounting, keep in mind that to document income takes extra employees and extra time — in other words, it takes money the clinics don't have. Remember those studies that say 20 percent of health-care costs go just for administration? These no-frills clinics are trying to keep those costs as low as they can.

A certain selection process already goes on at these clinics. The care may be first-rate, but the waits can be long. People with insurance, people with money, are more likely to go to private physicians, who use private health labs, than to these clinics.

Finally, many of these clinics treat a population that's hard enough to reach even with free services. And they serve not just an individual but the public, by helping curb outbreaks of communicable diseases like gonorrhea or tuberculosis.

If the state goes along with its plan to charge fees for lab tests, it is removing a subsidy while requiring these clinics to do more administrative work without additional funding. That's a double cut. At the same time politicians are talking about the need to increase access to health care for people without insurance, these fees will squeeze the clinics that provide the

And that's just for starters. There are other problems with the proposed fees. The suggested fees — the Public Health Division stresses that they're not final — are actually higher than fees charged by private, for-profit labs.

You could argue that's reason to close the labs and contract out the service — in effect, privatize the state health laboratories. But if you want to make that argument, you should make it publicly, to the legislature.

The public labs play an important role in promoting public health, another hot topic for would-be health-care reformers. The labs identify outbreaks of communicable diseases early so that the state can intervene. They track diseases and provide data for the state and federal governments to decide where special resources are needed. Shutting them down, even inadvertently by charging expensive fees, isn't a decision to be made administratively, or, as the case may be, unintentionally.

If there's an argument to be made at all here, it's for universal health care. But barring that — or considering that it's going to take at least until the next legislative session to talk overall reform — the state needs to rethink these fees. In addition to everything else, clinic operators complain they were not given enough notice or time for public discussion, and that their questions haven't been answered.



Reforming Alaska's Health Care

LETTERS, EDITORIAL ON LAB FEES, ANCH DAILY NEWS

## Public health funding suffers

The state Public Health Department is going to implement charges for lab and family planning services that have been free to all of us. Low-income families that are not eligible for Medicaid will be unable to receive the medical care they need but cannot afford.

The municipality may have to shut down the sexually transmitted disease clinic, and the only nonprofit sliding fee clinic in Anchorage may have to close its lab department due to the high charges Public Health is proposing to implement Oct. 1. All of Anchorage's shelters use this lab.

The public hearing was held July 30, from 1 to 5 on a Friday afternoon. I testified and asked why Public Health was going to charge higher prices for such tests as gonorrhea identification, hepatitis, TB, herpes and chlamydia cultures than private-labs. I was told they did not set policy. I reminded them that they could not charge more than cost, as stated in Alaska State statutes.

A few of the most important infectious diseases that continue to pose serious health problems in our state are sexually transmitted diseases. Realizing that funding is a major issue in providing needed health services, I urge the Public Health department to look at other ways to reduce costs rather than making access to a basic public health infrastructure impossible for those who absolutely depend on it.

We only have until Aug. 13 to get our opinions to Dr. Theodore Mala, commissioner, Department of Health and Social Services, P.O. Box 110610, Juneau 99811-0610. Or you may call your representatives here in Anchorage and let them know your concerns regarding this new policy.

— Jennifer Garcia

8/9/93  
ADN

## ANCH. DAILY NEWS 8-12-93 Free testing helps community

Most readers are probably not even aware of the free services provided by the state public health laboratories to Alaska's residents. Yet it is likely that most have benefited from these services. We have been able to monitor and control epidemics of hepatitis, whooping cough and influenza partly because we have been able to do wide-scale testing without financial hardship to our patients — because of the state lab.

Free testing for AIDS antibody, hepatitis infection, whooping cough and influenza virus are a few of the tests that our community has utilized extensively in the last three years.

In most cases, the results of such tests benefit the community more than the person tested, in the sense that affected individuals are usually treated before test results are available.

The people who do benefit are those who have been exposed and are not yet clinically ill, but who can spread the illness. Preventive measures can be taken to curb the spread if we know who has been exposed. In this situation one cannot expect either patients or their insurance carriers to pay for such tests. This is why free testing by the state is of tremendous value in controlling epidemics.

In the long run, it will cost the state more to treat larger disease outbreaks that are not well monitored, than it would to continue to provide the free testing that presently helps control the size of epidemics.

Free testing by the state public health laboratories could cease. We must speak now to have this proposal subject to better-publicized public discussion. Comments can be directed to Lisa Short at Commissioner Ted Mala's Anchorage office, phone 561-4211, or fax 561-1308. Comments received by Friday will be reviewed by the commissioner.

— Sharlane Donaldson  
Glennallen

AUG - 3 - 93 TUE 11:48 DHMS



Tom Fink,  
Mayor

# Municipality of Anchorage



## Department of Health and Human Services

825 "L" Street

P.O. Box 196650 Anchorage, Alaska 99519-6650

July 30, 1993

Peter Nakamura, Director  
Division of Public Health  
P.O. Box 110610  
Juneau, Alaska 99811-0610

Dear Dr. Nakamura:

Subject: Proposed State Lab Fees

A local Health Department cannot survive without access to laboratory services, a basic infrastructure in providing public health services. The Municipality of Anchorage, Department of Health and Social Services is no exception.

If the proposed fees for laboratory services are implemented, the effect on the MOA local health department would be devastating. The services we now provide in our Sexually Transmitted Disease Program, Tuberculosis Program, Disease Prevention and Control Program, Family Planning Program, and Food Borne outbreak investigation would be seriously curtailed or eliminated. Without the ability to detect cases, our epidemiology function would not be possible. We have no other source of funding to provide the laboratory function that the state has always provided. We are not able to pass on the cost of adding this service to our clients since many are not willing or able to pay for this service now. An asymptomatic contact to an active case is reluctant at best, to come in for service and is often brought to treatment after a great deal of time and effort by our staff. At this point other contacts can be elicited and the whole process starts again. The cases must be laboratory confirmed to make this process work. Without that confirmation we cannot successfully bring clients to treatment or convince asymptomatic contacts to seek treatment and provide information regarding their contacts. Sources of disease will not be discovered and full fledged epidemics will be ripe for spreading. We also know from experience that increasing fees does not translate to increased collections.

As you are aware, people in our state are very mobile, moving between communities continually. The problems created in Anchorage by lack of ability to diagnosis and case find active disease in our community would quickly spread to the rest of the state.

LETTERS

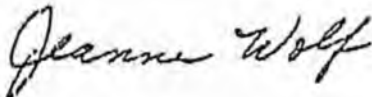
Dr. Peter Nakamura  
July 30, 1993  
Page 2

The MOA, DHHS has an understanding with the State that we serve as an arm of the State Health Department at the local level. State laboratory reports submitted by other agencies are sent to the local health department if they are positive and have a direct bearing on the public's health. The process of case finding, treatment, contact tracing and data collection is again implemented to control the spread of disease. This relationship is essential to the role the local health department plays in disease surveillance which is of extreme importance to the State. Surveillance of disease requires continuing scrutiny of all aspects of occurrence and spread of disease that are pertinent to effective control. The steps essential to this ongoing activity include collection, collation, and analysis of relevant data, followed by regular dissemination of reports to those responsible for disease control. This information serves as a data base for early identification of epidemics and for planning immunization campaigns and other activities necessary for the control of disease. If local health departments are deprived of access to State laboratory services, this task will be impossible for the State to carry out. A few of the most important infectious diseases that continue to pose serious health problems in our State are sexually transmitted diseases, hepatitis, HIV infection, tuberculosis, and foodborne disease, all of which the State Laboratory now provides support for at the local level.

Another aspect to consider is the ability of the local health department to serve as a training site for other health care providers in the state. If our ability to function is impaired or eliminated due to inability to cope with the added cost of state lab fees, this service will also be lost.

Realizing that funding is a major issue in providing needed health services, I urge you to look at other ways to reduce costs rather than making access to a basic Public Health infrastructure impossible for those who absolutely depend on it to provide public health services.

Sincerely,



Jeanne Wolf, Manager  
Community Health Services  
Municipality of Anchorage  
Department of Health and Social Services



AUG 18 1993

1217 East 10th Avenue • Anchorage, Alaska 99501 • (907) 258-7888

August 13, 1993

Theodore A. Mala, MD MPH  
Commissioner, Health and Social Services  
PO Box 110601  
Juneau, Alaska 99811-0601

Re: Proposed Fees for State Public Health Laboratory Services

Dear Dr. Mala:

I am submitting this written testimony regarding the proposed fees for State Public Health Laboratory services because of grave concern regarding the impact of this proposal on the health of the Alaskan public, and especially the medically underserved.

I am a lifelong Alaskan who has been interested in health and social issues all my adult life. I trained in the WAMI program and learned some microbiology at the state lab in Fairbanks. I have been in practice as a family physician in Anchorage for four years. For the last 15 months I have been Medical Director of the Anchorage Neighborhood Health Center, the only medical facility in Anchorage which provides comprehensive primary care to patients on a sliding-fee basis. The perspective provided by my background and occupation gives rise to four areas of concern regarding the proposed fees.

First, the public health of all Alaskans will be affected by the impact of these fees on the collection of epidemiological data. Currently, many specimens are collected statewide by physicians encountering patients in their offices with illnesses or risk factors which they suspect may have public health implications. These include influenza, tuberculosis, HIV infection and sexually transmitted diseases. The samples obtained yield information for state epidemiologists which allows them to detect and track epidemics, so that effective intervention may be taken and public health planning may be more effective. If the state



United Way

lab begins to charge fees for specimens, which in many cases are not absolutely necessary for clinical decision-making, many fewer samples will be obtained. Also, as private labs generally charge lower fees than those proposed and have a much shorter turnaround time than the state lab, a large number of the specimens obtained will be sent to private labs. Although state law requires certain diseases to be reported when diagnosed, the compliance with this largely unenforceable requirement has historically been very poor. Thus many fewer specimens will be obtained, and of those taken, much of the epidemiologically useful information will not be available to the state. The net effect will be a major reduction in the breadth and type of information available to state epidemiologists. This can only have an adverse effect on the quality of public health decision-making by the state, and therefore on the overall health of Alaskans. I realize there has been some consideration given to exempting specimens of epidemiological significance from lab charges. However I don't see how this can be practical, because one would not know at the time of collection whether the specimen would be exempt. Physicians will have to act as if every specimen were subject to a charge, which would negate any benefit from providing lab fee exemptions.

The second area of concern is the viability of the state lab. This lab is a microbiological center of excellence in Alaska and is an asset to the scientific community as well as to the public health. It performs many tests which are rare and technically difficult and are not available in commercial labs or even private reference labs. The fees proposed for most higher-volume tests are significantly higher than those charged by the private community. The turnaround time in private labs is much shorter, and the customer service is better. If the state lab begins charging the proposed fees, clinical providers will begin sending specimens to their private contract labs. The higher-volume tests, which represent the most money will be cheaper, and the lower-volume tests will be competitive and more convenient. The state lab will lose a very large percentage of its business. I envision that the only continuing users of the state lab will be those entities who have some obligation to use the lab or are unable to make arrangements with a private laboratory. This will result in the eventual closure of the state lab, as the rare and difficult tests will not generate enough revenue to sustain the lab in themselves. However, the loss of this scientific asset and center of excellence within the state will be significant.

The third area of concern is the impact of these charges on non-profit health providers. There are many organizations throughout the state which provide medical services to low-income patients and those with limited access to care due to cultural and physical barriers. These organizations, like the Anchorage Neighborhood Health Center and the Municipality of Anchorage Health Department, require laboratory services to provide adequate care to these patients. These organizations invariably have very tight budgets, and funding is often difficult to obtain. Recently, the state has been reducing the amount of money allocated to human services, and this trend is expected to continue, not reverse. If the state lab begins charging fees for its services, these non-profit organizations will have to seek funds to cover their costs, as the clients are, by definition, unable to pay. It is unlikely that funding

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in the amount necessary will be available. The only recourse then will be to reduce services. It is conceivable that marginally funded organizations would close. The net effect will be to reduce the availability of health care to low-income people, or to increase the amount of state grant money needed to fund these organizations. There is language in the proposed regulations regarding sliding or waiving the fees for low-income patients. However, this does not prevent an increase in costs for non-profit organizations. The documentation required would result in considerable expense and administrative overhead. This cost may not be as high as the lab fees, but would nevertheless strain the financial resources of these organizations.

The final area of concern I have is the most important, in my view: access to medical services for low-income citizens. The goal of these proposed fees, as I understand it, is to transfer the cost of laboratory services from the state to the patients and their insurers. There are large numbers of uninsured people in Alaska. Without specific information, I would expect that a disproportionate number of them receive their laboratory services through the state lab. If the state is successful in transferring the cost of laboratory services to these uninsured people, the result will not be an increase in dollars for the state lab but a decrease in services delivered. Uninsured and low-income citizens cannot afford to pay for needed laboratory services. The institutions which care for them will have to cut back services, reducing their access to care. If the patients do see medical providers, they may decline to have necessary tests done because of the cost. If they do agree to pay for tests, it will be only for the most necessary. Screening tests like gonorrhea cultures in teenagers will not get done, and so serious latent infections will not be detected. The net effect will be a significant deterioration in the health status of this group, whose health needs are not now being fully met. I do not believe that lab fee waivers or discounts will ameliorate this problem. I doubt that providers in the private medical community will be able to take the time to apply for waivers for their low-income patients. In non-profit institutions like my own, the burden of additional paperwork and documentation will inevitably increase costs. If, on the other hand, the state, because of discounts or waivers, does not transfer the costs of lab fees to these users, the net effect will be to increase costs within the state lab and health provider organizations to deal with the documentation and waivers, without increasing revenue for the lab.

To summarize, I believe this policy of charging for services by the state lab is ill-advised. It will result in a significant reduction in the availability of good information for public health decision-making. It will weaken and possibly completely eliminate the state lab as a viable state institution. It will cause non-profit health providers to reduce or eliminate services. Finally, it will surely increase barriers to adequate care experienced by low-income Alaskans.

There are several policy questions implicit within this proposal, which perhaps should be addressed more directly by the legislature and the administration. Should the state lab be "privatized"? Should funding of non-profit and governmental healthcare institutions be

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done directly by grant moneys which are used to pay state lab fees, or indirectly by funding the state lab to bear these costs? Do we indeed wish to reduce the availability of health care to underserved populations by passing on these costs to them?

I strongly believe that the state lab should continue to provide services free of charge, as it has successfully for many years. However, if a fee system is instituted, I would propose that non-profit and governmental institutions providing care to indigent populations be given institutional exemptions, rather than patient-specific waivers. This is the only way to preserve the current level of access to services for these people. To preserve epidemiological information, each healthcare provider should be allowed a fixed number of free tests to be used if epidemic disease is suspected, so that these diseases will be picked up as early as possible. Of course, any test done which detects epidemic disease should not be charged.

Thank you for considering these thoughts. I would be very happy to answer any questions you may have.

Sincerely,



Harold Johnston, MD  
Medical Director

cc:

Walter Hickel  
Peter Nakamura  
Bettye Davis  
Johnny Ellis  
Jim Nordlund  
Drue Pearce  
Steve Rieger  
Cynthia Toohey



# Alaska Women's Resource Center

111 W. 9th Ave., Suite 4 • Anchorage, Alaska 99501 • (907) 276-0528

AUG 16 1993

August 12, 1993

Dr. Peter Nakamura, Director  
Division of Public Health  
PO Box 110610  
Juneau, AK 99811

Re: Notice of Proposed Changes in Regulations of  
Department of Health and Social Services  
AS 44.29

Dear Dr. Nakamura,

I am writing on behalf of the Alaska Women's Resource Center (AWRC), a non-profit, membership organization whose mission since 1975 remains aiding women in fulfilling their potential. Our comprehensive services include counseling and assistance in the areas of domestic violence, substance abuse, employment and job training, pregnancy and health and information and referral. Additionally, we operate the only residential substance abuse rehabilitation/treatment facility in Alaska serving women and their children. We appreciate this opportunity to comment.

AWRC was surprised that we did not receive notice of these changes. As an agency that served over 2,500 Alaskans last year, most of whom are low-income women, we think we need to be informed regularly of any proposed regulatory and statutory changes. Please correct your mailing lists to assure our notification.

AWRC is concerned about the limited time available for public notice and comment. These regulations will have significant impacts on local governments, private health care providers and citizens. Holding one public hearing on a Friday afternoon mid-summer when most Alaskans are working, fishing and travelling with the written comment deadline soon thereafter does not promote public participation and trust.

AWRC is opposed to these proposed regulations. We clearly understand the fiscal pressures within the Division of Public Health. Transferring costs without sufficient analyses and without adequate lead time for planning nearly always results in loss and/or serious disruption of services. If the purpose of these regulations is to eliminate government-supported family planning services and to eliminate certain kinds of people from certain kinds of testing services, then these regulations will work well. As a society and state, we have consistently supported public health programs - many of which are preventive - because we know, for example, that providing prematernal and prenatal care supports families and costs considerably less than institutional care later. Cutting public health services that not only are needed but have proven their benefits while funding mega construction projects, which may be less needed and the benefits questionable, does little to support our overall quality of life.

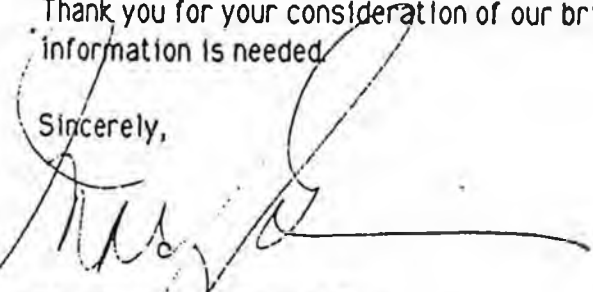
The information provided in this notice lists fee schedules, income guidelines and definition changes. The only analysis provided states "This action is not expected to require an increased appropriation". It is difficult to understand how the administration of an increased fee collection system will not require an additional appropriation. Since no information is provided regarding the impacts on local government, impacts on service levels, impacts on Alaskans using the services (projections of those not covered by Medicaid who will be unable to purchase the service with a change in income guidelines as an example), we are left to draw our own learned and hasty conclusions.

Neither local government nor the private sector is prepared to assume these costs. Many of the women and their families we serve fall into the "working poor" class for whom Medicaid or other health insurance is not an option and for whom increased costs mean life survival choices among heat, housing, food, clothing, transportation or other medical care.

AWRC asks that these proposed regulations be withdrawn, that the Division undertake a full analysis for public health needs and costs and that the Legislature hold an oversight hearing once this analysis is complete.

Thank you for your consideration of our brief comments. Please contact me if additional information is needed.

Sincerely,



Mary Grisco, M. Coun., MPA  
Executive Director