

ALASKA LEGISLATURE COMMITTEE FILES 1993-1994 8672

7799 HOUSE HEALTH EDUCATION & SOCIAL SERVICES 69

LTN1100-R01  
03/02/94

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 01  
19:43:09

TCN: 40380 DATE & TIME: 02/24/94 15:30 TO 17:00 STATUS:7 STATS. IN

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

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

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 5 MINUTE LIMIT  
TCN REQUESTED ON 02/24/94 AND HAS 6 UPDATES

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

- 1 HB 320 PUBLIC SCHOOL HEALTH AND SAFETY EDUCATION
- 2 HB 336 MINORS COMMITTING CRIMES W/ GUNS & KNIVES

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

ANC ANCHORAGE	716 W 4TH. #200	LOCATION STAFF
BET BETHEL	301 WILLOW ST.	LOCATION STAFF
FRX FAIRBANKS	119 N CUSHMAN ST	LOCATION STAFF
* JNU JUNEAU	CAPITOL CAP106	LOCATION STAFF
KOD KODIAK	112 MILL BAY RD.	LOCATION STAFF
MAT MATSU	165 E PARKS HWY.	LOCATION STAFF
SIT SITKA	210 LAKE STREET	LOCATION STAFF

PARTICIPANTS IN: ANCHORAGE ANC

1	PATRICK O'BRIEN	AFD	UNABL HB 336
	4501 S. BRAGAW	ANCHORAGE	AK 99507 (907)786-8664
2	DELLISA CULPEPPER	MOA/DHSS	TSFY. HB 320
	PO BOX 196650	ANCHORAGE	AK 99519 (907)343-6960
3	HELEN MEHRKENS	AK DEPT ED	TSFY. HB 320
	801 W 10TH ST	JUNEAU	AK 99801 (907)465-8730

PARTICIPANTS IN: FAIRBANKS FRX

1 MS.	CHERYL KILGORE		TSFY. HB 320
	1919 LATHROP ST. #23	FAIRBANKS	AK 99701 (907)451-2940
2 MS.	DESHARA DEKERLEGAND		OBSV. HB 320
	P.O. BOX 750205 UAF	FAIRBANKS	AK 99775 (907)474-6666

PARTICIPANTS IN: JUNEAU JNU

1 REP	CYNTHIA TOOHEY		TSFY. ALL ITEMS
		AK	(907)000-0000
2 REP	CON BUNDE		TSFY. ALL ITEMS
		AK	(907)000-0000
3 REP	AL VEZEY		TSFY. ALL ITEMS
		AK	(907)000-0000
4 REP	PETE KOTT		TSFY. ALL ITEMS
		AK	(907)000-0000
5 REP	HARLEY OLBERG		TSFY. ALL ITEMS

6	REP	IRENE	NICHOLIA	AK	(907)000-0000
					TSFY. ALL ITEMS
7	REP	TOM	BRICE	AK	(907)000-0000
					TSFY. ALL ITEMS
8		TO	OBSERVE	AK	(907)000-0000
					OBSV. ALL ITEMS
9		TO	OBSERVE		OBSV. ALL ITEMS
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LEGISLATIVE TELECONFERENCE NETWORK

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TCN: 40300

DATE & TIME: 02/24/94 15:30 TO 17:00 STATUS:7 STATS. IN

PARTICIPANTS IN: JUNEAU

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LEGISLATIVE TELECONFERENCE NETWORK

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TCN: 40390

DATE & TIME: 02/24/94 15:30 TO 17:00

STATUS: 7 STATS. IN

PARTICIPANTS IN: JUNEAU

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PARTICIPANTS IN: KODIAK

KOD

1 MR	CHRIS HELMS	YOUTH TASK FORCE	OBSV. HB 336
	1610 SELIEF LANE	KODIAK AK	(907)486-7053
2 MS	PAT FOX	YOUTH TASK FORCE	OBSV. HB 336
	1610 SELIEF LANE	KODIAK AK	(907)486-7053

PARTICIPANTS IN: SITKA

SIT

1	CAROLYN MCARTHUR		OBSV. HB 320
	118 DARRIN DR.	SITKA	AK 99835 (907)747-5112
2	SUSAN KANEN		OBSV. HB 320
	431 VERSTOVIA AVE.	SITKA	AK 99835 (907)747-8251



# Alaska State Legislature

House of Representatives  
COMMITTEE ON HEALTH, EDUCATION  
AND SOCIAL SERVICES

DATE: 2/24/94

PLACE: Capitol Room 106

SUBJECT OF MEETING:  
ALASKA NATIVE HEALTH BOARD  
\* HB 320: PUBLIC SCHOOL HEALTH & SAFETY EDUCATION  
\* HB 336: MINORS COMMITTING CRIMES W/ GUNS AND KNIVES  
\* INDICATES FIRST PUBLIC MEETING(S)

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Deborah Erickson	DHSS/Div. of Public Health	P.O. Box 110610 Juneau, AK 99811	99811		465-3090	(Y) N	HB 320
Joseph Dexter	NSHC/ANHB	Box 966 Nome	99762		443-3311	(Y) N	ANHB PRIORITIES
Anne Walk	ANHB	1345 Reida Col Circle Ste 206 Anchorage 99508			337-0028	(Y) N	ANHB Prior. HB 320
Andy Jimmie	ANHB	" "				Y N	HB 332
Robert J. Clark	ANHB	" "				Y N	" "
Lannea Leo		P.O. Box 9822 SMC Bethel, AK 99801		(MESSAGE) 247-2410		(Y) N	HB 336
Etta Jaroen		P.O. Box 207 KING COVE AK 99612	99612	497-2263		(Y) N	320
Pat De Soye	ALHIV	1745 Franklin #208 Juneau	99801	4635688		(Y) N	HB 320
Michael Pierre	ALHIV	Same as above	99801	4635688		(Y) N	HB 320
Byre	ALHIV					(Y) N	
DANIEL KUAANA	ALHIV	same as above	99801			(Y) N	HB 320





# Alaska State Legislature

## House of Representatives

COMMITTEE ON HEALTH, EDUCATION  
AND SOCIAL SERVICES

SUBJECT OF MEETING:

DATE:

PLACE: Capitol Room 106

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Dyson Campbell ✓	ALHIV ✓	174 S Franklin #208 Juneau	99801	4635688		(Y) N	HB 320
Zeff THROWELL ✓	"	"	"	"		(Y) N	HB 320
LORRI WILSON ✓	"	"	"	"		(Y) N	HB 320
ALEXIS ROBERTS PEER ED ALHIV ✓	"	"	"	"		(Y) N	HB 320
JANELLE BILLINGSLEA PEER ED ALHIV ✓	"	"	"	"		(Y) N	HB 320
MIKE COLE PEER ED ALHIV ✓	"	"	"	"		(Y) N	HB 320
VINCE BARRY Helen Marshkins	DOE		99802			Y N	
Danny Faris	AK School Assoc	Wasilla, AK 101 E. Begard 99651		376-5341		(Y) N	HB 320
MARVIN S FARIS	MAT-54 School Dist	Palmer High School Palmer, AK	99645	376-3182		(Y) N	HB 320
						Y N	
						Y N	



Alaska  
Nurses  
Association

237 East Third Avenue  
Anchorage, Alaska 99501  
(907) 274-0627

... a consultant of American Nurses' Association

1/24/94

Alvin (Alaskan Living with HIV)  
174 S. Franklin #208  
Juneau, AK 99801

Dear Rita:

This is just to follow-up our phone conversation of today to reiterate our support for the "Healthy Student" Bill. The Alaska Nurses Association has long supported bills which would make available health education in all school districts in the State of Alaska. We applaud your activities to take the lead on this issue + pledge to work with you during the session to not only get the legislation passed, but also signed.

Sincerely

Jackie Alumn RN, MSN  
Legislative Champion

## **Alaskans/Americans Living with HIV**

174 South Franklin Street, Suite 208 • Juneau, Alaska 99801  
(907) 463-5688 Fax (907) 463-3180

**THE C.D.C. NOW TELLS US THAT TEENS AND WOMEN ARE THE FASTEST GROWING GROUPS IN THE HIV/AIDS EPIDEMIC.**

**RIGHT NOW IN ALASKA 25% OF PERSONS WITH FULL BLOWN AIDS LIKELY CONTRACTED THIS DISEASE AS TEENS. THE NATIONAL AVERAGE FOR TEENS WITH AIDS IS 19%.**

**THE NATIONAL CONFERENCE OF STATE LEGISLATORS TELLS US THAT THE PERCENTAGE INCREASE IN AIDS CASES REPORTED IN 1992 WAS GREATEST AMONG AMERICAN INDIANS/ALASKAN NATIVES, = 43% INCREASE.**

**IT IS NO SECRET THAT TEENS DO NOT TALK ABOUT THINGS, ESPECIALLY SEX AND DRUGS WITH THEIR PARENTS.**

**PRESENTLY IN THE UNITED STATES HIV/AIDS EDUCATION IS MANDATED IN 33 STATES.**

**WE MANDATE SEAT BELTS BECAUSE WE WANT TO AVOID HARM AND DEATH WITH PEOPLE IN THIS STATE. WE MANDATE THAT YOU CANNOT DRINK AND DRIVE BECAUSE WE WANT TO AVOID HARM AND DEATH WITH PEOPLE IN THIS STATE. BUT WE BALK WHEN IT COMES TO MANDATING A BILL THAT WILL PROVIDE EVERY YOUNG PERSON WITH THE KNOWLEDGE TO AVOID BECOMING INFECTED WITH HIV. THE HARM AND DEATH THAT WILL COME FROM THIS WILL MAKE SEATBELT USE AND DRUNK DRIVING LOOK LIKE A SMALL ISSUE. IT IS OUR MORAL RESPONSIBILITY TO MAKE SURE EVERY YOUNG PERSON IN ALASKA KNOWS HOW TO PROTECT THEMSELVES IN THE MIDDLE OF THIS EPIDEMIC THAT WE WILL SEE FOR MANY YEARS TO COME.**

**IT WILL COST \$39,000 TO IMPLEMENT THIS BILL. IT COSTS AN AVERAGE OF \$119,000 FOR ONE PERSON'S LIFETIME MEDICAL EXPENSES TO TREAT AIDS. NOTE: WE ARE ALREADY FACING CRISES IN FINANCING IN OUR HEALTH CARE SYSTEM.**

**THE REAL QUESTION HERE IS NOT WHETHER WE CAN AFFORD TO DO THIS, BUT IN FACT, WHAT IT WILL END UP COSTING US IN HUMAN SUFFERING, ALASKAN LIVES AND MEDICAL COSTS, WHICH WE WILL ALL BE PAYING A SHARE OF, IF WE DO NOT MANDATE THIS BILL.**

**HOW MANY MORE YOUNG ALASKANS WILL HAVE TO SUFFER AND DIE BEFORE WE DO SOMETHING? IF WE DO NOT DO SOMETHING NOW THEN WE MUST SHOULDER SOME OF THE BLAME FOR MORE YOUNG PEOPLE BECOMING INFECTED AND DYING.**





# FISCAL NOTE

STATE OF ALASKA  
1994 LEGISLATIVE SESSION

BILL NO. HB 320

Revision Date: \_\_\_\_\_  
Title: An Act relating to public school health personal safety education.

Dept. Affected: EDUCATION  
BRU: Educational Program Support  
Component: Basic Education and Instructional Improvement

Sponsor: Representative Toohy  
Requestor: Representative Toohy

COMPONENT SERIAL NO. 171

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY95	FY96	FY97	FY98	FY99	FY00
PERSONAL SERVICES	85.5	88.5	91.5	94.7	98.0	101.4
TRAVEL	12.0	12.4	12.7	13.1	13.5	13.9
CONTRACTUAL	153.9	158.5	55.0	56.7	58.3	60.1
SUPPLIES	3.0	3.1	3.2	3.3	3.4	3.5
EQUIPMENT	6.0	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES						
GRANTS, CLAIMS	191.6	197.3	203.3	209.4	215.6	222.1
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>452.0</b>	<b>459.8</b>	<b>365.7</b>	<b>377.1</b>	<b>388.9</b>	<b>401.0</b>

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

1002 Federal Receipts						
1003 GF Match						
1004 GF	452.0	459.8	365.7	377.1	388.9	401.0
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other:						
<b>TOTAL</b>	<b>452.0</b>	<b>459.8</b>	<b>365.7</b>	<b>377.1</b>	<b>388.9</b>	<b>401.0</b>

POSITIONS:

FULL-TIME	1.5	1.5	1.5	1.5	1.5	1.5
PART-TIME						
TEMPORARY						

Estimate of current year (FY94) impact: \$ \_\_\_\_\_

ANALYSIS: (Attach a separate page if necessary)

(SEE ATTACHED)

Prepared by: Helen Mehrkens, Health Promotion Specialist  
Division: Educational Program Support

Phone: 465-8730  
Date: 26-Jan-94

Approved by Commissioner: [Signature]  
Agency: Department of Education

Date: 2/2/94

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Narrative Outline - Proposed Fiscal Note for H.B.320

Year 1:

	<u>Amount</u>	<u>Description</u>
<i>Personal Services</i>	85.5	1 FTE Education Specialist II - Health Education (70.3) .5 FTE Clerk Typist III (15.2) Current health education-related staff are federally funded to provide programs in two areas of health education only: substance abuse and HIV prevention. This law will require consistent expertise and support for other areas of health education.
<i>Travel</i>	12.0	10 trips for training and technical assistance to local districts
<i>Contractual</i>	153.9	phone/postage (4.5.) copying/printing (6.0.) contracts <ul style="list-style-type: none"> <li>• Summer Institute of 2 weeks for 40 elementary and 25 secondary teachers who will serve as building level "lead teachers" or peer trainers. (50.0 to cover instructor fees and expenses, materials and partial scholarships for some participants.)</li> <li>• Staff/Parent Training Cadre - Local school inservices or parent training to improve health education instruction provided by lead teachers to other schools and/or districts (54.0 in travel, extended contracts, substitute time)</li> <li>• Follow-up meetings with local trainers (6.4 audioconferencing line charges.)</li> <li>• Develop and produce materials for parents and community members to encourage useful participation in local health education advisory committees (15.0.)</li> <li>• Year 1 only: Develop and produce three Health Fair learning centers to encourage parents and other community members to participate in comprehensive school health education (18.0.)</li> </ul>
<i>Supplies</i>	3.0	Supplies
<i>Equipment</i>	6.0	Year 1 only: 1.5 computer workstations for \$5.5.; 1.5 phones for \$.5. (Furniture will be collected from state surplus.)
<i>Grants, Claims</i>	191.6	Planning & Implementation mini-grants to local school districts to revise and implement their health education to meet statutory requirements within each of 467 schools, e.g. revise curriculum, update materials, train teachers at elementary, middle and high school levels in health education topics and materials, train and coordinate with advisory committees and parents, evaluate program.)
<b>Total Operating</b>	<b>452.0</b>	<b>= Year 1</b>

Changes:

- Year 2 average 3% inflation included; no equipment purchase needed
- Year 3 3% inflation included; contracted staff training & parent support reduced to maintenance level
- Year 4 3 % inflation included; no other changes from Year 3
- Year 5 3 % inflation included; no other changes from Year 4

# FISCAL NOTE

STATE OF ALASKA  
1994 LEGISLATIVE SESSION

BILL NO. HB 320

Revision Date: \_\_\_\_\_ Dept. Affected: Health and Social Services  
 Title: Healthy Students Act BRU: State Health Services  
 Component: Community Health Services  
 Sponsor: Tookey, Hudson  
 Requestor: House HES COMPONENT SERIAL NO. #1963

**Expenditures/Revenues:** (Thousands of Dollars)

OPERATING	FY95	FY96	FY97	FY98	FY99	FY00
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES						
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**FUND SOURCE** (Thousands of Dollars)

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

**POSITIONS:**

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY94) cost \$ NONE

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

The financial impact would be borne by the local school districts.

Prepared by: Peter M. Nakamura, MD, MPH  
 Division: Public Health

Phone: (907) 465-3090  
 Date: 01/20/94

Approved by Commissioner: Margaret R. Lowe, M.Ed., Ed.S.  
 Agency: Department of Health & Social Services

Date: 1-21-94

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Official Business

# Alaska State Legislature

## HOUSE OF REPRESENTATIVES

REPRESENTATIVE CYNTHIA TOOHEY  
DISTRICT 13

State Capitol  
Juneau, AK 99801-1182

### SPONSOR STATEMENT

#### HOUSE BILL 320

"An Act relating to public school health personal safety education"

The overall health of our youth should be a matter of concern for every Alaskan. Teen alcoholism, pregnancy, drug abuse, suicide, injuries, and the alarming rise in the incidence of HIV/AIDS in children are being addressed in a number of ways, but prevention is the most effective, least expensive approach to most of these concerns.

A vital part of any health care reform plan in Alaska or in this nation is prevention. If we do not promote healthier lifestyles among our youth, health care costs will continue to escalate.

The proposed committee substitute would recommend comprehensive health education in the public schools and mandate HIV/AIDS education. Thirty-nine states either mandate, in statute or policy, HIV/AIDS education. The HIV/AIDS virus is not a remote disease. It is present in most areas of our state and 25% of people with AIDS in Alaska contacted it in their teens. Teens and women are the fastest growing group of individuals who have AIDS. Due to its deadliness, it is imperative that we arm our most precious resource, the children of Alaska, with enough information so that they can enjoy long healthy lives.

I urge your support of this legislation.

INTERIM ADDRESS: 716 West 4th Avenue, Suite 330, Anchorage, 99501-2133

SPONSOR STATEMENT

# DIVISION OF LEGAL SERVICES

## LEGISLATIVE AFFAIRS AGENCY STATE OF ALASKA

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

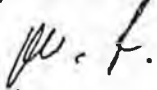
130 Seward Street, Suite 409  
Juneau, Alaska 99801-2105

### MEMORANDUM

January 24, 1994

**SUBJECT:** Sectional Summary of HB 320

**TO:** Representative Cynthia Toohy

**FROM:** Michael F. Ford   
Legislative Counsel

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. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Short title.

Section 2. Purpose section.

Section 3. Requires a school board in a regional educational attendance area to establish a health education curriculum advisory committee. Provides that the committee will advise the school board on the health education curriculum at schools in the community in which the committee is established.

Section 4. Requires school boards in city or borough school districts to establish a health education advisory committee.

Section 5. Establishes specific elements that must be included in a health education program in the public school system. Requires the State Board of Education to establish health education personal safety guidelines. Requires that a school health and personal safety education specialist position be established in the Department of Education.

Section 6. Adds definitions of the terms "family health," "health and personal safety education," "pregnancy prevention," and "reproductive health".

Section 7. Transition section.

MFF:mi  
94-014.mai



## Position Paper: Department of Education

Division Educational Program Support Bill Number H.B.320

Bill Title An Act relating to public school health personal safety education

Sponsor Representative Toohey

Position Statement: Explain briefly what the bill does, its impacts and Department's position.

### What the bill does:

This bill would amend existing law regarding health and safety education in public schools by changing current language that *encourages* the initiation and implementation of a comprehensive K- grade12 health education program to language that will *require* this education. In addition, it would increase the number and scope of the topics that must be covered and would require the establishment of local health education curriculum advisory committees to advise the local school board.

In addition, the bill would require periodic staff development for administrators and teachers in health and personal safety education.

### Impacts and Department's position:

The Department recognizes the importance of a structured health education curriculum that will provide students with the information and skills they need to make health promoting choices throughout their lifetime. However, the decisions about what the content of curriculum should be, and the age at which that content is appropriately taught, and its level of emphasis are best decided by the local school boards in consultation with parents, local health providers and community members. For these reasons, the Department of Education continues to oppose imposition of state level curriculum mandates.

The Department also does not support the requirement for a rural educational attendance area to establish a health education curriculum advisory committee in each community. This requirement would place a heavy burden upon the local community members and school staff who are already asked to serve on a myriad of committees. The additional staffing and possible transportation costs to support these committees with health related information and expertise would have a noticeable fiscal impact on some districts. Curriculum decisions are usually evaluated, discussed and adopted at the district level, not at the local community level.

APPROVED:

Director Vince Barry DIVISION Educational Program Support

Signature  Date 2/1/94

Commissioner/Deputy Jerry Covey/Mike Maher

Signature  Date 2/2/94

o:commsig\HB320b

Sec. 14.08.115. Advisory school boards in regional educational attendance areas. (a) A regional school board shall establish advisory school boards in each community in the regional educational attendance area that has more than 50 permanent residents, and by regulation shall prescribe their manner of selection and organization, and, in a manner consistent with (b) of this section, their powers and duties.

(b) An advisory board shall advise the regional school board on all matters concerning schools in the community in which the advisory board is established. (§ 2 ch 24 SLA 1979; am §§ 6, 7 ch 173 SLA 1990)

Sec. 14.30.360. Curriculum. (a) Each district in the state public school system shall be encouraged to initiate and conduct a program in health education for kindergarten through grade 12. The program should include instruction in physical health and personal safety including alcohol and drug abuse education, cardiopulmonary resuscitation (CPR), early cancer prevention and detection, dental health, family health, environmental health, the identification and prevention of child abuse, child abduction, neglect, sexual abuse and domestic violence, and appropriate use of health services.

(b) The state board shall establish guidelines for a health and personal safety education program. Personal safety guidelines shall be developed in consultation with the Council on Domestic Violence and Sexual Assault. Upon request, the Department of Education, the Department of Health and Social Services, and the Council on Domestic Violence and Sexual Assault shall provide technical assistance to school districts in the development of personal safety curricula. A school health education specialist position shall be established and funded in the department to coordinate the program statewide. Ade-

quate funds to enable curriculum and resource development, adequate consultation to school districts, and a program of teacher training in health and personal safety education shall be provided. (§ 1 ch 188 SLA 1976; am § 1 ch 106 SLA 1978; am § 1 ch 37 SLA 1984; am § 1 ch 24 SLA 1986)

## References to health education in *Healthy Alaskans 2000* in 8/31/93 draft:

Pg 16: "A physical fitness curriculum should be mandatory for all schools, and physical education mandatory in all elementary schools."

"The Department of Education should develop physical fitness testing standards for use in all schools, and health/P.E. graduation requirements should be increased and should not include waivers for athletics."

Pg. 20: "Alaska does not have a standardized school health education curriculum. Nutrition education is routinely taught in certain grade levels, but it is not a sequential, integrated component of health education in all Alaska schools."

Pg. 21: "Nutrition education and establishing good dietary habits in children is especially important. Eating habits established in children, good or bad, are likely to be maintained in adulthood."

Pg. 22: "Provide public information and educational programs that promote healthy eating behaviors through culturally sensitive literacy and age-appropriate materials in a manner that empower people to take charge and assume responsibility for their own health and that of their families.

"Ensure quality school-based nutrition education programs for children and adolescents."

Pg. 29: "Support statewide efforts to develop a comprehensive school health education curriculum and advisory services for high risk groups to combat use of tobacco products."

Pg. 35: "Increase efforts to educate youth about the harmful effects of drugs, with continued special emphasis on: drinking and driving; inhalants. especially targeted to rural youth: issues unique to Alaska Native youth."

"Increase the availability of comprehensive prevention programs teaching personal and social skills which will enable youth to resist social influences leading to substance abuse."

Pg. 37: "Increase the proportion of teens who have discussed human sexuality, including values surrounding sexuality with their parents and/or have received information through another parentally endorsed source, such as school youth or religious programs."

"During the 1989-1990 school year, 43% of 5th-12th graders in the Alaska Public School system received some form of family life education in which human sexuality is discussed."

Pg. 39: "Implement culturally sensitive, developmentally appropriate K-12 school health curriculum statewide."

"The Peer Helper Program identifies, trains, and provides on-going support and supervision for high school students most often sought out by their peers as good listeners and helpers. The program requires the cooperation of the high school(s) and the local community mental health center. Thirteen CMHC-school district "pairs" participate in FY93.

"Head Start, a federally sponsored program to provide services for low-income children and their families, has also recently developed a mental health component."

Pg. 50: Support mandatory school health education that includes life skills and human relations curriculum with a focus on non-violent conflict resolution to problems.

Pg. 52-53: "Increase proportion of Alaskan K-12 schools with planned and sequential quality health education."

"Health education in a school setting is especially important for helping children and youth develop the increasingly complex knowledge and skills they will need to avoid health risks and maintain good health throughout life. Quality school health education that is planned and sequential for students in kindergarten through 12th grade and taught by educators trained to teach the subject has been shown to be effective in preventing risk behaviors. Quality school health education addresses and integrates education, skills development, and motivation on a range of health problems and issues (ie: nutrition, physical activity, injury control, use of alcohol, tobacco and other drugs, sexual behaviors that result in HIV

infection, other sexually transmitted diseases and unintended pregnancies) at developmentally appropriate ages.

"As part of the new vision for public education in Alaska, the Alaska Department of Education recommends the development of high performance standards for students and assessment methods in the subject area of "Skills for a Healthy Life" as part of the Alaska 2000 Education Initiative."

"Fifty-three of fifty-four school districts in Alaska have formally "adopted" a health curriculum for elementary and secondary schools. However, it is difficult to determine the degree to which these curricula are being implemented."

"Studies have shown that properly designed and implemented school health education programs can be effective in preventing risk behaviors. Children and adolescents are an especially important target group, not only because they are at risk for many preventable diseases, injuries and risky health behavior, but also because they carry many of the habits, including health habits, formed during these years into their adult lives. Attainment of the many objectives expressed in *Healthy Alaskans 2000* will depend substantially on educational and community-based programs to promote health and prevent disease and premature death."

"Support implementation of K-12 quality health education in the schools."

"Provide comprehensive early childhood programs, pre-school through third grade, that includes integrated health curriculum."

"Expand continuing education for school teachers in health education and promotion and continuing education for Certified Health Education Specialists in the state."

"Conduct Health Education School Surveys to monitor the extent to which schools provide and students receive school health education."

Pg. 77: "Provide comprehensive educational information through the schools and media regarding necessary precautions for proper food preparation storage and handling in the home."



Pg. 82: "Increase dental education efforts in the schools and incorporate it into all types of other client health education programs, especially in rural areas of the state where less dental professionals are available.

Pg. 83: "Incorporate education on prevention of baby bottle tooth decay as part of all pregnancy and parenting classes. especially in rural areas of the state where the problem is more evident."

Pg. 99: "Implement a statewide comprehensive school health education curriculum."

Pg. 104: ""Proportion of schools that have age-appropriate counseling on prevention of HIV & other sexually transmitted diseases: Statewide baseline: 28% secondary (1989-1990), 67% junior/high school and Alaska Objective Year 2000: 95%."

"Proportion of schools that have age-appropriate counseling on prevention of HIV and other sexually transmitted diseases: Statewide baseline: 28% secondary (1989-1990) and 67% junior/high school, National Baseline: 66% of districts (1989), Alaska Objective Year 2000: 90%."

"Providing specific information and opportunities for skill building, and supporting changes in peer norms among persons at risk, will encourage and help sustain positive behavior changes."

"Services targeted to include risk reduction education include those reaching HIV positive individuals, sexually active people (sexually transmitted disease, family planning, and prenatal clinics), substance abusers, especially injection drug users, crack users, and their sex and needle-sharing partners (treatment programs, correctional facilities, street outreach programs), youth at risk (schools, shelters, and youth corrections facilities), and those at increased risk due to social or economic disadvantage (the poor, racial/ethnic minorities, homeless, and mentally ill).

"The State Department of Education receives federal funds for AIDS prevention targeting youth in school. Both DOE and DHSS recommend incorporation of HIV prevention education into comprehensive health education for grades K through 12. DOE and DHSS staff collaborate closely to support this effort. A 1990 survey

found that 67% of junior and senior high schools were providing some HIV-related education (Department of Education). Surveys of the general public have consistently shown strong support for teaching AIDS education in schools within comprehensive health education (96.2% in 1992) as well as for including instruction on condoms (83.2% in 1992) (State Section of Epidemiology). DOE and DHSS offer a number of age-appropriate curricula, as well as teacher training to implement these curricula, to interested school districts at no cost. The Indian Health Service, DOE, and DHSS have also jointly supported several rural school districts to pilot the nationally recognized curriculum, "Growing Healthy."

Pg. 109: "Provide age-appropriate education on STD/HIV for all Alaska children in grades K through 12 and provide risk reduction education for students in all colleges, universities, vocational schools, and other post-high school training settings."

Pg. 111: "Proportion of middle and secondary schools that include instruction in STD transmission prevention in the curricula preferably as part of quality school health education: Statewide Baseline: 67% jr/sr high students (1989). National Baseline: 95% (1988). Alaska Objective Year 2000: 95%."

Pg. 113: "Implement a culturally sensitive, developmentally appropriate, sequential K-12 comprehensive school health curriculum in Alaska's 54 school districts that clearly addresses STD health issues."

Pg. 120: "Support activities that encourage curriculums in the state public elementary and secondary school systems that develop an interest in health careers and ensure appropriate pretraining for pursuing these careers."

**Supplemental references to youth and related education need in *Healthy Alaskans 2000* in 8/31/93 draft:**

Pg. 33: "In all studies, over 70% of Alaskan students in grades 10-12 reported having used alcohol at some time during their lives. This far exceeds the 46% reported nationally."

"Frequent use increases among Alaskan youth as they advance in grade peaking at about 25% in grade 11."

"However, the level of use (marijuana) among Alaskan youth remains far above the 10% level of lifetime use by the same age group nationwide. Frequent use of the drug also exceeds nationally reported levels.

"Alaskan youth are about one-third more likely than youth in the rest of the nation to try cigarettes (62% compared to 38% nationally)."..."Importantly Alaskan youth are far more likely to use cigarettes and smokeless tobacco on a frequent basis than youth in the rest of the nation. .

"Experimentation with inhalants among Alaskan youth though at a lower level than use of alcohol and marijuana, is more than three times the level reported by youth nationally (26% compared to 7%)."

"Anecdotal evidence indicates inhalant use is becoming particularly prevalent in some small rural communities and has already had devastating effects."

Pg. 34: ""up to 25% of all deaths in Alaska are alcohol or drug related

Pg. 105: "More than 100 people die of AIDS every day in the U.S.-one every 15 minutes-and the pace is accelerating."

Pg. 106-7 "Alaska adolescents between the ages of 15 and 19 years comprised 22.6% of total 1991 cases (gonorrhea) but only 6.5% of the state population."

"Cocaine use has increased 500% in Alaska since 1984 (Division of Alcoholism and Drug Abuse). The exchange of sex for crack

cocaine has been linked in other areas of the country to outbreaks of syphilis and sexual transmission of HIV infection."

Pg. 37: "Alaska had the nation's second highest pregnancy rate for 15-19 females in 1985."

Pg. 38: "Alaska teens report sexual activity rates high above national norms. Among sexually active adolescents, the mean age of first intercourse for males is 13.2 and for females is 14.0."

Pg. 42: "15.1% of Alaska Native suicides were committed by those 18 and under; 10.5% of White Alaska suicides were committed by those 18 and under"

Pg. 43: "Most projects (suicide prevention) emphasize primary prevention-activities which focus on children and youth in the pre-high suicide risk years."

Pg. 49: All victims of violent and abusive behavior are at increased risk for alcohol and drug abuse and suicide. Programs aimed at prevention, intervention, and counseling the victims of abuse are critical in breaking this pattern of violence.

Pg. 54: "Support activities aimed at increasing high level collaboration between Head Start and state administered programs that serve low income families with young children (Alaska Head Start Collaboration Project and the Alaska Interdepartmental Committee on Young Children)."

Pg. 88: "(Fetal Alcohol Syndrome) Now considered the leading preventable cause of mental retardation in the nation."

Pg. 89: "Alaska has an estimated rate of teen pregnancy higher than all but one state, and a teen birth rate higher than that of some developing countries....With no consistent reporting of abortions or fetal deaths in the state, an accurate pregnancy rate cannot be determined, but estimates placed the 1985 rate at 81 pregnancies per 1,000 Alaskan young women aged 15 through 17."

Pg. 90: Children whose families have abused, neglected, or abandoned them, or who have witnessed their mothers being beaten, are deprived of the most effective buffer against the stresses of adolescence and beyond: a healthy family system. Alcohol and drug abuse, teen pregnancy, school dropout, intentional and unintentional injuries due to high risk behaviors, suicide, eating disorders, other mental and emotional illness, and multi-

generational child abuse are among the long-term effects of abuse and neglect. These effects of the deterioration of family trust, communication, and pride may occur if a family is not assisted promptly in learning the skills to overcome abusive patterns.

"The health of children, the socio-economic welfare and self esteem of teens, and the economic cost to government (for AFDC and other public assistance programs) are all strong arguments in favor of reduction in teen pregnancies. Births to school-age teens often result in lost education opportunities and lower income for future years as well as difficulties in parent/child bonding.

"Babies born to Alaska teens are more likely to die before their first birthday."





# ALASKA STATE MEDICAL ASSOCIATION

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

February 23, 1994

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

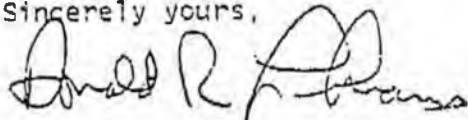
Dear Representative Toohey:

On behalf of the Alaska State Medical Association I would like to offer our highest support for your committee's substitute for House Bill #320. Under our current health system, public health has, unfortunately, not been given the emphasis that it deserves. Preventative medicine is good medicine. Your bill will help educate the youth of the state which will hopefully allow them to make healthier decisions when they reach adulthood.

I am strongly supportive of mandated instruction on the human immunodeficiency virus. I recently attended a conference in San Francisco and was made aware that the incidence of HIV infections is increasing most rapidly amongst the teenage population.

Thank you for this bill. If I can be of any assistance to you in passage of the "Healthy Students Act" do not hesitate to contact me.

Sincerely yours,



Donald R. Lehmann, M.D., A.B.F.P.  
President, Alaska State Medical Association  
Chairman, Legislative Affairs Committee

DRL:bj

SUPPORT

5/16



**ALASKA HEMOPHILIA ASSOCIATION**

2810 Aspen Drive, Anchorage, Alaska 99517

FAX or PHONE (907) 243-4045

3/1/94

Cynthia Toohey  
Room 104 Capitol  
Juneau, AK 99807

Dear Cynthia,

I wanted to express appreciation for your support for HIV education and the "Healthy Student Bill" you are co-sponsoring. As you are probably aware, HIV has had a tremendous impact on the entire hemophilia community, both through the infection of the majority of hemophiliacs who used blood products before 1985 and through the ten-fold increase in the cost of the newer HIV-safe blood products since 1985. Our collective experiences have made us strong supporters of HIV education and health education in general.

Our organization recently received funding from Maternal and Child Health for a part-time salary that includes HIV risk reduction and instituting a program for comprehensive hemophilia care in Alaska. Let me know if there is anything I can do to lend support to your efforts.

Sincerely

Louise Cobb, Director

# Support HB 320

FACT SHEET  
1993

## THE HIGH "COST" OF INADEQUATE HEALTH EDUCATION

### ADOLESCENT HEALTH

- 219 Alaskans, ages 10 -19 years old were infected with gonorrhea in 1991
- 1,133 teens gave birth in Alaska during 1990, including 426 in Anchorage
- In 1989, 6.3% of all births to teens in Alaska produced low-birthweight babies, 13.7% in Anchorage

### COST TO ALASKA

- Teen mothers in Alaska cost the taxpayers \$4 million in 1989
- Alaska families, begun when the mother was a teenager cost Alaska taxpayers \$51.4 million in 1988 alone
- U.S. taxpayers paid \$19.83 billion in 1988 to support families started by teen parents

## TEENAGE SEXUAL BEHAVIOR: A CHALLENGE TO BREAK THE CYCLE

### 12 MILLION U.S. TEENAGERS ARE SEXUALLY ACTIVE

- In the United States, 53% of teen girls aged 15-17 have had intercourse at least once.
- 60% of sexually active teen women aged 15-19 in the U.S. have had two or more sexual partners.
- 1,281 teens requested birth control from the Municipality of Anchorage (MOA) Family Planning Clinic in 1991. This does not include those receiving birth control elsewhere or those not using any protection.
- Nationally, 44% of all adolescent girls will experience one pregnancy before the age of 20.
- 84% of teenage pregnancies in the U.S. are unintended.
- 430 teens had pregnancy tests in 1991 at the MOA Family Planning Clinic. This accounted for 35% of all pregnancy tests performed there that year. Home pregnancy tests or tests at other facilities are not included.
- An estimated 14% of all national teen pregnancies end in miscarriage and 40% end in abortion.

### CHILDREN ARE HAVING CHILDREN: 3 A DAY IN ALASKA

- In 1990, 1,133 teenagers, or 3 a day, gave birth in Alaska. Of these, 17 were under 15 years old.
- Of those 1,133 teenagers who gave birth, 426 were from Anchorage. Six of these were under 15 years old.
- The birthrate for U.S. teens 15-17 was higher in 1989 than in any year since 1974; 19% higher than in 1986.
- Nationally, approximately 50% of teen births are out of wedlock. In Alaska, 65% of teen births are out of wedlock. In the U.S. only 4% of unmarried teenagers who give birth place their babies up for adoption.
- Seven in ten births to teens result from unplanned pregnancies.

### HEALTH RISKS TO TEENS AND THEIR BABIES

- The number of babies who die during their first 12 months is much higher among babies born to teen mothers.
- Primary reasons for poor health among children of adolescents are inadequate prenatal care and nutrition.
- In 1989, only 59% of Alaska teens reported adequate prenatal care, 67% in Anchorage.

## TEENAGERS AND RISKS OF DISEASE

- 2.5 million teenagers contract sexually transmitted diseases (STD's) annually in the United States.
- Sexual activity prior to age 20 increases the risk of cervical cancer.
- Teens are more susceptible to STD's due to increased probability of multiple partners and immaturity of cervical cells.
- Chlamydia represents the most prevalent STD in the U.S., infecting about 4 million people per year. Adolescents have the highest rate of chlamydial infection and associated complications such as pelvic inflammatory disease, ectopic pregnancy and infertility.
- In 1991, the MOA Family Planning Clinic screened 947 teens of which 203 had abnormal pap smears.
- Nearly one million cases of genital warts are believed to occur each year. One study found that 38% of sexually active teens examined were infected with genital warts.
- In 1991, 20 cases of gonorrhea occurred among 10 - 14 year olds in Alaska.
- Teens aged 15-19 accounted for 23% (or 199) of the total Alaska gonorrhea cases in 1991.
- 24% of Alaska's AIDS cases occur in 20 - 29 year olds. Given the average time of 10 years from HIV infection to AIDS, many of these people were probably infected as teens.

## PREGNANT AND PARENTING TEENS SUFFER ACADEMIC FAILURE AND POVERTY

- Teen mothers frequently find it difficult to return to school due to unavailability of child care.
- Nationally, 60% of teen mothers drop out of school.
- Teens who drop out of school are more likely to have successive pregnancies.
- In 1987, 18% of births to teens in Alaska were second or subsequent births; 28.2% in Anchorage.
- Public funds pay for the delivery costs of at least 1/2 of births to teenagers.

## HOW CAN WE DECREASE THE RISKS OF TEEN PREGNANCY?

1. Provide health education at home and through schools, religious groups, youth agencies and the media. Education should include:
  - Facts about the biology of fertility and reproduction
  - Information about the emotional and physical aspects of sexual activity including the increased risk of cervical cancer with early intercourse
  - Support for the decision not to have sexual intercourse
  - Discussion about responsible decision making
  - Support to foster the development of self-confidence and healthy self-esteem
  - Factual information about birth control and where it is available
  - Facts about the current epidemic of sexually transmitted diseases to include HIV infection (AIDS)
  - Parenting courses for parents of teenagers and teenage parents
2. Expand the availability of confidential birth control services for sexually active teenagers.
3. Provide quality medical care with emphasis on early prenatal care and proper nutrition for young mothers and their babies.
4. Offer unbiased information and appropriate referrals for those pregnant teens who choose not to become parents.
5. Assure continuing education, social services, and job training for teen parents.

### DATA SOURCE:

Alaska vital statistics - (1988-91); Children's Defense Fund; National Center for Health Statistics; U.S. Facts in Brief- The Alan Guttmacher Institute - 1993; MOA, DHHS, Family Planning Program - Statistics 1990-91; State of AK - Epidemiology; MOA, DHHS, Adolescent Outreach Information Sheet, 1987; Center for Population Options 1990

Prepared by: Family Planning Advisory Committee

Municipality of Anchorage, Department of Health and Human Service  
 Family Planning Program  
 825 "T" Street  
 Anchorage, Alaska 99501  
 Telephone: (907) 343-4623



AWARENESS, UNDERSTANDING AND PREVENTION  
NORTON SOUND REGIONAL HIV CONFERENCE

BERING STRAIT HIV/AIDS TASK FORCE

December 22, 1993

A resolution calling for all of the Bering Strait Region residents to be educated and made aware of HIV and AIDS.

Whereas; due to the high rates of Alaska's teen pregnancy, sexuality, alcohol and substance abuse - which leads to high risk and self destructive behavior, child molestation, sexual assault, and sexually transmitted diseases, and

Whereas; 489 Alaskans have been diagnosed as HIV positive and it is estimated that this number is only 10% of Alaskans who are HIV positive. This means that 90% of the people who are HIV positive in Alaska are not aware of their HIV status and

Whereas; 1,000,000 tourists and seasonal workers come to Alaska each year, many of them engaging in high risk behavior and certainly bringing the AIDS virus into our communities.

Therefore be it resolved; whereas the residents of our Bering Strait Region are severely vulnerable to the AIDS epidemic and that HIV/AIDS education, understanding and awareness concerning transmission and prevention is vital and critical to our communities and whereas there is presently nor in the foreseeable future no cure, the spread of this virus can lead to death and the destruction of our communities.

Therefore be it further resolved; that we strongly urge all people of the region to take a stand, be responsible and support preventive activities and be equally supportive of persons living with HIV/AIDS and that the governing bodies of the Bering Straits region will explore and support strategies and interventions to meet the needs that are arising and that will have an impact on the people of the region by this epidemic.

Directed to: NSHC Board of Directors  
Kawerak Board of Directors  
BSSD Board of Directors  
Nome-Beltz School District Board of Directors  
Bering Straits City Governments  
Bering Straits IRA Governments  
Bering Strait Corporation Governments  
Alaska State Legislature  
Governor Hickel





Department of Health and Social Services  
Margaret R. Lowe, MEd, EdS, Commissioner

Division of Public Health  
Peter M. Nakamura, MD, MPH, Director

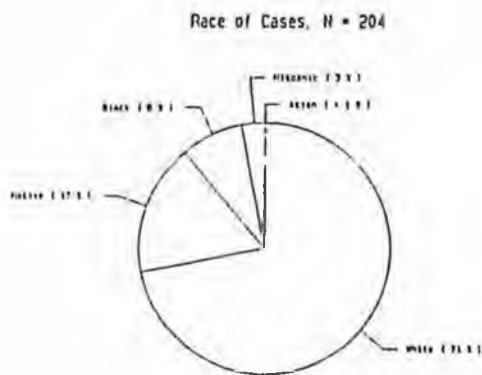
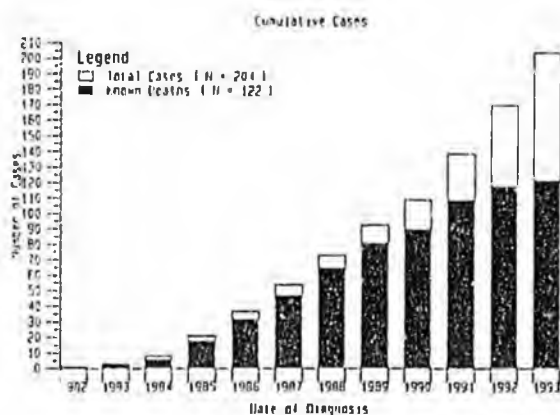
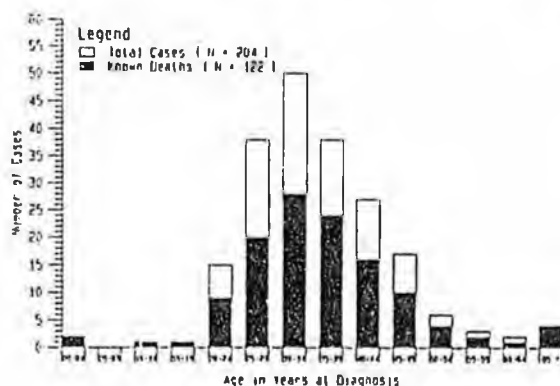
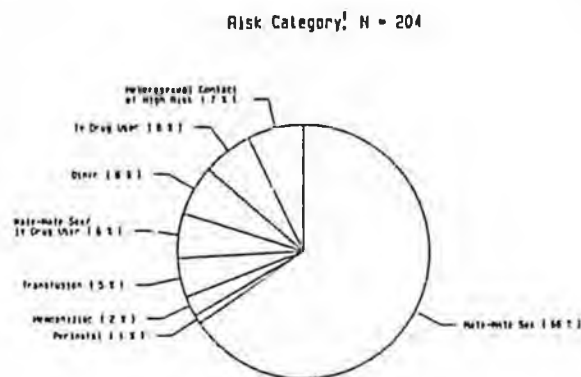
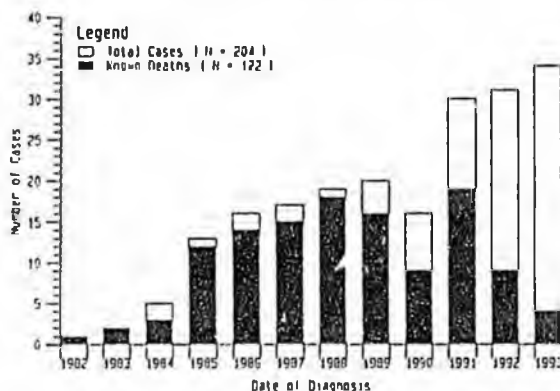
Section of Epidemiology  
John Middaugh, MD, Editor

3601 C Street, Suite 570, P.O. Box 240249, Anchorage, Alaska 99524-0249 (907) 561-4408

Bulletin No. 5 January 28, 1994

### AIDS - ALASKA

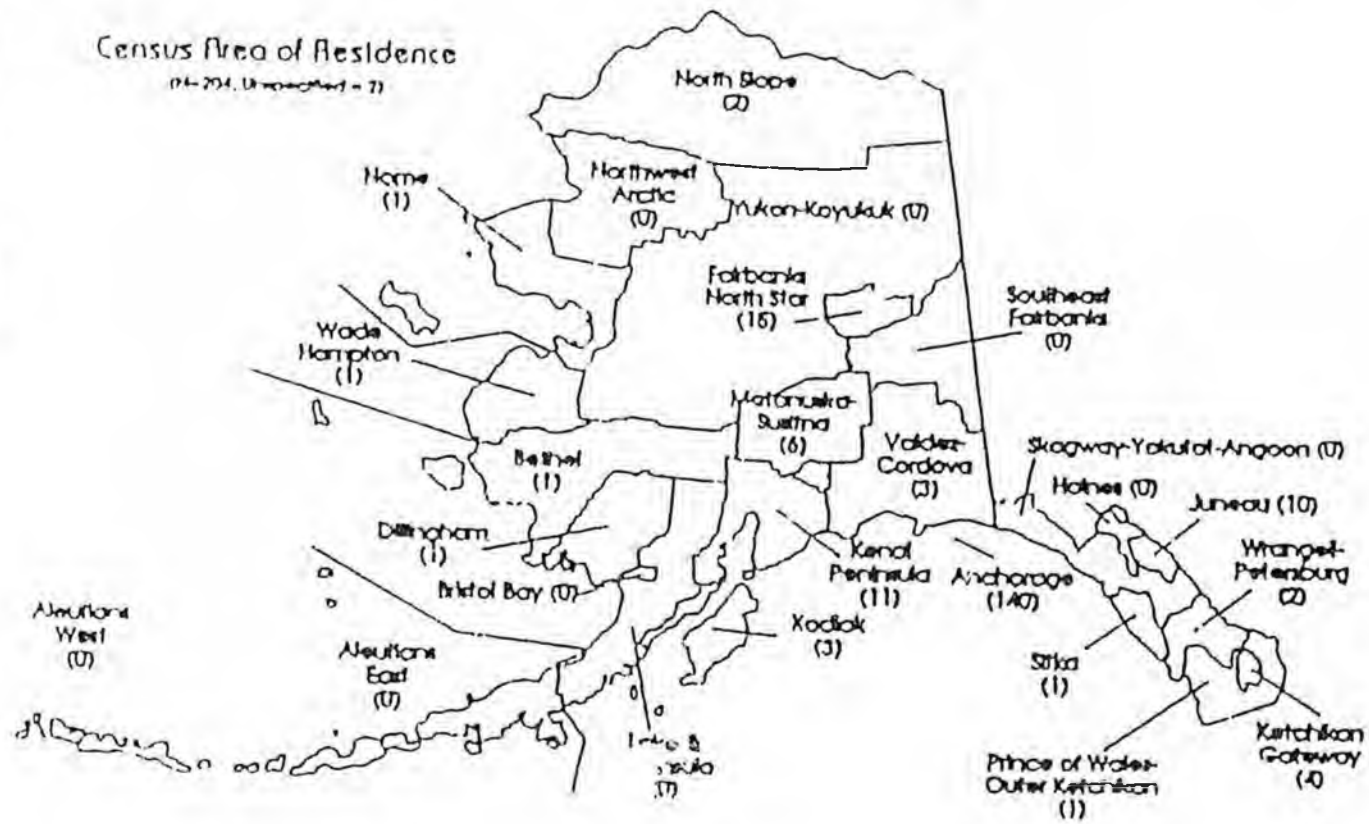
Through December 31, 1993, 204 Alaskans have been confirmed to have AIDS. Of these, 122 are known to have died. Of the 204 AIDS cases, 182 are in males and 22 in females. Data below employ the 1993 Expanded Case Definition for AIDS. All cases are shown as diagnosed in the year the person first met the revised case definition. Residence at time of diagnosis will now be shown by census area.



The category "other" includes heterosexual contact with persons(s) of unknown risk, occupationally exposed health care workers, and persons for whom risk factor has not been determined.

Census Area of Residence

(14-201, Unincorporated = 2)



# Overall health of nation's youth gets low grades

By CASSANDRA BURRELL  
The Associated Press

WASHINGTON — If children and adolescents were graded on their overall health they would get barely a passing grade from a nonprofit group that studies American health habits.

They would earn just a "C," the American Health Foundation said in its second annual Youth Health Report Card.

Large numbers of minors contin-

ue to hurt themselves by using tobacco, alcohol and illegal drugs or eating too much dietary fat, the group said.

Too many don't exercise enough, the report said. Only 42 percent participate in daily school physical education programs.

And too many contract avoidable infections, have high cholesterol or find themselves with sexually transmitted diseases.

"Last year, the overall grade

was a 'C,'" the group said. "Not only did the overall grade fail to improve at all this year, but in some specific areas the grade dropped dramatically."

The 1993 assessment was released in advance of today's observance of Child Health Day, a yearly tradition started 65 years ago during Calvin Coolidge's administration.

The country "certainly cannot point to the accumulative below-

average grade with any sense of pride or accomplishment," foundation President Ernst Wynder said. "I hope our report card is a wake-up call for parents, health educators and others who are responsible for helping to convey the message of preventive medicine to our children."

The foundation graded 65 categories after analyzing information primarily from government-sponsored studies on nutrition, immu-

nization, teen pregnancy, infant mortality, communicable diseases, injuries and tobacco, alcohol and drug use.

About one-fourth of U.S. children are overweight, earning them a "C" in that area.

The nation's youth got a "D" in the AIDS category. There were 771 new AIDS cases among children age 13 and under in 1992, the foundation. In 1985, there were 128 new cases.

H B

3 2 3

# FISCAL NOTE

STATE OF ALASKA  
1994 LEGISLATIVE SESSION

BILL NO. CS HB 323(HESS)

(Work draft 8-LS1283U)

Revision Date: \_\_\_\_\_ Dept. Affected: Alaska Court System  
 Title: An Act relating to the release of certain BRU: Trial Courts  
 Information for the purpose of facilitating anatomical gifts \_\_\_\_\_ Components: \_\_\_\_\_  
 Sponsor: Rep. Toohy \_\_\_\_\_  
 Requestor: \_\_\_\_\_ COMPONENT SERIAL NO. 768

EXPENDITURES/REVENUES (Thousands of Dollars)

OPERATING EXPENDITURES	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
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 EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGE IN REVENUES ( )						
------------------------	--	--	--	--	--	--

FUND SOURCE (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 94) cost: \$ None

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

Prepared by: C. S. Christensen III, Staff Counsel *CSC* Phone: 264-8228  
 Agency: Alaska Court System Date: 01/24/94

Approved by: Arthur H. Snowden, II, Administrative Director *AS*  
 Agency: Alaska Court System Date: 01/24/94

PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE

*Court System - Fiscal Note* Page 1 of 1



# HOUSE COMMITTEE REPORT

(9)

Date Referred: January 10, 1994

FURTHER REFERRALS:

Judiciary

Date of Committee Action: 2/7/94

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 323

HOUSE BILL NO. 323

RELEASE OF CERTAIN DEATH CERT. INFO

"An Act authorizing the Bureau of Vital Statistics to release certain information for the purpose of organ and tissue donations."

**RECOMMENDATIONS:**

be replaced with CS HB 323 (HESS)  the same title  
 a new title

have attached amendments(s)

do pass

do not pass

no recommendations

individual recommendations

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

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

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

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

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

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

zero fiscal note H+SS, Court System

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

SIGNING <u>DO PASS</u>	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>Car Beube</i>	X	<i>Pro. Act</i>	✓		
<i>[Signature]</i>	X	<i>Auley Ollrey</i>		✓	
<i>[Signature]</i>	X				
<i>[Signature]</i>	X				
<i>Betty Davis</i>	X				
<i>[Signature]</i>	X				
<i>Tom Brice</i>	X				

*Car Beube*  
 CHAIRMAN'S SIGNATURE



# Alaska State Legislature

House of Representatives  
 COMMITTEE ON HEALTH, EDUCATION  
 AND SOCIAL SERVICES

DATE: 17 FEB 94

PLACE: Capitol Room 106

SUBJECT OF MEETING:  
 \* HB 323 RELEASE OF CERTAIN DEATH CERTIFICATE INFORMATION  
 \* HB 349 CIVIL COMMITMENT OF SEXUAL PREDATORS  
 BILLS FROM PREVIOUS CALENDARS MAY BE HEARD  
 (\* INDICATES FIRST PUBLIC HEARING)

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
✓ JAYNE ANDREEN	COVSA		99811		465-4356	(Y) N	HB 349
✓ Caren Robinson	AK Network on D.O + S.A				586-1107	(Y) N	HB 349
✓ JAMES McLA.W	Self				452-4454	(Y) N	HB 349
✓ Leonard Abel	DHSS					(Y) N	
✓ Jens Saakvitne	Life Alaska	P.O 230785 Anch	99523		5625433	(Y) N	<del>HB 323</del>
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	

THANK YOU FOR THE OPPORTUNITY TO DISCUSS HOUSE BILL 323.

FOR PURPOSES OF PRESENTATION AND DISCUSSION, I WOULD ASK THAT THE COMMITTEE ADOPT THE CS WHICH ALL MEMBERS HAVE IN THEIR FILE.

(WAIT FOR COMMITTEE TO ADOPT CS)

THIS BILL WOULD HELP FACILITATE ORGAN AND TISSUE DONATIONS.

OVER 300 TISSUE AND ORGAN TRANSPLANTS ARE ANTICIPATED THIS YEAR. THIS INCLUDES TENDON, BONE, TISSUE, CORNEAL, HEART VALVE, AND BONE TRANSPLANTS.

FOR THE FAMILIES WHO HAVE DONATED THE TISSUE OR ORGANS OF THEIR LOVED ONE, THIS CAN PROVIDE GREAT CONSOLATION FOR THAT FAMILY TO KNOW ONE OR SEVERAL INDIVIDUALS HAVE HAD QUALITY OF LIFE IMPROVE BECAUSE OF THE DONATION.

CURRENTLY STATUTE RESTRICTS THE RELEASE OF INFORMATION FROM DEATH CERTIFICATES IN THE BUREAU OF VITAL STATISTICS. IN THE CASE OF ORGAN AND TISSUE DONATION, THIS MAY MEAN THAT POTENTIAL DONORS ARE LOST DUE TO DELAY SINCE TIME IS OF THE ESSENCE IN HARVESTING THE TISSUE.

**HB323 WOULD ENABLE A BANK, STORAGE FACILITY, OR PERSON WHO HANDLES PROCUREMENT OF ANATOMICAL GIFTS TO OBTAIN THE NECESSARY INFORMATION FROM THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES WITHIN A TIME-FRAME ALLOWING FOR SUCCESSFUL DONATION.**

**THE INFORMATION WOULD BE CONTAINED:**

- 1. ON THE CERTIFICATE**
- 2. COLLECTED BY THE DEPARTMENT FOR COMPLETING THE CERTIFICATE OR**
- 3. IN INFORMATION FROM OTHER VITAL HUMAN RECORDS. (SUPPLEMENTAL CORONER'S REPORT IS AN EXAMPLE)**

**TO ASSURE THE MOST EXPEDIENT PROCESS, OBTAINING THIS INFORMATION FROM THE MEDICAL EXAMINER OR THE BUREAU PRIOR TO ITS OFFICIALLY APPEARING ON THE DEATH CERTIFICATE NECESSITATES THE BROADER DEFINITION. WHEN A DEATH OCCURS, THE MEDICAL EXAMINER IS ONE OF THE FIRST TO KNOW.**

**THE PERTINENT INFORMATION WOULD CONSIST OF:**

- 1. THE NAME OF THE PERSON WHO COULD EXECUTE THE ANATOMICAL GIFT**
- 2. THE MEDICAL SUITABILITY OF THE POTENTIAL DONATION.**

IN OTHER WORDS, THIS INFORMATION WOULD ALLOW THE PERSON POTENTIALLY PROCURING THE DONATION TO KNOW:

1. IF THE TISSUE OR ORGAN WAS HEALTHY

2. WHO TO CONTACT TO OBTAIN PERMISSION IN A TIMELY MANNER TO ALLOW SUCCESSFUL HARVESTING.

THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES AND THE COURT SYSTEM ARE STRONGLY SUPPORTIVE OF THIS LEGISLATION. IT HAS TWO ZERO FISCAL NOTES.

I WOULD BE GLAD TO GO OVER THE CS IN DETAIL IF THE COMMITTEE DESIRES OR ANSWER ANY QUESTIONS.

ALSO JENS SAAKVITNE FROM LIFE, ALASKA, AL ZANGRI FROM THE BUREAU OF VITAL STATISTICS, AND CHRIS CHRISTIANSON FROM THE COURT SYSTEM ARE HERE TO RESPOND TO QUESTIONS, TOO.



# FISCAL NOTE

STATE OF ALASKA  
1994 LEGISLATIVE SESSION

BILL NO. HB 323

Revision Date: \_\_\_\_\_ Dept. Affected: Health and Social Services  
 Title: Organ and Tissue Donations BRU: State Health Services  
 Component: Bureau of Vital Statistics  
 Sponsor: Toohy  
 Requestor: House HES COMPONENT SERIAL NO. #961

**Expenditures/Revenues:** (Thousands of Dollars)

OPERATING	FY95	FY96	FY97	FY98	FY99	FY00
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL EXPENDITURES						
----------------------	--	--	--	--	--	--

CHANGES IN REVENUES						
---------------------	--	--	--	--	--	--

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	<b>0.0</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 (FY94) cost \$ NONE

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

No fiscal impact

Prepared by: Peter M. Nakamura, MD, MPH  
 Division: Public Health

Phone: (907) 465-3090  
 Date: 01/13/94

Approved by Commissioner: M. Lowe  
Margaret R. Lowe, M.Ed., Ed.S.  
 Agency: Department of Health & Social Services

Date: 1-14-94

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*H+SS - Bureau of Vital Statistics - Fiscal Note*

# METRO

ANCHORAGE DAILY NEWS

SECTION B

ADN 3-16-93 ATTACHMENT 2



MARK DOLAN / Anchorage Daily News

Jens Saakvitne said he has seen dramatic improvement in the availability of tissue since the start of Life Alaska.

## ANOTHER CHANCE AT LIFE



Jens Saakvitne is pictured with his daughters Martha, right, who is in 3rd year of medical school, and Rebecca, 22, who graduated from University this year.

### Tissue donation program keeps its focus on living

By NICOLE WONG  
Daily News reporter

Jens Saakvitne called at 8:30 the morning after Joyce Burt's husband died. He has made many of these calls. It is always a bad time. It is always difficult.

"You need to think about funeral arrangements," he told Joyce. "You need to think about what you want to do with Ray's body. One of the options you have is tissue donation."

"There is no wrong decision," Saakvitne assured her.

Ray Burt died from a heart attack two weeks ago at age 68. It was a surprise to Joyce, even though her husband had been in and out of the hospital for the last few months. But Ray had

always meant to donate his tissues and organs, so when Saakvitne called, she didn't hesitate.

Saakvitne is the director of Life Alaska Inc., a non-profit company that collects human tissue — primarily tendons, bones and corneas — for transplant. Before the establishment of Life Alaska in 1991, patients might wait months for a tissue that would restore their sight or the use of their limbs. Now, most tissues are available on demand.

Since May 1992, Life Alaska has had 78 donors from around the state, and placed about 125 tissues to those in need. Locally donated tissues are reserved for Alaskan

Please see Page B-2, LIFE

Anchorages Daily News 2-11-93

## LIFE: Support given to families of deceased

Continued from Page B-1

use for 30 days, then the freeze-dried tissues are made available nationwide.

Ray Burt lost his left eye when he was 19 and serving in the U.S. Coast Guard at Ketchikan. Last week, his right cornea was transplanted to an 89-year-old Los Angeles woman. The woman is reportedly healing very well.

"Since he only had the one eye, I'm certain that Ray would want someone else to have the other if they could use it," Joyce said.

In Saakvitne's 14 years working for organ and tissue banks in Colorado, New York and now Alaska, he has seen homicide victims, accident victims, people who suffered prolonged illnesses and those who collapsed without warning.

But while keeping company with the dead, Saakvitne remains keenly focused on the living. He devotes his attention to the widow or widower, the children, and the person — possibly thousands of miles away — who needs a heart valve, a new cornea or a bit of patellar tendon.

He must do all this to the tick of the clock. Human tissues have to be removed within 24 hours after death to be viable for transplant. Corneas, the strong refractive lenses of the eye, must be removed within 12 hours and transplanted within five days.

In the last year, Saakvitne has flown as far north as Fairbanks and as far south as Ketchikan to reach

the body in time.

But when he talks to the families of the deceased, Saakvitne tries to offer them as much as he seeks.

Saakvitne spends as many as 85 hours a week not only finding donors, but providing support for their families. He describes himself as a person who likes to help others in need.

Sitting in his small, paper-scattered office, Saakvitne talks about his job — the phone calls, the time pressure and the inevitable grief — with a quiet, but confident voice.

"I don't discuss recipients, or how many patients are waiting," Saakvitne said. "I think that's laying a guilt trip on them, and if they have regrets the next week then I haven't done anyone any good."

Saakvitne usually tells the families about the procedure of a coroner's investigation. They can expect to wait between 12 and 24 hours for the body to be released. They should be choosing a funeral home. They might want to contact one of several support services available for recent widows, widowers and children of the deceased. Saakvitne keeps a list on hand.

"Jens was very helpful about explaining things you need to be thinking about, because you're not thinking very clearly," Joyce Burt said.

Saakvitne called her several times on the day after her husband's death. He offered to pick up hospital papers she needed to sign,

and asked if she would be all right until her daughters arrived from the Lower 48.

"I could have called him and he would have done most anything I asked," Joyce said.

While some people are uncomfortable with the idea of human tissue and organ donation, Saakvitne said nearly 80 percent of the families he has called over the last year have agreed to the donation. None of the families he's called — even the ones who decline to donate — has ever gotten angry, Saakvitne said.

Burt said she and her husband had often discussed organ and tissue donation, particularly since their eldest daughter had entered medical school. But when Ray died, no one at Providence Hospital mentioned donation, even though federal and state laws require families to be given that option.

"I didn't know what the rules were," Joyce said. "Because they don't ask, you think everyone is trying to be nice. You think they're too nice to say that they don't want to use your loved one's parts."

Saakvitne contacted Joyce after seeing the coroner's report on Ray's death the following day. Daily review of local coroner's reports is how Saakvitne locates most donors.

"I'm calling to offer this free service of information ... and some compassion. Everything I do is aimed at the family's needs," Saakvitne said. "Still it does amaze me, the number of families that say yes."

But while most families have been receptive to the idea of donation so far, the rest of society isn't, said Dr. David A. McGuire, an orthopedic surgeon who was a founding director of Life Alaska.

"There's a certain amount of unawareness among ER doctors, police, paramedics, legislators — the whole spectrum of society," McGuire said. Yet tissue transplant is being used more often, and more safely, than ever before, he added. Life Alaska has made tissues available for those patients who choose transplants as a medical option.

Saakvitne goes over the medical history of each donor, then he and a surgical team remove the viable tissues in a hospital operating room. The body is restored so that an open-casket funeral is possible if the family wishes.

"Sometimes in talking with families I become so involved with their pain that I will be in tears at the end," Saakvitne said.

The most difficult cases are often the ones where a child has died. Last week, Saakvitne sat down with the parents of a young girl who died in a car accident. He told them a piece of her heart valve had been transplanted to another child who was now expected to live a normal, healthy life.

"My voice kept breaking," Saakvitne said. "There's nothing ... can do to make it OK, but I like to think that I helped just a little bit."

8-LS1283V  
Bannister  
1/24/94

CS FOR HOUSE BILL NO. 323( )  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
EIGHTEENTH LEGISLATURE - SECOND SESSION

BY

Offered:  
Referred:

Sponsor(s): REPRESENTATIVE TOOHEY

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to the release of certain information for the purpose of  
2 facilitating anatomical gifts."

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

4 \* Section 1. LEGISLATIVE INTENT. It is the intent of the legislature that a recipient  
5 of information from the Department of Health and Social Services under AS 18.50.310(i),  
6 enacted by sec. 2 of this Act, is encouraged to use reasonable discretion and sensitivity when  
7 contacting a person about a potential gift so that the recipient avoids offending the person's  
8 religious beliefs or causing the person undue emotional distress.

9 \* Sec. 2. AS 18.50.310 is amended by adding a new subsection to read:

10 (i) If, to facilitate an anatomical gift under AS 13.50, a person who is a bank  
11 or storage facility or who handles the procurement of anatomical gifts requests  
12 information contained in or collected by the department for the purpose of completing  
13 death certificates or other vital statistics, the department may release the requested  
14 information to the requestor. The information released may include information

1 relating to the medical suitability of the potential gift for the intended purpose and the  
2 names of the persons who are identified in AS 13.50.010(b). In this subsection, "bank  
3 or storage facility" has the meaning given in AS 13.50.070.





Official Business

# Alaska State Legislature

## HOUSE OF REPRESENTATIVES

State Capitol  
Juneau, AK 99801-1182

### SPONSOR STATEMENT

#### HOUSE BILL 323

"An Act authorizing the Bureau of Vital Statistics to release certain information for the purpose of organ and tissue donations."

House Bill 323 would allow the Bureau of Vital Statistics to release pertinent information, contained on a death certificate, to a person who provides transplant services for bodily organs or tissues. That information would include the next of kin and the medical suitability of the decedent.

This amendment to current statute would enable a transplant agency to obtain the information necessary to contact and obtain consent from next of kin within a timeframe which would allow for successful donation if the decedent was determined to be medically suitable. Timing is of the essence. The harvesting of tissue must usually be done within the first twenty-four hours after death.

It is anticipated there will be over 300 tissue and organ transplant requests by Alaskans in 1994. This includes tendon, bone, tissue, corneal, and bone transplants. This can make a tremendous difference in the quality of life of the recipient of the transplant and can often provide a certain solace to the decedent's family and friends.

The Department of Health and Social Services and the Court system are strongly supportive of HB323. It has zero fiscal notes.

Your support of this bill would be appreciated.

*Sponsor Statement*

POSITION PAPER  
HB 323 (House HES)

HB 323 inserts new subsection (i) into AS 18.50.310 that permits the Bureau of Vital Statistics to allow release of death certificate information pertaining to next of kin and medical suitability for organ or tissue donation to individuals or organizations that provide for transplants of bodily organs or tissues.

Background:

Alaska's population is younger than the national average and participates in both occupations and recreational activities that are more risky than the national average. Therefore a larger than average number of decedents in Alaska are suitable for donation of organs and tissue. The window for successful harvest of useable donations is small, in many case 24 hours or less. It is therefore important that permission to accept donations be obtained as quickly as possible.

AS 18.50 does not currently allow release of the information necessary to obtain timely donations.

Position:

The department believes that it is important to facilitate timely donation of useable organs and tissues so long as it does not compromise public health and safety investigations and procedures. These materials can make the difference between life and death to citizens of Alaska.

Therefore the department supports this legislation.

Recommended by:

Peter M. Nakamura  
Peter M. Nakamura, MD, MPH  
Director  
Division of Public Health

Date:

1/13/94

Approved by:

Margaret R. Lowe  
Margaret R. Lowe, M.Ed., Ed.S.  
Commissioner

Date:

1-14-94



STATE OF ALASKA  
OFFICE OF THE GOVERNOR

BILL ANALYSIS

DEPARTMENT H&SS	DIVISION Public Health	BILL NUMBER HB 323	SPONSOR Toohey
SHORT TITLE OF BILL An Act Authorizing the Bureau of Vital Statistics to release certain information for the purpose of organ and tissue donation.			
DEPARTMENT POSITION The Department supports this bill			
PREPARED BY Peter M. Nakamura, MD, MPH	DATE 11/13/94	COMMISSIONER'S SIGNATURE <i>M. Lowe</i>	DATE 1-14-94

SUMMARY

OTHER AGENCIES AFFECTED BY BILL Alaska Court System	CONSTITUENT GROUP(S) AFFECTED BY BILL None
ORGANIZATIONAL SUPPORT FOR BILL Organ and tissue harvesting organizations	ORGANIZATIONAL OPPOSITION TO BILL none known

FISCAL IMPACT:  NONE  FISCAL NOTE ATTACHED

BACKGROUND/LEGISLATIVE INTENT

Life Alaska, a tissue harvesting organization requested and received the cooperation of the Department of Health and Social Services in finding language that would allow tissues and organs to be harvested in a timely manner under Alaska law.

ANALYSIS OF BILL/PROGRAM EFFECTS

This bill will allow the Department to release information for harvest of needed tissue without impeding either legal or public health investigations. The Department strongly supports this bill

AMENDMENTS PROPOSED

PLEASE ATTACH A SEPARATE SHEET FOR ADDITIONAL COMMENTS OR ANALYSIS

**Sec. 18.50.310. Disclosure of records.** (a) To protect the integrity of vital statistics records, to ensure their proper use, and to ensure the efficient and proper administration of the vital statistics system, it is unlawful for a person to permit inspection of, or to disclose information contained in vital statistics records, or to copy or issue a copy of all or part of a record, except as provided by this section or as authorized by regulations issued under this chapter.

(b) The bureau may permit the use of data contained in vital statistics records for research purposes.

(c) Information in vital statistics records indicating that a birth occurred out of wedlock shall not be disclosed except upon order of a superior court or as provided by regulations.

(d) Appeals from decisions of the custodians of local records refusing disclosure under (a) and (b) of this section shall be made to the state registrar, whose decision is binding upon the custodian of local records.

(e) The department may by regulation provide for the release of information to authorized representatives of organizations or foundations that counsel the next of kin of victims of sudden infant death syndrome.

(f) Notwithstanding the provisions of AS 09.25.120, when 100 years have elapsed after the date of a birth, or 50 years have elapsed after the date of a death, marriage, divorce, dissolution of marriage, or annulment, the records of these events in the custody of the state registrar become public records subject to inspection and copying as provided in AS 09.25.110 — 09.25.140.

(g) The principal health officer of a municipality, or a municipal health officer designated by the principal health officer, may inspect vital statistics records pertinent to the functions of the principal health officer. The state registrar may enter into an agreement with a municipality governing the conditions and purposes of those inspections.

(h) In this section "principal health officer" means the municipal official who is exercising health powers and who is primarily responsible for public health in the municipality. (§ 27 ch 118 SLA 1960; am § 1 ch 132 SLA 1978; §§ 1, 2 ch 25 SLA 1984; am § 11 ch 200 SLA 1990)

**Effect of amendments.** — The 1990 amendment substituted "AS 09.25.110 — 09.25.140" for "AS 09.25.110 and AS 09.25.121 — 09.25.125" in subsection (f).

**Opinions of attorney general.** — The Bureau of Vital Statistics is authorized under its regulation, 7 AAC 05.925, to comply with requests for copies of documents made by the Longevity Bonus Program when necessary to perform its statutory duty of determining an individual's eligibility to receive the longevity bonus, unless otherwise prohibited by federal law. February 4, 1981 Op. Att'y Gen.

Although some provisions of a bill which would have accorded adopted persons who are 18 years of age or older a statutory right to a potentially substantial amount of information about their "natural" parents, and which would make it clear that Alaska's adoption statutes do not prohibit court-sanctioned post-adoption visitation between adopted persons and their natural parents and relatives, could have engendered a constitutional challenge, the challenge would not have been fatal to the entire bill. June 5, 1986. Op. Att'y Gen.

## Chapter 50. Uniform Anatomical Gift Act.

Section	Section
10. Persons who may execute an anatomical gift	30. Manner of executing anatomical gifts
14. Requests by hospitals for anatomical gifts	60. Rights and duties at death
16. Investigations by law enforcement and medical personnel	65. Regulations
	70. Definitions

### Sec. 13.50.010. Persons who may execute an anatomical gift.

(a) A person of sound mind who is 18 or more years of age may make a gift to take effect upon death, of all or a part of the person's body for a purpose specified in AS 13.50.020.

(b) When persons in prior classes are not available at the time of death, and in the absence of actual notice of contrary indications by the decedent or actual notice of opposition by a member of the same or a prior class, any of the following persons, in order of priority listed, may give all or a part of the decedent's body for a purpose specified in AS 13.50.020:

- (1) the spouse;
- (2) an adult son or daughter;
- (3) either parent;
- (4) an adult brother or sister;
- (5) a guardian of the decedent at the time of death;
- (6) any other person authorized or under obligation to dispose of the body.

(c) The persons authorized by (b) of this section may make the gift after or immediately before death.

(d) If the donee has actual notice of contrary indications by the decedent or that a gift by a member of a class is opposed by a member of the same or a prior class, the donee may not accept the gift. However, an anatomical gift that is not revoked by the donor before death is irrevocable and does not require the consent or concurrence of any person after the donor's death.

(e) A gift of all or a part of a body authorizes any examination necessary to assure medical acceptability of the gift for the purposes intended.

(f) The rights of the donee created by the gift are superior to the rights of others except as provided in AS 13.50.060(d). (§ 1 ch 78 SLA 1972; am § 1 ch 43 SLA 1988; am § 1 ch 22 SLA 1991)

**Effect of amendments.** — The 1988 amendment substituted "18" for "19" in subsection (a).

The 1991 amendment, effective September 8, 1991, in subsection (d), added the second sentence.

AS 13.50.010



Sec. 13.50.070. Definitions. In this chapter

(1) "bank or storage facility" means a facility licensed, accredited, or approved under the laws of any state for storage of human bodies or parts of them;

(2) "decedent" means a deceased individual, stillborn infant, or fetus;

(3) "donor" means an individual who makes a gift of all or a part of the individual's body;

(4) "gift" means an anatomical gift of all or part of a person's body;

(5) "hospital" means a hospital licensed, accredited, or approved under the laws of any state; or a hospital operated by the United States government, or a subdivision thereof, although not required to be licensed under state laws;

(6) "part" means organs, tissues, eyes, bones, arteries, blood, other fluids and any other portions of a human body;

(7) "physician" or "surgeon" means a physician or surgeon licensed or authorized to practice under the laws of any state;

(8) "state" includes any state, district, commonwealth, territory, insular possession, and any other area subject to the legislative authority of the United States. (§ 1 ch 78 SLA 1972; am § 6 ch 43 SLA 1988)

Revisor's notes. — This section was reorganized in 1988 to alphabetize the defined terms.

Effect of amendments. — The 1988 amendment inserted paragraph (4).

# Life Alaska, Inc.

Tissue Procurement Services

P.O. Box 230785

Anchorage, AK 99523-0785

(907) 562-5433

FAX 563-8824

Representative Cynthia Toohey  
State Capitol  
Juneau, AK 99801-1182

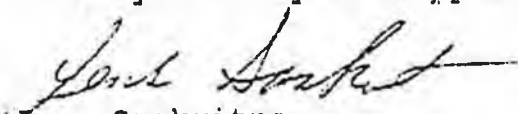
January 18, 1994

Dear Representative Toohey:

The people of Alaska are currently receiving nearly three hundred tissue transplants a year within the state. These include skin transplants for severe burns, corneal transplants, tendon transplants for knee and shoulder injuries, and bone transplants. Bone transplants have been used in Alaska for jaw reconstruction after bone cancer, saving a leg from amputation after bone tumor removal, repair of artificial hips and knees, trauma surgery by orthopedic and neurosurgeons, and dental repair by periodontists. Life Alaska is supplying heart-valves for pediatric and adult heart-valve transplant throughout the Northwest. Providence Hospital will begin transplanting heart-valves by this summer. As the only tissue donation agency based in Alaska, we are currently unable to meet the community's transplant needs in a timely manner. House Bill number 323 will be a terrific asset in providing more transplant tissue throughout Alaska.

For the last one and a half years, Life Alaska has been attempting to contact decedent families through the coroner's office. Because of Alaska's current restrictions on release of information contained on a death certificate, Life Alaska was not able to locate a next of kin or determine the medical suitability of donation for a majority of coroner's cases. Yet, of the thirty two families Life Alaska was able to reach, twenty six consented to tissue donation. Over 80% of the decedent families approached by Life Alaska were willing to give the gift of life and health to someone else. Nearly all of these families have indicated that donation was a source of comfort and support to them.

House Bill 323 will provide a rapid and effective way for Life Alaska to determine if there are any donation options, and be able to contact the grieving families as an information resource to offer the option of donation in a sensitive manner. Similar information sharing programs have been effective in Colorado, California, Texas, Missouri, and many other states. On behalf of all the families who are given the right to choose, and the recipient families who are given the gift of life and health, thank you for your support of this worthwhile project.

  
Jens Saakvitne  
Director

Support-Life Alaska, Inc.

an Alaska nonprofit corporation

# METRO

ANCHORAGE DAILY NEWS

SECTION B

ABN  
8-16-93



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## ANOTHER CHANCE AT LIFE



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### Tissue donation program keeps its focus on living

By NICOLE WONG  
Daily News reporter

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You need to think about funeral arrangements, he told Joyce. You need to think about what you want to do with Ray's body. One of the options you have is tissue donation.

"There is no wrong decision," Saakvitne assured her.

Ray Burt died from a heart attack two weeks ago at age 68. It was a surprise to Joyce, even though her husband had been in and out of the hospital for the last few months. But Ray had

always meant to donate his tissues and organs, so when Saakvitne called, she didn't hesitate.

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Please see Page B-2, LIFE

## LIFE: Support given to families of deceased

Continued from Page B-1

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the body in time.

But when he talks to the families of the deceased, Saakvitne tries to offer them as much as he seeks.

Saakvitne spends as many as 85 hours a week not only finding donors, but providing support for their families. He describes himself as a person who likes to help others in need.

Sitting in his small, paper-scattered office, Saakvitne talks about his job - the phone calls, the time pressure and the inevitable grief - with a quiet, but confident voice.

"I don't discuss recipients, or how many patients are waiting," Saakvitne said. "I think that's laying a guilt trip on them, and if they have regrets the next week then I haven't done anyone any good."

Saakvitne usually tells the families about the procedure of a coroner's investigation. They can expect to wait between 12 and 24 hours for the body to be released. They should be choosing a funeral home. They might want to contact one of several support services available for recent widows, widowers and children of the deceased. Saakvitne keeps a list on hand.

"Jens was very helpful about explaining things you need to be thinking about, because you're not thinking very clearly," Joyce Burt said.

Saakvitne called her several times on the day after her husband's death. He offered to pick up hospital papers she needed to sign,

and asked if she would be all right until her daughters arrived from the Lower 48.

"I could have called him and he would have done most anything I asked," Joyce said.

While some people are uncomfortable with the idea of human tissue and organ donation, Saakvitne said nearly 80 percent of the families he has called over the last year have agreed to the donation. None of the families he's called - even the ones who decline to donate - has ever gotten angry, Saakvitne said.

Burt said she and her husband had often discussed organ and tissue donation, particularly since their eldest daughter had entered medical school. But when Ray died, no one at Providence Hospital mentioned donation, even though federal and state laws require families to be given that option.

"I didn't know what the rules were," Joyce said. "Because they don't ask, you think everyone is trying to be nice. You think they're too nice to say that they don't want to use your loved one's parts."

Saakvitne contacted Joyce after seeing the coroner's report on Ray's death the following day. Daily review of local coroner's reports is how Saakvitne locates most donors.

"I'm calling to offer this free service of information ... and some compassion. Everything I do is aimed at the family's needs," Saakvitne said. "Still it does amaze me, the number of families that say yes."

But while most families have been receptive to the idea of donation so far, the rest of society isn't, said Dr. David A. McGuire, an orthopedic surgeon who was a founding director of Life Alaska.

"There's a certain amount of unawareness among ER doctors, police, paramedics, legislators - the whole spectrum of society," McGuire said. Yet tissue transplant is being used more often, and more safely, than ever before, he added. Life Alaska has made tissues available for those patients who choose transplants as a medical option.

Saakvitne goes over the medical history of each donor, then he and a surgical team remove the viable tissues in a hospital operating room. The body is restored so that an open-casket funeral is possible if the family wishes.

"Sometimes in talking with families I become so involved with their pain that I will be in tears at the end," Saakvitne said.

The most difficult cases are often the ones where a child has died. Last week, Saakvitne sat down with the parents of a young girl who died in a car accident. He told them a piece of her heart valve had been transplanted to another child who was now expected to live a normal, healthy life.

"My voice kept breaking," Saakvitne said. "There's nothing you can do to make it OK, but I like to think that I helped just a little bit."

H B

3 2 4



# HOUSE COMMITTEE REPORT

(9)

Date Referred: January 10, 1994

FURTHER REFERRALS:

Finance

Date of Committee Action: 3/1/94

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 324

HOUSE BILL NO. 324

EXTEND BOARD OF DENTAL EXAMINERS

"An Act extending the termination date of the Board of Dental Examiners; and providing for an effective date."

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

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

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

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

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

zero fiscal note CED

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

SIGNING DO-PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>[Signature]</i>	X	<i>Haley Olberg</i>		✓	
<i>[Signature]</i>	X				
<i>[Signature]</i>	X				
<i>[Signature]</i>	X				
<i>[Signature]</i>	✓				
<i>[Signature]</i>	X				

*[Signature]*  
 CHAIRMAN'S SIGNATURE



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

DATE: 3/1/94

PLACE: Capitol Room 106

SUBJECT OF MEETING:  
 \* HB 507: LICENSING OF OPTOMETRISTS & PHYSICIANS  
 \* HB 492: REFERRALS INVOLVING DENTAL SERVICES  
 \* HB 324: EXTEND BOARD OF DENTAL EXAMINERS  
 \* INDICATES FIRST PUBLIC HEARING

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
JIM LEHMAN, MD	A.S.M.A.	700 KATLIAN "E" - SITE A	99835		747-5861	(Y) N	# 507
						Y N	
						Y N	
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						Y N	
						Y N	
						Y N	

LTN1100-R01  
03/05/94

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 01  
18:19:38

TCN: 40407      DATE & TIME: 03/01/94 15:00 TO 17:00      STATUS:7      STATS. IN

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

SPONSOR: H-HES HOUSE HEALTH, EDUCATION AND SOCIAL SERVI CHAIRS: TOOMEY  
PURPOSE: PUB PUBLIC HEARING      LEGISLATIVE      BUNDE  
CONTACT:      LYNNE SMITH      TEL#: (907)465-6825  
CHAIRING SITE: JUNEAU      CAPITOL      CAP106

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED      8 MINUTE LIMIT  
TCN REQUESTED ON 03/01/94 AND HAS 3 UPDATES

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

- 1 HB 507 LICENSING OF OPTOMETRISTS AND PHYSICIANS
- 2 HB 472 REFERRALS INVOLVING DENTAL SERVICES
- 3 HB 361 APPROP: EDUCATION FUNDING FOR FY 95

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

\* JNU JUNEAU      CAPITOL      CAP106      LOCATION STAFF

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

PSG WRG WRANGELL LTC	LONGSHOREMEN'S	MABEL FENNIMORE	(907)874-3013
ZZZ OF1 OFFNET 1	ANCHORAGE	DR. MCGUIRE	(907)562-4142
ZZZ OF2 OFFNET 2	SOLDOTNA	DAN PITTS	(907)262-4989
ZZZ OF3 OFFNET 3	TANANA	RON DELAY	(907)366-7208

PARTICIPANTS IN: JUNEAU

JNU

1	TO	OBSERVE	OBSV. ALL ITEMS
2	TO	OBSERVE	OBSV. ALL ITEMS
3	TO	OBSERVE	OBSV. ALL ITEMS
4	TO	OBSERVE	OBSV. ALL ITEMS
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7	TO	OBSERVE	OBSV. ALL ITEMS
8	TO	OBSERVE	OBSV. ALL ITEMS
9	TO	OBSERVE	OBSV. ALL ITEMS
10	TO	OBSERVE	OBSV. ALL ITEMS
11	TO	OBSERVE	OBSV. ALL ITEMS
12	TO	OBSERVE	OBSV. ALL ITEMS
13	TO	OBSERVE	OBSV. ALL ITEMS
14	TO	OBSERVE	OBSV. ALL ITEMS
15	TO	OBSERVE	OBSV. ALL ITEMS
16	TO	OBSERVE	OBSV. ALL ITEMS
17	TO	OBSERVE	OBSV. ALL ITEMS
18	TO	OBSERVE	OBSV. ALL ITEMS
19	TO	OBSERVE	OBSV. ALL ITEMS
20	TO	TESTIFY	TSFY. ALL ITEMS
21	TO	TESTIFY	TSFY. ALL ITEMS
22	TO	TESTIFY	TSFY. ALL ITEMS
23	TO	TESTIFY	TSFY. ALL ITEMS
24	TO	TESTIFY	TSFY. ALL ITEMS
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28	TO	TESTIFY	TSFY. ALL ITEMS
29	TO	TESTIFY	TSFY. ALL ITEMS

LTN1100-R01  
03/05/94

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 02  
18:19:38

TCN: 40407 DATE & TIME: 03/01/94 15:00 TO 17:00 STATUS:7 STATS. IN

PARTICIPANTS IN: JUNEAU

JNU

30	TO	TESTIFY	TSFY. ALL ITEMS
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PARTICIPANTS IN: PETERSBURG

PSG

1 DR. ROY, A. BOX \_\_\_\_ OD EYEWARECENTRAL SE TSFY. HB 507  
16185 LENA LOANK RD JUNEAU AK 99801 (907)789-3175

PARTICIPANTS IN: WRANGELL LTC

PSG WRG

1	TO	TESTIFY	TSFY. ALL ITEMS
---	----	---------	-----------------

PARTICIPANTS IN: OFFNET 1

ZZZ OF1

1 DR.9 MCGUIRE TSFY. HB 507  
AK (907)000-0000

PARTICIPANTS IN: OFFNET 3

ZZZ OF3

1 RICH DELAY OBSV. HB 507  
AK (907)000-0000

PARTICIPANTS IN: OFFNET 4

ZZZ OF4

1	TO	TESTIFY	TSFY. ALL ITEMS
2	TO	OBSERVE	OBSV. ALL ITEMS

AK (907)000-0000

# FISCAL NOTE

**STATE OF ALASKA**  
**1994 LEGISLATIVE SESSION**

**BILL NO. HB 324**

Revision Date: 2/25/94  
 Title: An Act extending the termination date of the Board of Dental Examiners and providing for an eff. date  
 Sponsor: Representative Bunde  
 Requestor: Representative Bunde

Department: Commerce and Economic Dev.  
 BRU: Occupational Licensing  
 Component: Operations

COMPONENT SERIAL NO. 1844

Expenditures/Revenues	(Thousands of Dollars)					
OPERATING EXPENDITURES	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	0.0	0.0	0.0	0.0	0.0	0.0
<b>CAPITAL EXPENDITURES</b>						
<b>CHANGE IN REVENUES</b>	0.0	0.0	0.0	0.0	0.0	0.0

FUND SOURCE	(Thousands of Dollars)					
1002 Federal Receipts						
1003 GF Match						
1004 General Fund						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
<b>TOTAL</b>	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 94) cost: \$ None

POSITIONS	FY 95	FY 96	FY 97	FY 98	FY 99	FY 00
FULL-TIME	0.0	0.0	0.0	0.0	0.0	0.0
PART-TIME	0.0	0.0	0.0	0.0	0.0	0.0
TEMPORARY	0.0	0.0	0.0	0.0	0.0	0.0

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

The bill extends the Board of Dental Examiners to June 30, 1997. Funding for the Board of Dental Examiners is included in the FY 95 operating budget; therefore, new funds are not required.

Prepared by: JoAnne Cummings, Regulations Specialist  
 Division: Occupational Licensing  
 Approved by Commissioner: Paul Fuhs  
 Agency: Commerce and Economic Development

Phone: 465-2537  
 Date: 2/25/94  
 Date: 2-28-94

PREPARER TO PROVIDE ALL DISTRIBUTION COPIES TO GOVERNOR'S LEGISLATIVE OFFICE  
 For further distribution information, call the Governor's Legislative Office



## **SPONSOR STATEMENT HB 324**

### **“An Act extending the termination date of the Board of Dental Examiners; and providing for an effective date.”**

The Board of Dental Examiners sunset June 30, 1993. Under AS 08.03.020, a board that is not continued by the legislature, shall continue in existence until June 30 of the next succeeding year for the purpose of concluding its affairs. The board is currently in the process of phasing itself out. In order to prevent this from happening I have sponsored HB 324 which seeks to extend the Board of Dental Examiners until June 30, 1997.

The general purpose of the Board of Dental Examiners is to regulate and control licensing, permits, and revocations of the dental profession. Some specific duties of the board include:

1. Responding to questions concerning the regulation of dental hygienists.
2. Investigating the means and mechanisms of assuring quality control of functions delegated to allied dental health professions.
3. Encouraging the Governor's office to expedite appointments and reappointments of board members.
4. Maintaining adequate procedures for background investigations of all licensure applicants.
5. Interacting with testing entities to ensure continued upgrading of examination procedures and content.
6. Distributing licensure information through the board-published newsletter.
7. Developing ethics policies. Supports dental education.
8. Assisting the division in establishment of fees commensurate with costs incurred for each license category.
9. Developing infection control regulations and radiation protection regulations.
10. Maintaining compliance with the Americans for Disabilities Act.

The Board of Dental Examiners is an important board. They protect the public by overseeing the dental industry. I urge your favorable consideration of this legislation.

DEPARTMENT OF COMMERCE AND  
ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
PHONE: (907) 465-2534

SEP 13 1993

DATE: September 3, 1993  
TO: Board of Dental Examiners  
FROM: *Karl A. Tuck* Director  
Division of Occupational Licensing  
Department of Commerce and Economic Development  
SUBJECT: Board Sunset

This is to advise you that the Board of Dental Examiners sunset June 30, 1993. Under AS 08.03.020, a board that is not continued by the Legislature, shall continue in existence until June 30 of the next succeeding year for the purpose of concluding its affairs.

Please be advised that legislation to continue your board did not pass during this past legislative session. Therefore, the Board of Dental Examiners is in its "wind-down year" of business and unless legislation passes during the 1994 session, the board will cease to exist on June 30, 1994.

During the wind-down year, the board's power and authority are not reduced. The board should conduct business as usual during this time, except that the board should not initiate any major projects, such as a total rewrite of regulations. However, the board should strive to accomplish its top priorities, i.e., examinations, reviewing applications, etc.

We have made the Governor's Office aware of your sunset status by forwarding a copy of this letter along with a copy of your most recent Annual Report. In addition, we have forwarded this information to the First Legislative Committee of Referral (this committee has responsibility for introducing continuation bills for boards).

Finally, you are encouraged to seek out a friendly legislator who will introduce legislation to continue the board, or if applicable, have your state association take the lead on this issue.

Please contact me should you have any questions regarding this matter.

KAL/lvs0027t  
082493b

cc: Governor's Office  
Board and Commissions  
Legislative Liaison  
First Legislative Committee of Referral

SEP 13 1993

# Board of Dental Examiners

BOARD OF DENTAL EXAMINERS  
IDENTIFICATION

	<u>Term</u>
Ronald L. Martinelli, DDS P.O. Box 2035 Soldotna, AK 99669 (Home) 262-5325 (Work) 262-6595 (Fax) 262-6595	February 1, 1995
T. Greg Remaklus, DMD 4200 Lake Otis Parkway, #201 Anchorage, AK 99508 (Home) 248-0765 (Work) 561-1884	February 1, 1995
Royann Royer, Secretary, Hygienist 4200 Bridle Circle Anchorage, AK 99517 (Home) 243-8199 (Work) 276-7366 (Msg.) 786-1701	February 1, 1995
George Shaffer, Chairperson, DMD 306 Main Street, #202 Ketchikan, AK 99901 (Home) 225-6027 (Work) 225-9439 (Fax) 907-225-6702	February 1, 1993
Robert W. Robinson II, DMD 935 Westpoint Drive, Suite 201 Wasilla, AK 99654 (Home) 376-2723 (Work) 373-0747 (Fax) 907-373-7500	February 1, 1994
Carolyn Michels, Public Member P.O. Box 299 Nome, AK 99762 (Home) 443-2026 (Work) 443-3206	February 1, 1997
Kevin L. Gottlieb, DDS 12720 Toilsome Hill Anchorage, AK 99516 (Home) 345-3918 (Work) 276-2717 (Fax) 258-5212	February 1, 1997

Susan L. Cameron, Hygienist  
1610 Laurie Lane  
Juneau, AK 99801  
(Home) 780-4457  
(Work) 789-2135

February 1, 1997

Staff

Carol J. Whelan, Licensing Examiner  
Division of Occupational Licensing  
Department of Commerce & Economic  
Development  
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Juneau, AK 99811-0806  
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(Fax) 465-2974

Dick Slisz, Investigator  
3601 "C" Street, Suite 722  
Anchorage, AK 99503  
(Work) 561-2878  
(Fax) 562-5781



02/23/94  
15:09:56

PUBLIC OPINION MESSAGE SYSTEM  
MEMBER OFFICE BUN Bunde

POMS100  
LHSCZAN

From: Dr. Arthur  
1329 McGrath Rd

Hansen

dds

Fairbanks

AK 99712

Tel: 457-4638

NON CONSTITUENT  
Bill# HB 324 Title: EXTEND BOARD OF DENTAL EXAMINERS  
Subject

SUPPORTS THIS LEGISLATION

Message: A SPECIAL THANKS TO REP. CON BUNDE FOR SPONSORING THIS BILL, TO  
EXTEND THE BOARD OF DENTAL EXAMINERS. I FULLY SUPPORT THIS BILL.

Entered By: LIOCFRA on 2/21/94 PomID 5695 Distribution 60  
MSG:  
Enter Next Message PF4 Menu PF6 WasteBasket PF7 Previous POM PF10 BigWaste

SUPPORT



## Alaska Dental Society

3400 Spenard Road, Suite 10  
Anchorage, Alaska 99503  
(907) 277-4675 • FAX: 274-2960

Wednesday, February 23, 1994

Representative Gary Davis  
Alaska State Legislature  
State Capitol (MS 3100)  
Juneau, Alaska 99801-1182

Dear Representative Davis:

The Alaska Dental Society is pleased to provide you with the attached information sheet relative to the following House and Senate Bills currently under review:

**Senate Bill 201 - *COORDINATING INSURANCE BENEFITS***

**House Bill 324 - *KEEPING THE BOARD OF DENTAL EXAMINERS***

**House Bill 476 - *ANY WILLING PROVIDER (Freedom of Choice for Dental Patients)***

**House Bill 472 - *DENTAL REFERRAL SERVICES (Disclosure of fees paid)***

The information sheet provides you with a comparison of the various types of dental reimbursement plans currently being offered to employees as well as a glossary of dental benefits terminology. We have devised this chart as a means of educating people about the differences between the various programs.

*The Alaska Dental Society supports all of the above legislation because it helps protect the interests and freedoms of our patients. If you have any questions with regards to the information contained herein, please contact the Alaska Dental Society at (907) 277-4875.*

Sincerely,

The Alaska Dental Society

**ALASKA STATE BOARD OF DENTAL EXAMINERS**  
**ANNUAL REPORT**  
**FISCAL YEAR 1993**

August 1, 1993

The Honorable Walter J. Hickel  
Office of the Governor  
P.O. Box 110001  
Juneau, AK 99811-0001

Dear Governor Hickel:

Enclosed is the Alaska State Board Annual Report for Fiscal Year 1993. This is in accordance with Alaska Statutes 08.36.070.

The Dental Board's goals and objectives, significant discussions and actions by the board, adopted regulations and future legislative recommendations are listed on the following pages. Statistical overview of board information by the Licensing Examiner is also included.

Respectfully submitted:

George Shaffer, DMD  
Chairperson  
Alaska State Board of Dental  
Examiners

Prepared by:

Royann Royer, RDH, MPH  
Secretary  
Alaska State Board of Dental  
Examiners

GS/RR/CJW/dgl4876D  
072793b

# BOARD OF DENTAL EXAMINERS

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## BOARD OF DENTAL EXAMINERS

### GOALS AND OBJECTIVES - FY 93

1. Cooperate with the Sunset Review Committee and Legislative Audit Committee. Improve the representation and communications with the committees from the entire board.
2. Be responsive to questions concerning the regulation of dental hygienists in areas such as:
  - a. placement of pit and fissure sealants;
  - b. topical medicament;
  - c. coronal polishing; and
  - d. supervision required for hygienists utilizing local anesthetic agents.
3. Investigate the means and mechanisms of assuring quality control of functions delegated to allied dental health professions.
  - a. dental auxiliaries placing pit and fissure sealants;
  - b. minimum competency requirements for dental auxiliaries placing pit and fissure sealants;
  - c. auxiliaries placing topical medicaments; and
  - d. guidelines for placing topical medicaments.
4. Encourage the Governor's Office to expedite appointments and re-appointments of board members.
5. Maintain adequate procedures for background investigations of all licensure applicants.
6. Continue to interact with testing entities to ensure continued upgrading of examination procedures and content.
7. Distribution of licensure information to licensees through the board-published newsletter.
8. Investigate with WREB the use of limited specialty licensing examinations for ADA recognized dental specialties.
9. Develop policy with regard to ethics to include dental advertising.

10. Support a cooperative relationship with dental education institutions to continue to supply adequate numbers and quality of allied health professionals.
  - o Support courses that could be used for continued competency assurance to upgrade the knowledge of the state's allied health professionals.
11. Continue to investigate further methods to insure adequacy in our licensing procedures.
12. Assist the division in establishment of fees commensurate with costs incurred for each license category.
13. Investigate extension programs for dental auxiliary training.
14. Continue to promote continued competency. Monitor continuing education and compliance with state statutes and regulations:
  - a. develop infection control regulations;
  - b. develop radiation protection regulations;
  - c. develop regulations for the use of dental laser devices; and
  - d. develop regulations for identification of dental prosthesis.

**BOARD OF DENTAL EXAMINERS**  
**REVIEW OF PRIOR YEAR OBJECTIVES**

A copy of the Goals and Objectives for FY 92 precedes the following highlights and current status of the board's actions or involvement regarding these issues:

1. The board wishes to cooperate with the Sunset Review Committee and Legislative Audit Committee in all respects. It is essential to enhance communication with the department and to demonstrate the need and important role the board represents for maintaining the highest quality dental profession in the State of Alaska and as advocates for the consumers of their services.
2. (a-d): The board is currently involved in ongoing discussions trying to clarify the board's opinions and regulations of the dental hygienist's scope of practice. These discussions can be read in the excerpts from the minutes that have been included in the narrative section.
3. (a-f): Again, as identified in the minutes the board is continuing controversial discussions in regard to requiring minimum competency requirements for dental auxiliaries. A regulation was proposed and passed by the board to allow dental assistants to place pit and fissure sealants and topical medicants. This regulation was repealed after receiving our Attorney General's opinion that, since these duties are listed under the state's dental hygiene statutes, they cannot be delegated to dental assistant.
4. The board would like to emphasize how important it is for the Governor's Office to expedite appointments and reappointments of board members. It is crucial for maintaining appropriate representation of dental professionals throughout the state. At minimum, it is needed to ensure a quorum is available to conduct business during board meetings when not all board members are available to attend. Also, Board has ongoing commitments with the Western Regional Examining Board. Board members provide manpower to develop and administer examinations for licensure. This requires a fully staffed board since extensive time and travel are required from all board members. WREB schedules may also conflict with state board meetings.
5. The board has developed and adopted new/additional procedures which should now maintain adequate background investigations of all licensure applications. These include Verification of Dental Association Membership; Drug Enforcement Administration Verification; Impaired Practitioner Affidavit; Affidavit of Professional Reference; and Certification of Practice, including three letters of reference and verification from Federal Jurisdiction (if applicable).

6. The board continues to participate in the Western Regional Board Examinations and interact with the American Association of Dental Examiners and Western Conference of Dental Examiners through conferences to ensure continued upgrading of examination procedures and content. The board currently has a representative for the State of Alaska on the WREB. Board members share responsibility of two meetings a year for the WREB Board of Directors. Dental hygiene examinations are four to five days of travel, and dental exams are five to seven days in length. All members try to participate in one or two exams per year. This responsibility is one of the major factors in having an adequate number of members on the state board.
7. The board has chosen to utilize the Alaska State Dental Association newsletter, Alaska Update, as its medium for distribution of licensure information to licensees. A biannual insert of board information will be mailed to all licensees, not only to members of the Alaska State Dental Association. Additional articles will be published as needed in this quarterly publication.
8. The board continues to investigate the use of limited specialty licensing examinations for ADA-recognized dental specialties. Western Regional Examining Board is currently researching possibilities for conducting these examinations.
9. The American Dental Association has outlined and defined appropriate guidelines for ethical advertising in dentistry which can be utilized under Sec. 08.36.315(3) in the Alaska Statutes. This statute identifies grounds for discipline, suspension or revocation of a license. The board has also voted to accept the ADA Code of Ethics as Alaska's ethics guideline in dentistry.
10. The board strives to maintain a cooperative relationship with the only state dental education institution at the University of Alaska at Anchorage Dental Programs. The goal is to supply adequate numbers and quality allied health professionals in Alaska. Also, the University and the State Dental and Dental Hygiene Associations have offered an adequate number and quality continuing education courses for dental professionals throughout this fiscal year.
11. The board continues to investigate further methods to insure adequacy in our licensing procedures. Regulations have been developed during these last two fiscal years in regard to licensing by credentials. However, legal interpretations continue to confuse the validity of these regulations. Adequate legal counsel is needed when making decisions pertaining to these regulations.
12. The board feels that the current fees do not reflect and compensate for actual operating costs to the division. A request for revising and assisting the division in establishment of fees is provided in the Budget Recommendations section of this report.

13. The board will continue to encourage extension programs for dental auxiliary training as requested by the community and/or mandated by new statutes or regulations.
14.
  - a. Infection control regulations have been mandated by the current OSHA guidelines. Dental professionals throughout the country must implement these guidelines into their practices. These mandated guidelines are enforced by the federal government. Therefore, the board fees additional infection control regulations are no longer needed.
  - b. A committee was formed and recommendations provided for developing radiation protection regulations for dental auxiliaries this fiscal year. The majority of the board does not want to develop regulations at this time and will delete this objective from its FY 94 goals.
  - c. Regulations were developed for use of dental laser devices. These regulations were approved as detailed in Regulation Recommendations section of this report.
  - d. Regulations were developed and approved for identification of dental prosthesis. See Regulation Recommendations section.

**BOARD OF DENTAL EXAMINERS**  
**GOALS AND OBJECTIVES - FY 94**

1. Cooperate with the Sunset Review Committee and Legislative Audit Committee. Improve the representation and communications with the committees from the entire board.
2. Be responsive to questions concerning the regulation of dental hygienists in areas such as:
  - a. placement of pit and fissure sealants;
  - b. topical medicament;
  - c. coronal polishing; and
  - d. supervision required for hygienists utilizing local anesthetic agents.
3. Investigate the means and mechanisms of assuring quality control of functions delegated to allied dental health professions.
  - a. dental auxiliaries placing pit and fissure sealants;
  - b. minimum competency requirements for dental auxiliaries placing pit and fissure sealants;
  - c. auxiliaries placing topical medicaments; and
  - d. guidelines for placing topical medicaments.
4. Encourage the Governor's Office to expedite appointments and re-appointments of board members.
5. Maintain adequate procedures for background investigations of all licensure applicants.
6. Continue to interact with testing entities to ensure continued upgrading of examination procedures and content.
7. Distribution of licensure information to licensees through the board-published newsletter.
8. Investigate with WREB the use of limited specialty licensing examinations for ADA recognized dental specialties.
9. Develop a policy with regard to ethics to include dental advertising.



10. Support a cooperative relationship with dental education institutions to continue to supply adequate numbers and quality of allied health professionals.
  - o Support courses that could be used for continued competency assurance to upgrade the knowledge of the state's allied health professionals.
11. Continue to investigate further methods to insure adequacy in our licensing procedures.
12. Assist the division in establishment of fees commensurate with costs incurred for each license category.
13. Investigate extension programs for dental auxiliary training including training in infection control and radiation protection. Continue to promote continued competency. Monitor continuing education and compliance with state statutes.
  - a. develop infection control regulations; and
  - b. develop radiation protection regulations.
14. Maintain compliance with the Americans With Disabilities Act, PL 101-336.

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**SUNSET PERFORMANCE AUDIT RECOMMENDATIONS**

The board is under Sunset Review and will sunset on June 30, 1993 unless extended. The board has one year, June 30, 1994, to conclude its business and will cease to exist as of June 30, 1994 unless extended.

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