

ALASKA LEGISLATURE COMMITTEE FILES 1993-1994 8672

7832 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

Although federal restrictions have varied from time to time, current federal restrictions prohibit Medicaid payments for an abortion unless the life of the pregnant woman would be endangered by a completed pregnancy.

Because of the proposed definitions of "therapeutic abortion" and "elective abortion," the effect of the proposed changes in the GRM regulations is less clear. How many abortions will be considered "elective," if any, and therefore not be funded? And what kind of physician statement will be considered sufficient by DHSS to satisfy the requirement that a physician certify the abortion as medically necessary?^{7/}

It is possible that the definitions, by including situations involving the woman's "physical or psychological health," would permit any abortion to be funded as long as the woman could find a physician willing to provide the appropriate certification.^{8/} After an initial dip in abortion funding caused by confusion on the part of both patients and their physicians about coverage, the department could well discover that the requirement of physician certification will become a pro forma bit of paperwork with no actual effect of restricting funding.

However, for the sake of analyzing the regulations from the perspective of whether they are consistent with legislative intent, this memorandum will assume that the fiscal note accompanying the proposed regulations is basically accurate. The fiscal note predicts increased costs to the state and federal government of over \$1,000,000 in fiscal year 1993 and almost \$2,000,000 by fiscal year 1997.^{9/} According to DHSS spokesperson Ed Wicher, the prediction of increased costs is based on an anticipated decrease in abortions and a concomitant increase in live births of indigent children

^{7/} These questions are crucial not just as matters of clarity but as matters of constitutionality. If, in practice, all types of abortions will wind up being funded without significant procedural obstacles for different types, the proposed regulations would probably not be construed to violate either privacy rights or the right to equal protection of the law.

^{8/} See, for instance, the statement attributed to Thomas Moffatt, executive director of Alaska Right to Life Inc., in the Anchorage Daily News, July 9, 1992, page A1, Col. 5:

[The definition of "therapeutic abortion"] opens the barn door. In my opinion that definition would permit any abortion. I would imagine any one of a dozen abortionists could certify anyone who walked through their doors.

Whether one ascribes good faith to "abortionists" or not, we agree with Mr. Moffatt that the definition of "therapeutic abortion" could encompass all abortions since an unwanted pregnancy probably always has, at a minimum, adverse psychological effects on a woman.

^{9/} See page 2 of the "NOTICE OF PROPOSED CHANGES IN THE REGULATIONS OF THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES" that accompanied the actual language changes proposed for 7 AAC 43 and 7 AAC 47, issued 7/8/92.

who, with their indigent mothers, will be eligible for public medical and financial benefits.^{10/}

(3) Consistency of the proposed regulations with legislative intent.

Given the content and the assumed effect^{11/} of the proposed regulations, one aspect of our analysis is whether DHSS's decision to distinguish among types of abortions, funding some and not others, is consistent with legislative intent.

According to Alaska case law, the intention of the legislature must be determined from the words used in the statute being implemented by the agency, construed with reference to the purpose of the program of which the statute is a part.^{12/} If an administrative regulation is consistent with a statute's purposes and reasonably necessary to carry them out, the Alaska Supreme Court will not overturn it, provided it is reasonable and not arbitrary.^{13/} Since a regulation is presumptively valid, the burden of proving the invalidity of a regulation is on the party challenging it.^{14/} Furthermore, since these proposed regulations involve policy-making and the particularized expertise and experience of administrative personnel, a court will be inclined to defer to the administrative decision expressed in the regulation, and will inquire only whether it has a reasonable basis.^{15/}

In light of these standards that the court has developed for its review of administrative regulations, it is clear that the proposed changes to the Medicaid regulations would be upheld if challenged. It is much less clear whether the proposed changes to the GRM regulations would be upheld.

^{10/} It is not clear exactly what percentage of abortions currently funded will be considered "elective" (and unfunded) under the new regulations. However, the fiscal note is substantial, indicating that DHSS believes a significant percentage of abortions will no longer qualify for public funding and will not be covered by nonpublic funds either. An "educated guess," based on the fiscal note, would be that 35 - 40 percent of abortions currently funded under Medicaid and GRM will no longer be funded under those programs nor by private means.

^{11/} For a discussion of the "assumed effect" see the preceding three paragraphs of this memorandum.

^{12/} State v. City of Anchorage, 513 P.2d 1104 (Alaska 1973).

^{13/} Kalmakoff v. State, Commercial Fisheries Entry Com'n, 693 P.2d 844 (Alaska 1985).

^{14/} State v. Alyeska Pipeline Service Co., 723 P.2d 76 (Alaska 1986).

^{15/} Hood v. State, 574 P.2d 811 (Alaska 1978). However, this deference may be more applicable to new regulations than to changes in old regulations.

With respect to the proposed Medicaid regulations, the court would no doubt look at the legislative intent expressed in AS 47.07.040, where the legislature gave DHSS the authority to

make those arrangements or regulatory changes, not inconsistent with law, as may be required under federal law to obtain and retain approval of the United States Department of Health and Human Services to secure for the state the optimum federal payment under the provisions of 42 U.S.C. 1396 - 1396p (Title XIX, Social Security Act, Medical Assistance). (Emphasis added.)

In order to retain the approval of the federal government for the state's Medicaid program, the state must not use Medicaid money for an abortion unless the pregnant woman's life would be endangered by carrying the pregnancy to term. DHSS's proposed changes in the Medicaid regulations would simply insert that federal restriction into the state's program.^{16/} Therefore, we have no doubt that a court would uphold the new state Medicaid restriction as consistent with legislative intent because it is necessary to keep the state program in compliance with federal requirements, a result clearly intended by the legislature.

We have more doubt about whether the GRM restrictions would be upheld. Most of our doubt stems from issues that the proposed regulations raise under the state constitution.^{17/} However, there is also some room for doubt about the validity of the proposed regulations because of issues raised about their consistency with the legislative intent involving the GRM statutes.

To determine legislative intent under the GRM program, a court would look at AS 47.25.120 and 47.25.130 and the definition of "assistance" in AS 47.25.300. These statutes indicate that the legislature intended to leave implementation of the GRM program largely within the discretion of DHSS. The three statutes read as follows:

Sec. 47.25.120. ELIGIBILITY FOR ASSISTANCE. Financial assistance may be given under AS 47.25.120 - 47.25.300, so far as practicable under the conditions in this state, to a needy person who is eligible under the regulations of the department. (Emphasis added.)

^{16/} It would also make the regulations match reality. It is my understanding from DHSS that the federal Medicaid restriction (life endangerment) already has been implemented on the state level for over a decade, even though 7 AAC 43.140(a) has continued to list two other situations (health effects, and rape/incest) as being covered by Medicaid during that time. These other two situations have been covered under GRM, instead of Medicaid, during the last decade.

^{17/} See the next two sections of this memo.

Sec. 47.25.130. AMOUNT AND TYPE OF ASSISTANCE. (a) The amount of assistance for a needy person shall be **determined by the department** with regard to the resources and needs of the person and the conditions existing in each case. Where possible, assistance shall be sufficient to provide the applicant with reasonable subsistence **according to standards of assistance established by the department.** However, the amount of assistance for subsistence needs may not exceed \$120 a person a calendar month. (Emphasis added.)

Sec. 47.25.300. DEFINITIONS. In AS 47.25.120 - 47.25.300

(1) "assistance" means financial assistance to or on behalf of a needy person, including subsistence (food, shelter, fuel, clothing, and utilities) and transportation, medical needs (including, but not limited to, hospitalization, nursing, and convalescent care), burial, and other determined needs;

These statutes give broad discretion to DHSS. After a person is determined to be "eligible under regulations of the department," the amount of assistance must be "determined by the department" with regard to the "needs" of the person and "the conditions existing in each case." Assistance must be reasonable "according to standards of assistance established by the department." While assistance is supposed to include "medical needs," the legislature has not defined that term except to say that it includes a minimum of "hospitalization, nursing, and convalescent care." In essence, the proposed regulations are an exercise of DHSS's authority to interpret the term "medical needs."

As a general matter, we think that the GRM statutes give very wide discretion to DHSS to interpret the term "medical needs." "Need" is an ambiguous term according to the dictionary, meaning both "necessary or required" and "useful or desired."^{18/} Considering the legislature's limitation of general relief financial assistance to \$120 a month, we doubt that a court would have considered it unreasonable for DHSS to limit general relief medical assistance to procedures necessary to prevent the death or disability of the patient when initially implementing the GRM program. This would have restricted the medical aspect of the program to a very basic level of assistance like the legislature restricted the financial aspect of the program.

However, the proposed regulations are not the initial regulations to implement the GRM program. Rather, the proposed regulations would change implementation of a program that is almost 40 years old^{19/} and that has probably covered all abor-

^{18/} Webster's New World Dictionary.

^{19/} The general relief program was enacted by ch. 110, SLA 1953.

tions not covered under Medicaid for most, if not all, of those 40 years.^{20/} When determining whether the proposed GRM regulations are reasonable, a court might evaluate whether there is a reasonable basis for the change, not whether the regulations would have been reasonable initially.

When evaluating the reasonableness of the changes made by the regulations, a court might note, first of all, that there have been no legislative changes in the definition of "assistance" or "medical needs" since 1953. Furthermore, the court would probably note that DHSS itself has had a longstanding interpretation that GRM "medical needs" include all types of abortions.^{21/} And, the court would probably note that, despite the longstanding DHSS policy of covering abortions under GRM, there has never been a legislative change indicating disapproval of that policy.^{22/} Finally, the agency will probably be unable to demonstrate to the court that the medical needs of Alaskan women have changed with respect to pregnancy options. Therefore, DHSS probably cannot point to any legislative or medical reason for interpreting "medical needs" differently now than they have been determined over the past few decades. Thus a court could, in our opinion, find the proposed GRM changes to be arbitrary, with no reasonable basis.

We are not alone in this opinion. The question of whether the GRM regulations could be changed to prohibit funding for "elective" abortions was put to Attorney General Wilson Condon in 1981 by then Governor Jay Hammond.

Condon acknowledged that a "strong argument" could be made that DHSS has absolute discretion to change its definition of "medical need" in the GRM regulations, but explained at length that there definitely would be "legal difficulties" with this approach. He wrote

AS 47.25 gives the agency broad discretion to determine whether there is a need for specific types of medical treatment [for persons who are eligible for general relief]. . . By [previously] adopting regulations

^{20/} We base this latter conclusion on written evidence from the mid-1970's and oral anecdotal evidence dating back to the 1960's.

^{21/} We do not know if the court will grant "deference" to DHSS's longstanding interpretation or to DHSS's current desire to change the interpretation.

^{22/} Abortions were singled out by DHSS for continued coverage under GRM regulations in the summer of 1986 when the legislature cut the GRM appropriation by 50 percent for fiscal year 1987. Before that time, they had been covered along with other "physician services." Contemporaneously with the GRM funding cut, the legislature enacted a priority system for eliminating GRM services when appropriations were insufficient to cover them all. Thus, there has been fairly recent legislation about services under GRM, but no indication that different types of abortions should be treated differently.

providing for the coverage of abortion expenses the agency implicitly made a finding that there is a general need for that type of medical treatment, i.e., that abortions are "medical needs" under the terms of the statute. It could be argued that before the regulations could be amended to exclude elective abortions, there would have to be a finding that conditions within Alaska had changed to such an extent that there is no longer a need for that type of medical treatment. Without such a finding, the change [in the regulations] might be considered an arbitrary agency action. It should also be noted that the legislature has not taken action to change the original agency determination.

Such a finding would be most difficult to make in this case. Neither the Hyde Amendment nor the United States Supreme Court decision in Harris alter[s] "medical needs." Nor has any other event occurred in the state which suggests a change in medical needs. Absent changed circumstances, we believe a court might not permit the deletion of elective abortions from the list of medical needs covered by the General Relief Medical Assistance program.^{23/}

We agree with Attorney General Condon's opinion that changes in the GRM regulations without a change in either the underlying statute or in the medical circumstances of indigent women in the state would likely be viewed as unlawful arbitrary action by the agency. Such arbitrariness would be inconsistent with legislative intent. In addition, the regulations would be inconsistent with legislative intent if they resulted in unconstitutional administration of the state's medical assistance programs. This memo will now discuss the constitutional issues raised by the proposed regulations.

(4) Constitutionality of the proposed regulations - privacy.

Given the content and the assumed effect^{24/} of the proposed regulations, it is clear that the privacy clause of the state's constitution^{25/} could be the basis of a challenge to the constitutionality of the regulations.^{26/}

^{23/} Op. Att'y Gen., January 12, 1981, File No. J-66-413-81, at pages 5 - 6.

^{24/} For a discussion of the "assumed effect" see footnotes 6 - 10 and accompanying text.

^{25/} Article 1, sec. 22, Constitution of the State of Alaska.

^{26/} It cannot reasonably be argued that a woman's decision about whether to continue a pregnancy fails to involve a privacy right.

Under the state constitution, a regulation impinging on the right to privacy may be upheld only if it is necessary to further a compelling state interest.^{27/}

A challenge based on the state's privacy clause would contend that the proposed regulations interfere with an indigent woman's right to privately determine whether to continue her pregnancy. Challengers would probably say that the regulations force a state-sponsored inquiry into the woman's reasons for her choice (if the choice is abortion) and place a substantial obstacle (by denying funding) in the way of implementing the woman's choice (if the choice is abortion and for a reason not supported by the state).

Defenders of the proposed regulations would probably use arguments like those made in federal decisions that have upheld Medicaid abortion funding restrictions. They would argue that it will be a woman's poverty, not the state, that will stand in the way of an "elective" abortion under the proposed regulations. They would also point out that the right to privacy is not absolute^{28/} and can be outweighed by the state's "important and legitimate interest in potential life."^{29/} Defenders would probably claim that by not funding "elective" abortions, the state would simply be expressing its legitimate preference to financially support childbirth. The woman's right of privacy would not be violated because, according to the regulations' defenders, she can still get an abortion, just not at state expense.

In rebuttal, the regulations' challengers would probably note that the state itself has acknowledged that lack of state funding will be more than an obstacle in the path of many indigent pregnant women; it will be an absolute bar. DHSS's own fiscal note projects that a significant number of indigent women who cannot get publicly-funded

^{26/}(...continued)

As long ago as 1942 and as recently as June 1992, federal decisions have recognized that the federal "[c]onstitution places limits on a State's right to interfere with a person's most basic decisions about family and parenthood," including "the right of the individual, married or single, to be free from unwarranted governmental intrusion into matters so fundamentally affecting a person as the decision whether to bear...a child." See, Casey v. Planned Parenthood of Southeastern Pennsylvania, ___ U.S. ___ (1992), 1992 WestLaw 142546, page 11, which cites a string of cases extending back to 1942.

And, while the contours of Alaska's right to privacy are not yet firmly established, it is clear that the right to privacy guaranteed to Alaskans is broader in scope than that guaranteed in the federal constitution. State v. Glass, 538 P.2d 872 (Alaska 1978).

^{27/} Grav v. State, 525 P.2d 524 (Alaska 1974).

^{28/} Grav v. State, supra; Ravin v. State, 537 P.2d 494 (Alaska 1975); and Stone v. Erickson, 574 P.2d 1 (1978).

^{29/} Casey, supra, at page 24.

abortions under the new restrictions will, in effect, be forced to carry their pregnancies to term. Challengers would probably contend that this is not only the effect, but also the purpose of the new regulations. The challengers can point to the governor's own press release that says the purpose of the new restrictions is "to save lives." They would probably say that the intent of the restrictions clearly goes beyond promoting childbirth, which could be achieved by less intrusive means like educational outreach, and, instead, strikes at the heart of the right to privacy itself, by using the power of the state to impose an "undue burden" on the right of an indigent woman to freely decide how to manage her pregnancy.^{30/}

The Alaska Supreme Court's resolution of these arguments is as likely to be affected by its view of reality as by case law, and it may well be determined by the strength of the record before it at the time it makes its decision.^{31/} If the court views the Medicaid and GRM changes separately, from the point of view of the programs themselves, the court could uphold the Medicaid regulations as requirements of federal law and uphold the GRM changes as treating all "elective" procedures the same.^{32/} However, if the court views the programs from the point of view of an indigent pregnant woman, the court could find that the two programs, in the way that they operate together to support a pregnant woman's choice to give birth but not, in all cases, her choice to have an abortion, impermissibly interfere with her fundamental right of reproductive choice. While acknowledging that protection of potential life

^{30/} "Undue burden" appears to be the test developing under the federal constitution for testing the validity of a state's abortion restrictions. While the test under the state constitution will probably be even more stringent, requiring a compelling state interest, it is instructive to note the following language from the most recent abortion decision based on the federal constitution:

A finding of an undue burden is a shorthand for the conclusion that a state regulation has the purpose or effect of placing a substantial obstacle in the path of a woman seeking an abortion of a nonviable fetus. A statute with this purpose is invalid because the means chosen by the State to further the interest in potential life must be calculated to inform the woman's free choice, not hinder it. And a statute which, while furthering the interest in potential life or some other valid state interest, has the effect of placing a substantial obstacle in the path of the woman's choice cannot be considered a permissible means of serving its legitimate ends. (Casev, *supra*, at page 27) (Emphasis added.)

^{31/} See, *Casev, supra*, where the U.S. Supreme Court acknowledges that the strength of the record before the court on spousal and child abuse convinced it to strike down the "husband-notice" provision of Pennsylvania's abortion restrictions.

^{32/} Of course, to do this, the court would have to overlook the fact that "therapeutic abortion" includes an abortion that would be an "elective procedure" if it were not an abortion. That is, a "therapeutic abortion" includes abortions that are not necessary to prevent the death or disability of the patient, which is the determining factor for other "elective" procedures. So, actually, the regulations do not treat all "elective" procedures the same.

is a legitimate governmental goal, the court could point out that it is not a compelling interest until viability. And, since a compelling interest is needed to override a fundamental privacy right, the court could strike down the regulations with respect to abortions performed before viability.

We believe it is more likely that the Alaska Supreme Court will adopt the challengers' view of reality and the applicable law rather than the defenders' view. We doubt that the court will find the regulations to be neutral, in reality, on the issue of reproductive choice when it is faced with the fiscal note and the acknowledged antipathy of the Administration toward abortion, as exemplified in the Governor's press release. More likely, the court will see a reality where an indigent woman has no real choice concerning her pregnancy if her eligibility for medical care is conditioned on the result desired by the state - childbirth.^{33/} As to the applicable case law to form the legal underpinnings of its decision, the Alaska court need only point to the explicit (and stronger) privacy right granted under the state constitution and the lack of a compelling governmental interest to override that right before viability.

(5) Constitutionality of the proposed regulations - equal protection.

The proposed regulations also implicate the equal protection clause of the state constitution^{34/} because the regulations treat some indigent pregnant women differently from other indigent pregnant women. Otherwise eligible pregnant women who choose childbirth will receive state assistance with medical procedures while some otherwise eligible pregnant women who choose abortion will not.

Whether the different treatment of pregnant women under the regulations is constitutional under the state's equal protection clause will be determined by the following test: the court will assess the legitimacy of the state purpose purportedly furthered by the different treatment and the extent to which the relationship between the asserted purpose and the different treatment is fair and substantial; then the court will determine the nature and the extent of the infringement of individual rights allegedly caused by the disparate treatment.^{35/} Depending on the importance of

^{33/} The court will probably make clear that its decision would be the same if the state were seeking to encourage population control by funding abortions and not childbirth. The constitutional question before the court will not involve the weighing of the value of abortion as against childbirth, but instead will concern the protection of either procreative choice from discriminatory governmental treatment. See, Doe v. Director of the Michigan Dept. of Social Services, 468 N.W.2d 862 (Cl.App. Mich. 1991), appeal granted at 472 N.W.2d 638 (MI 1991).

^{34/} Article I, sec. 1, Constitution of the State of Alaska.

^{35/} Williams v. Zobel, 619 P.2d 448 (Alaska 1980), rev'd on other grounds, 457 U.S. 55 (1982).

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the individual interest involved, a greater or lesser burden will be placed on the state to show this fair and substantial relationship.^{36/}

In light of this equal protection test, challengers of the regulations would probably contend, first of all, that the individual interest being affected by the disparate treatment is a fundamental interest, the right of reproductive choice.^{37/} Secondly, given the importance of the individual right affected, the challengers would probably contend that the state's purpose in treating the classes of pregnant women differently (based on whether they choose childbirth or abortion) needs to be not only legitimate but must approach being a compelling interest that is virtually unachievable by means that would have less impact on the affected right. The challengers would no doubt point out that the state's interest in potential life is not compelling until viability, and argue that the effect of the regulations on reproductive choice before viability cannot be justified.

Defenders of the regulations would probably counter that the regulations will result not in disparate treatment, but in equal treatment. Instead of funding some "elective" procedures (i.e., "elective" abortions) under the GRM program and not other elective procedures, as was the past practice, the state will be treating all "elective" procedures the same. Alternatively, the regulations' defenders may argue that equal protection analysis should not apply because women who need a "therapeutic abortion" are not similarly situated to those who merely want an "elective abortion." Therefore, the regulations can validly treat them differently. Defenders would probably also contend that the right to reproductive choice remains with the woman because she can seek an abortion without state funds. Therefore, according to potential defenders, since there is no fundamental right being affected, the government's purpose in treating the women differently need only be legitimate, not compelling. And that legitimate right is the right to protect potential life.

As with the arguments based on the state constitution's privacy clause, a state court's resolution of the differing arguments about equal protection will depend as much on the strength of the record before it and the court's view of reality as on case law. The court could uphold the GRM regulations as validly treating "elective abortions" differently from "therapeutic abortions." Alternatively, the court could strike down the GRM regulations because they work in conjunction with the Medicaid regulations to treat pregnant women differently based on whether they choose to exercise their

^{36/} Wilson v. Municipality of Anchorage, 669 P.2d 569 (Alaska 1983).

^{37/} Since the fundamental nature of the interest rests, at least in part, on the state constitution's privacy clause, the privacy right arguments described in the previous section of this memo and the equal protection arguments described in this section stem from some of the same reasoning. However, the legal analysis is a bit different, and either or both could be used by an Alaska court to strike down the regulations, so this memo treats them separately.

fundamental right of reproductive choice. The court could find that the women affected by the regulations are similarly situated because they are pregnant and that the state may not interfere with a woman's choice on how to treat that pregnancy by reserving to itself the power to define that some abortions are "elective" while childbirth is not. The court could find the protection of potential life to be a legitimate state interest, but not compelling enough before fetal viability to override a woman's right of reproductive choice. As a legal underpinning for resolving the equal protection arguments differently from similar cases decided under the federal constitution, an Alaska court would point to the more stringent standard developed under the state constitution for testing the constitutionality of classifications made by government actions.

CONCLUSION

The regulations making changes in the Medicaid program clearly comply with the legislative intent that Alaska participate in the federal Medicaid program. However, the regulations that propose restrictions on funding "elective" abortions under the GRM program may be viewed by a court as unlawful arbitrary changes because they change a long history of contrary agency interpretation without apparent statutory or medical justification. The GRM regulations also raise substantial issues under the state constitution's privacy clause and equal protection clause.^{38/}

Whether a court would find the GRM changes to be arbitrary will probably depend on whether the court analyzes the new regulations apart from the history of the GRM program or as changes to a longstanding interpretation by the agency. Viewed in isolation, the proposed regulations appear to fall within the broad discretion granted to DHSS by the legislature. However, viewed as changes to a longstanding agency policy, the changes may be viewed as somewhat arbitrary.

How a state court would resolve the constitutional issues and whether the restrictions would be upheld under the constitution will depend not only on purely legal arguments but on the view of social and economic reality demonstrated in the record before the court and adopted by the court as the reality it is willing to recognize. To the extent that the court is convinced that an indigent pregnant woman's privacy right or right to equal protection is actually interfered with by the regulations (and not merely by her own poverty or by her election of a "nonmedically necessary" procedure), the court has legal precedents available to it to support a decision striking down the regulations. If the court is convinced, despite the Governor's press release and the DHSS fiscal note, that the regulations are neutral with regard to privacy rights and do not treat similar medical conditions differently, the court also has legal precedents available to it to support a decision upholding the regulations.

^{38/} They also raise issues involving clarity. See footnotes 1, 3, 5, and 7.

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In our opinion, the issue of the regulations' arbitrariness is a toss-up, but we think the Alaska Supreme Court is likely to be convinced that the regulations are not neutral with regard to privacy (in either their effect or purpose), do impermissibly treat the choice of childbearing differently from the choice of not bearing a child, and are not justified by a sufficient governmental interest with respect to previability abortions. Therefore, we think there is a substantial probability that the court will find the regulations to be unconstitutional with regard to previability abortions, but constitutional with regard to postviability abortions.^{39/}

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^{39/} We are not alone in our view that Alaska courts will probably take a different view than the federal courts have on the constitutionality of restricting public funding of abortions for indigent women. Opinions and memoranda from the Alaska Attorney General's Office under three different Administrations over the last 14 years have consistently indicated that the Alaska Supreme Court is likely to share the view of the dissenters in the federal cases that have upheld restrictions on public funding of abortions. See Op. Att'y Gen., March 31, 1978, Op. No. 15, pages 2 - 3; Op. Att'y Gen., Jan. 12, 1981, File No. J-66-413-81, pages 6 - 7; Op. Atty Gen., April 17, 1981, page 6; and Memorandum of Assistant Attorney General Elizabeth Shaw to Representative Mark Boyer, January 19, 1990, page 1.

Moreover, state courts in at least six other states have refused to follow federal precedent in this area and have struck down various abortion funding restrictions under their state constitutions, citing state privacy clauses, state due process clauses, or state equal protection clauses. See, Moe v. Secretary of Administration and Finance, 417 N.E.2d 387 (Mass. 1981); Committee to Defend Reproductive Rights v. Myers, 625 P.2d 779 (CA 1981); Right to Choose v. Byrne, 450 A.2d 925 (NJ 1982); Planned Parenthood Association v. Department of Human Resources of the State of Oregon, 663 P.2d 1247 (Or. App. 1983), affirmed at 687 P.2d 785 (OR 1984); Doe v. Maher, 515 A.2d 134 (Conn. Super. 1986); and Hope v. Perles, 571 N.Y.S.2d 972 (Sup. 1991).

For a more complete discussion of these A.G. opinions and other states' cases, refer to our memorandum to you dated July 7, 1992.

SENATE COMMITTEE REPORT
FIRST COMMITTEE OF REFERRAL

John

DATE: 1/22/93

FURTHER JUDICIARY
FINANCE

Date of 5-Day Notice: 1-21-93
(in accordance with Uniform Rule 23)

DATE TURNED INTO OFFICE: 1/27/93

HES Committee considered SENATE BILL NO. 53

"An Act annulling changes made by certain regulations adopted by the Department of Health and Social Services relating to funding of abortion services/under the general relief medical program; and providing for an effective date."

and recommends: and a majority of the committee recommends do pass

replace with _____ CS _____ ()

attaches amendment(s)

same title
 new title
 technical title change (HB only)

adopts _____ Letter of Intent

further referral to the _____

do pass

do not pass

no recommendation

individual recommendations

5 FOL's attached

FISCAL NOTE INFORMATION

Department	Date	Zero	Fiscal
DHSS-AFOC	1/27		(297.3)
DHSS Indirect	1/27		(454.5)
DHSS - Adm - Non-Jud	1/27		(694.4)
DHSS - HRM	1/27		288.7
DHSS - Claims Process	1/27		(74.7)

Department	Date	Zero	Fiscal

Appropriation No Fiscal Note

Governor's Bill with Previous Fiscal Notes (enter information above)

DO PASS:

OTHER RECOMMENDATIONS:

John Ellis Ellis
John Duncanson Duncanson
John Salo Salo

2) Owen D. Kuman Do not pass
3) Bob Sharp No Rec

John Reis - Do Pass
Chair: Signature and Recommendation

Previous Committee Reports

NATE COMMITTEE REPORT

DATE: 1/29/92

FURTHER: FINANCE

DATE TURNED INTO OFFICE: 2-25-93

JUDICIARY Committee considered SENATE BILL NO. 53

annulling abortion funding regulation

"An Act annulling changes made by certain regulations adopted by the Department of Health and Social Services relating to funding of abortion services under the general relief medical program; and providing for an effective date."

and report it back as follows

and recommends:

[] replace with _____ CS _____ ()

or [] adopt previous _____ CS _____ ()

[] attaches amendment(s)

[] same title
[] new title
[] technical title change (HB only)

[] adopts _____ Letter of Intent

[] further referral to the _____

[] do pass

[] do not pass

[] no recommendation

individual recommendations

NEW FISCAL NOTES

Department	Date	Zero	Fiscal

PREVIOUS FISCAL NOTES

Department	Date	Zero	Fiscal
Health + Social Serv.	1/26	 	
Health + Social Serv.	1/26	 	
HESS	1/26	 	
HESS	1/26	 	
HESS	1/27	 	

[] Appropriation No Fiscal Note

DO PASS:

③ Suzanne Little w/ amendments
③ Marie Donley w/ amendments
③ ~~George JACKO~~

OTHER RECOMMENDATIONS:

① Rick Halford do not pass

① *Adrian L. Taylor* Chair: Signature and Recommendation

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CORRECTION

**THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY**

NATE COMMITTEE REPORT

DATE: 1/29/92

FURTHER: FINANCE

DATE TURNED INTO OFFICE: 2-25-93

JUDICIARY Committee considered SENATE BILL NO. 53

annulling abortion funding regulation

"An Act annulling changes made by certain regulations adopted by the Department of Health and Social Services relating to funding of abortion services under the general relief medical program; and providing for an effective date."

and report it
back as follows:

and recommends:

[] replace with _____ CS _____ ()

or [] adopt previous _____ CS _____ ()

[] attaches amendment(s)

[] same title
[] new title
[] technical title change (HB only)

[] adopts _____ Letter of Intent

[] further referral to the _____

[] do pass

[] do not pass

[] no recommendation

individual recommendations

NEW FISCAL NOTES

Department	Date	Zero	Fiscal

PREVIOUS FISCAL NOTES

Department	Date	Zero	Fiscal
Health + Social Serv.	1/26	0	
Health + Social Serv.	1/26	0	
HESS	1/26	0	
HESS	1/26	0	
HESS	1/27	0	

[] Appropriation No Fiscal Note

DO PASS:

OTHER RECOMMENDATIONS:

③ Suzanne Little w/ amendments
③ Dave & Donley w/ amendments
③ ~~George JACKO~~ JACKO

① Rick Halford do not pass

① Adrian L. Taylor TAYLOR
Chair: Signature and Recommendation

59 # FIN

SENATE FINANCE COMMITTEE REPORT

gk

DATE: 2/15/93

FURTHER: *has no referral*

DATE TURNED INTO OFFICE: 2-26-93

The Finance Committee considered **SENATE BILL NO. 53**

"~~An Act annulling changes made by certain regulations adopted by the Department of Health and Social Services relating to funding of abortion services under the general relief medical program; and providing for an effective date.~~"

and recommends: and a majority of the committee recommends it be replaced with

replace with CS 5B 53 (FINANCE)
 or adopt previous CS _____
 attaches amendment(s) and do pass

same title
 new title
 technical title change (HB only)

adopts _____ Letter of Intent

further referral to the _____

do pass

do not pass

no recommendation

individual recommendations

Sp. Fin's

NEW FISCAL NOTES

Department	Date	Zero	Fiscal

PREVIOUS FISCAL NOTES

Department	Date	Zero	Fiscal	
DHSS - AFDC	1-27-93		(297.3)	savings
DHSS - Med. Fac.	1-27-93		(454.0)	"
DHSS - Med/Dia Fax	1-27-93		(694.4)	"
DHSS GRM	1-27-93		288.7	
DHSS - Claims	1-27-93		(74.2)	savings

Appropriation No Fiscal Note

DO PASS:

George J. Jach
Alvin Rieger
Kerutela

OTHER RECOMMENDATIONS:

③ Tim Kell - Do Not Pass
 ③ Ben Sharp - Do Not Pass

1. Mark Do Pass
 Co-Chair: Signature/Recommendation

② True - Do Pass amendment
 Co-Chair: Signature/Recommendation

SENATE RULES COMMITTEE REPORT

DATE: 2/26/93

DATE TURNED INTO OFFICE: 3-2-93

The Rules Committee considered **SENATE BILL NO. 53**

"An Act annulling changes made by certain regulations adopted by the Department of Health and Social Services relating to funding of abortion services under the general relief medical program; and providing for an effective date."

and recommends it be placed on the calendar:

replace with _____ CS _____ (RULES)

attaches amendment(s)

adopts _____ Letter of Intent

same title
 new title
 technical title change
 (HB only)

NEW FISCAL NOTES

Department	Date	Zero	Fiscal

PREVIOUS FISCAL NOTES

Department	Date	Zero	Fiscal

Appropriation No Fiscal Note

MEMBERS SIGNING FOR PLACEMENT ON THE CALENDAR

Alan Riegn
[Signature]

Jack

Chair: Signature and Recommendation

OTHER RECOMMENDATIONS:

Reid Helford

Calendar on: MARCH 3, 1993

Approved by: *George Tacho by [Signature]*

HOUSE COMMITTEE REPORT

(7)

Date Referred: March 10, 1993

FURTHER REFERRALS:

HESS
Judiciary
Finance

Date of Committee Action: 3/25/93

CS SB 53 (Fin) am (efld)

The LABOR AND COMMERCE Committee considered:

CS FOR SENATE BILL NO. 53(FIN) am(efd fld) ANNULLING ABORTION FUNDING REGULATIONS
"An Act relating to payment for abortions under Medicaid and general relief medical assistance; annulling changes made by certain regulations adopted by the Department of Health and Social Services relating to funding of abortion services under the general relief medical program."

- 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 _____ 5 fiscal note(s) Health & Social Services
 [] zero fiscal note _____ [] zero fiscal note(s) _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>W.R. Williams</i>	✓	<i>[Signature]</i>	✓		
<i>Brian Porter</i>	✓	<i>[Signature]</i>	✓		
<i>Joe Sisson</i>	✓	<i>[Signature]</i>		✓	
		<i>[Signature]</i>		✓	

[Signature]
CHAIRMAN'S SIGNATURE

SB

70

HOUSE COMMITTEE REPORT

(9)
Date Referred: March 21, 1994

FURTHER REFERRALS:

State Affairs
Finance

Date of Committee Action: 4/19/94

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: CSSB 70(L&C)

CS FOR SENATE BILL NO. 70(L&C)

ASSISTIVE TECHNOLOGY LOAN GUARANTEES

"An Act establishing a loan guarantee and interest rate subsidy program for assistive technology."

- 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) Education 2/23/94
- zero fiscal note _____ zero fiscal note(s) _____

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

[Signature]
CHAIRMAN'S SIGNATURE

FISCAL NOTE

2
 Bill Version: SB 70
 (S) Publish Date: 2-23-94

STATE OF ALASKA
 1994 LEGISLATIVE SESSION

BI

Revision Date: February 22, 1994 Dept. Affected: Education
 Title: An Act establishing a loan guarantee and interest rate subsidy program for Assistive Technology BRU: Vocational Rehabilitation
 Sponsor: Senator Duncan Component: Assistive Technology
 Author: Senator Duncan COMPONENT SERIAL NO. 1202

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	100.0	100.0	100.0	0	0	0
TOTAL OPERATING	100.0	100.0	100.0	0	0	0

CAPITAL EXPENDITURES						
CHANGE IN REVENUES ()						

FUND SOURCE	(Thousands of Dollars)					
1002 Federal Receipts	100.0	100.0	100.0	0	0	0
1003 GF Match						
1004 GF						
1005 GF:Program Receipts						
1006 GF:MHTIA						
Other						
TOTAL	100.0	100.0	100.0	0	0	0

Estimate of any current year (FY94) cost: \$ 0

POSITIONS						
FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

See attached

Changes in SB 70 (L.C.) reflect NO FISCAL CHANGE from the original fiscal note. This fiscal note is appropriate.
2/22/94 ADT
 date Comte Aide (initial)

Prepared by: Keith J. Anderson, Director Phone: 465-6922
 Division: Vocational Rehabilitation Date: February 22, 1994
 Approved by Commissioner: [Signature] Date: 2-22-94
 Agency: Department of Education

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

State of Alaska
1993 Legislative Session

BILL NO. SB 70

Title: An Act establishing a
loan guarantee and interest rate
subsidy program for Assistive
Technology.

Department Affected: Education
BRU: Vocational Education
Component: Assistive Technology

Sponsor: Senator Duncan
Requestor: Senator Duncan

The Assistive Technology of Alaska (ATA) Advisory Board has recommended to the division that we investigate using federal funds generated through the ATA project to fund the Technology Loan Fund. With this direction we have proposed to the federal funding agency a plan to fund the loan program by using federal receipts instead of state capital or general funds.

If approved ATA's fourth year grant includes a plan by which grant funds can be used to establish the loan fund. This would provide seed money to establish the loan fund. If this bill becomes law, the division can, by July 30, provide approximately 100.0 for this purpose. It is our understanding that this amount of money can be leveraged into as much as 750.0 as a guarantee and interest buy down depending on how the banking industry recommends the loans be set-up. This legislation forms a partnership between private industry and government to meet the needs of Alaskans with disabilities.

No additional staff cost.

Initial funding 100.0 from federal receipts, one year capitalization only.



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

DATE: 4/19/94

PLACE: Capitol Room 106

SUBJECT OF MEETING:
 SB 312: SCHOOL CONSTRUCTION BOND REVIEW
 SB 70: ASSISTIVE TECHNOLOGY LOAN GUARANTEES

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
Robert Berryhill	AARP	157 Kennedy, JUNIE	99501	586-764		<input checked="" type="radio"/> Y <input type="radio"/> N	SB-70
Emerson E. Dawson	AARP	604 70995 Jones	99502	588-3816		<input checked="" type="radio"/> Y <input type="radio"/> N	SB-70
Earl Clough	SAIL	9163 PARKWOOD	99801	289-9235	9-9665	<input checked="" type="radio"/> Y <input type="radio"/> N	SB-70
Mura Howe	DOE				465-2971	<input checked="" type="radio"/> Y <input type="radio"/> N	SB 312
Stan Ridgeway	DUIZ				465-693	<input checked="" type="radio"/> Y <input type="radio"/> N	SB-70
						<input type="radio"/> Y <input type="radio"/> N	
						<input type="radio"/> Y <input type="radio"/> N	
						<input type="radio"/> Y <input type="radio"/> N	
						<input type="radio"/> Y <input type="radio"/> N	
						<input type="radio"/> Y <input type="radio"/> N	
						<input type="radio"/> Y <input type="radio"/> N	



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?
<i>Patricia Higgins</i>	<i>David Schmitt</i>	<i>9140 GRANITE PL</i>	<i>99507</i>	<i>349 368</i>	<i>269-7111</i>	<input checked="" type="checkbox"/> Y	<i>SR 312</i>
						<input type="checkbox"/> Y	
						<input type="checkbox"/> Y	
						<input type="checkbox"/> Y	
						<input type="checkbox"/> Y	
						<input type="checkbox"/> Y	
						<input type="checkbox"/> Y	
						<input type="checkbox"/> Y	
						<input type="checkbox"/> Y	
						<input type="checkbox"/> Y	



SENATOR JIM DUNCAN
ALASKA STATE LEGISLATURE

Alaska State Senate

State Capitol • Room 119 • Juneau, Alaska 99801-1182 • (907) 465-4766 • Fax 465-4748

MEMORANDUM

Date: March 23, 1994

To: Representative Cynthia Toohey, Co-Chair
House Health, Education, & Social Services Committee

From: Senator Jim Duncan

Subject: CS SB 70 (L&C); an act establishing a loan guarantee and interest rate subsidy program for assistive technology.

I urge you to schedule the earliest possible hearing for Senate Bill 70 in the House Health, Education and Social Services Committee.

This bill establishes the Assistive Technology Loan Guarantee Program. The program will assist persons with disabilities to purchase durable equipment, adaptive aids, and assistive devices to obtain or maintain employment or to live more independently. **SB 70 is substantially similar to a bill which you heard and moved from HESS committee earlier this year, HB 139.**

The program will allow the Division of Vocational Rehabilitation to guarantee loans or reduce the interest rate on loans from private lending institutions to make the payments more manageable for consumers.

The person with a disability must be unable to obtain the needed equipment through the Division, Medicare, Medicaid, or other funding sources such as insurance companies. Application for a loan will be made directly to a lending institution which will evaluate the credit-worthiness of the individual. If the institution determines the individual can repay the loan, but only with a lower interest rate or with a loan guarantee, the borrower will be referred to the Division of Vocational Rehabilitation for assistance through the Assistive Technology Loan Program.

The Department of Education supports this bill. **The funding for the loan program is entirely from federal grants which are anticipated to continue into the foreseeable future.**

I urge your prompt and favorable action on SB 70.

Attachments

SPONSOR STATEMENT

Assistive Technology

Background

Technology such as computers and wheelchair ramps help people with disabilities to communicate more effectively, to work, and to gain access to independent lifestyles. Work place changes can pave the way to economic independence.

A 1991 study estimates that over 23,000 Alaskans could benefit from assistive technologies. However, everyone benefits when people who would otherwise depend on social welfare programs become financially self-sufficient through employment.

People with disabilities have a right to assistive technology under the federal laws Technology-Related Assistance For Individuals With Disabilities Act of 1988, the Individuals with Disabilities Education Act of 1990, and the Rehabilitation Act Amendments of 1992. Programs created by these laws are largely funded by the federal government with some state costs.

Until recently, several organizations offered "lending libraries" of assistive technology. None of these libraries was comprehensive. Small lending libraries have been pooled to create one comprehensive source to lend assistive technology to individuals with disabilities statewide.

The state Department of Education's Assistive Technologies of Alaska program has developed a computerized Cooperative Service Directory in cooperation with service agencies nationwide. Alaska is the first state to coordinate this directory among DOE divisions and the Department of Health and Social Services. This cooperative effort eliminates duplication, increases inter- and intra-agency coordination, meets several federal requirements at once, and is significantly less costly than developing multiple directories.

Problem

Nearly 8,000 Alaskans want and need but do not have access to assistive technologies.

Strategy

- A program of state guaranteed low-interest, long-term loans to individuals with disabilities for purchase of assistive devices would address the gap in statewide services.
- Continue coordinating efforts across Departments and divisions to assure that existing assistive technology resources are used effectively.

loan.facts

"TOOLS FOR LIFE" FACT SHEET

WHAT ARE THESE "TOOLS"?

*Daily Living Aids: Self-help devices that enable people who experience a disability to be more independent around the house-eating, cooking, maintenance, etc...

*Augmentative Communication: Electronic and non-electronic devices that help people without speech to express themselves verbally as well as receive communication.

*Computer Applications: Devices that enable people with disabilities to use a computer-headsticks, alternate keyboards, special software, etc...

*Environmental Control Systems: Usually electronic systems that enable someone to control household appliances, thermostat, TV, stereo, door locks, etc...

*Home/Worksite Modifications: Usually structural adaptations in the home or work such as ramps, raised tables, etc...

*Prosthetics and Orthotics: Braces, artificial limbs and other equipment that replaces or augments missing or malfunctioning body parts.

*Seating and Positioning: Accommodations to a wheelchair or other seating system to provide the user with greater body stability, support, posture, etc...

*Aids for Vision/Hearing Impaired: Aids for people with specific disabilities including magnifiers, Braille devices, hearing aids, etc...

*Wheelchairs/Mobility Aids: Manual and electric wheelchairs, and other equipment that assists people with disabilities to move about.

*Vehicle Modification: Hand controls, wheelchair lifts, modified vans, etc.

*Recreation Devices/Adaptations: Assist people to recreate more independently.

*Adaptive Toys: Toys useable by children who experience a disability.

FACT SHEET

loan.facts, p. 2

WHO NEEDS THESE "TOOLS"?

According to a recently conducted random, digit-dial phone survey conducted by the University of Alaska's Institute of Social and Economic Research (ISER), March, 1991, there are more than 4,000 Alaskans with disabilities who can benefit from assistive technologies. This figure considered *very low* because it does not include individuals living in institutions, without phones or who are deaf or hard-of-hearing.

The U.S. Center for Disease Control is now reporting that 1 in every 6 Americans experiences a disability and that this rate is increasing as a result of the "greying" of our society and advancing medical research and treatment. This would then suggest that a more accurate estimate of Alaskans of any age who are disabled would approximate 91,850 persons. As many as 25%, or 22,963, may have disabilities severe enough to benefit from assistive devices and strategies. These tools, both "low" and "high tech, would vastly improve their independence.

AREN'T THESE "TOOLS" EXPENSIVE?

The President's Committee on Employment of People with Disabilities found in a nationwide survey of employers that most jobsite modifications for workers cost under \$600. Some of the most common "tools", eyeglasses and hearing aids, run between \$100 and \$300. Frequently, devices under \$10, such as hand grippers or extended tongs, provide individuals with disabilities more access. And, sometimes, solutions can even be at no-cost...like reorganizing one's work or living space or labeling a stove with embossed plastic tape.

WELL, THEN WHY DO WE NEED AN ASSISTIVE TECHNOLOGY LOAN OR GRANT PROGRAM?

Though Alaska has a highly developed network of public, private, non-profit and for-profit agencies and organizations attempting to assist individuals of any age who are disabled become more independent and self-sufficient, they do not have the fiscal resources to continue to meet the ever, expanding assistive technology needs of persons with disabilities, their families and employers. The ISER study referenced earlier, shows but the "tip of the iceberg" of need. If Alaskans with disabilities cannot

obtain these vital "tools" as their needs and technology changes, the state will have lost one of their most vital natural resources.....people who with some assistance can and will make contributions to our education, economic as well as community systems.

WILL "TOOLS FOR LIFE" WORK?

There are expanding "success stories" happening at this very moment in other states and across the nation where persons with disabilities are accessing monies to purchase assistive technologies through loans and to a lesser degree grants.

In Maine, The Adaptive Equipment Loan Program (AELP) has been operational since 1988. Bonds totalling \$5,000,000 were sold and support a revolving loan fund which is available to its citizens and businesses to provide assistive technology. Administered through their state Finance Authority, AELP has closed a total of 129 loans effective July 1991 at \$1,286,510, based on an average interest rate of 6.04%. They have experienced only one default.

Kurzweil/Xerox joined forces with the American Foundation for the Blind in a unique, private-public cooperative venture to make \$2,000,000 available to blind consumers for purchase of their reading machines. Through the Bank of Boston, they have made available over 85 loans and have experienced no defaults! Rising interest earnings from these transactions will be used to expand this effort further into offering grants to more high-risk borrowers to meet their down payments.

↳ The California Department of Rehabilitation administers two assistive technology financing programs. The first, the Handicapped Transportation Loan Guarantee Program (HTLGP), was established by their state legislature in 1981 with a \$300,000 appropriation. It encourages banks to extend credit to children with disabilities and their families who use wheelchairs to purchase vehicles and other special adaptive equipment. Over 43 loans have been guaranteed with 8 defaults and the fund has now grown to \$430,000.]

The second program, Assistive Technology Guarantee Program (formerly the Supported Employment Loan Guarantee Program), was actually "seeded" with \$200,000 from the HTLGP and its resources are now \$296,000. Furthermore, borrowers who are disabled may utilize monies towards employment devices as well as for

loan.draft, p. 4

independent living. California Vocational Rehabilitation is presently looking at starting a third fund for fleet van purchases for adult consumers.

For four years Rhode Island's Vocational Rehabilitation office has administered a state appropriated revolving fund, Equipment Loan Fund, which started at \$100,000 and has now gone to \$120,000. At an interest rate of 5%, about 35 residents who are disabled have been serviced with 8 more on the current waiting list. Individual loans may not exceed \$5,000.

Easter Seal Systems in Chicago, Illinois, has just received a Federal grant under the Technology-Related Assistance for Individuals Who Are Disabled Act, P.L. 100-407, to develop a replicable, national model for loan funds. From a base of \$50,000, they have made 10 loans to date and have 8 more under processing. Each loan must be for computer equipment only and cost no more than \$3,000. So far, they have had zero defaults and no payment delays.

Though just becoming functional, Vermont has enacted legislation to start an Adaptive Equipment Revolving Fund which is quite innovative. They have a base of \$50,000 and a 3-tiered approach, ranging from non-repayable grants for up to \$1,000 to fund raising through a designated non-profit corporation for items in excess of \$5,000. Another, Nevada, has just started a loan fund initiative in private sector cooperation with Valley Bank of Nevada. They are working from a "seed" of \$100,000 and an individual loan cap of \$3,000. They are hopeful of expanding into offering grants too for those that cannot qualify through even lenient credit guarantees.

The movement does not stop there. Minnesota, Utah, Arkansas, North Carolina, Hawaii, Virginia, Georgia, Florida and Mississippi have assistive technology loan funds under study at this moment within their state legislatures.

ASSISTIVE TECHNOLOGIES OF ALASKA

A report on the need for tools that enable Alaskans with disabilities to live, learn, work and play more independently



ASSISTIVE TECHNOLOGIES OF ALASKA

ASSISTIVE TECHNOLOGY BACKGROUND

This booklet has been paid for with federal funds as part of a grant from the National Institute on Disability and Rehabilitation Research, U.S. Department of Education, and was administered by the Alaska Division of Vocational Rehabilitation.

For more information, additional copies or a non-print format of this document contact Assistive Technologies of Alaska at the following address:

Assistive Technologies of Alaska
400 D Street, Suite 230
Anchorage, Alaska 99501
Phone: (907) 274-0138
TDD: (907) 274-0517
FAX: (907) 274-0516



ASSISTIVE TECHNOLOGIES OF ALASKA

The goal of Assistive Technologies of Alaska (ATA) is to increase awareness of specialized equipment that can enhance the independence of people with disabilities, and to provide access to this equipment and technology.

ATA works in a direct and complementary role with other service providers. It plans to establish channels for information on new technologies and resources to be shared by various organizations and distributed to those who may benefit from them.

Four significant findings pave the way for ATA

This document summarizes a study conducted in the spring of 1991 by the Institute of Social and Economic Research (ISER), at the University of Alaska, Anchorage.

Surveyors polled Alaska residents at random by telephone, uncovering the following four major findings. These findings are significant in setting the goals and directions for Assistive Technologies of Alaska.

- Communications devices represent Alaska's largest single assistive technology need.
- Almost 4,000 Alaskans with disabilities lack current information regarding assistive technology.
- Alaska Natives exhibit a much higher need for assistive technology than do other races.
- Rural Alaskans with disabilities experience the greatest need for all forms of assistive technology.

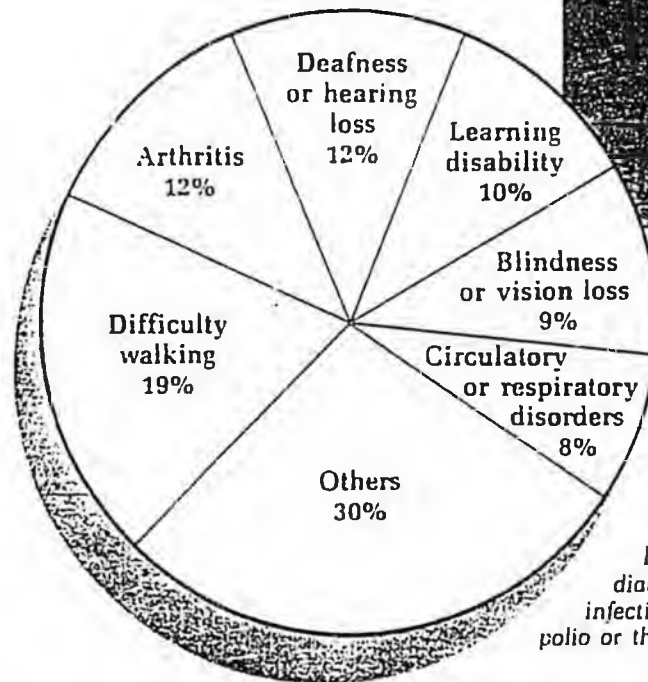
Complete survey results follow. It is important to note that the telephone poll may have resulted in low figures for deaf persons and those living in rural areas where telephone service is limited. The survey also excluded persons living in institutional settings. The numbers presented in this booklet are arrived at by a method known as statistical inferences.

More than 22,000 Alaskans with disabilities live on their own

The Institute of Social and Economic Research, at the University of Alaska, Anchorage, found 22,220 Alaskans, 4 percent of the state population, have disabilities and live outside of institutions. Their survey found that many of these Alaskans could benefit from additional equipment or services to help them become more self sufficient.

Difficulty in walking is the most common disability

Although Alaskans with disabilities often have more than one, the inability or difficulty in walking is the most common. This is followed by arthritis, deafness or hearing loss, learning disabilities, blindness or vision loss, and circulatory or respiratory problems.



Other disabilities include those with emotional or communicative disorders, head injuries, developmental disabilities, diabetes, stroke, seizure, drug/alcohol addiction, infectious disease, amputation, Alzheimer's disease, polio or the HIV virus.

Many services can help Alaskans with disabilities improve their lifestyles

One of the central goals of persons with disabilities is to live a more independent lifestyle. Alaskans with disabilities expressed a need for many of the following services. Most of the 22,220 identified are getting medical care, but 15 percent (3,416 Alaskans) are not receiving adequate medical care.

Persons Who Need Service	Service	% Not Receiving Service
13,013	Newsletters informing them of services	81%
6,355	Support groups	76%
14,007	Equipment for daily living and information on new products	58%
10,548	A centralized information source	55%
14,092	Help getting benefits available to them	37%
11,458	Job training	32%
10,505	Counseling	32%
17,724	Information on their disabilities	30%
13,790	Advocates to make their problems known	28%
22,220	Medical care	15%

14,000 Alaskans with disabilities would benefit from special equipment

About 14,000 Alaskans felt that special equipment could help them live, learn, work and play more independently. However, these same persons said they were not aware of all of the available equipment and need information on newer products.

More than half are not getting the special equipment they need

Of the 14,007 Alaskans with disabilities who need special equipment, 7,608 (58%) do not have access to the equipment that can help them live more self sufficient lives.

This equipment, called assistive technology, is often far from technical

The equipment available to help persons with disabilities function more independently is called "assistive technology." Some people associate this technology with complex computers or robotics. While these are forms of assistive technology, most Alaskans with disabilities could benefit from simple tools that help with daily living. Some of the most common types of assistive technology include items that help people hear, such as hearing aids; read, with glasses or magnifiers; communicate, through voice synthesizers; or move, with the aid of walkers or wheelchairs.

Assistive technology is needed most often for communications

The task in which the greatest number of Alaskans with disabilities need assistance is in face-to-face communication with others. More than 1,900 Alaskans could benefit from assistive technology such as hearing aids and voice synthesizers.

Help with long distance communication was the second greatest need. Almost 1,700 Alaskans could benefit from tools such as TDDs or speaker phones.



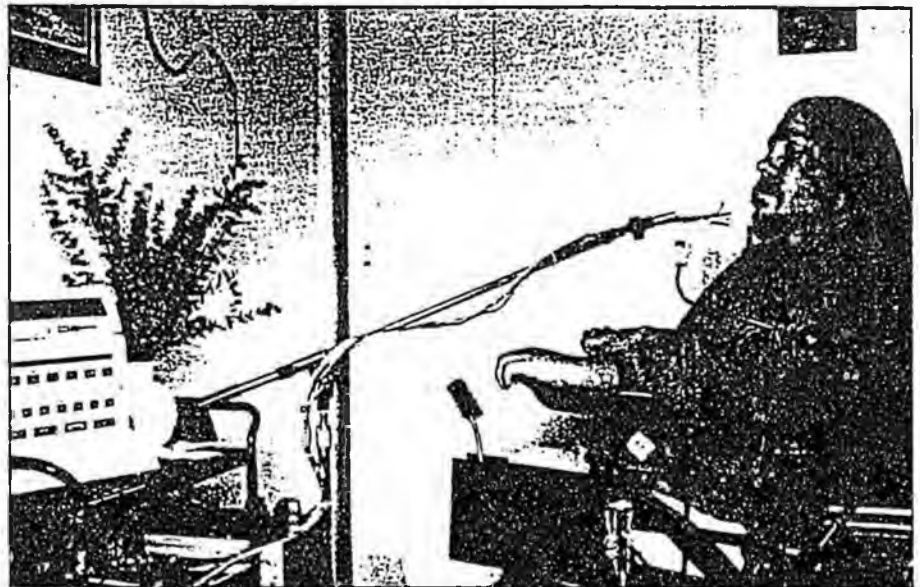
Alterations in the home or office are also important

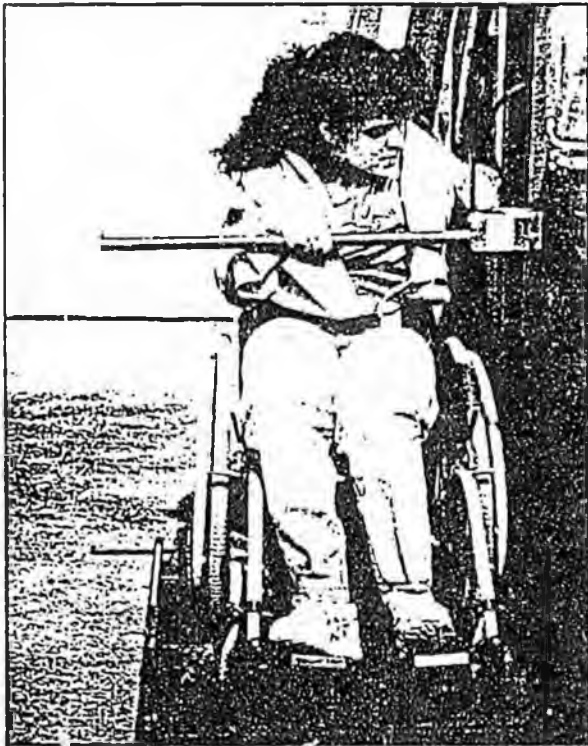
More than 1,600 Alaskans with disabilities need changes to their home or office, including building modifications or special appliances. Assistive technology designed for these uses includes wheelchair ramps, chair lifts, grab bars, pull down door knobs, tables, desks or cabinets that are raised or lowered, and similar devices.

About 1,100 felt a need for specialized control switches for lights, appliances and other environmental control systems.

Computers are adaptable tools

Nearly 1,700 Alaskans with disabilities could use some type of adapted computer equipment. Computers are easily adapted with assistive technology such as magnifiers for the video screen, braille keyboards or verbal input/output devices.





Accessible transportation is needed

Modifications to vans, buses and cars such as hand controls and wheelchair lifts can often make it easier for persons with disabilities to get around. An estimated 1,400 Alaskans see a need for this kind of transportation.



Alaskans with disabilities would like to enjoy recreation activities

A new sense of freedom and ability is often experienced by persons with disabilities when they are better able to enjoy their leisure time through the aid of recreational equipment. Almost 1,200 Alaskans desire access to equipment such as cycle chairs and adapted skis.

Tools that help with personal care are needed by a few people

Assistive aids that help with personal care and hygiene include catheters, bathing aids and commode chairs. This is a significant need for close to 1,000 Alaskans.



Technology can make persons with disabilities better workers

By raising a desk to accommodate a wheelchair, adding screen enlargement software to a computer, or installing pull down door knobs and wheelchair ramps, an employee with disabilities can become a more productive worker. Almost 800 Alaskans believe these assistive aids could help them.

Some Alaskans need help getting around

Slightly more than 700 Alaskans with disabilities need mobility aids. These may include basic wheelchairs, walkers or a guide dog for a blind person.

Type of Assistive Technology	Persons Not Receiving Needed Tools
Face-to-face communication	1,901
Long distance communication	1,688
Adapted computer	1,686
Building modifications	1,632
Accessible transport	1,383
Recreational devices	1,187
Household aids	1,124
Personal care	984
Work modifications	778
Mobility enhancement	735

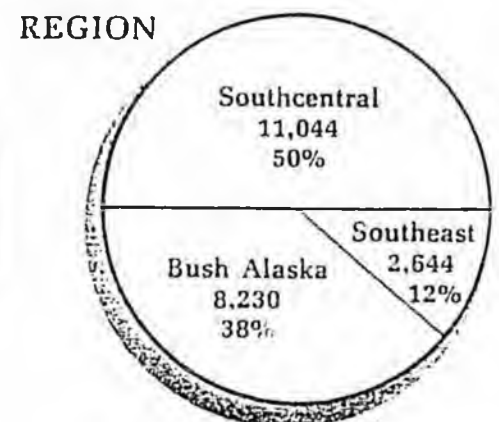
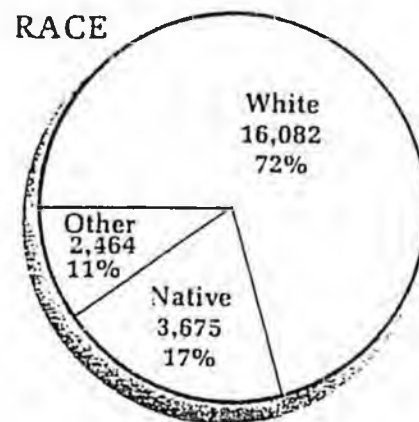
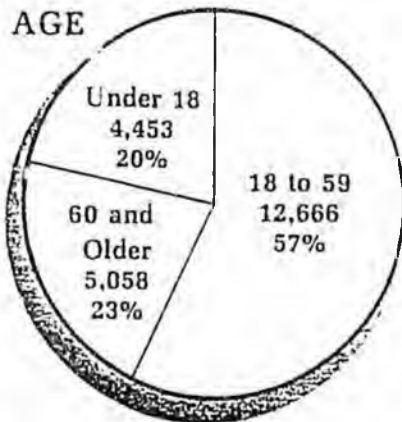
Almost 4,000 Alaskans with disabilities lack the information they need

In order to get the assistive aids they need, Alaskans with disabilities need help finding information on what's available and obtaining financial assistance to buy or lease equipment. Almost 4,000 lack current information about new forms of assistive technology that could help them live more independently.

Type of Service	Persons Not Receiving Needed Information
Information on new technology	3,900
Finding companies that sell or lease equipment	2,900
Financial aid	2,300

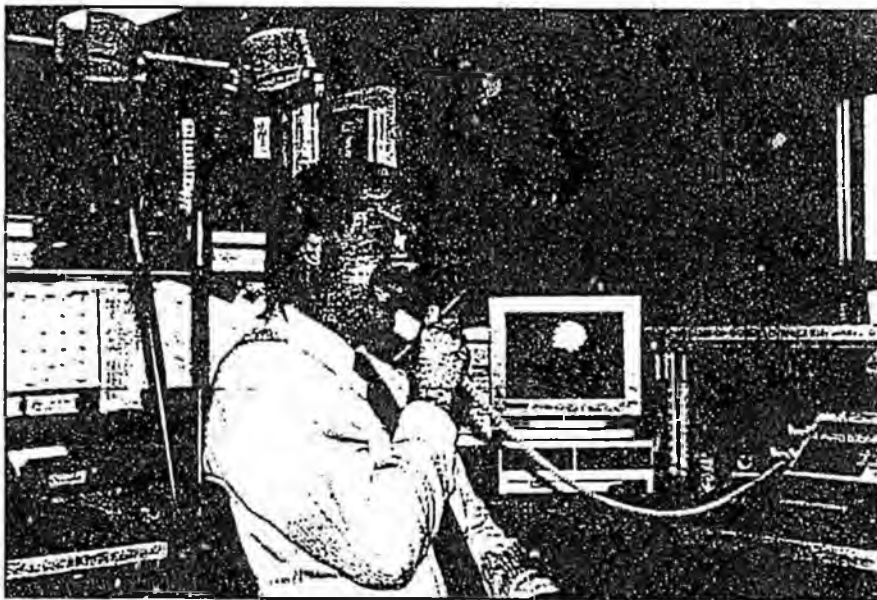
A profile of Alaskans with disabilities

Most Alaskans with disabilities are white, between 18 and 59 years of age and live in Southcentral Alaska. However, a significant number of Alaskans with disabilities are Native, many are 60 years or older and many reside in rural or Bush Alaska.



Younger Alaskans with disabilities see a need for computer-related aids

Alaskans with disabilities under 18 years-old seemed to show the greatest interest in technology adapted to computers. However, this younger group showed less interest in other forms of assistive technology, as did persons who were 60 years or older. This may be because many of their needs are being met by a parent or other member of their household.



Assistive technology is a big need for persons of working age

Technology in the workplace and at home was requested most often by persons with disabilities in the 18-59 age bracket. This is not surprising, since 18-59 is the average span of working years and a time when people usually live independently.

Alaska Natives have a greater need for assistive aids than other races

Alaska Natives, who represent 17% of Alaskans with disabilities, have a greater need for all forms of assistive technology. Their greatest need was for equipment to improve their ability to move around. Natives represented 41% of all Alaskans with disabilities requesting mobility assistance. The second greatest need expressed by Natives was for assistive technology in the home. Accessible transportation, aids to help with face-to-face communication and personal care assistance were the next greatest needs, in that order.



Rural Alaskans with disabilities represent the largest unmet need

A much larger number of rural Alaskans with disabilities require assistive technology of all kinds, compared to the state's major cities. Southcentral Alaska residents showed less need for assistive aids, possibly indicating a greater availability to residents in this region compared to the rest of the state.

The right tools must be found to meet these needs

The ISER study clearly shows that Alaskans with disabilities have many needs that are not being met for all forms of assistive technology. However, the study did not ask exactly how people expected to use this technology to meet their needs. As a result, it is difficult to determine what specific kinds of devices are required. In the case of computer-related technology, specific uses should be determined before deciding what role this often complex equipment may take.

Information services can help determine which tools are best

Access to information about the most current technology available to help with an individual's unique disability will help Alaskans make wiser decisions regarding which forms of assistive technology can best meet their needs.

Major findings from congressional hearings

The following points were documented during Congressional hearings prior to the adoption of the Technology-Related Assistance for Individuals with Disabilities Act in 1988.

- Technology is a powerful force in the lives of most U.S. residents.
- Technology can provide tools to make performing tasks quicker and easier.
- Assistive technology is a necessity that enables individuals with disabilities to engage in many tasks.
- There exists already a substantial number of assistive technology devices.
- The use of assistive technology devices and services can reduce the cost of disabilities to society.
- Many individuals with disabilities do not have access to assistive technology devices and services that would allow them to function commensurate with their abilities.
- There are insufficient incentives for commercial pursuit of the application of devices because of limited markets.
- There is a lack of coordination at the federal level among agencies that provide or pay for the provision of assistive technology devices and services.

The above findings were provided by the RESNA Technical Assistance Project, 1101 Connecticut Avenue, N.W., Suite 700, Washington, DC 20036.



WALTER J. HICKEL/GOVERNOR
State of Alaska

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

P.O. Box 240249 • Anchorage, Alaska 99524-0249 • Phone: 907-563-5355 • Fax: 907-563-5357

March 15, 1994

Senator Rick Halford
Alaska State Senate
Capital Building
Juneau, Alaska 99801 - 1182
(Interdepartmental Mail Stop 3100)

Dear Senator Halford:

The Governor's Council on Disabilities and Special Education supports Senate Bill 70 and we request the bill be calendared for a vote by the Senate. As Alaska's Developmental Disability Planning Council, we have studied the bill and worked with people with disabilities to see that their concerns have been addressed in the bill's present form.

It has been said that technology is the great liberator. People with disabilities require access to assistive devices to achieve employment and live with independence. The Council believes that SB 70 will go a long way in accommodating these needs.

The current version of the bill clarifies the administrative procedures that will be used to implement the program. The process to apply for a loan is based upon sound banking principles. Federal money will be used in a creative way to provide a sustainable program for future benefit of Alaskans with disabilities.

Please schedule the bill for Senate action. We would be glad to answer any questions that you may have about the bill.

Sincerely,

A handwritten signature in black ink, appearing to read "David Maltman".

David Maltman
Executive Director



DENALI STATE BANK

119 N. Cushman Street • (907) 456-1400 • FAX (907) 456-2140 • P.O. Box 74588 • Fairbanks, Alaska 99707-4588

March 10, 1991

Senator Jim Duncan
c/o Alaskan Senate
Juneau, AK

RE: SB373

Dear Senator Duncan:

Thank you for introducing the above referenced bill. This letter is in support of your efforts to provide a loan guaranty and interest rate subsidy program for assistive technology. Passage of this legislation and funding of the program should allow many handicapped citizens of the State of Alaska to continue to be productive workers in our society. As we all know, a mentally or physically handicapped person can contribute much to a business or organization and enactment of this legislation continues to help to accomplish that purpose.

Denali State Bank stands ready cooperate in this program to provide loan funds. I have also discussed this matter with my Alaskan colleagues and find that they are in support of this issue.

May your efforts be rewarded with a swift passage of this bill. Thank you.

Sincerely yours,

Gary Roth
President and Chief Executive Officer

GR/bf

ROTH LETTER

Governor's Committee on Employment of People with Disabilities
P.O. Box 107018
Anchorage, Alaska 99510-7018
(907)269-4877: Voice (907)269-4879: Text Telephone

March 19, 1993

Senator Jim Duncan
Capitol, Room 119
Juneau, Alaska 99811-1182

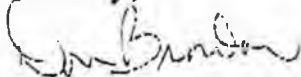
Dear Senator Duncan:

The members of the Governor's Committee on Employment of People with Disabilities would like to express their support of Senate Bill No. 70 and its companion House Bill No. 139. The Governor's Committee is interested in any legislation which may enable individuals with disabilities to gain, retain or advance in employment.

As you know, this legislation addresses a significant population of individuals in Alaska - the approximately 58% of individuals with disabilities who do not have access to the equipment which can help them live more sufficient lives. Not only will this assist individuals with disabilities, but also their families and businesses.

The Governor's Committee supports the intent of SB-70 and HB-139 and will be monitoring its progress as it makes its way through committee. If we can be of assistance in any way, please let us know.

Sincerely,



Don Brandon, Chair

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S

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HOUSE COMMITTEE REPORT

(9)

Date Referred: March 26, 1993

FURTHER REFERRALS:

Finance

Date of Committee Action: 4-12-93

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: CSSSSB 71(FIN) am

CS FOR SPON. SUB. FOR SEN. BILL NO. 71(FIN) am EMERGENCY MEDICAL SERVICES SYSTEM

"An Act relating to emergency medical services; and repealing obsolete references to the Statewide Health Coordinating Council and health systems agencies."

RECOMMENDATIONS:
 be replaced with HCS CS SSSB 71 (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: Senate letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Dept/Date)

fiscal impact H+SS

fiscal note(s) _____

zero fiscal note _____

zero fiscal note(s) C+ED 3/9/93

SIGNING DO PASS	D?	OTHER RECOMMENDATIONS	DNP	NR	AM
<i>[Signature]</i>	<input checked="" type="checkbox"/>	<i>[Signature]</i>		<input checked="" type="checkbox"/>	
<i>[Signature]</i>	<input checked="" type="checkbox"/>	<i>[Signature]</i>		<input checked="" type="checkbox"/>	
<i>Betty Davis</i>	<input checked="" type="checkbox"/>	<i>[Signature]</i>		<input checked="" type="checkbox"/>	
<i>Wene Nicholas</i>	<input checked="" type="checkbox"/>	<i>[Signature]</i>		<input checked="" type="checkbox"/>	

[Signature]
 CHAIRMAN'S SIGNATURE

FISCAL NOTE

STATE OF ALASKA
1993 LEGISLATIVE SESSION

BILL NO. CS SS SB 71 (FIN) Am

Revision Date: March 30, 1993 Dept. Affected: Health and Social Services
 Title: An Act relating to emergency services; and repealing obsolete references BRU: State Health Services
 Sponsor: Leman Component: EMS Training & Licensing
 Requestor: Senate BES COMPONENT SERIAL NO. 297

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY94	FY95	FY96	FY97	FY98	FY99
PERSONAL SERVICES	59.2	61.0	62.8	64.7	66.6	68.6
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	40.0	40.0	40.0	40.0	40.0	40.0
MISCELLANEOUS						
TOTAL OPERATING	99.2	101.0	102.8	104.7	106.6	108.6

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

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

FUNDING: (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	46.2	46.2	46.2	46.2	46.2	46.2
1005 GF/Program Receipts	53.0	54.8	56.6	58.5	60.4	62.4
1006 GF/MHTIA						
Other						
TOTAL	99.2	101.0	102.8	104.7	106.6	108.6

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY93) impact: None

ANALYSIS: (Attach a separate page if necessary)

Personal Services

To implement the provisions of SS SB 71 the Section of Emergency Medical Services will require funding for one full time position in Juneau. This is an existing position for which the department will not receive FY94 federal funding for trauma registry activities. The cost estimates for FY95 to FY99 include an 3% annual inflation adjustment. PCN 06-1654 Research Analyst III, Juneau, Rg. 18, A/B, \$59.2

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

Phone: 465-3090
 Date: March 30, 1992

Approved by Commissioner: Theodore A. Mala, MD, MPH
 Agency: Department of Health and Social Services

Date: 4/1/93

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ANALYSIS (cont.):

Grants

Grants to regional emergency medical services councils for patient record information abstracting from the hospitals. \$40.0

Revenue estimates for the patient information system are based on implementation of a fee service charges \$53.0 for 25 facilities. The hospital fees will be established through regulations and is anticipated to be based upon pro-rated charges for the trauma patient encounters for each facility. Due to the nature of this program and the public health benefits obtained from full cooperation, the department is requesting \$46.2 GF support in order to keep the facility cost reasonable.

FISCAL NOTE

No. 1

STATE OF ALASKA 1993 LEGISLATIVE SESSION

Bill Version: SSSB 71

(S) Publish Date: 3-9-93

Revision Date:	Dept. Affected: <u>Commerce & Economic Development</u>
Title: <u>An Act relating to emergency medical</u>	BRU: <u>Occupational Licensing</u>
SERVICES:.....	Component: <u>Operations</u>
Sponsor: <u>Senator Leman</u>	
Requestor: <u>Senator Leman</u>	COMPONENT SERIAL NO. <u>1844</u>

Expenditures/Revenues:	(Thousands of Dollars)					
OPERATING	FY 94	FY 95	FY 96	FY 97	FY 98	FY 99
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	.0	.0	.0	.0	.0	.0
CAPITAL						
REVENUE FUND SOURCE:	.0	.0	.0	.0	.0	.0

FUNDING:	(Thousands of Dollars)					
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	.0	.0	.0	.0	.0	.0

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

Estimate of current year (FY 93) impact: 3 None

ANALYSIS: (Attach a separate page if necessary)
 Sections 1-6 of the bill relate to Occupational Licensing. The bill seeks to remove the wording "physician-trained" when referring to a mobile intensive care paramedic. New funding is not required to implement provisions of this bill.

Prepared by: Jennifer Strickler, Administrative Officer
 Division: Occupational Licensing

Approved by Commissioner: Paul Fuhs
 Agency: Commerce & Economic Development

Phone: 465-2144
 Date: 3/2/93

Date: 3/4/93

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Changes in SSSB 71 (FIN)
 have no fiscal impact. This
 fiscal note is appropriate.

3-22-93 kl
 date Comte Aide (initial)

Fiscal Note - CED



Alaska State Legislature

House of Representatives

COMMITTEE ON HEALTH, EDUCATION
AND SOCIAL SERVICES

DATE: APRIL 12, 1993

PLACE: Capitol Room 106

SUBJECT OF MEETING:

HB 85: PUBLIC SCHOOL FOUNDATION PROGRAM
(TELECONFERENCE)

BILLS HELD OVER FROM PREVIOUS CALENDARS
MAY BE HEARD

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
MARK S. JOHNSON	DNSS, EMS	DNSS, EMS P.O. Box 110616 JUNEAU	99811-2116	463-5807	465-3027	<input checked="" type="checkbox"/> N	SB 71 Answer Questions
DUANE GUILLEY	DOE	JUNEAU AK	99801	463-5772	465-2891	<input checked="" type="checkbox"/> N	AVAILABLE TO ANSWER QUESTIONS
						<input type="checkbox"/> N	
						<input type="checkbox"/> N	
						<input type="checkbox"/> N	
						<input type="checkbox"/> N	
						<input type="checkbox"/> N	
						<input type="checkbox"/> N	
						<input type="checkbox"/> N	
						<input type="checkbox"/> N	

4/12/93

LTH1100-R01
04/23/93

LEGISLATIVE TELECONFERENCE NETWORK

PAGE 01
11:09:19

TCN: 30516 DATE & TIME: 04/12/93 15:00 TO 17:00 STATUS:7 STATS. IN

**** ORDER SUMMARY ****

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

SPONSOR REMARKS(PUB): TESTIMONY:Y ALLOWED 10 MINUTE LIMIT
THERE IS A NEW COMMITTEE SUBSTITUTE FOR HB 85 THAT WAS ADOPTED AT OUR MEETING
ON 4/6. IF YOU WOULD LIKE A COPY BEFORE THE MEETING PLEASE CALL.
TCN REQUESTED ON 04/12/93 AND HAS 5 UPDATES

**** AGENDA ****

1 HB 85 PUBLIC SCHOOL FOUNDATION PROGRAM

**** PARTICIPATING LIOS ****

ANC ANCHORAGE	3111 C STREET	LOCATION STAFF
BAR BARROW	COURTHOUSE #305	LOCATION STAFF
DLG DILLINGHAM	KANGIIGUTAG BLDG	LOCATION STAFF
HOM HOMER LTC	126 W PIONEER #4	LOCATION STAFF
* JNU JUNEAU	CAPITOL CAP106	LOCATION STAFF
SOL KEN/SOL	34824 KALIFONSKY	LOCATION STAFF
TOK TOK LIO	MF 1314 AK. HWY	LOCATION STAFF
VAL VALDEZ	STATE BLDG. #13	LOCATION STAFF

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

SOL SEW SEWARD	COMMUNITY LIB.	VICKY SEIGEL	(907)224-3740
ZZZ OFI OFFNET 1	FUNTER BAY	DONNA EMERSON	(907)790-3888

PARTICIPANTS IN ANCHORAGE ANC

1	BONNIE THOMPSON	ANCHORAGE	OBSV. HB 85
	PO BOX 110282	ANCHORAGE	AK 99511 (907)345-4793
2	DENNIS WETHERELL	WASILLA	TSFY. HB 85
	PO BOX 876862	WASILLA	AK 99687 (907)745-2007
3	FRAN TALBOTT	ANCH S.D.	TSFY. HB 85
	25-500 N. MULDOON RD.	ANCHORAGE	AK 99506 (907)337-4277
4	LINDA OKLAND	ANCHORAGE	TSFY. HB 85
	2702 MCKENZIE DR.	ANCHORAGE	AK 99517 (907)346-1964
5	MAUREEN KNIGHT	CHILD OF GIFTED	TSFY. HB 85
	10424 LOUDERMILK CIRCLE	ANCHORAGE	AK 99517 (907)346-1964
6	LARRY WIGET	ANCH S.D.	TSFY. HB 85
	4600 DEBARR RD.	ANCHORAGE	AK 99519 (907)269-2255
7	DID NOT SIGN IN		OBSV. HB 85
			AK (907)000-0000

PARTICIPANTS IN BARROW BAR

1	STEVE YATES	NORTH SLOPE	BSD TSFY. HB 85
	BOX 169	BARROW	AK 99723 (907)852-5311

PARTICIPANTS IN DILLINGHAM DLG

1	MRS. LOUANN NUNN	DLG SCHOOL BOARD	OBSV. HB 85
	BOX 75	DILLINGHAM	AK 99576 (907)842-2529

PARTICIPANTS IN: JUNEAU JNU

TCN: 30516 DATE & TIME: 04/12/93 15:00 TO 17:00 STATUS:7 STATS. IN

PARTICIPANTS IN: JUNEAU

JNU

2 REP.	BETTYE	DAVIS		AK	(907)000-0000
					TSFY. HB 85
3 REP.	HARLEY	OLBERG		AK	(907)000-0000
					TSFY. HB 85
4 REP.	CYNTHIA	TOOHEY		AK	(907)000-0000
					TSFY. HB 85
5 REP.	CON	BUNDE		AK	(907)000-0000
					TSFY. HB 85
6 REP.	GARY	DAVIS		AK	(907)000-0000
					TSFY. HB 85
7 REP.	PETE	KOTT		AK	(907)000-0000
					TSFY. HB 85
8 REP.	AL	VEZEY		AK	(907)000-0000
					TSFY. HB 85
9	TESTIFIER			AK	(907)000-0000
					TSFY. HB 85
10	ANNETTE	KRIETZER	STAFF/LEMAN	AK	(907)000-0000
					TSFY. HB 85
11	OBSERVER			AK	(907)000-0000
					OBSV. HB 85
19	OBSERVER	9		AK	(907)000-0000
					OBSV. HB 85
				AK	(907)000-0000

PARTICIPANTS IN: KEN/SOL

SOL

1 MR.	RICHARD	SWARNER	KPBSD		TSFY. HB 85
	148 N. BINKLEY		SOLDOTNA	AK 99669	(907)262-5846
2 MS.	DEBRA	SHUEY	CCS		TSFY. HB 85
	BOX 3867		SOLDOTNA	AK 99669	(907)262-9368
3 MS.	MARJORIE	CAMPBELL			OBSV. HB 85
	402 BIRCH ST.		KENAI	AK 99611	(907)283-3525

PARTICIPANTS IN: SEWARD

SOL SEW

1 MR.	MIKE	WILEY	SELF		TSFY. HB 85
	P O BOX 618		SEWARD	AK 99624	(907)224-5563

PARTICIPANTS IN: VALDEZ

VAL

1 MR.	HARRY	ROGERS	SUPERINTENDENT		TSFY. HB 85
	BOX 398		VALDEZ	AK 99686	(907)835-4357
2 MR.	JOHN	TONGEN	BUS. MGR. VCS		OBSV. HB 85
	BOX 398		VALDEZ	AK 99686	(907)835-4924

TCN: 30516 DATE & TIME: 04/12/93 15:00 TO 17:00 STATUS:7 STATS. IN

PARTICIPANTS IN: VALDEZ

VAL

3 MR.	JIM	LINSEY	SCHOOL BD.		OBSV. HB 85
	BOX 809		VALDEZ	AK 99686	(907)835-4521
4 MR.	DOUG	GRIFFIN			OBSV. HB 85
	BOX 307		VALDEZ	AK 99686	(907)835-4313

PARTICIPANTS IN: OFFNET 1

ZZZ OF1

1	DONNA	EMERSON		AK	TSFY. HB 85
			<u>FUNTER BAY</u>		(907)000-0000

Eagle Emergency Medical Service
Box 153
Eagle, Alaska 99738

To: Members of House of Representatives
Health, Education and Social Services Committee
Juneau, Alaska 99801

Subject: CS for SS for Senate Bill 71

It is our understanding that CS for SS Senate Bill 71 will be coming before your committee the afternoon of April 7. We would like to ask your support, with the following qualifications, for this bill.

As a volunteer ambulance service, we recognize the need for increased trauma training and services in this vast State. The above mentioned bill, as it is proposed meets that need except for the fact that it does not provide the necessary funding to implement it and the need to continue funding for its future needs. This statute does not address a single year program or future needs.

In addition the proposed revision of Section 12 AS 18.08.030 in SB 71 deletes the mandated geographical representation of each area on the Advisory Council on EMS. This change would not give the vital representation of cross-cultural and rural representation that the current board has.

Another area that needs to be addressed is the replacing of EMS personnel with clinical representatives (Drs. Nurses & Hospital administrator). The primary purpose and goal of the EMS Advisory Council is the planning and implementing of a statewide emergency system in which the prehospital care providers are the main component. Though it is important to include clinical practitioners in the process, it is just as important to maintain a balance of representation for the prehospital care providers. Those prehospital providers make the difference in getting the patient (victim) stabilized and then delivered to a higher level of care facility. Many of the clinician have only worked in a standard care facility and are not prepared or knowledgeable in caring for the person in the middle of a remote area, with the barest amount of medical equipment and lengthy transport. We were able to experience this first hand

page 2 Eagle EMS letter to House of Representatives

When our small community and very small rescue squad/volunteer responded to the bus wreck on the Taylor Highway in 1988.

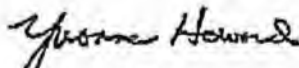
It would have been nice to have a hospital right there, but like most of Alaska, trauma trained prehospital care providers made the difference. There was no further loss of life because of it.

We would like your support of SB 71 with the following additions:

- 1.) Add a minimum of \$150,000 to the grants section of the fiscal note for EMS. Thus providing for the needed funds to implement and continue the statute as required.
- 2.) Insure the funding to be perpetuated so that the mandated statute can continue for the future.
- 3.) Insure that the balance of cross-cultural and rural representatives is maintained on the Advisory Council by continuing with the current judicial boundaries to select representatives and to keep to the current minimum, the number of EMS representatives on the council.

We do appreciate your assistance in supporting the high quality of emergency medical services in the State of Alaska

Sincerely,

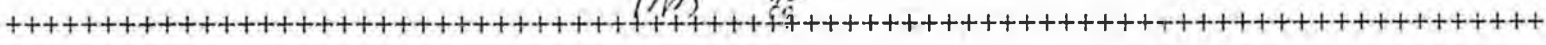


Yvonne Howard, President of Eagle EMS

BILL SB71 DATE 4/12/92
 TAPE 93-62 NUMBER 313
 SUBJECT OF VOTE PK Amend 1 to have 3 members of
Comm come from different JUD DISTRICT

MEMBER	YEA	NAY	ABS
Rep. Tom Brice			
Rep. Cynthia Toohey	X		
Rep. Con Bunde	X	X	
Rep. Gary Davis	X		
Rep. Al Vezey		X	
Rep. Pete Kott	X		
Rep. Harley Olberg	X		
Rep. Bettye Davis	X		
Rep. Irene Nicholia	X		
TOTAL	6	2	

PASS



BILL SB 71 DATE 4/12
 TAPE 93-62 NUMBER 350
 SUBJECT OF VOTE None
inf

MEMBER	YEA	NAY	ABS
Rep. Cyrthia Toohey	X		
Rep. Con Bunde	X		
Rep. Gary Davis	X		
Rep. Al Vezey	X		
Rep. Pete Kott	X		
Rep. Harley Olberg	X		
Rep. Bettye Davis	X		
Rep. Irene Nicholia	X		
Rep. Tom Brice			
TOTAL	8	0	

PAS

DHSS

STATE OF ALASKA
AN ASSESSMENT
OF
EMERGENCY MEDICAL
SERVICES

September 14 - 16, 1992

National Highway Traffic
Safety Administration
Technical Assistance Team

Gail Cooper
Susan D. McHenry
Stuart A. Reynolds, MD, FACS
Susan D. Ryan
John C. Sacra, M.D.
Wade N. Spruill, Jr.

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BACKGROUND

Injury is the leading cause of death for persons in the age group 1 through 44. Each year nearly 50,000 people lose their lives on our nation's roads, and approximately 70 percent of those fatalities occur on rural highways. The National Highway Traffic Safety Administration (NHTSA) is charged with reducing accidental injury on the nation's highways. NHTSA has determined that it can best use its limited resources if its efforts are focused on assisting States with the development of integrated emergency medical services programs that include comprehensive systems of trauma care.

To accomplish this goal, NHTSA has developed a Technical Assistance Team (TAT) approach that permits States to utilize highway safety funds to support the technical evaluation of existing and proposed emergency medical services programs. NHTSA serves as a facilitator by assembling a team of technical experts who have demonstrated expertise in emergency medical services development and implementation. These experts have demonstrated leadership and expertise through involvement in national organizations committed to the improvement of emergency medical services throughout the country. Selection to the Technical Assistance Team is also based on experience in special areas identified by the requesting State. Examples of specialized expertise include experience in the development of legislative proposals, data gathering systems, and trauma systems. Experience in similar geographic and demographic situations, such as rural areas, coupled with knowledge in providing emergency medical services in urban populations is essential.

The Alaska Department of Public Health, Emergency Medical Services Section, in concert with the Alaska Department of Public Safety, Governor's Traffic Safety Bureau requested the assistance of NHTSA. NHTSA agreed to utilize its technical assistance program to provide a technical evaluation of the Alaska statewide EMS Program. NHTSA developed a format whereby the Alaska Emergency Medical Services Section provided comprehensive briefings on the EMS system based on an outline developed by the Technical Assistance Team.

The Technical Assistance Team assembled in Anchorage, Alaska on September 14 through September 16, 1992. For the first day and a half, over 35 presenters representing various components of the EMS system in the State of Alaska, provided in-depth briefings on emergency medical services and trauma care in Alaska. Topics for review and discussion included the following:

General Emergency Medical Services Overview
of System Components

Regulation and Policy
Resource Management
Human Resources and Training
Transportation
Facilities
Communications
Trauma Systems
Public Information and Education
Medical Direction
Evaluation

The forum of presentation and discussion allowed the Technical Assistance Team the opportunity to ask questions regarding the emergency medical services system, clarify any issues identified in the briefing materials provided earlier, and develop a clear understanding of how emergency medical services function throughout Alaska. The team spent considerable time with each presenter so that they could review the status for each topic.

Following the briefings by presenters from Alaska EMS, public and private sector providers, and members of the medical community, the Technical Assistance Team sequestered to evaluate the current EMS system as presented and to develop a set of recommendations for system improvements.

When reviewing this report, please note the areas in *bold italics* represent priority areas identified by the Technical Assistance Team.

The statements made in this report are based on the input received. Pre-established standards and the combined experience of the team members were applied to the information gathered. All team members agree with the recommendations as presented.

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ACKNOWLEDGMENTS

The Technical Assistance Team would like to acknowledge the Alaska Department of Public Safety, Governor's Highway Safety Bureau and the Alaska Department of Health and Social Services, Division of Public Health, Emergency Medical Services Section for their support in conducting this assessment to improve emergency medical services in Alaska.

The Team would like to thank all the presenters for being candid and open regarding the status of emergency medical services in Alaska. Each presenter was responsive to the questions posed by the Technical Assistance Team which aided the reviewers in their evaluation.

Special recognition should be made regarding the extraordinary efforts taken by Mark Johnson, Emergency Medical Services Section and staff, and the briefing participants for their well prepared and forthright presentations. In addition, the team applauds the well-organized, comprehensive briefing packages sent to the team members in preparation for the assessment. Special thanks also to Traci Carpenter, Governor's Highway Safety Bureau for providing assistance to the Technical Assistance Team.

INTRODUCTION

The immense size, unusual geography, diverse population and demographics, severe weather and awesome beauty of Alaska quickly set it apart from the "lower forty-eight". These unique features give Alaska a special fascination and allure, while presenting many challenges to the emergency medical system.

Although it is the largest in land area of all the states, it is the second smallest in population. Its population density is by far the lowest, with 0.96 persons per square mile, but when the population of the Municipality of Anchorage is excluded, the population averages 0.57 persons per square mile. This remaining population is spread across the state in 20 regional centers and nearly 300 villages and towns, three-fourths of which have no road access to communities with hospitals. The population consists of several ethnic groups, including Caucasians, Alaska Natives (Indians and Eskimos), and Asian and Pacific Islanders, African Americans, and others.

Alaska is a huge state, covering 586,412 square miles, more than twice the size of Texas. It has six major mountain ranges, half the world's glaciers, and more active volcanoes than any other country in the world. It has 6,640 miles of coastline, making it larger than that of all of the rest of the combined states. Many villages in Alaska are hundreds of miles from the nearest hospital. Alaska's harsh climate, combined with numerous mountain ranges, can make travel extremely difficult much of the year.

The EMS system is comprised of a rich mix of volunteer and career providers, from Community Health Aides in the predominantly Native villages to EMT-Paramedics in the more developed areas, with many levels in between. An equally creative approach is used to providing needed emergency transportation, from dog sleds and snow machines in the Bush, where there are no roads for vehicular travel, to "state of the art" ambulances in some urban centers, to a vast array of aeromedical transport resources.

The many significant challenges of the Alaska EMS system, which to others may seem overwhelming, seem to bring out the best in the dedicated people at the state, regional, sub-regional and most local levels. The many creative and innovative programs and approaches to providing emergency medical care are a tribute to the men and women of Alaska who are so clearly committed to quality of life for her people, despite the odds.

ALASKA EMERGENCY MEDICAL SERVICES (EMS)

The Technical Assistance Team reviewed ten essential components of an EMS system. For each component reviewed, the Technical Assistance Team identified key EMS issues or standards, assessed the status, and made recommendations for necessary changes.

A. REGULATION AND POLICY

Standard

To provide a quality, effective system of emergency medical care for adults and children, each EMS system must have in place comprehensive enabling legislation with provision for a lead EMS agency, as well as a funding mechanism, regulations, and operational policies and procedures.

Status

Alaska enacted statewide EMS legislation in 1977 and 1978. This legislation was comprehensive for its time and set forth the Department of Health and Social Services as the State EMS Lead Agency. Further it established a State EMS Advisory Council, the authority to certify EMTs including providers and services, and award grants to regional EMS Agencies for EMS system development. Based on this legislation a number of different regulations have been developed. These include regulations to certify:

- EMT Basic and Advanced providers
- EMT Basic instructors
- Basic and advanced life support services
- Medevac services including critical care air ambulance and specialty aeromedical transport teams
- Emergency trauma technician instructors and training programs
- Defibrillator technicians and training programs

In the State of Alaska paramedics are certified by the State Medical Board. It appears that the authority to regulate paramedic training programs is absent. Additionally there continues to be a requirement for all EMS rules and regulations to be reviewed and concurred with by the Department of Public Safety prior to their adoption or implementation.

The current statutes are not comprehensive in that they lack the ability to fully develop, implement, enforce and monitor the complete complement of EMS activities. Such essential elements as facility assessment, categorization of facilities, trauma center designation, emergency medical dispatch training and certification, dedicated system funding for administration and service provision, and comprehensive immunity for all system participants is missing. The current legislation does not provide the clarity or authority necessary to carry out currently defined tasks. This is evidenced by the lack of enforcement capabilities at the state level, the

reliance on the "good faith" efforts of service providers to meet standards, and no inspection or verification activities within the state. Clearly this legislation met the needs of the state in the 70's but needs to be updated to meet the needs of the Alaska EMS system in the 90's, recognizing the unique needs of remote areas and the Native populations.

Recommendations

- ◆ *Update and amend current statutory authority for EMS system development and maintenance.*
- ◆ *Enhance the effectiveness of current decentralization of certain EMS functions by ensuring appropriate statutory or regulatory authority to:*
 - *Tie regional funding to need and outcome*
 - *Develop performance based contracts for regional services*
 - *Ensure the sharing of project outcomes and information*
 - *Standardize programs and systems among and between regional agencies.*
- ◆ Clarify in statute or regulation the scope of practice for all prehospital providers such that it is consistent with National standards.
- ◆ Ensure a mechanism in regulation for the State EMS Medical Director to have the authority to review, evaluate and make appropriate recommendations to regional EMS plans, including but not limited to, policies, procedures and treatment protocols.
- ◆ Develop and implement a procedure to ensure the timely development, implementation and revision of regulations.
- ◆ Encourage commitment from Indian Health Service (IHS)/Public Health Services (PHS) to provide prehospital training activities.
- ◆ *Dedicated funding to carry out the mission, goals and objectives of the State EMS agency and regional EMS systems must be sought. The TAT recognizes that there may be statutory limitations with dedicating funding to EMS system development and operations, however, if a truly comprehensive system is to be realized this must be accomplished. All funding for local regional programs should be allocated through the state EMS agency and tied to operational goals. Consideration of specific revenue sources should include:*
 - *Billing for all ambulance transports*
 - *Charging fees to certify individuals and services.*
- ◆ Traditional and non-traditional sources of revenue should be explored and implemented as appropriate.
 - Increase General Fund appropriation
 - User fees on tourism
 - Hotel/motel room surcharge

- Camping fees
- Hunting license fees
- Fishing license fees
- Vehicle license fees
 - Registration
 - Moving vehicle fines and forfeitures
- Sin taxes
 - Alcohol
 - Cigarettes

- ◆ Incentives should be developed for currently underserved remote and isolated areas that institute creative revenue generating programs.
- ◆ Ensure funding allocations are tied to EMS goals document.
- ◆ Ensure continued maintenance for all currently funded projects, such as injury prevention and trauma registry.

B. RESOURCE MANAGEMENT

Standard

The provision of centralized coordination to identify and categorize the resources necessary for overall system implementation and operation is essential to an effective EMS system. This is required to maintain a coordinated response and appropriate resource utilization throughout the State. It is essential that adult and pediatric victims of medical or traumatic emergencies have equal access to basic emergency care, including the triage and transport of all victims by appropriately certified personnel (at a minimum, trained to the EMT-Basic level) in a licensed and equipped ambulance to a facility that is appropriately equipped and staffed, and ready to administer to the needs of the patient.

Status

The lead agency for the development of the statewide emergency medical services (EMS) system in Alaska is the Emergency Medical Services Section, Division of Public Health, Department of Health and Social Services. The Section staff consists of program administrators and clerical support in Juneau. The state lead agency for EMS is responsible, by statute, for the development, implementation, and maintenance of a comprehensive statewide emergency medical services system. By providing grants and overall program direction, the Section works through regional EMS councils and non-profit health corporations to coordinate air and ground ambulance agencies and other prehospital care with hospital care, Native health corporations, and other related organizations.

The EMS Section, with input from local, regional, and private entities throughout the state, has developed, and is currently revising, "Alaska EMS Goals: A Guide for Developing Alaska's Emergency Medical Services System". This document provides for annual needs assessments, and for the awarding of grants to EMS regions. This is an exceptional tool to guide program development at the various service levels throughout the state. It appears, however, that many of the statewide goals are not universally applied or have not enjoyed the full commitment and support from all sectors. The EMS Section also annually updates and publishes a comprehensive "Alaska Emergency Medical Services Directory", which lists EMS and related resources throughout the state.

The State Advisory Council on EMS (ACEMS) is a body of eleven members appointed by the Governor to advise the Department of Health and Social Services on the overall development of a statewide, comprehensive EMS system. ACEMS also includes liaison representatives from various positions and organizations. Policies, guidelines, and regulations are developed in cooperation with the State Advisory Council on EMS and its various subcommittees and task forces.

The Alaska EMS program is coordinated by a small central office in Juneau, and by regional and subregional offices throughout the state. This decentralized approach seems to be a fairly

effective mechanism to deal with the vast land mass and varying needs of the state. The regions appear quite diverse, in many respects, but all are clearly committed to quality patient care given existing resources and are proactive advocates for continued improvement of EMS within their regions or subregions. Several regions have exciting innovative programs that may have applicability to other areas. One example of such a program is the "Supply Store" concept operated by at least two regions to assist local ambulance services in acquiring needed supplies in reasonable quantities, at a more affordable cost. It appears that there are more similarities among the regions that might be taken advantage of and that, if common needs and problems can be identified, some economies of scale may be reached in developing coordinated solutions, and in sharing successful programs.

Regarding other key system resources, it appears that a full hierarchical structure of human resources is in place, taking into account the unique needs and resources of the state. In addition, normal transport resources are generally available, configured to the special environments of the state. It is apparent that the Alaska Native population has very unique needs that reach beyond the normal EMS system configuration.

Recommendations

- ◆ *Provide sufficient funding to enable state EMS lead agency to effectively carry out its comprehensive roles and responsibilities, including system coordination and resource management.*
- ◆ *Conduct EMS system needs assessment to determine most effective management/staffing arrangements for state EMS Section and regional and sub-regional EMS councils.*
- ◆ Review the role of the Advisory Council on EMS, with focus on increasing proactive role in defining and articulating statewide EMS goals both within the EMS system and for the state administration.
- ◆ Identify similarities in regional needs/programs through improved communications and sharing.
- ◆ Continue to aggressively seek a minimum of EMT-I level care in every village/community throughout the state.
- ◆ *The State should assume a strong leadership role that ensures resources are allocated based on clearly identified needs.*

C. HUMAN RESOURCES AND TRAINING

Standard

EMS personnel can perform their mission only if adequately trained and available in sufficient numbers throughout the State. At a minimum, all transporting prehospital personnel should be trained to the EMT-Basic level. In addition, each prehospital training program should use a standardized curriculum for each level of EMT personnel. In an effective EMS system, training programs are routinely monitored, instructors must meet certain requirements, and the curriculum is standardized throughout the State. In addition, the state agency must provide a comprehensive plan for stable and consistent EMS training programs with effective local and regional support.

Status

Since the inception of the Alaska EMS Program, training has clearly remained a top priority. Supported with statutory authority, Alaska's EMS agency coordinates standardized training programs for all levels of EMS personnel (except EMT-P) tests and certifies personnel accordingly. Today, there are over 1,900 EMT-I's (EMT Basics), 496 EMT-II's, 434 EMT-III's, and approximately 150 EMT-P's (MICP). Additionally, Alaska has 365 Defibrillation Technicians certified and a large compliment of Emergency Trauma Technicians (first responders).

Given the tremendous distances between health care responders and facilities throughout Alaska, exemplary efforts have been made to address local emergency response through training and recognition of several levels of emergency practice extenders, i.e. Community Health Aides and Mid-level Practitioners. These valuable responders offer credible alternatives for response to remote crises and contribute greatly to Alaska's first line of emergency health care.

Alaska has demonstrated national leadership in the areas of aeromedical training and response. Augmenting this program is a specialty aeromedical training program for non-aeromedical providers who may be called upon to transport patients by fixed wing or rotor aircraft when Medevac teams are not available. This training program has an accompanying air transport manual for reference by these providers. It should also be noted that Alaska has contributed greatly to quality EMT instruction by the development of a statewide/standardized EMT-Basic Instructor Training and Certification Program. This program helps to assure consistent and up-to-date training for the EMT-Basic level throughout the state. However, the rigorous nature of this training program may preclude the recruitment and retention of adequate numbers of EMT Instructors.

Coordination of training throughout Alaska is assisted via a State Training Committee. This Committee, which represents most training programs, provides consistency and direction in the state application of EMS training programs. In an effort to meet the tremendous burden for training, some regional programs have developed contracts with private EMT instructors and

groups. These instructors provide valuable access to training which would otherwise be delayed or not available. However, there are other regions that lack the human and financial resources to provide adequate training. Since this occurs primarily in underserved areas, the team is concerned about the vast disparity regarding courses and instructors among the regions.

The TAT recognizes that a multitude of other specialty EMS programs (ATLS, ACLS, BTLIS, PALS, WEMT, etc.) are provided, although specifics regarding availability were not clearly presented. Testimony was given which suggested that there are ongoing needs for additional training programs and instructor programs at all EMS levels. Documentation of this deficiency or plans for resolution were not offered. The TAT is concerned about the retreating interest among law enforcement agencies in first responder training. Finally, the team noted the absence of in-state EMT paramedic training.

Recommendations

- ◆ *State EMS Section should conduct a statewide training needs assessment with special emphasis on regional and subregional needs. This assessment should serve as the basis for planning, budgeting, and distribution of funds for training within the State's comprehensive EMS plan.*
- ◆ Alaska should adopt EMT categories to conform with the 3 nationally recognized EMT levels of certification (EMT-Basic, EMT-Intermediate, EMT-Paramedic). Likewise, skills currently authorized for first responders and EMT-II and -III levels should be allowed as optional skills at one or more of the appropriate EMT levels.
- ◆ Alaska should reestablish EMT-Paramedic training within the state.
- ◆ Alaska should tap all non-traditional resources for EMS training, i.e. public schools, universities, vocational technical facilities, clinics, and non-profit community corporations.
- ◆ Seek and maintain direct Indian Health Services funding for specific prehospital EMS education. Special emphasis should be placed on the EMS component within the Community Health Aide Program for villages and subregional clinics.
- ◆ *In an effort to obtain more EMS instructors, Alaska EMS should review current instructor candidate standards and programs, and should seek other training methodologies, i.e. establish course coordinators, standardize training by video, and expand instructional training programs for other EMT levels (Intermediate and Paramedic).*
- ◆ *Research and establish training for all levels of law enforcement, park service and forestry service personnel at least to the first responder level with the ultimate goal of training these personnel to the EMT Basic level.*
- ◆ Clarify OSHA/Federal/State bloodborne pathogen regulations and take appropriate action which will ensure minimal impact on existing and future training needs.
- ◆ Develop a program which will strengthen the clinical preceptor concept of initial training and re-training of EMS providers.
- ◆ Review the testing procedures to ensure that they are providing an accurate assessment of individuals' competency relative to national standards.

D. TRANSPORTATION

Standard

Safe, reliable ambulance transportation is a critical component of an effective EMS system. Most patients can be effectively transported in a ground ambulance staffed by qualified emergency medical personnel. Other patients with more serious injuries or illnesses, particularly in remote areas, require rapid transportation provided by rotor craft or fixed wing air medical services. Routine, standardized methods for inspection and licensing of all emergency medical transport services is essential to maintain a constant state of readiness throughout the State.

Status

Alaska EMS is authorized by statute to certify (license) EMS services. The licensing process provides for differentiation between basic life support and advanced support levels of care. Briefing documents provided traced the expansion of Alaska's ambulance service system from 35 available services during the late 1970's to 90 plus services available today. Types of services range from ground providers to state-of-the-art air transport service providers. Because of the tremendous land mass of Alaska, and its diverse geographical topography, air service has emerged as the backbone of Alaska's transportation system.

Evidence was presented to the TAT that certification of EMS services is accomplished by provider self assessments and self maintenance to existing standards. While this type of regulatory process is normally considered to be loose and possibly inadequate in assuring compliance to standards, the TAT recognizes that given the limited transport resources throughout most of the state, strictly enforced punitive approaches may not be applicable.

The TAT did not receive specific facts regarding vehicles by types and/or by availability other than those used for air service. Comments from many presenters suggested perceived needs for more transport vehicles of all types. The TAT is concerned by the absence of information regarding utilization of system transport and the flow of patients transported.

Special recognition is given to Alaska EMS personnel for innovative approaches to area driven transportation needs. In short, the TAT accepts that in some cases "whatever vehicle is available often proves to be the best".

Recommendations

- ◆ *Conduct a transportation resources inventory annually.*
- ◆ *Identify and review patient flow patterns including direction, time, and distances in the prehospital setting and match to existing and planned transportation resources.*
- ◆ Consider delegation of survey responsibilities to regions linking funding contracts for the purpose of compliance verification and a plan for improvement.
- ◆ Encourage the highest level of compliance to standards by linking improvements to state/regional grants. This should be flexible to provide realistic rates for improvements according to local transportation resources available.
- ◆ *Investigate joint State/IHS level sponsored transportation systems for rural and remote areas.*
- ◆ Investigate and enhance sharing of transportation resources across regional and other political boundaries.
- ◆ Develop triage and transportation guidelines for transport destination decisions. These guidelines should be based on local available resources and specific patient needs.

E. FACILITIES

Standard

It is imperative that the seriously ill patient be delivered in a timely manner to the closest appropriate facility. This determination needs to consider both stabilization and definitive care. This determination should be free of political considerations and requires that the capabilities of the facilities are clearly understood by prehospital personnel. Hospital resource capabilities must be known in advance so that appropriate primary and secondary transport decisions can be made.

Status

The vast reaches and varying demographics of Alaska have, of necessity, resulted in a collection of markedly varied facilities, widely dispersed, that provide necessary care to its citizens. There are a total of 25 hospital facilities in the state; 15 private, 6 Native American, 1 Indian Health Service, and 3 Military.

The 15 private hospitals are located primarily along the corridor from Fairbanks through Anchorage and down to the southeastern region. Eight hospitals are able to provide relatively comprehensive care, including surgical services, two of which qualify as tertiary care centers. The tertiary centers in Anchorage also provide Neonatal, Burn, and Cardiac Surgical services. The remaining 7 private hospitals provide skilled primary care. The vast western and northern areas are served by 10 Native Health Care Corporation Service Units, 6 of which contain hospitals of 4 to 31 beds, staffed uniformly by primary care physicians. Those service units without a hospital are served by clinics equipped for resuscitation in preparation for transfer. Native American patients needing transfer are served by a comprehensive care IHS facility in Anchorage.

Assumptions and informal relations have resulted in accepted perceptions of the capabilities of each of these institutions without formal and objective categorization. Physician skills and their response to the EMS patient have not been assessed.

The absence of a physician teaching institution in the state precludes many training options and limits the availability of certain specialty care. The lack of this care capability has resulted in a well defined transfer pattern to Seattle for the most comprehensive and complex care.

Recommendations

- ◆ *Assess the resources and capabilities and categorize each of the facilities providing emergency care.*
 - *Determine the physician and specialty availability.*
 - *Identify the emergency response capability.*
 - *Describe how each facility responds to emergencies.*
- ◆ Define the resources appropriate for optimal care in each size facility.
- ◆ Evaluate the current patient transfer and flow patterns.
- ◆ Develop and implement transfer protocols (including patient delivery decisions), and interhospital transfer agreements.

F. COMMUNICATIONS

Standard

An effective communications subsystem is an essential component of an overall EMS system. Beginning with the universal system access number, the communications network should provide for prioritized dispatch, dispatch to ambulance communication, ambulance to ambulance, ambulance to hospital, and hospital to hospital communications to ensure adequate EMS system response and coordination.

Status

At the outset, it should be acknowledged that the Alaska State EMS Director serves as Chair of the Communications Committee for the National Association of State EMS Directors. He has significant expertise in this area and has provided essential leadership to efforts to improve EMS communications capabilities on a national basis.

Within Alaska, special recognition should be given to the ongoing efforts of the Telecommunications Office, Division of Information Systems, Alaska Department of Administration, to coordinate development of communications systems and capabilities to serve the combined needs of the various public safety entities in the state. Not only do EMS, police, fire and emergency services need to meet their respective communications needs, which are often overlapping, but they often need to communicate with one another, especially in mass casualty or disaster situations. In addition, an effective communications system which can benefit by all public safety sectors would be more cost effective and therefore more likely to receive necessary levels of funding. The Telecommunications Office is responsible for planning, design, frequency coordination, installation, and maintenance of state communications systems, including EMS.

Regarding initial notification of and access to EMS services, over 90% of Alaska's population is covered by 911 access. With very few exceptions, almost all level II, III, and IV communities have 911 coverage. Many of the smaller level I villages have no local telephone exchanges. Some villages have only satellite phone, using the small earth satellite telephone systems funded in the mid-1970's. Several city 911 systems have automatic number identification (ANI) and several communities are now in the planning process to upgrade to enhanced 911. In addition, the Department of Public Safety is currently studying the issue of developing a statewide enhanced 911 system. Due to extreme distances in some areas between communities with telephones, emergency call boxes have been installed along the Seward Highway on the Kenai Peninsula and in the Matanuska-Susitna Borough north of Anchorage. It is anticipated that additional call boxes will be installed along certain additional highway corridors.

Dispatch is provided through a variety of configurations, with some being coordinated public safety answering points (PSAPs) and others being very rudimentary alerting systems. A small

number of the more organized dispatch centers have dispatchers who have participated in formal emergency medical dispatch training (Medical Priority Dispatch System). There is frustration with the fact that the above program will not permit instructors to be trained within Alaska to provide ongoing support for this program. In response to this need, the Southeast Region EMS Council has been developing an in-state emergency medical dispatch training program which will soon be submitted to the State EMS Training Committee for approval and adoption on a statewide basis.

Regarding statewide EMS communications coverage, most villages can now contact regional centers and hospitals by telephone during emergencies. Along rural highways, emergency radio systems have been extended to many rural areas. The entire Kenai Peninsula highway system, south of Anchorage, the Parks Highway between Anchorage and Fairbanks, the Alaska Highway between Fairbanks and the Canadian border, and the Glenn Highway between Anchorage and Glennallen are completely covered with emergency communications systems using a microwave backbone system. There are, however, still gaps in service on other highway systems. There are also significant challenges related to dead areas due to terrain and difficulty in maintaining some repeater sites in the severe winter months.

Communication with hospitals and other normal EMS communications (ambulance to ambulance, ambulance to hospital, hospital to hospital, etc.) are extremely difficult and need significant further attention. In addition, there is no statewide provision for mutual aid or inter-agency communications (e.g., at a mass casualty incident scene). There is no current State EMS Communications Plan, which could address a number of these issues.

There are a number of innovative communications projects which may have further applicability. Among the most promising is the cooperative agreement reached in the Southeast Region with the U.S. Forest Service where all responders can talk with each other piggy-backing on the Forest Service System.