

ALASKA LEGISLATURE COMMITTEE FILES 1993-1994 8672

7788 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

53

FISCAL NOTE

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

BILL NO. HB 109

Revision Date: February 3, 1993  
Title: "...relating to blood tests for persons charged with sex offenses."  
Sponsor: Representative Kott  
Requestor: Representative Kott

Department Affected: Department of Law  
BRU: Prosecution, Legal Services  
Component: Prosecution - All Legal Services - Operations  
COMPONENT SERIAL NO. 0085 through 0090, 0093

EXPENDITURES/REVENUES:

OPERATING	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

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

REVENUE FUND SOURCE:						
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FUNDING:

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

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

Estimate of current year (FY93) impact: -0-

ANALYSIS: (Attach a separate page if necessary.)

Please see the attached analysis.

Prepared by: Richard I. Peques, Director  
Division: Administrative Services Division  
Approved by Commissioner: Charles E. Cole, Attorney General  
Agency: Department of Law

Phone: 465-3672  
Date: February 3, 1993  
Date: February 3, 1993

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*Fiscal Note - Dept of Law*

## FISCAL NOTE

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

BILL NO. HB 109

### ANALYSIS (Continued):

This bill amends AS 18.15 to provide that a defendant charged with a violation of the state's sexual assault laws, including a minor subject to a juvenile proceeding for committing the same violations, is subject to an order of a court to require testing for HIV and other communicable diseases. The bill would permit the alleged victim, or the prosecuting attorney at the request of an alleged victim, to petition the court for an order to require the testing. A court would then have to promptly conduct a hearing on the petition. If the court finds that probable cause exists to believe that a transfer of blood, saliva, semen, or other bodily fluid took place between the defendant, or minor, and the alleged victim, the court shall then order the tests.

The Department of Law handles about 200 sexual assault cases a year where criminal charges are filed, and where the assault includes conduct that would fall within the requirements of this bill. The department also handles a somewhat smaller number of sexual assaults involving minors in juvenile proceedings that would be subject to this bill.

We cannot predict how many sexual assault victims will request the department to petition on their behalf for a court hearing to require HIV and other communicable disease testing. If the number is large there could be a significant expense for the department. This is because our prosecutors would have to conduct a mini-trial and present evidence for each petition sufficient enough to convince a court that probable cause exists to believe that a transfer of blood, saliva, semen, or other bodily fluid took place between the defendant, or minor, and the alleged victim.

Defendants would be expected to resist prosecutors' efforts to show probable cause because of the effect that the hearing might have on their eventual defense at trial. In many cases, prosecutors would be required to prematurely reveal their evidence substantially earlier than normally required by court rule, in order to show probable cause. This could result in an additional level of defense discovery, giving the defense first crack at the state's case and witnesses.

However, because we cannot predict the number of times petitions will be requested, sufficient to warrant fiscal impact funding at any given location, fiscal note funds have not been requested.

HB

114

# HOUSE COMMITTEE REPORT

2/10

(9)  
Date Referred: February 1, 1993

FURTHER REFERRALS:

Labor & Commerce

Date of Committee Action: 2-8-93

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 114

HOUSE BILL NO. 114

DRUG DISPENSING: ADV. NURSE PRACTITIONERS


"An Act allowing the Board of Nursing to authorize an advanced nurse practitioner to dispense medical, therapeutic, and corrective measures."

- RECOMMENDATIONS: [ ] the same title  
 be replaced with \_\_\_\_\_ [ ] a new title  
 [ ] have attached amendments(s)  
 do pass  
 [ ] do not pass  
 [ ] no recommendations  
 : individual recommendations  
 [ ] additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of Intent

- ATTACHES NEW FISCAL NOTE(S): (Dept) \_\_\_\_\_ APPROVES PREVIOUS: (Dept/Date) \_\_\_\_\_  
 [ ] fiscal impact \_\_\_\_\_ [ ] fiscal note(s) \_\_\_\_\_  
 zero fiscal note \_\_\_\_\_ Commerce + Ec. Dev. [ ] zero fiscal note(s) \_\_\_\_\_

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<del>[Signature]</del> Kott	X				
<del>[Signature]</del> Vezev	X				
<del>[Signature]</del> G. Davis	X				
<del>[Signature]</del> Bunde	X				
<del>[Signature]</del> Foony	X				
Paul Olberg	✓				
Doree Nicholas	X				
Betty Davis	X				
Toni Brice	X				

  
 CO-CHAIRMAN'S SIGNATURE



# Alaska State Legislature

## House of Representatives

COMMITTEE ON HEALTH, EDUCATION  
AND SOCIAL SERVICES

DATE: FEBRUARY 8, 1993

PLACE: Capitol Room 106

### SUBJECT OF MEETING:

- \*HB 114: DRUG DISPENSING: ADV. NURSE PRACT
- \*HB 2: DRUG TESTING FOR SCHOOL BUS DRIVE
- \*HB 78: TESTIMONY OF MINORS IN CRIMINAL T
- \*HB 97: PARENTAL CARE FOR CHILD IN STATE
- \*HB 100: PROSECUTION OF JUVENILE FELONS

BILLS HELD OVER FROM PREVIOUS CALENDERS

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Komayne Karise	Dept. of Education	801 W. 10th St Juneau	99801		465-8652	Y N	Available HR 2
Peter Nakamura	Dept of Health	A.D.B			465-3140	(Y) N	HB 114
VINCENT USERA	AGO				465-2399	Y N	if needed HB 79
KARL LUCI	DCED	Director Occupational Licensing			5-2538	Y (N)	only if needed HB 114
KARL WELTZIN	self	10014 K... JUNEAU, AK			463-185	Y N	HE 150
Deborah	DFYS				465-3191	(Y) N	HB 97
						Y N	
RENA BUKOVICH					-6872	Y N	
BERRY LUCHMANT		ELIZABETH BLK JUNEAU, AK 9			-2450	Y N	
						Y N	
						Y N	

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NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Sherrie Goss	ALASKA WOMEN'S LEAGUE	P.O. Box 22156, JUNEAU	99802		463-6744	(Y) N	HB 100
Chris Eaddy	DIVERSIFIED SVCS DIV	P.O. Box 20845, JUNEAU	99802		586-5865	Y (N)	HB 700
GARY BADER	DOF	801 W. 10th JUNEAU	99802		465-8650	(Y) N	HB 2
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	

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

SPONSOR: MHES HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: TOOHEY  
PURPOSE: PUB PUBLIC HEARING BUNDE  
CONTACT: LYNN SMITH TEL#: (907)465-6625  
CHAIRING SITE: JUNEAU CAPITOL CAP106  
TOLL FREE: DIAL-UP: LID: (800)478-9908

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 5 MINUTE LIMIT

SPONSOR REMARKS(LID): BACKUP MATERIAL:N MEETING IN PROGRESS:N MAX. SITES: 5  
FOR HB 97, DIANE OLSEN, DEPT. OF LAW WILL BE IN ANCHORAGE TO TESTIFY BY INVITE  
TCN REQUESTED ON 02/08/93 AND HAS 4 UPDATES

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

- 1 HB 114 DRUG DISPENSING:ADV. NURSE PRACTITIONERS
- 2 HB 97 PARENTAL CARE FOR CHILD IN STATE CUSTODY
- 3 (BY INVITATION ONLY)

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

ANC ANCHORAGE	3111 C STREET	LOCATION STAFF
BAR BARROW	COURTHOUSE #305	LOCATION STAFF
* JNU JUNEAU	CAPITOL CAP106	LOCATION STAFF
MAT MATSU	165 E PARKS HWY.	LOCATION STAFF

PARTICIPANTS IN:ANCHORAGE

ANC

- |   |                       |                  |                        |
|---|-----------------------|------------------|------------------------|
| 1 | PATRICIA HONG         | AK NURSE ASSOC   | TSFY. HB 114           |
|   | 237 E THIRD, NO 3     | ANCHORAGE        | AK 99501 (907)274-0827 |
| 2 | DARYL YOUNG           | UAA              | TSFY. HB 114           |
|   | 3211 PROVIDENCE DRIVE | ANCHORAGE        | AK 99508 (907)786-4040 |
| 3 | SUE ANNE JENKENSEN    | AK NURSE PRACTIT | TSFY. HB 114           |
|   | 237 E THIRD           | ANCHORAGE        | AK 99501 (907)274-0827 |
| 4 | GAIL MCGUILL          |                  | TSFY. HB 114           |
|   | 3601 C STREET         | ANCHORAGE        | AK 99503 (907)561-2878 |
| 5 | DIANNE OLSEN          |                  | TSFY. HB 97            |
|   | 1031 W 4TH AVE        | ANCHORAGE        | AK 99501 (907)269-5139 |
| 6 | STAN THOMPSON         |                  | OBSV. HB 114           |
|   | 1018 W 73RD           | ANCHORAGE        | AK 99518 (907)344-5149 |
| 7 | KAY LAHDENPERA        | MOA/DHHS         | TSFY. HB 114           |
|   | P.O. BOX 196650       | ANCHORAGE        | AK 99519 (907)343-4624 |

PARTICIPANTS IN:JUNEAU

JNU

- |   |              |                  |
|---|--------------|------------------|
| 1 | REP TOOHEY   | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 2 | REP BUNDE    | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 3 | REP G. DAVIS | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 4 | REP VEZEY    | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 5 | REP KOTT     | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 6 | REP OLBERG   | TSFY. HB 114     |
|   |              | AK (907)000-0000 |
| 7 | REP B. DAVIS | TSFY. HB 114     |

PARTICIPANTS IN:MATSU

MAT

- |      |             |                 |                        |
|------|-------------|-----------------|------------------------|
| 1 MS | DIXIE LIGHT | IS FOR THE BILL | TSFY. HB 114           |
|      | POB 382     | HOUSTON         | AK 99694 (907)892-8804 |





Official Business

# Alaska State Legislature

## HOUSE OF REPRESENTATIVES

REPRESENTATIVE CYNTHIA D. TOOHEY

State Capitol  
Juneau, AK 99801-1182

DISTRICT 13

### SPONSOR STATEMENT

#### HOUSE BILL 114

"An Act allowing the Board of Nursing to authorize an advanced nurse practitioner to dispense medical, therapeutic, and corrective measures"

House Bill 114 would clarify in statute an advanced nurse practitioner's authority to dispense medication within the scope of practice.

Dispensing has been a common practice with ANP's for many years. Advanced nurse practitioners dispense medications for a variety of reasons. In some cases there is no access to a pharmacy and in other situations, the client may not have the resources to pay for the medications and the service of dispensing the medications better serves the immediate medical needs of that client.

In 1992 an advanced nurse practitioner requested clarification of her authority to dispense medication. The Department of Law advised that a statutory change would be necessary to clarify that authority.

Last year, a survey was distributed to ANP's across the State to ascertain the importance of having authority to dispense medications. The Board of Nursing and the Board of Pharmacy then worked together on the issue. The conclusion was the statutory change was essential.

House Bill 114 gives APN's the authority to dispense. The bill has a zero fiscal note.

The Board of Pharmacy supports this legislation.

Your support of this bill would be appreciated.

SPONSOR STATEMENT

POSITION PAPER  
HOUSE BILL 114

"An Act allowing the Board of Nursing to authorize an advanced nurse practitioner to dispense medical, therapeutic, and corrective measures."

House Bill No. 114 amends AS 08.68.410(1) by adding a provision to the definition of advanced nurse practitioner that will give these health care providers dispensing privileges.

The Division of Public Health currently employs or contracts for the services of ten advanced nurse practitioners throughout the state to provide family planning services. These services are made available through clinics that provide family planning and disease prevention education, prescribe family planning methods, and treat sexually transmitted diseases. These clinics serve persons who would not otherwise have access to these services. If these practitioners were to be denied the ability to dispense treatments, the result would be a serious impact to this underserved population in their ability to prevent unwanted pregnancies, reduce the complications of untreated sexually transmitted diseases, and stem the spread of these diseases.

The Division also provides grants to 14 rural health clinics throughout the state. These grants subsidize the operation of community clinics that provide primary medical care through the services of a mid-level practitioner (i.e. advanced nurse practitioner or physician's assistant). Eligible clinics are located in communities that are generally too small to support the services of a physician, and whose populations would not otherwise have local access to medical care. The communities receiving these grants, places such as King Cove, Galena, and Pelican, are isolated and often experience difficulties in travel and shipment of goods due to poor weather conditions. If advanced nurse practitioners are not able to dispense medications, the residents of these communities would experience a significant negative impact on their health.

HB 114 does not expand the nurse practitioner's privilege of prescribing medication, but allows them to dispense what they are currently prescribing. Nurse practitioners are required by regulation to have 15 hours of continuing education in pharmacology in order to renew their licenses. This ensures the necessary competency to allow for the action of dispensing medications. To date, the Division of Public Health has had no report of abuse or misuse of prescriptive authority or problems with medications, birth control methods, or treatments of sexually transmitted diseases by advanced nurse practitioner employees. In general, these practitioners have rigorous licensure requirements, and high professional standards.

The Department of Health & Social Services strongly supports the passage of House Bill 114.

*Peter Nakamura*  
Peter M. Nakamura, MD, MPH  
Director

2/5/93  
Date

*Theodore A. Mala, Deputy Com*  
Theodore A. Mala, MD, MPH  
Commissioner

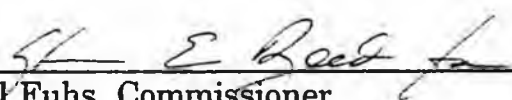
2/5/93  
Date

**HB 114: "An Act allowing the Board of Nursing to authorize an advanced nurse practitioner to dispense medical, therapeutic, and corrective measures."**

This bill is necessary to provide legal authority for advanced nurse practitioners to dispense the medications which they prescribe.

Advanced Nurse Practitioners' (ANPs) dispensing has been occurring statewide since ANPs began practicing in Alaska under regulations established in 1980 by the Board of Nursing. A July 1992 Attorney General opinion stated there is no legal authority which allows ANP dispensing. A survey of ANPs conducted by the Board of Nursing in November 1992 with a 71% response rate, revealed that 55% of ANPs working in Alaska dispense in their practice. The survey further disclosed that 25% of the ANPs were in communities without pharmacies, and 22% were in communities without physicians.

The Boards of Nursing and Pharmacy have collaborated on the statute and regulation changes necessary to grant dispensing authority within the ANP scope of practice, and endorse the statute change. Therefore, the department supports HB 114.



Paul Fuhs, Commissioner  
Department of Commerce and Economic  
Development

2-5-93

Date

dgl037PP.OL

(6) the practice of nursing by a nurse licensed in another state whose employment responsibilities include transporting patients into, out of, or through this state; however, this exception is valid for a period not to exceed 48 hours for each transport.

(b) In this section the word "nurses" includes registered and practical nurses, and "nursing" means registered and practical nursing. (art IX ch 90 SLA 1957; am § 10 ch 129 SLA 1974; am § 24 ch 14 SLA 1982; am § 14 ch 66 SLA 1987)

Effect of amendments. — The 1987 amendment added subsection (a)(6) and made related stylistic changes.

**Sec. 08.68.410. Definitions.** In this chapter,

(1) "advanced nurse practitioner" means a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to perform acts of medical diagnosis and the prescription of medical, therapeutic, or corrective measures under regulations adopted by the board;

(2) "board" means the Board of Nursing;

(3) "incompetent" means that a nurse does not possess the skills, knowledge, and awareness of the nurse's limitations and abilities to safely practice nursing;

(4) "licensed practical nurse" is equivalent to the title "licensed vocational nurse" and to the name suffix abbreviations L.P.N. and L.V.N.;

(5) "licensed registered nurse" is equivalent to the common title "registered nurse" and the name suffix abbreviation R.N.;

(6) "nurse anesthetist" means a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to select and administer anesthetic and give anesthetic care under regulations adopted by the board;

(7) "practice of practical nursing" means the performance for compensation or personal profit of nursing functions that do not require the substantial specialized skill, judgment, and knowledge of a registered nurse;

(8) "practice of registered nursing" means the performance for compensation or personal profit of acts of professional service that requires substantial specialized knowledge, judgment, and skill based on the principles of biological, physiological, behavioral, and sociological sciences in assessing and responding to the health needs of individuals, families, or communities through services that include

- (A) assessment of problems, counseling, and teaching
- (i) clients to maintain health or prevent illness; and
- (ii) in the care of the ill, injured, or infirm;

(B) administration, supervision, delegation, and evaluation of nursing practice;

(C) teaching others the skills of nursing;

(D) execution of a medical regimen as prescribed by a person authorized by the state to practice medicine;

(E) performance of other acts that require education and training that are recognized by the nursing profession as properly performed by registered nurses;

(F) performance of acts of medical diagnosis and the prescription of medical therapeutic or corrective measures under regulations adopted by the board. (§ 2 ch 90 SLA 1957; am § 5 ch 37 SLA 1970; am § 3 ch 67 SLA 1973; am §§ 11, 12 ch 129 SLA 1974; am § 25 ch 14 SLA 1982)

**Chapter 70. Nursing Home Administrators.**

Section	Section
10. Board of Nursing Home Administrators	120. Examination
20. Board membership	130. Provisional licenses
30. Election of officers	140. Expired licenses
40. Board meetings; quorum	160. Fees
50. Duties and powers of the board	155. Grounds for imposition of disciplinary sanctions
65. Removal of board members	170. Penalties
80. License required	175. Facilities operated by religious organizations
90. Application	180. Definitions
110. Licensing	

Collateral references. — Licensing and regulation of nursing or rest homes. 97 ALJ2d 1187; 63 ALR4th 689.

**Sec. 08.70.010. Board of Nursing Home Administrators.** There is established the Board of Nursing Home Administrators. (§ 1 ch 123 SLA 1975)

**Sec. 08.70.020. Board membership.** (a) The board consists of three members: one nursing home administrator licensed under this chapter and practicing in the state, a registered nurse licensed in the state and having no direct financial interest in any nursing home, and one person from the general public.

(b) [Repealed, § 49 ch 94 SLA 1987.]

(c) [Repealed, § 49 ch 94 SLA 1987.] (§ 1 ch 123 SLA 1975; am § 1 ch 77 SLA 1977; am §§ 3, 4 ch 141 SLA 1980; am § 2 ch 99 SLA 1986; am § 49 ch 94 SLA 1987)

Cross references. — For appointment and term of office, see AS 08.01.036. amendment repealed subsections (b) and (c), concerning appointment by the governor and term of office respectively.

AS 08.68.410 DEFINITION ADV. NURSE PRACT.

AS 08.68.410 DEFINITION ADV. NURSE PRACT.

A SURVEY WAS SENT TO ADVANCED NURSE PRACTITIONERS  
IN 1992 REGARDING THE "DISPENSING" ISSUE.

126 PEOPLE RESPONDED  
(71%) ANP SURVEY COMMENTS (REGARDING "DISPENSING"  
AUTHORITY)

- 001 Our clientele frequently do not have transportation to a pharmacy and occasionally do not have money to purchase medicines (we are able to bill for payment at a later date). Since beginning dispensation of medication from the clinic we enjoy much better compliance than previously. Medications are prepackaged and re-labeled, and are only dispensed by licensed providers.
- 002 It would devastate the practice as we could not provide health care services. The practice is 50% Native (ANMC) and 50% non-native. Native meds are supplied through ANMC. We could not provide services to the other half if we could not maintain some basic pharmaceuticals.
- 003 I work in a bush community, with the closest pharmacy 800 miles away. The ability to dispense prescription medication is a crucial aspect to providing health care to folks who are living in such a geographically isolating village.
- 004 Medications would have to be ordered by telephone and delivered by air. Air service is dependent upon weather conditions, therefore arrival time of the medications could be delayed by weather.
- I feel that essentially it would not be possible to practice in this location without dispensing medications. The community is too small to support a pharmacy separate from the clinic. The clients could not be treated in a timely manner and would be subjected to additional air speed pak costs.
- 005 Our clients are teens who pay for their birth control pills; pharmacies charge twice the price our clinic charges and would put make it too expensive for teenagers. SEAR has the highest teen pregnancy rate in the world; interruption of contraceptives for this group would be catastrophic.
- 006 Blank
- 007 It would mean additional cost to the patients as well as added inconvenience to have the patient leave the building to buy medications. Additionally, it would often delay initiation of treatment.
- 008 Delayed processing clients through a busy clinic. Fewer patients could be accommodated.

- 009 It would make practice in Tok almost impossible. The nearest pharmacy is at least 100 miles away. Many of our patients have traveled great distance already just to get to us. It would not be practical for them to get to a pharmacy. In many cases, it would not be possible.
- 010 No pharmacy in this very small community. During the summer, mostly acute care problems present to the small clinic. The clients would be negatively affected if I could not dispense meds--the next largest town across river does not have a pharmacy. I have not had any problems dispensing med. I work summers in a fishing community. I am employed by a larger clinic which is located across the river which supplies my meds.
- 011 I run a psychiatric aftercare medication group which the psychiatrists do not wish to do. These patients would not comply well with individual out-patient appointments for meds.
- 012 No impact. I don't do any dispensing except free samples.
- 013 It would be a great inconvenience to the office and patients alike.
- 014 We have a few kinds of meds which we most often use. We bought them from local pharmacy. We have many patients who have -0- insurance, medicaid or money. These are the people we dispense meds to. If we could not do this, there would be many very psychotic people and very depressed people in the community without Rx. API admissions would \_\_\_\_\_ suicides would \_\_\_\_\_
- 015 Could not dispense samples only. Sometimes this means client will not begin treatment until they can afford medicine or until medicaid coupons come in, delayed treatment.
- 016 We do like to give out sample oral contraceptives to teens and women that can not afford to pay for them. Same goes for other samples,--ie: antibiotics. It's good to gauge patient response to medications, ie: anti-hypertensives.
- 017 Most significant, could not begin patients on Rx needed immediately. Also, would not have Rx for charity cases.

- 018 Our STD clinic and family planning clinic meds are supplied by the state (Fairbanks Health Center). We serve low-income clients that's why they come to our clinic. The meds for STD clinic, those meds need to be supplied by us as it's in the public's best interest to provide meds for GC, Syphilis, Chlamydia.
- 019 We are a 638 contract clinic in IHS system and also student health service for state vocational school. Funds for services and supplies are extremely limited. IHS beneficiaries receive all services at one site and thus cost to system and convenience to clients. Non-beneficiary students have limited resources. Many would not be able to fill prescriptions if they had to pay retail. If no medicines dispensed at clinic, the limited funds available for pharmacy needs in the community would be stretched beyond already inadequate limits. Currently, providers write for prescriptions not stocked at the clinic, (patient fill these scripts at local pharmacy, at greater cost, retail and dispensing fee, and much inconvenience, (transportation is an issue for many of our clients). These limited funds provided to local pharmacist ALREADY are inadequate even for our "overflow" needs. It would be a tremendous hardship to our practice and to our clients if we did not continue the present economical, safe and convenient system; from which we make no profit.
- 020 If I could not dispense meds it would be impossible for me to effectively practice. Mail system can take up to 7-10 days to our bush community.
- 021 I do not dispense drugs without orders from MD
- 022 Our clientele are either medicaid, (to whom no samples are dispensed) or private pay WITHOUT insurance. Many of our patients can not even afford transportation. If we have samples and can afford the cost of a prescription we try to. This may make newer, more effective drugs available to a poorer population. Most often we give the patient's Rx's to any pharmacy in the area except Lake Otis Pharmacy, which does not SEEM to want ANP business.
- 023 We give out samples free to indigent clientele. We sell pre-packaged medications as a convenience to clientele. For years there was no close pharmacy but in the past year one has opening in our building.

- 024 Clients probably would not get medications for their problems due to cost and inconvenience. Birth control pills could not be afforded by most of the clients and that has far reaching implications.
- 025 I am employed in a satellite clinic of Governor/Government hospital in NYC. Our clinic serves 170 female shelter residents. Our clients often do not have any money, or medicaid or health insurance. Health care services and treatment are provided to shelter residents free of charge.
- 026 Blank
- 027 It would take up to one week to obtain medication. The only drugs I dispense are birth control pills and "iron". I think compliance and accessibility are important. (I only give out the first packet of pills. They get the rest from a pharmacy.)
- 028 No other source of meds.
- 029 We prescribe some very expensive medications, such as Prozac in our mental health clinic. Many of our clients have no resources. We count on having some physician's samples to defray their expenses. Other clients, on Medicaid already, sometimes need a few days supply from our "stock". If it were not available, some of them would end up back in API, a very expensive result.
- 030 Clients would have to mail order drugs or wait a long time for the PHS pharmacist to fill. The impact would be greatest on the local. It's pharmacists there are only two. Pharmacists that fill for 6 physicians, 6 villages, 2 ANP's, we relieve their dispensing burden though they are packaging for us as well as CNA's!
- 031 Clients in crisis would have to wait for days at times and weeks at others. More clients would be in crisis. PA's can dispense medications. My clients would certainly have less faith in a nurse and probably less respect if I had to refer them to a PA, (or physician).

- 032 I work in a state program, (Family Planning) which depends on ability to dispense birth control pills and other supplies.
- 033 We, NP's, dispense only pre-labeled, women's health related medications out of a box when pharmacy is closed at our evening women's health clinic. It would be inconvenient for women to wait the next day to pick up Rx, many are leaving town on early flights.
- 034 Would not impact currently.
- 035 It would be pointless to have a sub-regional health clinic and an isolated area far away and inaccessible except by air.
- 036 -0- Impact.
- 037 None
- 038 It would not be impacted to any degree. I only sample occasionally, to start a patient on a new drug - usually O.C.'s
- 039 Not a problem. Two pharmacies and hospital in community. I do need my prescriptive privileges though to practice as CNM both outpatient and in hospital. Thanks for your work in representing us.
- 040 Health Aides, (whom I train and supervise) would just dispense them for me!
- 041 Blank
- 042 We have a pharmacist in our practice- he dispenses and prepares all medications given out. There is no charge for the medication. I work in a Native corporation clinic. If our clients were charged, they could not afford thier medications.
- 043 In the villages the clients meds are dispensed by whatever health care provider is in their village. If this was not possible they wouldn't get medicines. At the hospital the pharmacy dispenses them.
- 044 Little impact however have speculated whether to offer iron tablets.
- 045 I could not use the samples from drug reps. That helps my patients with cost.

- 046 The appropriate care for clients would come to a halt. These clients would not have access to care and dispensing of medicines. There are not enough doctors to go around.
- 047 It would be devastating! Hoonah has -0- pharmacy, (White Stone Logging camp, Mt. Bear Community, Hoonah), 40 miles west of Juneau by plane/boat, costs prohibitive for many. UAJ-college community - 2500/low incomes, many without cars.
- 048 It would make it impossible at the time to function without dispensing medication since there is no other access for 150 miles. IHS, Central Warehouse is trying to pre-package everything they can. Having to send prescriptions in would cause anywhere from 3-10 day delay depending on weather and mail.
- 049 No impact at present. However, I feel that dispensing samples can be useful at times and should not be restricted for those practices that require it.
- 050 I would be unable to function without prescriptive authority.
- 051 In college health the students health care access and access to medications is important to insuring that they receive treatment.
- 052 Difficult for client who do not funds or insurance coverage.
- 053 Most of folks we see are struggling with minimal incomes or are on public assistance. If we didn't treat STD's or provide birth control pills through the clinic the STD's would probably not get treated and having to pay \$20/pr or OCP's would be a further hardship and might be impossible for some.
- 054 As an FNP doing locum temens, mostly in the bush but also in large communities, I basically would be out of a job. I seek clinics with village attitudes or work mostly in the bush and without being able to dispense from small pharmacies I would lose the job sites I enjoy the most. I do not care for private practice clinics. Dispensing mostly antibiotics and T 3 for pain my clients could not be served by me. All villages would only be open to PA's - (like the slope currently is not, closed to FNP's but for different reasons) If I could not dispense I believe I would leave the practice. We are safe, and being an RN for seven years, prior to FNP, I make very rare drug errors as opposed to others who were not taught to read, check, then read again before giving any med, be it PO, IM, or IV.

- 055 Clients could not buy meds, come to us because they can't afford private care.
- 056 Blank
- 057 We have to.
- 058 Since I work for the federal government, it is my impression that there would be no impact, as the federal government seems to make it's own regulations. The only time I dispense medications is when working with a community health aide. It is part of their job to dispense medications.
- 059 INCOMPLETE
- 060 I would expect an increase in non-compliance of use of antibiotics, birth control pills and anti-inflammatories\_\_\_\_\_ as well as hormone therapy for abnormal bleeding.
- 061 There would be lack of medical care for village women, no teen wellness clinic for teens and my labor/delivery practice would be restricted in offering pain and anti-hemorrhage meds.
- 062 I COULD NOT WORK!! I work in an emergency room during daytime hours, pharmacy is open until 5pm. Medicine dispersed from a night cabinet. My clients receive all their medication from the hospital. Giving them a script for next day filling is extremely INAPPROPRIATE in our ER setting.
- 063 My practice itself not impacted. But the system I work in would be. As health care in rural areas by Indian Health Service often depends on nurse-practitioners management - and isolated locations necessitate dispensing of medication.
- 064 High risk OB/GYN patients would be seriously jeopardized. Women ages 14 and up with limited financial and/or social resources would be penalized.
- 065 My current practice of 2 years, 3 months, is in Fairbanks i a physician's office. Other than dispensing samples to those that need it, I do not handle "pharmacy" however-; the previous 16 years I worked in a rural area where the dispensing of medications was absolutely VITAL!
- PLEASE SEE ENCLOSED COMMENTS TO USE FOR TESTIMONY IN THIS DEBATE
- 066 It would not change

- 067 There is no pharmacy in the village, approximately 2 days to fill an Rx. Filled at the hospital arrives in the village to be dispensed. Obviously, this could be potentially dangerous to a sick or injured client. In the best case, it is inconvenient and time consuming to call the pharmacy for all Rx. It would also add expense to care, but benefit Alascom.
- 068 Treatment would be delayed considerably. Particularly in bad weather when planes carrying mail often can't land for 3-4 days at a time. This would create horrible risk with children.
- 069 It would significantly increase the cost of treatment for a large percentage of patients and decrease the ability of "sampling" a patient on a medication or dosage change easily.
- 070 We give out OCP, antibiotics, hormones to try and return for check-up and Rx. More pregnancies.
- 071 Clients I see would not get prescription filled elsewhere, financial constraints or difficulty with compliance, F/U.
- 072 Well Women's Clinic at night, (when pharmacy is closed) would not be able to dispense packaged and labeled contraception and anti-infectives. Well Child Clinic dispenses tylenol, anti-infectives to waiting time.
- 073 They wouldn't get any medications!
- 074 There would be a large increase in morbidity and mortality as the delay in getting drugs from a registered pharmacy is a week or more on the best of occasions.
- 075 I do not dispense meds, however, I would like to have contact with drug company representatives who provide samples, patient education literature and the like. This would be very helpful in getting the patient started on a new medication to have a sample, with instructions. I believe, the patient builds confidence when a sample is given and the medication is jointly discussed in the office. I had planned to eventually look into this. I have been too busy to follow through.

- 076 In this practice it would currently limit dispensing of samples given to patients who may not have access to funds for meds not in our pharmacy/formulary but available in the community at large. It would put an increased burden on our institutional pharmacy as we dispense all prenatal vitamins. It has the potential for affecting Norplant or other device placement. Of great concern to those in this facility with whom I work is who travels to outlying villages, it would seriously impact their ability to function in their positions.
- 077 Medicines would not be dispensed. Villagers can not afford to travel to pharmacy (\$250- per trip). Medicines could be delivered by postal services, which is (of course) not timely.
- 078 Blank
- 079 Blank
- 080 Students may not have prescriptions filled, so patient compliance is important. Also students may not have adequate funds for Rx outside the Health Center. Pharmacy importance is COMPLIANCE.
- 081 No impact
- 082 N/A
- 083 Impossible to imagine. We take village trips to have clinics in rural Alaska, plane accessible only. We must be able to give meds out during our clinics!
- 084 The only time I "dispense" meds is evening clinic when Rx is closed or I'm in the village for a week on-site-visit. Not having meds to dispense would delay patient treatment by 24 hours or one week.
- 085 There is no other pharmacy except the clinic. Prescriptions would have to be mailed into the regional hospital, filled and mailed back to patient. It would be unreasonable, expensive and poor medical practice. Patients could wait up to 2 weeks if the weather is bad, which it frequently is. People can die from simple infections if meds aren't available. Also they couldn't get pain meds. The pharmacy board is not grounded in reality. They need to go to some villages, get sick and not have medication available.

- 086 Pre-packaged drugs are given only to patients -0- financial resources to pay for medications, such as teens, single working parents and under-insured or uninsured.
- Dispensing needs to be available for practitioners in rural areas, including controlled substances. I would like to see a voucher from drug companies that the client could take to the pharmacy for the prescribed medicine.
- 087 Have no comments, work part-time, 1-2 months a year.
- 088 If this practice is halted, I'll have to think of another alternative. Dispensing medications is a pain in the neck, but I do it for clients who have no money or very few resources. Most of the medications I dispense are samples from the drug company representatives, for which I do not charge. I have paid for prescriptions myself, from my office funds, so that clients can get needed medications.
- PS: Was a similar survey distributed Physician Practitioners?
- 089 Since so many of our clients are in financial straits and often transportation problems that the samples we can start them with are incredibly helpful, especially if we are just trying something out.
- 090 If you mean physically dispense meds to the patient from my office, neither I nor the patients would be affected in any fashion.
- 091 Would not impact me.
- 092 No impact.
- 093 I will try sample BCP's or other meds to see if a patient tolerates a new drug or a drug switch. If it works I then prescribe WHTI/121 Y a pharmacy for dispensing.
- 094 I don't dispense medications.
- 095 Only dispense prenatal vitamins, iron and calcium pre-packaged by our in-house pharmacy at ANMC.
- 096 No impact.

- 097 Since we provide health care to outlying villages without drug stores, the patients would have very limited or no access to most prescription medications. It would also destroy the Alaska Community Health Aide system.
- 098 If I could not dispense meds through our ANMC pharmacy, I would be severely limited in the services I could provide. In fact I could not see 90% of the women I see without utilizing a pharmacy service.
- 099 Our clients are low income women with the majority having no insurance. The impact would be having to close the clinic. Therefore, inexpensive birth control for low income women would not be available.
- 100 No impact.
- 101 Disaster. Without the prescriptive privileges, the patients could be assessed and a plan established, but no access to medications would be defeating the purpose of primary care from med levels. Thank you for requesting our feedback!
- 102 I would have to wait for an OK from the MD. By that time it could present a problem. Patients wants relief from pain and discomfort.
- 103 I only dispense and charge for 2 drugs. Metundaole\_\_\_\_\_ \* and that only if the patient can not afford to get a prescription. This happened two times in the last year. In patients without \_\_\_\_\_. The other drug Ovral is no longer sampled by the drug company and I use it for the morning after pill, (4 pills) at \$30- for one package, as patient would be paying \$30- and the office visit and have 17 pills left over with no use for them. I do dispense samples especially birth control pills fairly freely. Some Premarin samples, some antibiotics, and yeast medicine. We give patients with bladder infections 4 Pyridium and do not charge because I buy a bottle of #100 for \$2.50.
- 104 Individuals with acute and/or emergency health problems may have clinically significant delays in initiating pharmacological therapies. Receipt of medical/pharmacy supplies is closely tied to weather conditions, with delays of 2-14 days possible.
- 105 None would affect me if could not distribute pre-packaged samples. I use these to try to save people money.

- 106 Blank
- 107 No impact.
- 108 My practice would be severely impacted both in the village and Seward if we could not dispense meds. We get the majority of our meds pre-packaged from IHS and dispense them to the patients. If we could not do this the majority of the patients would be unable to pay for their meds as contract care funds are usually depleted by the second week of the month. Also it would be a great inconvenience for village patients. Some of them would have to pay \$500- just to go in and get meds from a pharmacy.
- 109 I don't.
- 110 Unable to give 3 month birth control pills to starter patients. Unable to give pre-natal vitamins to start OB patients.
- 111 We dispense medications to clients who have no money or insurance to cover the cost. Most of the medications we supply to clients are from samples. We do keep commonly prescribed meds in stock to vie to clients. These meds are ones for which we have no samples available to use. It is more cost effective for us to purchase the meds in stock than to pay for the clients prescription at the pharmacy which is what we previously did. We cannot financially afford to pay for clients prescriptions any longer and if we were not able to dispense samples or stock medications to clients they would not be able to obtain their needed medications and would probably be eventually hospitalized at State expense. When we dispense samples or stock medications we follow the laws for labeling and inventory exactly as stated in the regulations. The medications we dispense are in small proportion to those that we prescribe but are absolutely essential for clients without money or insurance and who do not qualify for Medicaid.
- In addition, we practice in a clinic with physicians. It would be a significant impairment to our practice and our value to the clinic if we were unable to dispense the medications that we, as Nurse Practitioners, prescribe and the physician had to come behind us and do so.

- 112 I would be unable to practice, as there are no pharmacies for 400 air miles.
- 113 1) 100-150 patients with NSU/MPC/Chlamydia seen last month and 50% claim inability to pay and no third party.
- 2) A local pharmacy quoted a price of \$4.80 per #14 dose of dory 100 mg, not including med and container to pre-packaged for us. Absolutely greedy!! Our clinic budget would suffer or patients would delay treatment.
- 114 Not at all, or very little. Sampling is for education and patient convenience/compliance only.
- 115 While I draw up and administer medications to hospitals and medivac patients, they are under standing orders from an MD. My RN license covers this type of medication administration therefore a change in Nurse Practitioner dispensing would not affect my patients.
- 116 Not a problem.
- 117 -0-
- 118 Even though the RN's at this hospital dispense meds after hours, it would require the pharmacy to extend it's hours and dispense the meds. All the nurses and nurse practitioners would be happy and pleased not to do it. We already have enough work to do.
- 119 I often start clients out on OCP's with 1-2 sample packs. If someone doesn't have insurance, will try to give antibiotic samples, if have.
- 120 It would save me time; be a major drag on my physician; cause a large percent of students to not get their meds at all, (nearest pharmacy is 1.5 miles away), cost money to our student who are currently "carried" (assuming they actually filled their Rx). Most likely it would force us to use a large percent of physician time grabbing meds rather than seeing students.
- 121 I work at the Family Planning Clinic in Kenai. Most of my patients are low-income. They either pay on a sliding fee or receive free services. It would be a great hardship to have to pay the prices at the pharmacy for birth control pills. These are usually given free, this through the state of Alaska.

- 122 Private pay clients would suffer added cost of meds. Also start up doses for patients would be decreased.
- 123 I work in pediatrics when kids are sick the whole family is usually exhausted and many times the kids are crying. If the family doesn't have to stand in line, much less get out of the care and into the store, they are very much appreciative. Plus we can give the first dose of meds in the office.
- I was with five physicians and only one physician offers this service. His patients seem to appreciate it very much and when I see his patients they usually request that service for the most part I do not offer it just because it takes more time!
- 124 Our patients are all rural. Half come from 10 to 40 miles north on Parks Highway or up in Hatcher Pass. Transportation costs are a barrier to thier use of health care. If I could not provide medication patients would have to go to Wasilla. For most this would not only inconvenient but many would simply not use our services. I believe stopping the dispensing of meds would make it impossible to keep our little rural practice going.
- 125 Through ANS, there are limited funds available on contract three local pharmacy - when they're gone, (usually by the first week of the month) nothing else is available, drugs are supplied to us by Anchorage Chugachmuit. Planned Parenthood, primarily BCP's and GYN/Women's health care meds, (antibiotics, anti-fungal creams, etc)
- If these weren't available, patients would probably go un-treated or be pregnant!
- 126 N/A.

STATE OF ALASKA  
DEPARTMENT OF COMMERCE  
& ECONOMIC DEVELOPMENT

NOV 17 1992

DIV. OF OCCUPATIONAL LICENSING

Sun November 8, 1992

17:21pm

Dixie L. Light ANP/FNP, M.Sc.N., PhD.  
P.O. Box 382  
Houston, Alaska 99694  
Telephone (907) 892-8804

Gail M. McGill, RN, Executive Secretary  
Alaska Board of Nursing  
Department of Commerce and Economic Development  
7th Floor Frontier Bldg.  
3601 C Street, Suite 722  
Anchorage, Alaska 99502

RECEIVED

Division of Occupational Licensing

Dear Gail,

I doubt if you remember me with all you have to do but, we met briefly at the 1991 ANP Conference in Anchorage. Looking forward to meeting you again this year at the conference.

Last week I sent you my response to your questionnaire regarding the dispensing of pharmaceuticals. The implications of being unable to provide medications in my small rural practice are fairly alarming.

I serve families along the Parks Highway from just South of Big Lake, the community of Big Lake, Houston, and again along the highway about 15 miles North of Willow, the Hatcher Pass, and fly ins from the Susitna and Yentna rivers. Our practice is small, in 14 months we have opened 480 records or which 30 are summer visitors (removal of fish hooks and small emergencies).

There is a lot of data in my charts and I am kicking myself for not having put it in a data base to be able to draw more meaning that you might find useful. People come to me because:

1. they usually don't have to wait.
2. they learn I and my husband listen (and make sure we make time to do that if it's needed).
3. we accept small portions of the office fee and charges for medications when they are short and need to pay later (about 16% of our clients).
4. they can get some basic prescription medications from us without traveling further from home.
5. 90% of my patient time is spent in health teaching. Patients have learned we will search for the health information we don't have on hand.
6. we always follow up with no charge visits or telephone calls.

Our service is very personal and focused on family needs from the family members' perception expanded by giving them my own perception. Without the availability of medications some of these people will still use our services.

LETTERS OF SUPPORT

NOV 17 1992

Many of my clients would still use us if we can't dispense, <sup>DIV. OF OCCUPATIONAL LICENSES</sup> but

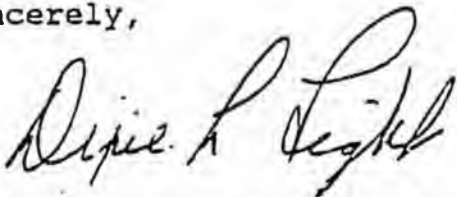
1. some won't fill their prescriptions because they lack ready cash or the other usual reasons people don't pick up or take prescribed medications or actions.
2. a large number will not use us because they would need to drive 20 to Wasilla for the prescription anyway. 80% of our clients are low income or acquire their annual income in summer to be measured out over the next 3 months. Transportation costs are a very large problem.

My husband and I run this practice. At the end of 14 months we bring in just a little more than our costs. I am having a ball working for myself and doing work we both feel is needed. My husband says he loves the work too and he has been a real help to parents with kid questions and problems.

We do not think we can maintain the practice without dispensing medications. There is no pharmacy nearby and we would lose about half of our clients. I am certain that we would have to close. We try to follow sound small business practices. We purchased most of our medical equipment used but in safe and working condition. We might be committing a "good business" error by leniency about payments but people have paid us (better than 99% of the time when they received some cash).

Last winter a man came to us with a severe burn. His wife told me she used all of the family cash reserve to pay the emergency room and ambulance. After my assessment I told the family what still needed to be done. I gave them the truth including the probability of complications. The 2nd degree burns of face, hands, and tibial skin required sterile supplies, 9 dressing changes by me, and in a later stage teaching the couple to change the dressings themselves, services for which I charged \$150. They had no money and we never expected to see any return, but this last week we got a check for everything we charged. Whatever happens I will feel we have made a difference and enjoyed doing it.

Sincerely,



Dixie L. Light PhD, ANP/FNP, MSCN.

November 5 - 1992

Nancy Schupp  
1953 Kingfisher  
Fairbanks, Alaska  
99709  
479-5207H 452 4768W

RECEIVED  
NOV 18 1992  
Division of Occupational Licensing

Gail Mc Guill, RN  
Executive Secretary  
Alaska Board of Nursing  
3601 C Street, suite 722  
Anchorage, Alaska  
99503-5986

Dear Gail,

The following is my testimony concerning the need to continue the practice of the dispensing of medicines to clients:

I strongly believe that it is absolutely necessary to certain populations of this state, that nurses continue to dispense medications and are able to with safety and provision of good patient education at that time. I also believe that anyone who dispenses medication needs to label appropriately.

Alaska is proud of its rural areas and all it stands for. Having provided a full range of health care services to the seven communities in the Yukon-Koyokuk River Subregion for 14 years, following 2 years in a remote corner of Washington State, I am acutely aware of the need for people to have access to medications without extended delays. I have worked with the pharmacists associated with that area to provide medications to individuals safely. I've enjoyed the assistance from the pharmacists in Tanana and Fairbanks in setting up automatic refill programs, prepackaging, storage, and reference advice. We have utilized patient education materials and provided instructions at the time of dispensing medication.

The nearest pharmacy, physician, and hospital had been about 200 miles away in Tanana until it closed. Fairbanks is almost 300 miles away with only airplane travel as the common mode of travel and mail. We commonly used prepackaged and labeled bottles but because of the tremendous variety of acute needs that can develop in a diverse community, we also used stock bottles to pour from into smaller bottles, label and distribute as necessary. We also provided this service for semi-emergent situations to send to individuals in the surrounding villages when a delay caused by waiting for delivery from a Fairbanks would have been detrimental to the patient. This was only done when seemed absolutely necessary.

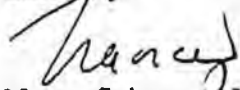
I have seen a variety of time delays in medication reaching a village or subregional community. When it all has worked out and it was obvious that there was an acute need and getting a medication to a patient was much cheaper than the 200+ dollars it can cost

to bring a patient into Fairbanks, we've been able to call the pharmacy, they would fill the prescription in Fairbanks, have a messenger take it to a private air taxi, pay the minimum freight charge, the air taxi in Galena would call the clinic who would need to send a messenger to the air port to pick it up bring it to the clinic and thatn we could pass it on to a patient all in the same day. The above is the best of situations. Smaller village clinics are one more airfne step further away. Generally it takes several days to coordinate the deliverance of a medication never mind the expense of phone calls, air frieght or express mail and worker's time. During January of 1989, it was three weeks before a plane was able to fly into the surrounding villages.

A professional nurse, nurse practitioners being some of the most trained, and most committed of them, have been drilled since school how to administer medication safely. The dispensing and labeling is one step further. But nurse practitioners are certainly capable of this step. They are also the best in patient education. I am in full agreement that they need to follow the same laws and guidelines that pharmacists must adhere to during that practice.

I have seen the need for dispension of drugs by a nurse practitioner thousands of times to prevent prolongation or exacerbation of a patients health problem. I have done it safely thousands of times and the people of those communities have only benefited.

Sincerely



Nancy Schupp, ANP

FLASH-RT	TO: Jack Heesch	FROM: M Poore	DATE: 2/4/93	TOPS 14800
	FAX #: 586-1001	FAX #: 247-0978	PHONE #: 225-4380	

Marta Poore  
P.O. Box 9396  
Ketchikan, AK 99901

Cynthia Toohey  
House HESS  
State Capital Building  
Juneau, AK 99801-1182

February 4, 1993

RE: HB 114 adding "dispense" to the statute regarding Advanced Nurse Practitioner practice.

I am an Advanced Nurse Practitioner (ANP) working with a majority of individuals who may be homeless or without access to insurance or medical services. Some are pregnant and have not yet established prenatal care. I see people both in Ketchikan and on Prince of Wales (POW) island. The individuals from POW are limited to expensive air travel or sporadic ferry service to obtain health care. Dispensing medications is crucial for prompt attention to health problems and decreases the delays and frustration of trying to get into town for treatment.

Please support HB 114.

Sincerely,



Marta Poore, Certified Nurse-Midwife  
Advanced Nurse Practitioner

cc: Jack Heesch

10640 Misty Lane  
Juneau, Alaska 99801  
February 5, 1993

Representative Cynthia Toohey  
Capitol, Room 104  
Juneau, AK 99801-1182

RE: House Bill 114

FEB 05 1993

Dear Representative Toohey,

Last year and early this year, a joint subcommittee of the Board of Pharmacy and the Board of Nursing met on several occasions to discuss a statutory change which would give advanced nurse practitioners authority "to dispense medical, therapeutic, and corrective measures under regulations adopted by the board." The joint subcommittee also agreed on regulations, which would be promulgated by the Board of Nursing upon passage of such legislation.

The subcommittee presented its recommendations to the Board of Pharmacy and on January 28, 1993, the Board voted unanimously to support such legislation.

The Board of Pharmacy, therefore, supports House Bill 114.

Sincerely,



Gerald Race, President  
Alaska State Board of Pharmacy

Office Phone: 604-4080



2-3-93 .

Cynthia Toohey  
House HESS  
State Capitol  
Juneau, Alaska  
99801-1182

Dear Cynthia Toohey,

This is a letter to support HB114 to add the word dispense to the Nurse Practitioners statute.

I have been in independent practice for 11 years and not being able to dispense would be a hardship to many of my patients.

I trust you will support HB114 so I can continue caring for patients who choose to have a Nurse Practitioner care for them.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lila McEwen".

Lila McEwen, F.N.P.  
Family Health Center  
16839 Park Place  
Eagle River, Alaska  
99577

LM/js

Post-It™ brand

Fax Transmittal Memo 7672

To	Jack Heesch	No. of Pages	1	Today's Date	2/5/93	Time	10:15 am
Company	Lobbyist	From	Joan Nugent, NM	Company	Ketchikan Public Health Center		
Location	Juneau	Location	Ketchikan	Dept. Charge			
Fax #	586-1001	Telephone #		Fax #	247-0978	Telephone #	225-4350
Comments							
Original Disposition:	<input type="checkbox"/> Destroy <input type="checkbox"/> Return <input type="checkbox"/> Call for pickup						

Attach Document At Line

# STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
 DIVISION OF PUBLIC HEALTH  
 SECTION OF NURSING

WALTER J. HICKEL, GOVERNOR

KETCHIKAN HEALTH CENTER  
 3034 FIFTH AVENUE  
 KETCHIKAN, ALASKA 99901-5773  
 PHONE: (907) 225-4350

January 5, 1993

Cynthia Tooley  
 House HESS  
 State Capitol  
 Juneau, AK 99801

Dear Ms. Tooley,

I am writing to support passage of HB 114 which clarifies the intent of the nurse practitioner statute regarding dispensing of drugs. Nurse Practitioners are an essential part of the health care delivery system in Alaska, providing care primarily to the rural and indigent population in our State.

By statute Nurse Practitioners are already able to prescribe drugs according to their area of specialty. Dispensing allows the Nurse Practitioner the ability to physically give the bottle of pills to the client. The importance of adding this language to the statute is obvious. Having practitioners available to see patients, diagnose their illness but not give them the necessary medication assures an additional barrier to timely, appropriate care.

The need is greatest in those circumstances wherein the Nurse Practitioners are the primary care givers, that is in rural communities where pharmacists are not available to count and distribute medication as well as in indigent care where clients haven't the financial nor transportation resources to access a pharmacy.

HB 114 does not change the scope of practice for the Nurse Practitioner. It does not add additional rights and responsibilities. It changes the language to assure that practitioners' current practice is safeguarded by statute.

Sincerely,



Joan Nugent  
 Nurse Manager

cc. Jack Heesch  
 Representative Bill Williams

Phyllis Yetka  
P.O. Box 958  
Ward Cove, Ak 99928


Feb. 4, 1993

Representative Cynthia Toohey  
House HESS  
State Capitol  
Juneau, AK 99801-1182

Dear Rep. Toohey,

I am writing to voice my support of HB114. I am a pediatric nurse practitioner from Ketchikan, Ak. It is imperative that the word "dispense" be added to the State Statute regarding nurse practitioners and how we are able to best serve our patients. Being able to "dispense" medications to those who are in need of help or unable to get to a pharmacy is not only good medicine but it is economically sound. Nurse practitioners can competently provide the quality, cost-effective health care that our patients deserve. The addition of the word "dispense" to HB114 would aid us in our goal.

Thank You.

  
Phyllis Yetka R.N., C.P.N.P.

February 4, 1993

Representative Cynthia Jockey  
House HESS  
State Capitol  
Juneau, AK 99801-1182

Dear Ms Jockey,

I am a nurse practitioner in Bethel. I travel to the surrounding villages conducting 3-5 day clinics. I am writing to urge your support of HB114.

As a nurse practitioner I have been able to prescribe medications for clients since 1985. This bill will allow me to dispense those medications to the patients in the field when there are no pharmacies. This would greatly increase the efficiency & cost-effectiveness of our health care delivery system in bush Alaska.

Thank you,  
Cathy Fowler, ANP  
P.O. Box 805  
Bethel, AK 99559



# UNIVERSITY OF ALASKA ANCHORAGE

3211 Providence Drive  
Anchorage, Alaska 99506-8175

STUDENT HEALTH CENTER  
(907) 786-4040

February 5, 1993

Representative Cynthia Toohey  
Room 104  
Capital Building  
Juneau, Alaska 99801-1182

RE: HB114

Dear Representative Toohey:

On July 31, 1992, the Assistant Attorney General issued an opinion to the Division of Occupational Licensing at the request of the Pharmacy Board advising the an advanced nurse practitioner may not dispense drugs. This response has generated a great deal of concern on the part of nurse practitioners delivering primary care across the State.

Advanced nurse practitioners (ANPs) dispense medications for a variety of reasons. In some cases there is no access to a pharmacy and in other situations the client may have limited resources to pay for the medications and the service of dispensing the medications increases patient compliance.

The University of Alaska Anchorage, Student Health Center has a potential population of 8,000 students eligible for services. The clientele of the Student Health Center frequently have limited financial resources, no health insurance and diminished compliance related to attitude, and time demands. It is of primary concern that the inability to dispense medications will dramatically decrease compliance with medication treatment regimen. Frequently the illness requires prompt medication intervention. The ability to dispense the prescription drugs, explain the rationale for the prescribed treatment, and the directions for taking the medication reinforce the importance of the treatment and consequently foster improved compliance.

Even though the Student Health Center is located within the Municipality of Anchorage and not a rural setting the issue of prompt treatment, compliance and cost effective health care are unchanged. The dispensing of medications onsite contributes to prompt and effective treatment.

Any opportunity to assist patients/students in making educated decisions regarding their health care should not be overlooked. Health care providers should encourage people to be intelligent consumers of health care services.

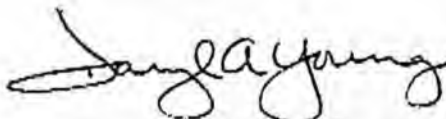
Representative Toohey  
February 5, 1993  
Page 2

Medications dispensed at the Student Health Center are prepackaged unit dose to reduce error. These packages are labeled in accordance with 12.AAC52.120 - Labeling Unit Dose Use and Prepackaged Drugs. It should be noted that we are not compounding any medications.

I applaud your proactive stance regarding the delivery of health care to the variable population in Alaska. I support the recommended statutory changes for nurse practitioners to dispense prescription medications.

Thank you for your assistance in this important health care delivery issue.

Sincerely,



Daryl A. Young, MS, RN, CS, FNP  
Manager, UAA Student Health Center

cc. Gail M. McGill, Executive Secretary  
Board of Nursing

H B

1 2 2

# HOUSE COMMITTEE REPORT

(9)

Date Referred: February 3, 1993

FURTHER REFERRALS:

Judiciary

Date of Committee Action: 3-17-93

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 122

HOUSE BILL NO. 122

CHILD CUSTODY PROCEDURES

"An Act eliminating a requirement that a court consider the findings and recommendations of a neutral mediator when awarding shared child custody."

- RECOMMENDATIONS:  the same title  
 be replaced with \_\_\_\_\_  a new title  
 have attached amendments(s)  
 do pass  
 do not pass  
 no recommendations  
 individual recommendations  
 additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) \_\_\_\_\_

APPROVES PREVIOUS: (Dept/Date) \_\_\_\_\_

fiscal impact \_\_\_\_\_

fiscal note(s) \_\_\_\_\_

zero fiscal note Courtsystem

zero fiscal note(s) \_\_\_\_\_

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>[Signature]</i>	<input checked="" type="checkbox"/>	<i>[Signature]</i>		<input checked="" type="checkbox"/>	
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<i>[Signature]</i>	<input checked="" type="checkbox"/>				
<i>[Signature]</i>	<input checked="" type="checkbox"/>				
<i>[Signature]</i>	<input checked="" type="checkbox"/>				

*[Signature]*  
 CHAIRMAN'S SIGNATURE



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

70 389

**DATE:** MARCH 17, 1993

**PLACE:** Capitol Room 106

**SUBJECT OF MEETING:**  
 \*HB 122: CHILD CUSTODY PROCEDURES  
 \*HB 128: EARLY ACKNOWLEDGEMENT OF PATERNITY  
 \*HB 30: HUMAN SERVICES MATCHING GRANTS  
 CONFIRMATION HEARINGS - VARIOUS COMMISSIONS

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
CHRIS CHRISTENSEN	UNIVERSITY SYSTEM	305 K ST ANCH	99501		364-3208	<input checked="" type="radio"/>	N	HB 122
SHARIE GOLL	AK. LOONCH'S LOBBY	P.O. Box 22156 Joo	99802		463-6744	<input checked="" type="radio"/>	N	HB 128
						<input type="radio"/>	N	
						<input type="radio"/>	N	
						<input type="radio"/>	N	
						<input type="radio"/>	N	
						<input type="radio"/>	N	
						<input type="radio"/>	N	
						<input type="radio"/>	N	
						<input type="radio"/>	N	

LTN1100-R01  
03/17/93

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 01  
21:39:27

TCN: 30389 DATE & TIME: 03/17/93 15:00 TO 16:30 STATUS:6 ADJOURNED

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

SPONSOR: HHES HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: TOOHEY  
PURPOSE: PUB PUBLIC HEARING BUNDE  
CONTACT: LYNN SMITH TEL#: (907)465-6825  
CHAIRING SITE: JUNEAU CAPITOL CAP106

SPONSOR REMARKS(PUB): TESTIMONY: I INVITATION ONLY 10 MINUTE LIMIT  
TESTIMONY BY INVITATION ONLY ON HB 122  
TESTIMONY BY INVITATION ONLY ON HB 128 FROM ANC LIO.  
TCN REQUESTED ON 03/17/93 AND HAS 4 UPDATES

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

- 1 HB 122 CHILD CUSTODY PROCEDURES
- 2 HB 128 EARLY ACKNOWLEDGEMENT OF PATERNITY

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

ANC ANCHORAGE	3111 C STREET	LOCATION STAFF
BAR BARROW	COURTHOUSE #305	LOCATION STAFF
* JNU JUNEAU	CAPITOL CAP106	LOCATION STAFF
MAT MATSU	165 E PARKS HWY.	LOCATION STAFF

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

ZZZ OF1 OFFNET 1 ANCHORAGE VINCENT VATALE (907)276-7576

PARTICIPANTS IN: ANCHORAGE ANC

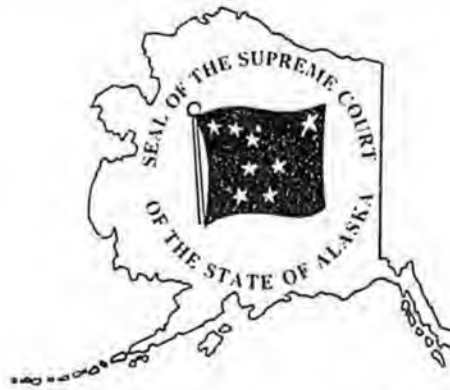
1 GLENDA STRAUBE ANCHORAGE TSFY. HB 128  
1318 N ST AK 99501 (907)274-2010

PARTICIPANTS IN: BARROW BAR

1 ROSANNA MALABED BARROW AWIC. NSB HEALTH OBSV. HB 122  
BOX 69 AK 99723 (907)852-0261

PARTICIPANTS IN: MATSU MAT

1 MR. EMIL PORTSCHELLER JR. MAT TSFY. HB 122  
P.O. BOX 2544 PALMER AK 99645 (907)373-0831



Alaska Court System  
State of Alaska

OFFICE OF ADMINISTRATIVE DIRECTOR

CHARLES S. CHRISTENSEN III  
Staff Counsel

303 K Street  
Anchorage, AK 99501  
(907) 264-8223

February 28, 1993

The Honorable Cynthia Toohey, Co-Chair  
The Honorable Con Burde, Co-Chair  
House HESS Committee  
P. O. Box V  
Juneau, Alaska 99811

Dear Representative Toohey and Representative Bunde:

I am writing to request that the HESS Committee schedule a hearing on House Bill 122, relating to the findings and recommendations of a neutral mediator when awarding shared child custody, at its earliest convenience. This bill was introduced at the request of the Alaska Supreme Court.

In December, 1988, Chief Justice Warren Matthews created the Task Force on Mediation in response to an instruction from the Fifteenth Legislature. The purpose of the task force was to evaluate the potential benefits of mediation to consumers and to the court system. In its report, issued in June, 1990, the task force recommended the statutory change contained in HB 122.

Currently, AS 25.20.090 reads in pertinent part:

In determining whether to award shared custody of a child the court shall consider

.....

(7) any findings and recommendations of a neutral mediator;

.....

After study, the task force concluded that this statute as written endangers the mediation process and runs contrary to the majority

Sponsor Statement

The Honorable Cynthia Toohey  
The Honorable Con Bunde  
February 28, 1993  
Page 2

view that mediation communications be kept confidential. The majority view also does not envision a mediator making a recommendation about the resolution of a dispute, should mediation be terminated without agreement. The mediator's role is to guide the parties to a mutual decision, and not to impose a decision upon the parties, even in the form of a recommendation, if they cannot reach a decision.

To correct this problem, HB 122 would simply delete from the statute the requirement that the findings and recommendations of a neutral mediator be considered by the court.

Thank you for your courtesy. Please contact me if you have any questions or comments concerning this legislation.

Very truly yours,

C. S. Christensen III  
Staff Counsel

CSC:bh

**Sec. 25.20.090. Factors for consideration in awarding shared child custody.** In determining whether to award shared custody of a child the court shall consider

- (1) the child's preference if the child is of sufficient age and capacity to form a preference;
- (2) the needs of the child;
- (3) the stability of the home environment likely to be offered by each parent;
- (4) the education of the child;
- (5) the advantages of keeping the child in the community where the child presently resides;
- (6) the optimal time for the child to spend with each parent considering
  - (A) the actual time spent with each parent;
  - (B) the proximity of each parent to the other and to the school in which the child is enrolled;
  - (C) the feasibility of travel between the parents;
  - (D) special needs unique to the child that may be better met by one parent than the other;
  - (E) which parent is more likely to encourage frequent and continuing contact with the other parent;
- (7) any findings and recommendations of a neutral mediator;
- (8) any evidence of domestic violence, child abuse, or child neglect in the proposed custodial household or a history of violence between the parents;
- (9) evidence that substance abuse by either parent or other members of the household directly affects the emotional or physical well-being of the child;
- (10) other factors the court considers pertinent. (§ 6 ch 88 SLA 1982; am § 1 ch 52 SLA 1989)

**Effect of amendments.** — The 1989 amendment, effective August 24, 1989, re-wrote paragraph (8), added present para-

graph (9), and redesignated former paragraph (9) as present paragraph (10).

#### NOTES TO DECISIONS

Quoted in *McClain v. McClain*, 716 P.2d 381 (Alaska 1986); *Bell v. Bell*, 794 P.2d 97 (Alaska 1990).

**Sec. 25.20.100. Reasons for denial to be set out.** If a parent or the guardian ad litem requests shared custody of a child and the court denies the request, the reasons for the denial shall be stated on the record. (§ 6 ch 88 SLA 1982)

FISCAL NOTE

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

Bill No. HB 122

Revision Date: \_\_\_\_\_ Department Affected: Alaska Court System  
 Title: Child custody procedures BRU: Trial Courts  
 Components: \_\_\_\_\_  
 Sponsor: House Judiciary  
 Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. 768

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS & CLAIMS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL						

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

FUNDING: (Thousands of Dollars)

1002 FEDERAL RECEIPTS						
1003 GF MATCH						
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/PROGRAM RECEIPTS						
1006 GF/MHTIA						
OTHER						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY 93) impact: None

ANALYSIS: (Attach a separate page if necessary)  
 No fiscal impact.

Prepared by: C. S. Christensen III, Staff Counsel *CS* Phone: 264-8228  
 Division: Alaska Court System Date: 03/01/93  
 Approved by: Arthur H. Snowden, II, Administrative Director *AS*  
 Agency: Alaska Court System Date: 03/01/93

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

H B

1 2 8

# HOUSE COMMITTEE REPORT

(9)

Date Referred: March 8, 1993

FURTHER REFERRALS:

Judiciary  
Finance

Date of Committee Action: 3-17-93

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

SSHB 128

SPONSOR SUB. FOR HOUSE BILL NO. 128

EARLY ACKNOWLEDGEMENT OF PATERNITY

"An Act relating to early acknowledgement of paternity for the child of an unmarried mother."

**RECOMMENDATIONS.**

be replaced with CS SSHB 128 (HESS)  the same title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

additional referral to the \_\_\_\_\_ Committee

ADOPTS: \_\_\_\_\_ letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

fiscal impact H+SS

fiscal note(s) \_\_\_\_\_

zero fiscal note \_\_\_\_\_

zero fiscal note(s) \_\_\_\_\_

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
		<i>Pete Kest</i>	X		
		<i>Al Vez</i>	X		
<i>Andy Dan</i>	✓	<i>Audrey Olberg</i>		✓	
<i>Car Bende</i>	✓				
<i>Deby Dan</i>	✓				
<i>Jane Nicholas</i>	✓				
<i>Scott D. [unclear]</i>	✓				
<i>Tom Bled</i>	✓				

*Car Bende*  
CHAIRMAN'S SIGNATURE



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

30389

**DATE:** MARCH 17, 1993

**PLACE:** Capitol Room 106

**SUBJECT OF MEETING:**  
 \*HB 122: CHILD CUSTODY PROCEDURES  
 \*HB 128: EARLY ACKNOWLEDGEMENT OF PATERNITY  
 \*HB 30: HUMAN SERVICES MATCHING GRANTS  
 CONFIRMATION HEARINGS - VARIOUS COMMISSIONS

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
CARIS CHRIS ROUSE	COURT SYSTEM	33 K ST ANCH.	99501		264-4228	<input checked="" type="radio"/>	<input type="radio"/>	HB 122
SHERIE GOU	AK. WOMEN'S LOBBY	P.O. Box 22156 JUNO	99802		463-6744	<input checked="" type="radio"/>	<input type="radio"/>	HB 128
						<input type="radio"/>	<input type="radio"/>	
						<input type="radio"/>	<input type="radio"/>	
						<input type="radio"/>	<input type="radio"/>	
						<input type="radio"/>	<input type="radio"/>	
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						<input type="radio"/>	<input type="radio"/>	

H/HESS ROLL CALL FORM

BILL \_\_\_\_\_ DATE \_\_\_\_\_

TAPE 93- \_\_\_\_\_ NUMBER \_\_\_\_\_

SUBJECT OF VOTE \_\_\_\_\_

MEMBER	YEA	NAY	ABS
Rep. Cynthia Toohey	___	___	___
Rep. Con Bunde	___	___	___
Rep. Gary Davis	___	___	___
Rep. Al Vezey	___	___	___
Rep. Pete Kott	___	___	___
Rep. Harley Olberg	___	___	___
Rep. Bettye Davis	___	___	___
Rep. Irene Nicholia	___	___	___
Rep. Tom Brice	___	___	___
TOTAL	___	___	___

+++++

BILL HR 128 DATE 3/17

TAPE 93- 38A NUMBER 465 458

SUBJECT OF VOTE TO DELETE SECTION 2

MEMBER	YEA	NAY	ABS
Rep. Con Bunde	___	<u>✓</u>	___
Rep. Gary Davis	___	<u>✓</u>	___
Rep. Al Vezey	<u>✓</u>	___	___
Rep. Pete Kott	<u>✓</u>	___	___
Rep. Harley Olberg	___	<u>✓</u>	___
Rep. Bettye Davis	___	<u>✓</u>	___
Rep. Irene Nicholia	___	<u>✓</u>	___
Rep. Tom Brice	___	<u>✓</u>	___
Rep. Cynthia Toohey	___	<u>✓</u>	___
TOTAL	<u>2-7</u>	___	___

2-7  
FAILED



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

30389

DATE: MARCH 17, 1993

PLACE: Capitol Room 106

SUBJECT OF MEETING:  
 \*HB 122: CHILD CUSTODY PROCEDURES  
 \*HB 128: EARLY ACKNOWLEDGEMENT OF PATERNITY  
 \*HB 30: HUMAN SERVICES MATCHING GRANTS  
 CONFIRMATION HEARINGS - VARIOUS COMMISSIONS

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
CHRIS CHRIS THOMSEN	CHILD SYSTEMS	33 K ST ANCH	99501		264 8208	<input checked="" type="radio"/>	<input type="radio"/>	HB 122
SURELL GOLL	AK. WOMEN'S LOBBY	P.O. Box 22156 JUNO	99802		463-6744	<input checked="" type="radio"/>	<input type="radio"/>	HB 128
						<input type="radio"/>	<input type="radio"/>	
						<input type="radio"/>	<input type="radio"/>	
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LTN1100-R01  
03/17/93

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 01  
21:39:27

TCN: 30389 DATE & TIME: 03/17/93 15:00 TO 16:30 STATUS:6 ADJOURNED

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

SPONSOR: HHS HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: TOOHEY  
PURPOSE: PUB PUBLIC HEARING BUNDE  
CONTACT: LYNN SMITH TEL#: (907)465-6825  
CHAIRING SITE: JUNEAU CAPITOL CAP106

SPONSOR REMARKS(PUB): TESTIMONY: I INVITATION ONLY 10 MINUTE LIMIT  
TESTIMONY BY INVITATION ONLY ON HB 122  
TESTIMONY BY INVITATION ONLY ON HB 128 FROM ANC LIO.  
TCN REQUESTED ON 03/17/93 AND HAS 4 UPDATES

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

- 1 HB 122 CHILD CUSTODY PROCEDURES
- 2 HB 128 EARLY ACKNOWLEDGEMENT OF PATERNITY

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

ANC ANCHORAGE	3111 C STREET	LOCATION STAFF
BAR BARROW	COURTHOUSE #305	LOCATION STAFF
* JNU JUNEAU	CAPITOL	LOCATION STAFF
MAT MATSU	165 E PARKS HWY.	LOCATION STAFF

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

ZZZ OF1 OFFNET 1 ANCHORAGE VINCENT VATALE (907)276-7576

PARTICIPANTS IN: ANCHORAGE

1	GLENDIA STRAUBE	ANC ANCHORAGE	TSFY. HB 128 AK 99501 (907)274-2010
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PARTICIPANTS IN: BARROW

1	ROSANNA MALABED	BAR BARROW	AWIC. NSB HEALTH OBSV. HB 122 AK 99723 (907)852-0261
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PARTICIPANTS IN: MATSU

1 MR.	EMIL PORTSCHELLER JR.	MAT PALMER	TSFY. HB 122 AK 99645 (907)373-0831
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# ALASKA STATE LEGISLATURE

3111 C STREET  
ANCHORAGE, ALASKA 99503  
(907) 561-2039  
FAX: (907) 561-1691

STATE CAPITOL  
JUNEAU, ALASKA 99801-1182  
(907) 465-3875  
FAX: 907-465-2294



MINORITY WHIP  
CHAIR  
CHILDREN'S CAUCUS  
HEALTH, EDUCATION  
& SOCIAL SERVICES  
STATE AFFAIRS  
ECONOMIC TASK  
FORCE

**REPRESENTATIVE BETTYE DAVIS**  
DISTRICT 21

## SPONSOR STATEMENT

### ***SSHB 128 - "RELATING TO EARLY ACKNOWLEDGEMENT OF PATERNITY FOR THE CHILD OF AN UNMARRIED MOTHER."***

Non-support of children has become a national epidemic with one-fourth of children in the United States now living with a single parent and an estimated 60 percent spending at least part of their childhood in a single-parent home. In almost half of these cases, the absent parent does not pay child support. Many of these children are born out-of-wedlock and paternity is established in only 30 percent of such cases. That interprets into 70 percent of out-of-wedlock births where there is no proof of paternity and no means to collect child support.

SSHB 128 adds language to A.S. 18.50 and requires the state registrar to prepare a paternity acknowledgment form to be used at the time of birth. The form, signed by both parents, will list the father's full name and social security number, and requires the signature of a notary public. The bill also lays out specific responsibilities of hospitals or midwives (should the birth occurs outside the hospital setting) to get the proper information on the form and to distribute appropriate paternity materials from the Department of Health and Social Services.

SSHB 128 is an attempt to get acknowledgment at the time when a father is particularly willing to develop a relationship with the child, which benefits both parties. The child will have the security of knowing who his/her father is and could gain access to support from Social Security, survivor and veteran benefits and worker's compensation. The child would also be entitled to the father's inheritance, health insurance and have access to the family medical history. The father, in turn, maintains the legal right to have access to his child even though he is not married to the mother.



Sponsor Statement

Sponsor Statement  
SSHB 128

As of December 1992, there were 36,396 cases pending in the Alaska Child Support Enforcement Division and 7,199 of those cases are directly related to paternity verification. Establishing paternity early on will better enable the state to collect child support in the future and could subsequently reduce the number of families needing public assistance.

SSHB bill is a step towards giving children in this state a better start in life and the support they deserve from both parents.

# DIVISION OF LEGAL SERVICES

## LEGISLATIVE AFFAIRS AGENCY STATE OF ALASKA

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

130 Seward Street, Suite 409  
Juneau, Alaska 99801-2105

### MEMORANDUM

February 23, 1993

**SUBJECT:** Sectional Summary of HB 128 (Early Acknowledgement of Paternity)

**TO:** Representative Bettye Davis

**FROM:** Terri Lauterbach  
Legislative Counsel *TML*

You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents.

This summary is brief. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please let me know.

**Section 1.** Instructs the state registrar to prepare a form for use in acknowledging paternity under AS 25.20.055, which is enacted in sec. 2 of the bill.

**Sec. 2.** Requires hospitals to give to unmarried women who give birth in the hospital (or en route to the hospital) information about acknowledgement of paternity and an application for Medicaid and AFDC. If a birth is not in a hospital (or en route to a hospital), the attending physician, nurse-midwife, or direct-entry midwife must perform this duty.

TML:gc  
93-154.glc

*Sectional Analysis*

# The Washington Post

AN INDEPENDENT NEWSPAPER

## Who Pays for Children?

**T**HE NON-SUPPORT of children has become a national epidemic. A fourth of U.S. children now live with a single parent, and an estimated 60 percent will spend at least part of their childhood in a single-parent home. In nearly half such cases the absent parent, generally the father, won't pay support. More than 40 percent of women raising children on their own have never been awarded child support, and only about a quarter get the full amounts to which they are entitled.

This splitting apart of the family as a financial unit is a major reason why a fifth of the children in the country are poor today, and an eighth are on welfare. The recurrent question is how, besides making welfare payments, the government should respond. Part of the cautious traditional response has been that this is a state and local issue from which Big Brother should keep its distance. A striking proposal now in play on Capitol Hill would abandon that tradition on grounds that only the national government has the resources to combat what has become a national emergency. The problem is such that normal political lines have been blurred. In the House, where the idea has got to the point of hearings, the principal sponsors are the unlikely pair of liberal Thomas Downey and conservative Henry Hyde.

The proposal is to federalize the patchy child support system—the collection, disbursement and periodic adjustment of child support awards—and to make failure to pay on the part of an able parent a federal crime. Awards would still be made in state courts, but increasingly according to federal standards—and state welfare agencies would be given powerful financial incentives to see that the number of such awards increased. The Internal Revenue Service would then become the enforcer of every child support

award in the country, collecting the money just as it does taxes, through withholding, with similar penalties for evasion. Unemployed fathers who had no income would be enrolled at federal expense in a job preparation program and might eventually be given public-sector jobs from which support would be subtracted.

The likely increase in support would reduce welfare costs. The government would reduce them further by guaranteeing every cooperating single parent in the country a minimum level of child support; if for lack of income or other reason the payment from the other parent fell short, the federal government would make up the difference. The result would be a partial federalization of the welfare system as well and a greater payoff for welfare mothers who went to work. They would still lose the welfare part of their benefits as they began to earn, but not the child support part. The lower welfare costs would also provide some fiscal relief for the states.

At the federal level, the system would be costly—the amount depending on the guarantees—and it's not going anywhere this year. Messrs. Downey and Hyde didn't even introduce it as a bill, but as a concept; that's what the Downey Ways and Means subcommittee is holding hearings on. But it's a provocative idea. The government undertakes to shift more resources to children, poor ones especially, but only after making their parents also take more responsibility for them. There's something in that for everyone. A shift of power over domestic relations to the federal level may yet unnerve some people—making non-support of children a federal crime in the same way non-payment of taxes is. You have to ask yourself, which is the greater offense—and who pays when the parents don't?

# Deadbeat Dads

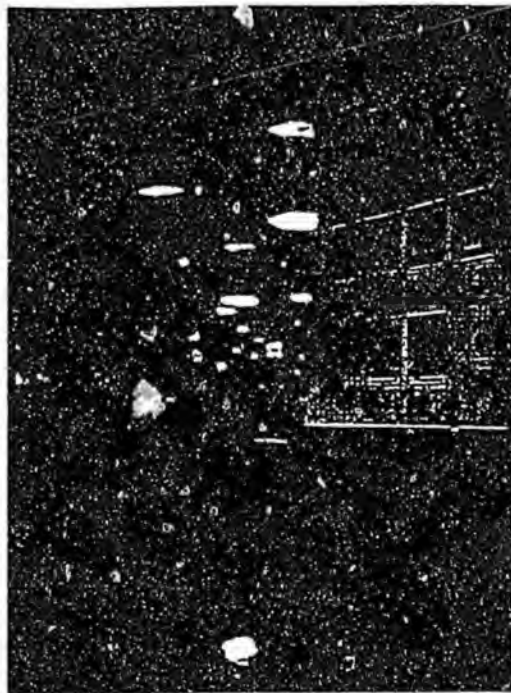
BY STEVEN WALDMAN

**J**ohn Lock goes to court in Chicago next week to explain why he owes back child support, but his ex-wife Esther isn't expecting much. They have, after all, been through more than 100 court hearings about child support and their divorce over the past 19 years. And, according to the state of Illinois, he still owes more than \$160,000 for his four children. She's feeling needy now because she lost her job as a social worker 17 months ago, but she remembers more desperate times, like February 1977. "Our electricity was being turned off," she recalls. "We were lighting the house with candles. We were on what we called the 'white diet'—a lot of rice and cereal. No medical coverage, no dental." Her ex-husband, then a dentist, was living in the affluent suburb of Highland Park with his new family. "I knew he didn't want the kids so I figured I'd use it

as a scare tactic," says Esther. She gave their two teenage sons overnight packs and dropped them off in front of their father's house in subzero weather. He called the police. "He told the Highland Park police that there were two boys outside trespassing," she says. "I'm not proud of it, but I was desperate."

John Lock admits he called the police but says he had to because one of his sons was on the verge of "kicking the door down." He concedes he didn't pay the \$1,100 monthly child support for nine years, and admits he fled to Costa Rica for three years because he was "physically, emotionally, financially devastated." But he says he had paid regularly prior to 1977, owes "significantly less" than the state claims and thinks that his ex-wife and the state of Illinois are obsessed with trying to put him in jail. He no longer practices dentistry and works part time delivering flowers in Ida, Mich. "The kids were my world," he wrote in a recent letter to NEWSWEEK. "I did my best to give them a nice life." In an interview, he added, "This has gone on to a point where there's no hope." His oldest son, Byron, now 32, agrees. He says he still can't comprehend his father's behavior. "We were his children," he says. "Why would he want to hurt us? That's what was so confusing about the whole deal—why would a father turn his back on a child?"

In battles like these, nobody ever comes out a winner. Fierce struggles over child support pit parent against parent and inevitably spray the children with emotional shrapnel. Increasingly, the private family traumas are spilling into public view. Posters of most-wanted deadbeat dads began peppering subways and bulletin boards in Massachusetts this month, and police quickly arrested five of the fathers. They also hauled in Frederick Grimaldi, who



IRA WYMAN FOR NEWSWEEK

**Checking out delinquent dads in Saugus, Mass. (above), Rose Brown and son Tony in Louisville, Ky. (right), and a Baltimore city sheriff arrests a man for nonpayment of support**

owes \$22,144 and was working in Florida as, of all things, a deputy sheriff, according to Massachusetts officials. Grimaldi has pleaded not guilty to charges of criminal nonpayment, and his lawyer says he owes just \$19,000, some of which accumulated while Grimaldi was unemployed. Next month an association of state child-support enforcement agencies will release its second annual national Wanted list, which will include a Louisiana attorney who owes \$123,000 and a Tennessee man who

owes his quadriplegic daughter \$21,500. These small steps reflect a growing awareness on the part of public officials of just how potent an issue this has become. Consultants for former Louisiana governor Buddy Roemer were surprised to discover that in focus groups during the 1991 campaign, middle-class voters spontaneously mentioned child support as one of their most important concerns. Bill Clinton, in campaign speeches, regularly urges tougher enforcement.

It's easy to understand why: of the 5 million women who are supposed to receive child support, only half reported receiving full payment, according to a 1990 U.S. Census Bureau study. One quarter of the women got partial payment, and one quarter got nothing. An additional 2.7 million women said they wanted support but were never able to obtain an award. Deadbeatness cuts across income groups: college graduates are about as likely to have a negligent ex-spouse or ex-boyfriend as high-school grads. It even spans gender lines. Fifteen percent of custodial parents are now men, and mothers in those cases have an equally dismal record of supporting their children. The consequences of nonpayment are staggering. On average, the family income of the mother retaining custody drops 23 percent after divorce or separation—a disparity that could be wiped out for many families if full child-support payments were made. Families headed by a mother alone are six times as likely to be poor as those with two parents.

These dreary statistics have recently led social-policy thinkers of many ideological stripes to the same conclusion: child support is key both to fighting poverty and to sustaining middle-class fam-

Esther Lock of Wheeling, Ill., once dropped off her sons at her ex-husband's house. He called the police.



ALICE Q. HARGRAVE

situation where you don't see them and they blatantly slam the door in your face, it becomes an emotional thing," he says. "I know that [withholding payment] was not quite the thing to do, but . . . I reacted in an emotional way." He says that he's paid more than \$17,000 over the years, mostly fell behind due to financial hardship and now has child support deducted from his paycheck regularly. But finally, he adds a simple comment about his ex-wife that cuts to the heart of many child-support battles. Withholding money, he says, "was the only way I could hurt her."

How does a father come to see withholding child

support in terms of what it does to the former spouse instead of what it does to the children? Several studies have shown that fathers who retain close contact with their children are more likely to pay child support. Some fathers' rights groups cite these data in arguing that most child-support problems stem from mothers cutting off access to the children. That definitely does happen. But fathers are quite capable of becoming alienated from children without help from mothers. "Fathers tend to see their relationships with their children as being mediated by the wife," says Frank Furstenberg, a sociologist at the University of Pennsylvania and author of "Divided Families." "[It's] a package deal. When the relationship is damaged, it severs the direct connection between fathers and their children." In a survey conducted in central Pennsylvania, close to half the children from broken families had not even seen their fathers in the previous year. Many nonpaying dads ask, in essence, "What's in it for me?"—a statement that is strikingly crass on one level but quite poignant on another. If they have grown distant from their children, fathers come to view child support like making payments on a car they no longer own. Child support becomes a debt competing with all others. "My bills, my car payments were taking all that money up," said Walter Forde, an unemployed father in Riverdale, Md., explaining in court in January why he had fallen \$8,500 behind. Joel Worshtil, the hearing officer at the Prince Georges County circuit court, responded: "If the child had been living with you, you would have found a way to find the \$500 to clothe the child." "What if your wife and kids just leave you?" Forde asked. "I can't speak to the equity of the relationship," Worshtil replied, with sympathy.

But while society moves to confront the child-support problem, one question has received relatively little attention: who are these deadbeat dads, and why would they refuse to support the human beings they helped create? It's hard to look at such behavior as anything but simple irresponsibility. But a closer look reveals a group of men with a wide range of emotionally complex motives.

For a father, child support often becomes not a helping hand to a child, but a lethal weapon in the battle against his ex-wife. Kenneth Marcelles of Schiller Park, Ill., fell about \$6,000 behind on paying support to the two children he had with Donna Caliendo. Partly because of that, she says, the family went on welfare and their daughter had to get eyeglasses donated by the Lions Club. She wasn't shy about telling the kids the source of the deprivation. "In the summer," she says, "I'd say, 'If your father would send money maybe we could go to Kiddieland or buy a new bathing suit.'" Marcelles offers several explanations for not paying. "I don't know what she does with the money," he says. "I had a chance meeting with her in the grocery store and my daughter was wearing some raggedy-looking Levi jacket and [Donna's] got a brand new coat on." Caliendo denies that claim, and in any event, such complaints have a logical flaw: if the kids suffer from poverty, cutting off child support will only make it worse. It's when Marcelles talks about his fractured relationship with his children that his explanations strike a deeper chord. "When you get into a

support in terms of what it does to the former spouse instead of what it does to the children? Several studies have shown that fathers who retain close contact with their children are more likely to pay child support. Some fathers' rights groups cite these data in arguing that most child-support problems stem from mothers cutting off access to the children. That definitely does happen. But fathers are quite capable of becoming alienated from children without help from mothers. "Fathers tend to see their relationships with their children as being mediated by the wife," says Frank Furstenberg, a sociologist at the University of Pennsylvania and author of "Divided Families." "[It's] a package deal. When the relationship is damaged, it severs the direct connection between fathers and their children." In a survey conducted in central Pennsylvania, close to half the children from broken families had not even seen their fathers in the previous year. Many nonpaying dads ask, in essence, "What's in it for me?"—a statement that is strikingly crass on one level but quite poignant on another. If they have grown distant from their children, fathers come to view child support like making payments on a car they no longer own. Child support becomes a debt competing with all others. "My bills, my car payments were taking all that money up," said Walter Forde, an unemployed father in Riverdale, Md., explaining in court in January why he had fallen \$8,500 behind. Joel Worshtil, the hearing officer at the Prince Georges County circuit court, responded: "If the child had been living with you, you would have found a way to find the \$500 to clothe the child." "What if your wife and kids just leave you?" Forde asked. "I can't speak to the equity of the relationship," Worshtil replied, with sympathy.

"But we certainly know the child wasn't at fault."

Clearly, the failure to pay often sprouts from the initial rupture in the relationship. Fathers who felt humiliated by the breakup may be particularly eager to cut ties with the family. Deanna Willis moved her family to Eugene, Ore., in 1979 while her husband, Drew Itchner, was in the Marines in Okinawa, because she believed he was neglecting them. Itchner paid hardly any child support over the next 12 years and didn't visit his children at all. He says that the state of Oregon treated him unfairly and that the money wouldn't have gone to the kids anyway because she was "going out partying." But Willis has another explanation. "I think

## Where the Money Doesn't Go

Only a small percentage of children in broken homes actually receive support from fathers following divorce or separation.

Of women with children under age 21, with no father present in household (1989):



25.5%  
received  
full amount

11.8%  
received  
part

12.3%  
received  
nothing

8%  
awarded but  
not due in 1989

SOURCE:  
CENSUS  
BUREAU

## SEEKING NEW SOLUTIONS



RICH FRUSHMAN

**A**s Leslie Ferman and Jeffrey Smith took turns holding their newborn baby boy last week at Swedish Hospital Medical Center in Seattle, staffer Dorothy Mitchell handed them a brochure. Because they are not married, Mitchell explained, Smith would have to sign a paternity statement if he wanted his name on the birth certificate. This enables the state to "go after you if you were to break up," she added—"but we don't even want to think about that now."

The proud parents may not want to think about it, but the state of Washington sure does. About one in every four children is born outside a marriage, and enforcing child support is most difficult in cases where paternity has not been established. So Washington decided to get men on the hook while they're most proud of fatherhood. In about 40 percent of out-of-wedlock births the father is now acknowledging paternity at the hospital. Smith was one who gladly signed.

Washington's program is one of many innovative approaches states have devised to beef up collections. Taken as a whole, the record of the government's network of locally run, federally financed agencies is pathetic. But prodded by major laws passed by Congress in 1984 and 1988, the agencies have pursued several avenues of reform:

**Hit 'Em Where They Work.** Government officials thought they had the magic bullet in the mid-1980s: take the child support directly out of the father's paycheck. But this approach loses track of people like

Kent Patterson of Seattle, who switched construction jobs 24 times in 11 months. In 1990, Washington state began requiring many employers to give the names and social-security numbers of all hires to the child-support agency so it could track them. By 1994 all states are also supposed to garnish paychecks automatically, without waiting for the father to become delinquent.

**Putting Blood in the Stone.** You can lead a deadbeat to court, but you can't make him pay if he doesn't have any money. So several states have begun requiring fathers to join job-search programs. A Grand Rapids, Mich., program found jobs for 432 of 1,077 employees during an eight-month period—and their child-support payments jumped by more than 300 percent.

**Private Eyes.** Agency workers juggling 1,000 cases can often spend only a few minutes on each case. So some states, and increasing numbers of desperate mothers, are turning to private collection services for help. They are often quite effective, but firms can take a big cut of whatever they collect, while the government collects it all (in theory) for free. Parents can increase their odds by consulting groups like the Association for Children for Enforcement of Support (1-800-537-7072) and the National Child Support Advocacy Coalition (P.O. Box 420, Hendersonville, Tenn. 37077). Noncustodial parents can try the National Council for Children's Rights (202-547-NCCR).

**The Big Fix.** Some child-support experts believe the state-by-state enforcement system is too bureaucratic to ever work well. One proposed solution: turn it over to the IRS. Some advocates go further with a proposal called child-support assurance. The government steps up enforcement, but if the father doesn't pay fully, the state fills the gap. States could then eliminate one of the counterproductive parts of the current law: when poor men do pay support, the state keeps most of it to help finance its welfare operation. Like many of these reforms, the goal here is somewhat unusual for the government: forcing parents, instead of the state, to take care of kids.

S.W. with LORRAINE IANNELLO

in the beginning he was just hurt because I left him," Willis says. "He didn't want to go back into it and bring back up that hurt." Despite his long absence, Itchner carried his kids' pictures in his wallet for more than a decade and on a few occasions drove by their house or to a nearby park and watched them from a distance. His daughter Jewel, who has for several years kept Itchner's service medals in a box by her night stand, recently started a correspondence with him. During a recent interview he pulled out photographs of the girls at the ages of 4 and 2. "You look at those pictures," Itchner says. His eyes well up. "And you look at these," he points to pictures of them at 13 and 15. "How much have they gone through? How much have I missed? How much have they missed from not being with me? All three of us have lost out on the deal, and now we're trying to get it back."

**I**n truth, some men never really develop any relationship with their children, so not paying child support doesn't arouse guilty feelings. Roger Hollenbeck of Des Plaines, Ill., met Rose Brown at a pig roast in Louisville, Ky., in 1980. He describes the relationship as a brief fling (she says they lived together seven months) and was furious to learn she was pregnant because she had told him that a medical condition made that impossible. He left town a few months later and over the next 10 years missed \$21,000 in payments. Hollenbeck's explanation for why he didn't pay: he didn't realize he owed any child support. (This seems unlikely, since the IRS in 1985 intercepted his tax refund for nonpayment of child support.) Under threat of a jail sentence, Hollenbeck recently paid \$10,000 of back support and spoke with his son. "Do you hate my mother?" the boy asked, according to Hollenbeck. "I said, 'No. We were friends, and I moved away.'"

But asked later what kind of relationship he expects he will have with his son, Hollenbeck says, "absolutely nothing. I know that sounds cold to say, but facts are facts."

Some fathers make so little money that their child-support payments feel like an enormous burden. Since payments are usually based on a percentage of parental income, however, even wealthy fathers can feel the pinch. Washington, D.C., lawyer Grier Raclin currently pays \$4,150 per month to his ex-wife Victoria Reggie, a well-paid Washington lawyer who is about to marry Sen. Edward M. Kennedy. Despite their lucrative jobs, the parents regularly bickered over child support, according to correspondence filed in court. Raclin tried to get reimbursed for camping gear he had bought for a trip with his son. "I absolutely refuse," Reggie replied in October 1990. "I have already paid \$100 for Cub Scouts—an activity for which you said you would be responsible—and I will not pay for the gear you decided you need to take Curran camping . . . If you try to deduct anything from the



DAVID WALBERG

The father of Eric and Allsa Marcelles of Melrose Park, Ill., fell thousands of dollars behind in support. He says his wife kept him away from the kids.

support payments you are contractually obligated to pay, I will not hesitate to take you to court for contempt." Last Friday, Raclin asked the court to eliminate his child-support payments because both of their financial situations have changed and he says he's spending, roughly, equal time with his son.

The growing number of cases in which the father gains custody has focused attention on a special group of absent parents: deadbeat moms. The fact that their record is no better than absent fathers' suggests that nonpayment doesn't stem from a uniquely male sense of irresponsibility. Dolores Podhorn of Springfield, Mo., owes her ex-husband Gordon Long of Delavan, Wis., \$72,395 in payments for their four children. "She could never understand that I was paying the light and gas and the rent and child care," says Long, an assistant professor of English at the University of Wisconsin. Podhorn says that at first she didn't pay because she was so devastated over losing custody. The court had decided that because Long was home with the kids so much, giving him custody would be less

disruptive. "I really fell apart," she says. Later she couldn't pay, she adds, because she was a full-time student, but now that she's earning good money conducting health exams for insurance companies, she gives thousands of dollars in gifts to the children. Asked what, in retrospect, she would have done differently, Podhorn pauses and says, "I'll tell you what I would have done. I'd shoot the a.o.b. It would have relieved the emotional-abuse situation."

**K**nowing why absent parents don't want to pay child support does not, of course, excuse their behavior. It also leaves an essential question unanswered: how do they get away with not paying? Ultimately, many parents do not pay because no one makes them. A parent who is having trouble collecting child support has two main choices. She can hire a private lawyer who will try to bring the husband into court. But any real conflict will quickly push the legal fees into the thousands of dollars, outstripping the amount of support the custodial parent is seeking. Or, the

## NO FATHER, AND NO ANSWERS

BY MARCUS MABRY

**M**y father was not the sort of guy who comes to mind when most people think of a deadbeat dad. He was an attorney, a judge and a respected civic leader. He was president of the local NAACP and a church deacon. Above all, he was a good father to his three daughters. As he once told me, he was not "some little boy in the ghetto who makes babies and doesn't take responsibility for his actions."

Yet for 20 years I didn't see my father or know what he looked like. And my mother never received a penny in child support. My mother and my father met in high school. After an intense relationship, she moved away with her family. A few months after she left, she told my father she was pregnant. When I was 10, my mother wanted to send me to Florida to meet my father. He demanded a blood test. Insulted and hurt, she hung up and never spoke to him again. The state of New Jersey required her to sue for child support when she applied for welfare. My mother says she got an order for a token amount, but my father was a penniless college student at the time, and the state never pursued him. My mother often thought about "going after him," but never did. She couldn't afford a lawyer, didn't think she could win and, she says, she didn't want to hurt me.

Even though he was absent I grew up in my father's shadow. My mother told me his name, his occupation, his alma mater and how every time she looked at me, she saw him. But



LARRY DOWNING—NEWSWEEK

NEWSWEEK writer Mabry at home

we were very different. While we were on welfare, he was climbing the corporate ladder to become a successful attorney. While we lived in a run-down house with relatives, he lived in a big house with his wife and three daughters. While I had no male role models until I went to an all-boys school on scholarship, he was president of a local NAACP chapter, a role model to boys he hardly knew. I never knew how affluent he was. And I never thought I cared. I never connected poverty and my absentee father.

I never thought I would meet him. Then my mother called one day while she was vacationing in Florida. In a joyous tone, she told me she had visited my father's mother. My grandmother had given her a picture of my father in his judge's robes. I was angry. All the feelings I

had repressed for 20 years came flooding back. I decided that confronting the unknown was the best therapy. I called my grandmother. She gave me his number. In a cold, scientific voice I told him I wanted to resolve the issue of his paternity. He asked for a test. I agreed.

Weeks later a handsome professional couple walked into the lobby of the Center for Blood Research. After a cordial greeting, pained small talk and a tortured silence, my father asked me to step outside. On the sidewalk in front of the building, in a tone of admirable dignity, he told me that he and my

mother had been very much in love as teenagers and that whatever the results of this test today, I should feel free to call on him when I needed a man's advice. I felt like one of the Bowery Boys being counseled by Father Flanagan. Several months later we received the results. These things don't come out 100 percent positive, because they test genes and two men—say, twins—could have identical genes. But it was 99.78 percent probable that this man was my father. And he didn't have a twin.

Over the next two years, my father and I tried to establish a relationship. After the first year, it was clear that I was making most of the telephone calls. I even visited his hometown several times. When I did, I stayed with my grandmother. He never got around to visiting me.

When I first called him that summer night, I thought I had nothing to lose. But I was wrong. Once I found him I wanted to know who he was and where I came from. Most of all I wanted to know how he could stand a child of his wandering around somewhere in the world and not know if it was sick or well or starving. I realized that the gravity of the void he had left in my life had influenced my relationships and my perspectives, like an uncharted planet affects the bodies around it. Knowing he knew where I was and didn't care had led me to trust friends more than family, to praise the strength and loyalty of women more than men and to promise myself that I would be a better father. After we met, despite my anger, I still wanted his approval and his admiration. But I never felt like I had it. Our relationship is hardly more developed today than it was the day we met.

The nagging question for those of us abandoned by our fathers—however good their reasons—is "How could you?" My father has never given me a satisfactory answer. When I compared him to my brother, who will have to take financial responsibility for his illegitimate daughter or face jail under New Jersey law, he said I could not compare him to some little boy in the ghetto who rejects responsibility. The truth is I don't compare my father to my brother, or other deadbeat dads. I want to think his reasons for not supporting me are better than theirs. He called me two weeks in a row this month. I felt lucky, even grateful. Really, I know I have every reason to be angry and bitter for what he has not given me. But even now, and maybe forever, what I really want is a father.

mother can turn to the local government for free—and enter a surreal world where social workers juggle 1,000 cases at a time, a prosecutor might handle 100 cases a week and fathers evade pursuit for years by merely moving a few miles away across state lines. "There's a fiction that we're working everybody's cases," says Darryll Grubbs, until recently a top official of the Texas child-support-enforcement division. "Good Lord. We're not coming close." Jim Harrelston, until last November an investigator in Ft. Worth, Texas, was supposed to look through his 2,800 cases and chase the most delinquent parents. In fact, he usually ended up responding to whichever irate mother called the most, and he got 30 to 40 calls a day. The squeaky-wheel system pays little attention to which mother is neediest, and the caseload can push overwhelmed employees to the edge. "There's nothing I can do!" one fuming caseworker yelled at a parent on the phone in Prince Georges County, Md. "I can't make him a good person!"

Among the many difficulties caseworkers face, one is frighteningly basic: figuring out who the father is. A startling 27 percent of all American children are born out of wedlock; two thirds of all black kids are. Identifying the father is much easier now than 10 years ago because blood tests show, with 98 or 99 percent certainty, whether a man fathered a child. Yet the system solves fewer than half its paternity cases. Many welfare mothers



Carolyn and Jewel Itschner have kept the service medals of their father, Drew (right), even though they haven't seen him for 12 years



WILSON—NEWSWEEK (TOP), SLOAN—NEWSWEEK

don't cooperate, fearing they'll lose benefits if the father is found, but even when they do identify the man, states must find him and get him into court, a process that can take years. Sometimes the results are ghoulish: a Maryland judge decided that a man who had fathered a child through a sexual assault should legally be considered the father, paying child support—and getting visitation rights.

Knowing who the father is doesn't mean knowing where he is, how much he earns or how to collect from him. Roughly one third of all child-support cases involve parents living in different states—and women in such cases were twice as likely to get nothing as those with the father nearby, according to a 1990 General Accounting Office study.

**T**he system is routinely maddening for women, but can sometimes be merciless to men, too. Fathers who want to have visitation orders enforced or who've hit hard times and want to have their support payments reduced will have to hire their own lawyers, even if they have no money; most states represent mothers for free in collection cases, fathers not at all. One Las Vegas man ended up paying for a judicial mistake for a decade. He had been dating a woman in Derry, N.H., for just about two months when she announced she was pregnant. He married her, but a year later, he says, he came home to discover she had cleaned out the house and left. Bitter and suspicious about the experience, he asked the court for a blood test to see if he was actually the father of the baby girl, but

the court denied the request out of fear that doing so would taint the child with the "implication of illegitimacy." He paid \$100 a month in child support sporadically, falling about \$5,500 behind at one point. He saw the girl a total of four or five weeks over the next 10 years and shifted between feeling defiant and guilty. "I never treated her like a real father treats a real daughter," he says. "You see dads all bright and aglow; I never had that. I kept thinking I was a bad dad." Finally, at the prompting of his new wife, he tricked his daughter into taking a blood test while she was visiting him in Las Vegas—and the test showed he was not her father.

Despite the many examples of governmental foul-ups, the system works much better than it did 10 years ago. Although the average support award is just \$57.59 per week, most courts have increased payment levels because Congress in 1984 required states to write specific child-support guidelines. As the issue has become politically

hot, it has even seeped into electoral politics, in sometimes troubling ways. A fathers'-rights group in Las Vegas is running a slate of candidates in the elections for family-court judges, backing only those who, the group thinks, will lean more toward fathers in custody and support cases.

Reforming child-support policy may prevent a few families from entering into the war zone inhabited by people like John Chappell of Port St. Lucie, Fla., and his ex-wife Linda Place of Springfield, Va. She says he owes his three children more than \$20,000 in child support and reimbursement of medical expenses. Eleven-year-old Matthew spends weeks at a time in a hospital with a serious immune disorder; Place has so far been unable to afford specialized treatment at Duke University. Chappell used to earn \$26,000 a year as a medical-bill collector, but he was, until last Friday, unemployed. Place believes he was intentionally not working to avoid paying the \$540 a month and medical expenses. "There's

nothing wrong with him that he could not maintain a job," says Place, who works 32 hours a week as a nurse and often sleeps in a cot by Matthew's bed. "He's removed himself from the situation so it's not real anymore. He doesn't go to the hospital every day and see Matthew with IVs and needles."

Chappell complains bitterly that his ex-wife is pursuing him out of "raw hate" and turning the children against him. He says his new job in a convenience store will enable him to pay more. "To me, this is a battle between her and me—not the kids," he says. He's right that the parents are the combatants, but he shouldn't delude himself about the names of the casualties. Matthew is growing up thinking that his debilitating illness might be better treated if only his father would pay more in child support. Chappell's oldest son, Chris, speaks in more emotional terms. "Not getting stuff hurts," says 14-year-old Chris, "but thinking that Dad doesn't care enough to support you—that really hurts. I don't think I'm ever going to forgive him. It's just too hard." Chris visited his father in Florida just last summer, and Chappell brought him on a special afternoon outing—to court. There, Chris got to watch the judge chastise his father for failure to pay child support, put him in handcuffs and lead him off to jail. ■

# Child SUPPORT

CHILD SUPPORT ENFORCEMENT DIVISION

DEPARTMENT OF REVENUE

STATE OF ALASKA



JANUARY 25, 1993

Child Support Enforcement Division - D O R

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# LEGISLATION

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## LEGISLATION

### INCOME WITHHOLDING

Since 1985, the Child Support Enforcement Division has been required to initiate income withholding when non-custodial parents' payments became delinquent equal to one month's payment.

Immediate Income Withholding began November 1, 1990. Federal regulations require that all child support orders issued on or after November 1, 1990 have income withholding put in place immediately, where the custodial parent has applied for child support enforcement services through the Division. The immediate income withholding takes place even if payments are current.

### EMPLOYER REPORTING

The employer reporting of new employees to the Child Support Enforcement Division is another piece of legislation that became effective in January, 1991. The purpose of this law is to identify employment of non-custodial parents more quickly than the current system, which depends upon the Department of Labor's quarterly employer records. Employers with twenty (20) or more employees must be served notice by CSED before reporting new employees. Employers with fewer than twenty (20) employees do not have this requirement. CSED has served one hundred fourteen (114) employers this year. This is a pilot program for Alaska and three other states. The results of this program will determine implementation of permanent federal regulations.

### PATERNITY ESTABLISHMENT

A new area of legislation passed by several other states include the Early Paternity Acknowledgement program administered by local hospitals. Under this law, a cooperative mother and father may sign an Affidavit of Paternity at the time of birth of their child. Physicians, midwives, and hospitals are required to provide

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parents with the opportunity to sign the Affidavit. A signed and notarized Affidavit establishes a presumption of paternity. This means that the presumed father gains legal rights and responsibilities of fatherhood, and he is added to the birth certificate.

There is benefit to the child, the medical community, and the State child support organization.

The benefits for the child include:

1. Financial support that allows children to thrive at a standard of living based upon the resources of both parents.
2. Child's eligibility for public and private benefits stemming from the father-child relationship.

Social Security benefits.

Military veterans benefits.

Inheritance rights.

Medical information in matters of treatment.

3. Emotional and psychological benefits of knowing both parents.

Benefits to the medical community:

1. Medical and genetic history of the father.
2. Identify responsible parties to pay medical bills.
3. Makes financial sense, because then employer insurance companies will cover medical costs. Hospitals receive higher payments from private health carriers than they do from Medicaid.
4. Children will then have legal parentage which allows them survivor benefits.

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The benefits to the child support organizations include:

1. Reduction in time to locate the alleged father.
2. The mother is willing to cooperate with the establishment efforts.
3. Reduction in staff workload and organization costs.

The child support organizations that now have the early paternity program in place include:

State of Washington  
Commonwealth of Virginia  
Dallas County, Texas  
Guam

#### POST-MAJORITY SUPPORT

Legislation passed last year allows a custodial parent to motion through the agency or the court for support until 19 years of age, if the dependant is attending high school or an equivalent institution. This allows support beyond the normal state age of majority which is 18 years of age. We are receiving requests for CSED to extend this support to 19 years. This places an additional burden on the Division and the Department of Law.

# ALASKA STATE LEGISLATURE

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HEALTH, EDUCATION  
& SOCIAL SERVICES  
STATE AFFAIRS  
ECONOMIC TASK  
FORCE

## REPRESENTATIVE BETTYE DAVIS DISTRICT 21

### SPONSOR STATEMENT

#### ***SSHB 128 - "RELATING TO EARLY ACKNOWLEDGEMENT OF PATERNITY FOR THE CHILD OF AN UNMARRIED MOTHER."***

Non-support of children has become a national epidemic with one-fourth of children in the United States now living with a single parent and an estimated 60 percent spending at least part of their childhood in a single-parent home. In almost half of these cases, the absent parent does not pay child support. Many of these children are born out-of-wedlock and paternity is established in only 30 percent of such cases. That interprets into 70 percent of out-of-wedlock births where there is no proof of paternity and no means to collect child support.

SSHB 128 adds language to A.S. 18.50 and requires the state registrar to prepare a paternity acknowledgment form to be used at the time of birth. The form, signed by both parents, will list the father's full name and social security number, and requires the signature of a notary public. The bill also lays out specific responsibilities of hospitals or midwives (should the birth occurs outside the hospital setting) to get the proper information on the form and to distribute appropriate paternity materials from the Department of Health and Social Services.

SSHB 128 is an attempt to get acknowledgment at the time when a father is particularly willing to develop a relationship with the child, which benefits both parties. The child will have the security of knowing who his/her father is and could gain access to support from Social Security, survivor and veteran benefits and worker's compensation. The child would also be entitled to the father's inheritance, health insurance and have access to the family medical history. The father, in turn, maintains the legal right to have access to his child even though he is not married to the mother.



Sponsor Statement

Sponsor Statement  
SSHB 128

As of December 1992, there were 36,396 cases pending in the Alaska Child Support Enforcement Division and 7,199 of those cases are directly related to paternity verification. Establishing paternity early on will better enable the state to collect child support in the future and could subsequently reduce the number of families needing public assistance.

SSHB bill is a step towards giving children in this state a better start in life and the support they deserve from both parents.

# Child SUPPORT

CHILD SUPPORT ENFORCEMENT DIVISION

DEPARTMENT OF REVENUE

STATE OF ALASKA



JANUARY 25, 1993

Child Support Enforcement Division - D O R

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# LEGISLATION

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## LEGISLATION

### INCOME WITHHOLDING

Since 1985, the Child Support Enforcement Division has been required to initiate income withholding when non-custodial parents' payments became delinquent equal to one month's payment.

Immediate Income Withholding began November 1, 1990. Federal regulations require that all child support orders issued on or after November 1, 1990 have income withholding put in place immediately, where the custodial parent has applied for child support enforcement services through the Division. The immediate income withholding takes place even if payments are current.

### EMPLOYER REPORTING

The employer reporting of new employees to the Child Support Enforcement Division is another piece of legislation that became effective in January, 1991. The purpose of this law is to identify employment of non-custodial parents more quickly than the current system, which depends upon the Department of Labor's quarterly employer records. Employers with twenty (20) or more employees must be served notice by CSED before reporting new employees. Employers with fewer than twenty (20) employees do not have this requirement. CSED has served one hundred fourteen (114) employers this year. This is a pilot program for Alaska and three other states. The results of this program will determine implementation of permanent federal regulations.

### PATERNITY ESTABLISHMENT

A new area of legislation passed by several other states include the Early Paternity Acknowledgement program administered by local hospitals. Under this law, a cooperative mother and father may sign an Affidavit of Paternity at the time of birth of their child. Physicians, midwives, and hospitals are required to provide

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parents with the opportunity to sign the Affidavit. A signed and notarized Affidavit establishes a presumption of paternity. This means that the presumed father gains legal rights and responsibilities of fatherhood, and he is added to the birth certificate.

There is benefit to the child, the medical community, and the State child support organization.

The benefits for the child include:

1. Financial support that allows children to thrive at a standard of living based upon the resources of both parents.
2. Child's eligibility for public and private benefits stemming from the father-child relationship.

Social Security benefits.

Military veterans benefits.

Inheritance rights.

Medical information in matters of treatment.

3. Emotional and psychological benefits of knowing both parents.

Benefits to the medical community:

1. Medical and genetic history of the father.
2. Identify responsible parties to pay medical bills.
3. Makes financial sense, because then employer insurance companies will cover medical costs. Hospitals receive higher payments from private health carriers than they do from Medicaid.
4. Children will then have legal parentage which allows them survivor benefits.

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The benefits to the child support organizations include:

1. Reduction in time to locate the alleged father.
2. The mother is willing to cooperate with the establishment efforts.
3. Reduction in staff workload and organization costs.

The child support organizations that now have the early paternity program in place include:

State of Washington  
Commonwealth of Virginia  
Dallas County, Texas  
Guam

#### POST-MAJORITY SUPPORT

Legislation passed last year allows a custodial parent to motion through the agency or the court for support until 19 years of age, if the dependant is attending high school or an equivalent institution. This allows support beyond the normal state age of majority which is 18 years of age. We are receiving requests for CSED to extend this support to 19 years. This places an additional burden on the Division and the Department of Law.

# FISCAL NOTE

STATE OF ALASKA  
1993 LEGISLATIVE SESSION

BILL NO. SS HB 128

Revision Date: \_\_\_\_\_ Dept. Affected: Health and Social Services  
 Title: An Act Relating to Early Acknowledgement of Paternity BRU: State Health Services  
 Component: Bureau of Vital Statistics  
 Sponsor: B. Davis  
 Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. #961

**Expenditures/Revenues:**

(Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	12.6	0.0	0.0	0.0	0.0	0.0
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>12.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

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

REVENUE FUND SOURCE						
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**FUNDING:**

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	12.6	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>12.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**POSITIONS:**

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: None

**ANALYSIS:** (Attach a separate page if necessary)

**FY 94**

One time cost for redesign and printing 20,000 affidavits of paternity forms	2.0
One time legal drafting, design and printing costs for informational pamphlet	10.0
Initial mailing cost for 5,000 pamphlets, and AFDC/Medicaid applications	0.6
	<b>12.6</b>

Prepared by: Peter M. Nakamura, MD, MPH Phone: (907) 465-3090  
 Division: Division of Public Health Date: 3/15/93

Approved by Commissioner: Theodore A. Mala, MD, MPH Date: 3/16/93  
 Agency: Department of Health & Social Services

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

DATE: MARCH 2, 1993

PLACE: Capitol Room 106

SUBJECT OF MEETING:  
 HB 136: DRUNK DRIVING AND BREATH TEST OF  
 HB 67: ELIG. FOR PUBLIC ASSISTANCE  
 •HB 156: PUBLIC SCHOOLS & PUBLIC FACILITIES  
 •HB 157: APPROP: PUBLIC SCHOOLS/FACILITIES

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Doug LaTour	Corrections				465-3454	(Y) N	HB 136
Patrick Owen	SELF			7806032		(Y) N	HB 156-157
Jan Hansen	DASS				465-2680	(Y) N	HB 67
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	

AMENDMENT

OFFERED IN THE HOUSE  
TO: CSHB 136(HES)

BY REPRESENTATIVE NICHOLIA

Page 2, line 20, after "proof of":

Insert "enrollment in and compliance with or"

Page 3, line 10, after "person":

Insert "is enrolled in and is in compliance with or"

Page 3, line 24, after "proof of":

Insert "enrollment in and compliance with an alcoholism education and treatment program if the person was convicted. under AS 28.15.181(c)(1)."

Page 3, line 25, after "program"

Insert "if the person was convicted under AS 28.15.181(c)(2)-(4)"

Page 3, line 31, after "proof of"

Insert "enrollment in and compliance with an alcoholism education and treatment program if the person was convicted under AS 28.15.181(c)(1)"

Page 4, line 1, after "program"

Insert "if the person was convicted under AS 28.15.181(c)(2)-(4)"

Page 5, after line 20:

Insert a new bill section to read:

"\* Sec. 6. AS 28.35.030 is amended by adding a new subsection to read:

(l) The commissioner of corrections shall determine and prescribe by regulation the cost of imprisonment at a community residential center for the purpose of determining the cost of imprisonment required to be paid under (b)(1) of this section by a convicted person. The cost of imprisonment required to be paid under (b)(1) of this section may not be higher than the cost of imprisonment at a community residential center, no matter where the person is imprisoned."

Renumber the following bill sections accordingly.

Page 7, after line 10:

Insert a new bill section to read:

"\* Sec. 8. AS 28.35.032(o) is amended to read:

(o) In this section,

(1) "cost of imprisonment" means the cost of imprisonment as determined under AS 28.35.030(l);

(2) "previously convicted" has the meaning given in AS 28.35.030."

Renumber the following bill sections accordingly.

Page 7, line 15:

Delete "6"

Insert "7"