

ALASKA LEGISLATURE COMMITTEE FILES 1995-1996 8672

8543 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

FISCAL NOTE

STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. HB 157

ANALYSIS: (Continued)

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT FISCAL NOTE CALCULATIONS FOR HB 157

PERSONAL SERVICES \$12.8

For the first two years, 25% of a Licensing Examiner I position, Range 12, is anticipated costing \$10.2

(Subsequent years are anticipated to reduce time and costs to 10%, \$4.1)

Costs of 5% of an Investigator II, Range 16 is also anticipated, \$2.6

CONTRACTUAL SERVICES \$ 3.0

Contractual Services cover printing, postage, communication, and advertising costs associated with the program. Examination fees are anticipated to be paid by the applicant directly to the examination agency.

SUPPLIES \$ 1.0

To fund daily operating supplies of the program.

TOTAL: **\$ 16.8**

REVENUE & FUND SOURCE: The revenue shown are anticipated to be generated by licensing fees sufficient to cover program costs. Approximately 120 licensees are expected to seek licensure and renew licenses biennially. Licensing fees are estimated to be established at \$280.00 for the first biennium, and adjusted to actual costs based on positive timekeeping for the first renewal.



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

DATE: MARCH 2 1995

PLACE: Capitol Room 106

SUBJECT OF MEETING:
 HB 157: Dietitians and
 Nutritionists

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
David Ottoson	NNFA	212 West 9th Juneau	99801		586-6476	Y N	HB 157
John Gray	AKDA	8440 Kimberly St 15th	99801		586-2011	Y N	"
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	

Catherine Thomson
 How far from
 school to my
 house you may
 have

HB

168

FISCAL NOTE

STATE OF ALASKA

BILL NO. HB 168

1995 LEGISLATIVE SESSION

Revision Date: March 3, 1995

Department: Commerce and Economic Development

Title: An Act relating to temporary permits for certain optometrists.

BRU: Occupational Licensing

Component: Operations

Sponsor: House HES

Requestor: House HES

COMPONENT SERIAL #: 1844

Expenditures/Revenues

(Thousands of Dollars)

OPERATING EXPENDITURES	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

CHANGE IN REVENUES						
--------------------	--	--	--	--	--	--

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 General Fund						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 95) cost: \$ 0.0

POSITIONS

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

HB 168 authorizes the issuance of a temporary permit to a nonresident optometrist to substitute for an Alaska licensed optometrist with an established practice. The costs associated with issuing 60 consecutive day temporary permits which may be renewed three times within a 12-month period are anticipated to be minimal, therefore, an increased appropriation is not needed at this time. At the start of FY 95, there were 94 optometrists licensed to practice in Alaska. HB 168 requires applicants to pay a fee for the permit. Fees collected will be used to cover any costs associated with this provision.

Prepared by: Jennifer Strickler, Admin. Officer

Phone: 465-2144

Division: Occupational Licensing

Date: 3/3/95

Approved by Commissioner: William L. Hensley

Date: 3/6/95

Agency: Commerce and Economic Development

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9-LS0671NG
Lauterbach
3/14/95

CS FOR HOUSE BILL NO. 168()

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to temporary permits for certain optometrists."

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

3 * Section 1. AS 08.72 is amended by adding a new section to read:

4 Sec. 08.72.172. PERMIT FOR LOCUM TENENS PRACTICE. (a) The board
5 may issue a temporary permit to a nonresident optometrist for the purpose of assisting
6 or substituting for an optometrist licensed under this chapter. The optometrist who
7 will be assisted or for whom the nonresident optometrist will be substituting shall
8 submit a written request to the board asking for the locum tenens permit to be issued
9 for the nonresident. A resident optometrist licensed under this chapter may not request
10 more than one locum tenens permit within a 12-month period.

11 (b) A permit issued under this section is valid for 60 consecutive days and
12 may be renewed up to two times within a 12-month period if circumstances warrant.
13 Permits issued under this section are not valid for more than 180 consecutive days of
14 practice within a 12-month period.

15 (c) A person who applies for a permit under this section shall pay the required

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fee and furnish proof of

(1) holding a valid, current, and unrestricted license to practice optometry issued by a state or territory of the United States or by a province or territory of Canada, Australia, or New Zealand; and

(2) there being no unresolved complaints or formal charges filed against the applicant with a licensing board.

(d) Within 10 days after a permit has been issued under this section, the board shall forward to the department a report of the issuance of the permit.

(e) The board shall issue to a permittee under this section an endorsement or other evidence of authorization to use pharmaceutical agents or perform other special procedures that are not authorized under a general license issued under AS 08.72.150 if the permittee

(1) meets the requirements of this chapter for obtaining the endorsement or other authorization; or

(2) met requirements substantially similar to those of this chapter for the use of pharmaceutical agents or performance of other special procedures, as applicable, under the license granted to the permittee in the jurisdiction for which the permittee furnished proof of licensure under (c)(1) of this section.

9-LS0671NC

Lauterbach

2/23/95

CS FOR HOUSE BILL NO. 168()
IN THE LEGISLATURE OF THE STATE OF ALASKA
NINETEENTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

A BILL

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5 may issue a temporary permit to a nonresident optometrist for the purpose of assisting or
6 substituting for an optometrist licensed under this chapter. The optometrist who will be
7 assisted or for whom the nonresident optometrist will be substituting shall submit a
8 written request to the board asking for the locum tenens permit to be issued for the
9 nonresident. A resident optometrist licensed under this chapter may not request more
10 than one locum tenens permit within a 12-month period.

11 (b) A permit issued under this section is valid for 60 consecutive days and may
12 be renewed up to two times within a 12-month period if circumstances warrant. Permits
13 issued under this section are not valid for more than 180 consecutive days of practice
14 within a 12-month period.

1 (c) A person who applies for a permit under this section shall pay the required
2 fee and furnish proof of

3 (1) holding a valid, current, and unrestricted license to practice optometry
4 issued by a state or territory of the United States or by a province or territory of Canada,
5 Australia, or New Zealand; and

6 (2) there being no unresolved complaints or formal charges filed against
7 the applicant with a licensing board.

8 (d) Within 10 days after a permit has been issued under this section, the board
9 shall forward to the department a report of the issuance of the permit.

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

STATE CAPITOL, JUNEAU 99801
(907) 465-3759



HB 168

An Act relating to temporary permits for certain optometrists.

This bill was introduced by the House HESS Committee at the request of the Alaska Optometric Association.

With the passage of this bill, a locum tenens permit may be issued to a nonresident optometrist for the purpose of assisting or substituting for an optometrist licensed under AS 08.72.

Alaska has a lot of solo practitioners in remote and semi-remote areas of the State. If the practitioner becomes injured, seriously ill or must leave temporarily, he presently must close down his clinic. This can bring a hardship to his patients, especially if the time away extends to several months.

Also, outside specialists in subnormal vision, visual therapy, etc, can be scheduled to assist local doctors where specialty care does not now exist.

I urge your favorable consideration of this legislation.

SPONSOR STATEMENT

STATE OF ALASKA
Boards and Commissions

OPTOMETRY

BOARD: Board of Examiners in Optometry

BOARD IDENTIFICATION NUMBER: 072

DEPARTMENT: Department of Commerce and Economic Development

AUTHORITY: AS 08.72.010

STATUS: Active

SUNSET DATE: June 30, 1996

REQUIREMENTS: Legislative Confirmation

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

TERM: 4 years

DESCRIPTION: 5 members appointed by Governor: 4 licensed practicing optometrists who have been residents at least 3 years; plus 1 public member.

FUNCTION: Regulates and controls practice of optometry; issues applications, licenses, and permits.

CHAIR: Board selects.

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

COMPENSATION: Standard Travel and Per Diem.

MEETINGS: 2 times per year; 2 days total.

FOR FURTHER INFORMATION CONTACT: Mr. Steve Snyder, Division of Occupational Licensing, DCED, P.O. Box 110806 M/S 0800, Juneau, AK, 99811 0806,
Phone: 907 465 2580



Alaska State Legislature

House of Representatives

COMMITTEE ON HEALTH, EDUCATION AND SOCIAL SERVICES

DATE: MARCH 16

PLACE: Capitol Room 106

SUBJECT OF MEETING:

HB108: Permits for
Nonresident
Optometrists

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
Catherine Reardon	Director OCC Licensing	Dept of Commerce			465-2538	Y	N	If committee desires
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	

CORRECTION

THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services
Department of Education
State of Alaska

STATE OF ALASKA
Boards and Commissions

OPTOMETRY

BOARD: Board of Examiners in Optometry

BOARD IDENTIFICATION NUMBER: 072

DEPARTMENT: Department of Commerce and Economic Development

AUTHORITY: AS 08.72.010

STATUS: Active

SUNSET DATE: June 30, 1996

REQUIREMENTS: Legislative Confirmation

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TERM: 4 years

DESCRIPTION: 5 members appointed by Governor: 4 licensed practicing optometrists who have been residents at least 3 years; plus 1 public member.

FUNCTION: Regulates and controls practice of optometry; issues applications, licenses, and permits.

CHAIR: Board selects.

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

COMPENSATION: Standard Travel and Per Diem.

MEETINGS: 2 times per year; 2 days total.

FOR FURTHER INFORMATION CONTACT: Mr. Steve Snyder, Division of Occupational Licensing, DCED, P.O. Box 110806 M/S 0800, Juneau, AK, 99811 0806,
Phone: 907 465 2580

STATE OF ALASKA
Boards and Commissions

Membership Roster
OPTOMETRY (072)

Member	Appointed	Reappointed	Term Exp.
Randall W. Christiansen Optometrist 725 Darrell Drive Fairbanks, AK 99709	03/12/92		06/15/94 75
Lynn J. Coon Optometrist 418 North Main Wasilla, AK 99687	02/06/89	06/15/92	06/15/96
Steve S. Dobson Optometrist 1000 E. Dimond Blvd., Ste. 101 Anchorage, AK 99515	02/06/89	05/08/92	06/15/95
James Matson Optometrist -- Chair 800 Glacier Avenue Juneau, AK 99801	11/30/89	06/17/93	06/15/97
Marilyn S. Porter Public 1834 Stanford Drive Anchorage, AK 99508	12/14/92		06/15/94 73



Alaska State Legislature

House of Representatives
 COMMITTEE ON HEALTH, EDUCATION
 AND SOCIAL SERVICES

DATE: MARCH 16

PLACE: Capitol Room 106

SUBJECT OF MEETING:
 HB108: Permits for
 Nonresident
 Optometrists

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
						Y	N	
Catherine Reardon	Director OCC Licensing	Dept of Commerce			465-2538	Y	N	If committee desires
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	

HB

171

CS FOR HOUSE BILL NO. 171(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - FIRST SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVE MARTIN

A BILL

FOR AN ACT ENTITLED

1 "An Act providing that the commissioner of education serves at the pleasure of
2 the Board of Education; and providing for an effective date."

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

4 * Section 1. AS 14.07.145(c) is amended to read:

5 (c) The commissioner serves at the pleasure of the board [MAY BE
6 APPOINTED BY THE BOARD FOR A TERM OF OFFICE NOT TO EXCEED FIVE
7 YEARS. THE COMMISSIONER MAY BE REMOVED DURING A TERM OF
8 OFFICE BY FOUR MEMBERS OF THE BOARD FOR CAUSE AS DEFINED IN
9 THIS SECTION].

10 * Sec. 2. AS 14.07.145(f) is repealed.

11 * Sec. 3. This Act applies to appointments made by the Board of Education on or after the
12 effective date of this Act.

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

FISCAL NOTE

STATE OF ALASKA

BILL NO. HB 171

1995 LEGISLATIVE SESSION

Revision Date: _____

Department Affected: Education

Title: Commissioner of education serves at the pleasure of the Board of Education

BRU: Executive Administration

Component: Commissioner's Office

Sponsor: Representative Martin

Requester: House HESS Committee

COMPONENT SERIAL NO. 185

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

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

FUNDING:

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY95) impact: \$ 0.0

ANALYSIS: (Attach a separate page if necessary.)

House Bill 171 states that the commissioner of education serves at the pleasure of the State Board of Education and may not be appointed by the board for a term of office. This legislation will avoid the potential problem of the commissioner of education receiving a contract that crosses terms of governors, thus, possibly preventing a costly settlement.

Prepared by: Sheila Peterson, Special Assistant

Phone: 465-2803

Division: Commissioner's Office

Date: March 13, 1995

Approved by Commissioner: [Signature]

Shirley Holloway

Agency: Education

Date: March 13, 1995

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HOUSE COMMITTEE REPORT

(7)

Date Referred: February 10, 1995

FURTHER REFERRALS:

Finance

Date of Committee Action: 3/30/95

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 171

HOUSE BILL NO. 171

COMMR OF EDUCATION SERVES AT BDS PLEASURE

"An Act providing that the commissioner of education serves at the pleasure of the Board of Education; and providing for an effective date."

recommends it be replaced

with the following committee substitute

CS HB 171 (HES)

the same title

a new title

additional referral to _____ Committee

attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): _____ (Dept)

APPROVES PREVIOUS: _____

(Dept/Date)

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) DOE

zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>	✓			
<i>[Signature]</i>			✓	

CHAIR'S SIGNATURE

[Signature: Can Beudo]

A M E N D M E N T

OFFERED IN THE HOUSE

BY REPRESENTATIVE MARTIN

TO: HB 171

1 Page 1, line 2, after " ; ":

2 Insert "prohibiting the use of state money for severance pay or other separation
3 bonus for certain public officials;"

4 Page 1, after line 8:

5 Insert new bill sections to read:

6 "* Sec. 2. AS 39.20 is amended by adding a new section to article 1 to read:

7 Sec. 39.20.095. SEVERANCE PAY. Unless they qualify under a general law
8 applicable to all qualified persons, the following persons may not be paid severance
9 pay or other separation bonus:

10 (1) members of the board of directors and executive directors of public
11 corporations, including the members of the board of directors and the chief executive
12 officer of the Alaska Railroad Corporation;

13 (2) principal executive officers of principal state departments;

14 (3) members of boards, commissions, and authorities whose
15 appointments are subject to confirmation by the legislature.

16 * Sec. 3. AS 42.40.710 is amended to read:

17 Sec. 42.40.710. CORPORATION EMPLOYEES. Employees of the Alaska
18 Railroad are employees of the corporation and not of the state. The provisions of
19 AS 39 do not apply to employees of the corporation except for AS 39.20.095.
20 However, no later than January 1, 1987, the corporation shall adopt a code of ethics
21 for its directors and employees that is substantially equivalent to that adopted in
22 AS 39."

23 Renumber the following bill sections accordingly.

1 Page 1, line 10:

2 Delete "This Act applies"

3 Insert "Sections 1 and 4 of this Act apply"

4 Page 1, after line 11:

5 Insert a new bill section to read:

6 "* Sec. 6. Sections 2 and 3 of this Act do not affect an agreement entered into before the
7 effective date of this Act."

8 Renumber the following bill section accordingly.

REPRESENTATIVE
TERRY MARTIN
CHAIRMAN
BUDGET & AUDIT COMMITTEE
MEMBER
HOUSE FINANCE COMMITTEE

Alaska State Legislature



MAY 15 - JAN 15 258-8169
716 W. 4TH, SUITE 650
ANCHORAGE, AK 99504

JAN 15 - MAY 15 465-3783
STATE CAPITOL
JUNEAU, AK 99801-1182

HOME 333-6990
355 DONNA DRIVE, #11
ANCHORAGE, AK 99504

Sponsor Statement HB171

**Providing that the Commissioner of Education serve at
the pleasure of the Board of Education**

This legislation is in response to the recent removal of the commissioner of Education by the governor which included a payoff of \$120,000 including a lump sum of \$40,000 and a 17-month \$55,000 per year job within the University system.

These types of severance and/or payoff enticements should be eliminated. Since the bill requires the commissioner to serve at the pleasure of the Board of Education, no longer will the executive branch be bound to incur these additional costs during a change of administration.

In addition, please review and pass the attached amendment which will further curtail the problem.



Commissioner's resignation came with job deal

Covey gets \$40,000 cash, 17-month contract with university

By ED SCHOENFELD

THE JUNEAU EMPIRE

The Knowles administration is spending up to \$120,000 to get rid of the Hicikel administration's public schools boss.

That includes a lump sum of about \$40,000 the administration is paying Jerry Covey in return for his resignation late last week as state Education Department commissioner.

It also includes a 17-month, \$55,000-a-year job at the University of Alaska Southeast created especially for Covey.

"This is not a position we had budgeted for, so we'll make it

work the best we can," UAS Chancellor Marshall Lind said Monday.

The payoff also includes up to about \$6,200 in moving expenses if Covey decides to leave Juneau after the UAS job ends.

No other top official from the Hicikel administration was offered such a deal to resign, said Bob King, spokesman for Gov. Tony Knowles.

That's because no other commissioner had a contract guaranteeing a job into the next administration.

Unlike most Cabinet members, the Education commissioner works directly for his depart-

ment's governing board. In Covey's case, the board of Hicikel appointees had authorized a contract guaranteeing his \$83,844-a-year job through July 16, 1996.

Had he continued, his contract would have paid him about \$110,000 to \$120,000, plus benefits for the next 17 months.

When Knowles decided to replace Covey, as he did all but one of Hicikel's commissioners, he chose to make use of his remaining time on salary, King said.

"Rather than just buy out the contract with commissioner Covey, it was better to work it out," King said.

Covey, Lind and state attorneys worked out the agreement creating a job at UAS as a visiting associate professor of education administration.

In the new job, Covey will work on issues developed by Hicikel's Alaska 2000 school reform initiative, which he oversaw.

For the first seven months, Covey will research and write a report on how schools can prepare students better for jobs after high school. Beginning next fall, he will teach graduate courses in educational leadership at UAS.

Covey also will supervise stu-



EMPIRE FILE PHOTO

Please see Covey, back page

JERRY COVEY

BACKUP

Covey...

Continued from Page 1

dents in an internship program that trains them as principals and superintendents. He also will work on projects that train school staff on how to put new teaching standards into place.

"This came up rather quickly last week and was the result of discussions we had with Jerry and people in the administration," Lind said. "They asked if we were interested in doing something like this and we have a lot of respect for Jerry and what he has done, so we said, 'Sure.'"

The Education Department will pay UAS between \$72,000 and \$73,000 to cover Covey's salary. UAS will have no costs, other than providing office space, equipment and limited staff support, Lind said.

Another benefit of Covey's new job is that it will keep him in government employment. It will bring him within a few months of hitting his 20-year anniversary with the state teachers retirement system, said state retirement and benefits director Bob Stalnaker.

At 20 years, Covey can retire with full benefits, Stalnaker said.

The agreement detailing the payments and job only guarantees Covey a job through the end of his commissioner's contract. The agreement, however, gives UAS the option of keeping Covey on staff beyond that date.

The agreement was signed Friday, the day Covey cleared out his state office and celebrated his 40th birthday.

Though he is gone, Covey is technically on staff at the Education Department through Feb. 21, collecting leave. He will begin his UAS job Feb. 22.

Covey has not returned calls made to his home and office phones since Thursday, when Knowles announced his termination was "imminent."

Knowles' payoff of Covey's contract is probably a first for the state, said Lind, who served as Education commissioner under three governors.

That's because commissioners were either kept on by new gover-

nors or quit before their old bosses left office.

King said Knowles doesn't like the contract that led to Covey's payoff and will introduce legislation repealing the state board's right to sign a contract with their commissioner.

Though Covey is gone, the board that signed the contract with him remains.

The Knowles administration, however, expects to replace all or most of the board soon, said boards and commissions special assistant Cindy Smith.

About 90 people have applied for seats on the seven-member board, including Lind, former Soldotna Sen. Suzanne Little and Juneau school board member Edith McHenry.

Selection of a commissioner likely will begin after a new board is chosen, said acting Education Commissioner Mike Maher.

The board usually screens applicants and recommends one or several finalists to the governor, who makes the appointment, Maher said.



Alaska State Legislature

House of Representatives

COMMITTEE ON HEALTH, EDUCATION AND SOCIAL SERVICES

DATE: MAR 30

PLACE: Capitol Room 106

SUBJECT OF MEETING:

HB 171: Comm. of Ed
Serves at Board's
Pleasure.

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
MARY HALLORAN	LAW				2132	<input checked="" type="radio"/>	N	HB 171
MARK HICKEY	ALASKA RAILROAD	211 4TH ST. SUITE 108 JUNEAU 99801				<input checked="" type="radio"/>	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	

HB

172

FISCAL NOTE

STATE OF ALASKA

BILL NO. HB 172

1995 LEGISLATIVE SESSION

Revision Date: _____

Department Affected: Education

Title: An Act relating to kindergarten programs and compulsory education; to identification required upon...

BRU: K-12

Component: Foundation

Sponsor: House HESS by request

Requester: House HESS

COMPONENT SERIAL NO. _____ 141

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

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

REVENUE FUND SOURCE:						
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FUNDING:

(Thousands of Dollars)

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

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY95) impact: \$ 0

ANALYSIS: (Attach a separate page if necessary.) Section 1 amends AS 14.03.040 "Day In Session" to include kindergarten and sets the minimum number of hours a child must attend school at 2.5 hours. This bill does not amend the foundation statute. AS 14.17.041(c) states that "kindergarten students who attend less than four hours will be counted at .5 ADM under (a) and (b) of this section", (AS 14.03.041). Sections 2 through 4 address elementary, secondary and middle schools. These sections do not have a fiscal impact because school construction grants are based on grade levels within a building and not the classification of the school building. Section 5 amends AS 14.03.070 "School Age" from six to five years of age. Section 6 amends AS 14.03.080(d) to delete language which refers to a five year old "who is under school age". Section 7 amends AS 14.30.010(a) to lower the age for compulsory education from seven to six. Section 8 amends AS 14.30.710 by adding a new section requiring the parent to provide proof of the child's identity within 30 days of enrollment.

Prepared by: Duane Gulley

Phone: _____

Division: _____

Date: February 28, 1995

Approved by Commissioner: _____

Mike Maher

Agency: Education

Date: February 28, 1995

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HOUSE COMMITTEE REPORT

(7) Date Referred: February 10, 1995 FURTHER REFERRALS: Finance

Date of Committee Action: 4/13/95

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered: HB 172

HOUSE BILL NO. 172 KINDERGARTEN & MISC. EDUC

"An Act relating to kindergarten programs and compulsory education; to identification required upon enrollment in a public school; to those grades that constitute elementary, junior, and secondary school; and providing for an effective date."

recommends it be replaced with the following committee substitute _____ [] the same title [] a new title

[] additional referral to _____ Committee
[] attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) APPROVES PREVIOUS: (Dept/Date)
[] fiscal note(s) _____ [] fiscal note(s) _____

[X] zero fiscal note(s) Education [] zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>Henry J. Sings</i>			✓	
<i>Car. Beede</i>	✓			
<i>SOLOMON</i>	✓			
<i>Caren Robinson</i>	✓			

CHAIR'S SIGNATURE *Car. Beede*

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

STATE CAPITOL, JUNEAU 99801
(907) 465-3759



SPONSOR STATEMENT

HB 172

"An Act relating to kindergarten programs and compulsory education; to identification required upon enrollment in a public school; to those grades that constitute elementary, junior, and secondary school; and providing for an effective date."

Research indicates that kindergarten is an important part of a public school education. Thirty-five states and territories have mandated that kindergarten be offered as a grade. All school districts in Alaska are already providing kindergarten as a part of the educational curriculum of their school districts. HB 172 recognizes the importance of kindergarten as part of the instructional program and would insure that all districts would continue to offer kindergarten in the future.

By current law, a secondary school consists of grades seven through 12 or any appropriate combination of grades within this range. Grades seven through eight, nine, and ten or any appropriate combination of grades within this range may be organized as a junior high. Enacting this legislation would add middle school to the definition of secondary school and allow for the sixth grade to be included as a part of junior high or middle school.

According to the 1990 State Education Indicators, 27 states currently mandate the age students must enter school at age six or less; and, in 43 of the 50 states, including Alaska, students generally enter school at age five.

This bill also adds a new section that anyone enrolling a child in a public school shall, not more than 30 days after enrollment, provide to the public school a copy of the child's birth certificate or other proof of the child's identity if the child has not previously been enrolled in a public school.

"(B) the school board has submitted an acceptable plan under which students will receive the approximate educational equivalent of a 180-day term."

Effect of amendments. — The 1991 amendment, effective September 10, 1991, rewrote the section.

Sec. 14.03.040. Day in session. Each day within the school term is a day in session except Saturdays, Sundays, and days designated as holidays by or according to AS 14.03.050. A school board may approve Saturdays as a day in session. The day in session in every school shall be at least four hours long, exclusive of intermissions, for the first, second, and third grades and five hours, exclusive of intermissions, for all other grades. The commissioner may approve a shorter day in session for any grade. The period of the day in session shall be devoted to the instruction of pupils or to study periods for the pupils. (§ 1 ch 98 SLA 1966; am § 2 ch 137 SLA 1976)

Sec. 14.03.050. School holidays. (a) Public schools may not be in session on school holidays, which are Labor Day, Thanksgiving Day, the day immediately following Thanksgiving Day, Christmas Day, New Years Day, Memorial Day, and the Fourth of July. If one of these holidays falls on a Saturday, the Friday immediately preceding is a school holiday. If one of these holidays falls on a Sunday, the Monday immediately following is a school holiday. A teacher may not be required to perform employment services on these holidays, nor may the salary of a teacher be diminished because the teacher does not perform employment services on a school holiday.

(b) The public schools shall be in session on all other holidays falling upon school days and shall conduct appropriate exercises in recognition of the day.

(c) The governing body of the school district may declare additional holidays. (§ 1 ch 98 SLA 1966)

Sec. 14.03.060. Elementary, junior high, and secondary schools. (a) An elementary school consists of grades kindergarten through grade eight or any appropriate combination of grades within this range.

(b) A secondary school consists of grades seven through 12 or any appropriate combination of grades within this range. The establishment of one or two grades beyond the 12th grade is optional with the governing body of the school district.

(c) Grades seven through eight, nine, and ten or any appropriate combination of grades within this range may be organized as a junior high school.

(d) This section does not prevent a high school from issuing a diploma to a student who has completed the 12th grade. (§ 1 ch 98 SLA 1966)

Collateral references. — Kindergartens or specialized departments, power and duty of school authorities to maintain. 70 ALR 1313.

Zoning regulations as applied to public elementary and high schools. 74 ALR3d 136.

Sec. 14.03.070. School age. A child who is six years of age before August 15 following the beginning of the school year, and who is under the age of 20 and has not completed the 12th grade, is of school age. (§ 1 ch 98 SLA 1966; am § 1 ch 1 FSSLA 1987; am § 19 ch 85 SLA 1988)

Effect of amendments. — The 1988 amendment, effective July 1, 1988, substituted "before August 15 following" for "or who will become six years of age before August 15 preceding."

(Jud)), see 1988 House & Senate Joint Journal Supplement No. 18, May 10, 1988 p. 5.

Legislative history reports. — For an analysis of the amendments to this section by § 19, ch. 85, SLA 1988 (HCS CSSB 413

Collateral references. — Power of public school authorities to set minimum or maximum age requirements for pupils in absence of specific statutory authority. 78 ALR2d 1021.

Sec. 14.03.080. Free education. (a) A child of school age is entitled to attend public school without payment of tuition during the school term in the school district in which the child is a resident subject to the provisions of AS 14.14.110 and AS 14.14.120.

(b) A person over school age may be admitted to the public school in the school district in which the person is a resident at the discretion of the governing body of the school district. A person over school age may be charged tuition by the governing body of the school district.

(c) A child under school age may be admitted to the public school in the school district of which the child is a resident at the discretion of the governing body of the school district if the child meets minimum standards prescribed by the board evidencing that the child has the mental, physical, and emotional capacity to perform satisfactorily for the educational program being offered.

(d) A child who is five years of age before August 15 following the beginning of the school year, and who is under school age, may enter a public school kindergarten.

(e) A child under school age shall be admitted to school in the district of which the child is a resident if immediately before the child became a resident of the district, the child was legally enrolled in the public schools of another district or state. (§ 1 ch 98 SLA 1966; am § 1 ch 64 SLA 1972; am § 2 ch 1 FSSLA 1987; am § 20 ch 85 SLA 1988)

Effect of amendments. — The 1988 amendment, effective July 1, 1988, substituted "following" for "preceding" in subsection (d).

CSSB 413 (Jud)), see 1988 House & Senate Joint Journal Supplement No. 18, May 10, 1988 p. 5.

Legislative history reports. — For an analysis of the amendment to (d) of this section by § 20, ch. 85, SLA 1988 (HCS

Opinions of attorney general. — A school district must permit a child who is temporarily hospitalized or attending a treatment facility in the district to enroll

making attendant at such school a compliance with compulsory school attendance law. 65 ALR3d 1222.

Student's right to compel school officials to issue degree, diploma, or the like. 11 ALR4th 1182.

Sec. 14.30.010. When attendance compulsory. (a) Every child between seven and 16 years of age shall attend school at the public school in the district in which the child resides during each school term. Every parent, guardian or other person having the responsibility for or control of a child between seven and 16 years of age shall maintain the child in attendance at a public school in the district in which the child resides during the entire school term, except as provided in (b) of this section.

(b) This section does not apply if a child

(1) is provided an academic education comparable to that offered by the public schools in the area, either by

(A) attendance at a private school in which the teachers are certificated according to AS 14.20.020;

(B) tutoring by personnel certificated according to AS 14.20.020; or

(C) attendance at an educational program operated in compliance with AS 14.45.100 — 14.45.200 by a religious or other private school;

(2) attends a school operated by the federal government;

(3) has a physical or mental condition that a competent medical authority determines will make attendance impractical;

(4) is in the custody of a court or law enforcement authorities;

(5) is temporarily ill or injured;

(6) has been suspended or denied admittance according to AS 14.30.045;

(7) resides more than two miles from either a public school or a route on which transportation is provided by the school authorities, except that this subsection does not apply if the child resides within two miles of a federal or private school that the child is eligible and able to attend;

(8) is excused by action of the school board of the district at a regular meeting or by the district superintendent subject to approval by the school board of the district at the next regular meeting;

(9) has completed the 12th grade;

(10) is enrolled in

(A) the state boarding school established under AS 14.16; or

(B) a full-time program of correspondence study approved by the department; in those school districts providing an approved correspondence study program, a student may be enrolled either in the district correspondence program or in the centralized correspondence study program;

(11) is equally well-served by an educational experience approved by the school board as serving the child's educational interests despite

an absence from school, the request for excuse is made in writing by the child's parents or guardian, and approved by the principal or administrator of the school that the child attends. (§ 37-7-1 ACLA 1949; am § 36 ch 98 SLA 1966; am § 5 ch 71 SLA 1972; am § 5 ch 190 SLA 1975; am § 1 ch 30 SLA 1976; am § 1 ch 10 SLA 1977; am § 4 ch 126 SLA 1978; am § 3 ch 11 SLA 1984; am § 1 ch 78 SLA 1987; am § 4 ch 73 SLA 1988)

Effect of amendments. — The 1988 amendment, in subsection (b)(10), divided the formerly undivided language into an introductory paragraph and subparagraph (B), and inserted subparagraph (A).

NOTES TO DECISIONS

Quoted in *L.A.M. v. State*, 547 P.2d 827 (Alaska 1976).

Stated in *In re S.D.*, 549 P.2d 1190 (Alaska 1976).

Cited in *Matthews v. Quinton*, 362 P.2d 932 (Alaska 1961); *D.R.C. v. State*, 646 P.2d 252 (Alaska Ct. App. 1982).

Collateral references. — Extent of legislative power with respect to attendance and curriculum. 39 ALR 477; 53 ALR 832.

Inmates of charitable institutions as residents entitled to school privileges. 48 ALR 1098.

Constitutionality, construction, and effect of statutes in relation to admission of nonresident pupils to school privileges. 72 ALR 499; 113 ALR 177.

Religious beliefs of parents as defense to prosecution for failure to comply with compulsory attendance law. 3 ALR2d 1401.

Applicability of compulsory attendance

law covering children of a specified age, with respect to a child who has passed the anniversary date of such age. 73 ALR2d 874.

Power of public school authorities to set minimum or maximum age requirements for pupils in absence of specific statutory authority. 78 ALR2d 1021.

Residence for purpose of admission to public school. 83 ALR2d 497; 56 ALR3d 641.

What constitutes a private, parochial, or denominational school within statute making attendance at such school a compliance with compulsory school attendance law. 65 ALR3d 1222.

Sec. 14.30.020. Violations. A person who knowingly fails to comply with AS 14.30.010 is guilty of a violation. Each five days of unlawful absence under AS 14.30.010 is a separate violation. (§ 37-7-2 ACLA 1949; am § 37 ch 98 SLA 1966; am § 2 ch 78 SLA 1987)

Cross references. — For fines for violations, see AS 12.55.035.

Sec. 14.30.030. Report of violations and procedures. The chief administrative officer of a district school or regional educational attendance area shall report all apparent violations of AS 14.30.010 to the governing body of the district. The governing body shall, on receiving the report or on the complaint of any person, provide for a full and impartial investigation of all charges of violation. In private or federal schools, the chief administrative officer shall make a full and



Lawrence A. Wiget, Ed.D.
Director, Government Relations/Legislative Liaison
Anchorage School District
4600 Debarr Road
Anchorage, Alaska 99519-6614
(W) 907 269-2255 (FAX) 907 269-2107

TO: HOUSE HEALTH, EDUCATION & SOCIAL SERVICES
COMMITTEE

SUBJECT: LETTER OF SUPPORT: HB 172, " AN ACT RELATING TO
KINDERGARTEN PROGRAMS AND COMPULSORY
EDUCATION...

DATE: FEBRUARY 23, 1995

The Anchorage School District strongly supports the passage of HB 172, " An Act relating to kindergarten programs and compulsory education; to identification required upon enrollment in a public school; to those grades that constitute elementary, junior, and secondary school; and providing for an effective date."

Research indicates that kindergarten is an important part of a public school education. Thirty-five states and territories have mandated that kindergarten be offered as a grade. All school districts in Alaska are already providing kindergarten as a part of the educational curriculum of their school districts. HB 172 recognizes the importance of kindergarten as part of the instructional program and would insure that all districts would continue to offer kindergarten in the future.

By current law, a secondary school consists of grades seven through 12 or any appropriate combination of grades with this range, and that grades seven through eight, nine, and ten or any appropriate combination of grade within this range may be organized as a junior high. Enacting this legislation would add middle school to the definition of secondary school and allow for the sixth grade to be included as a part of a junior high or middle school.

According to the 1990 State Education Indicators, 27 states currently mandate the age students must enter school at age six or less; and, in 43 of the 50 states, including Alaska, students generally enter school at age five. The District supports changing the compulsory school age from age in Alaska from seven to six.

Finally, the Anchorage School District currently requires that a person who enrolls a child in our public school shall provide to the District a copy of the child's birth certificate or other proof of the child's identify if the child has not previously been enrolled in a public school. We support this practice statewide.



NEA-ALASKA

Affiliated with the National Education Association

NEA-ALASKA POSITION STATEMENT

HB 172 - KINDERGARTEN PROGRAMS

It is our understanding that every school district in Alaska offers kindergarten programs for five year olds. The value of kindergarten programs has been demonstrated. Kindergarten is a critical link to a successful elementary experience for a child.

Research has shown that much of what a child will learn is acquired before the child enters the first grade. The kindergarten experience offers children an opportunity to develop social skills along with some academic skills. During their first year in the public schools, kindergarten children experience many developmental opportunities which reduce the need for remedial programs later.

Kindergarten offers each child an opportunity to enter the public schools on an equal footing. Children from all economic backgrounds, cultures and geographic areas benefit directly from kindergarten experiences.

We also recognize and support the opportunity for districts to organize middle school opportunities for children. We encourage the HESS Committee to support HB 172.

3-2-95



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

DATE: MARCH 2 1995

PLACE: Capitol Room 106

SUBJECT OF MEETING:
 HB 172: KINDERGARTEN &
 MISCELLANEOUS

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?		WHAT SUBJECT/ WHICH BILL?
						Y	N	
Duane Guiley	DOE	Juneau AK	99801		2891	Y	N	Answer Questions HB 172
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	
						Y	N	



Alaska State Legislature

House of Representatives

COMMITTEE ON HEALTH, EDUCATION
AND SOCIAL SERVICES

DATE: APR 13 1995

PLACE: Capitol Room 106

SUBJECT OF MEETING:

HB 172: KINDERGARTEN +
MISC. Education

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
DEE A. HUBBARD	SELF	4251 PINNACLE CIR.	99504	337-6370	337-6370	(Y) N	HB 172
Vernon Marshall	WIFA - AIL	114 2nd St			586-3050	(Y) N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	
						Y N	

HB

179

FISCAL NOTE

No. 1

Bill Version: CSHB 179(FSH)

(H) Publish Date: 2/15/96

STATE OF ALASKA
996 LEGISLATIVE SESSION

Dept. Affected ALL

Title: relating to the commissioner of education
and the commissioner of fish and game; and

BRU: _____

Sponsor: providing for an effective date

Components: _____

Requestor: House Special Committee on Fisheries

Serial # _____

EXPENDITURES/REVENUES: (THOUSANDS OF DOLLARS)

OPERATING	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	0	0	0	0	0	0

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

INUE	0	0	0	0	0	0
------	---	---	---	---	---	---

FUNDING: (THOUSANDS OF DOLLARS)

General Fund						
Federal Fund						
Other						
TOTAL	0	0	0	0	0	0

POSITIONS:

Full-Time						
Part-Time						
Temporary						

ANALYSIS: (ATTACH A SEPARATE PAGE IF NECESSARY)

see attached analysis

Prepared by: House Special Committee on Fisheries

Date: 2/14/96

Representative Alan Austerman, Chair

Phone: 465-2487

Phone: _____

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: February 15, 1996

FURTHER REFERRALS:

Finance

Date of Committee Action: 2/27/96

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 179

HOUSE BILL NO. 179

LIMIT TERM OF COMMRS OF EDUC. & FISH/GAME

"An Act relating to the commissioner of education and the commissioner of fish and game; and providing for an effective date."

recommends it be replaced with the following committee substitute CS HB 179 (FSH) [X] the same title [] a new title

[] additional referral to _____ Committee [] attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____

APPROVES PREVIOUS: (Dept/Date) _____

[] fiscal note(s) _____

[] fiscal note(s) _____

[X] zero fiscal note(s) DOE

[X] zero fiscal note(s) Hs. Spec Comm on Fish

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
[Signature]	✓			
[Signature]	✓			
[Signature]			✓	
[Signature]	✓			
[Signature]			✓	
[Signature]			✓	

CHAIR'S SIGNATURE

[Signature]

FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

BILL NO. CSHB179(FSH)

Revision Date: 02/26/96

Department Affected: Education

Title: Limit Terms of Commissioners of Ed & Fish/Game

BRU: Executive Administration

Component: Commissioner's Office

Sponsor: Representative Therriault

Requester: House HESS

COMPONENT SERIAL NO. 185

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

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

CHANGE IN REVENUES						
---------------------------	--	--	--	--	--	--

FUND SOURCE

(Thousands of Dollars)

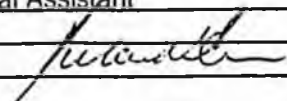
FUND SOURCE	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
Other						
TOTAL	0	0	0	0	0	0

POSITIONS:

POSITIONS	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY96) impact: \$ 0

ANALYSIS: (Attach a separate page if necessary.) CSHB179 (FSH) establishes the length of time the Commissioner of Department of Education may serve. Passage of this legislation will have no fiscal impact on the Department of Education.

Prepared by: Kimberly Homme, Special Assistant
 Division: Commissioner's office
 Approved by Commissioner: 
 Agency: Education

Phone: 465-2803
 Date: February 26, 1996
 Richard S. Cross, Deputy Commissioner
 Date: February 26, 1996

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Alaska State Legislature

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House District 33

House Of Representatives

CSHB 179(FSH) "An Act relating to the commissioner of education and the commissioner of fish and game; and providing for an effective date."

SPONSOR: Representative Gene Therriault

Sectional Analysis:

- Section 1:** Amends AS 14.07.145(c). The commissioner of education serves at the pleasure of the board and may not have a fixed term. It also eliminates the removal for cause reference.
- Section 2:** Amends AS 16.05.010. Removes the requirement that the commissioner of fish and game serves a five year term.
- Section 3:** Amends AS 44.39.030. Reaffirms the commissioner of fish and game serves at the pleasure of the governor and removes the five year term.
- Section 4:** Amends AS 44.39.050. Clarifies that the governor may remove the commissioner of fish and game without a request from the Board of Fisheries and the Board of Game.
- Section 5:** Repeals AS 14.07.145(f) which lists the causes by which a commissioner of education may be removed. (f) is not needed due to changes made in section 1.
- Section 6:** Changes apply to appointments made after the effective date.
- Section 7:** Provides an immediate effective date.

Alaska State Legislature

REPRESENTATIVE
GENE THERRIAULT
P O. Box 55326
North Pole, Alaska 99705
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House District 33



While in Juneau
State Capitol
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House Of Representatives

SPONSOR STATEMENT

HB 179

HB 179 An Act relating to the commissioner of education and the commissioner of fish and game; and providing for an effective date.

SPONSOR: Representative Therriault

SPONSOR STATEMENT:

HB 179 is intended to change the term of office for the commissioners of Education and Fish and Game so their terms do not exceed the term of the governor who appointed them. HB 179 is needed to avoid a situation in which an outgoing commissioner's contract must be honored by an incoming administration.

The Alaska State Constitution provides the power for the governor to appoint each principal department head. The Department of Education and the Department of Fish and Game are unique due to the involvement of their respective boards.

The principal head of the Department of Education is the Board of Education. The Board of Education appoints its principal executive officer. The board has the right to dismiss the commissioner, if a dismissal is deemed necessary. HB 179 would eliminate the present 5 year term as specified in current statute.

The Commissioner of Fish and Game is appointed by the governor from a list compiled by the Board of Fisheries and the Board of Game. HB 179 clarifies that the commissioner does serve at the pleasure of the governor and eliminates the reference to the commissioner of Fish and Game being approved to a 5 year term.

The Alaska State Constitution grants the governor the power to appoint department heads. HB 179 reaffirms this constitutional right.

HB 179 "An Act relating to the commissioner of education and the commissioner of fish and game; and providing for an effective date."

SPONSOR: Rep. Gene Therriault

Sectional Analysis:

- Section 1: Amends AS 14.07.145(c) limiting a commissioner to a term which may not have an expiration date that is later than the expiration date of the current term of office of the person who is governor at the time of the appointment.
- Section 2: Amends AS 44.39.030. limiting the commissioner of fish and game to a term which may not have an expiration date that is later than the expiration date of the current term of office of the person who is governor at the time the appointment is made.
- Section 3: Applies this Act to appointments made by the Board of Education and the governor, as applicable, on or after the effective date of this Act.
- Section 4: Places this Act under AS 01.10.070(c), effective immediately.

TONY KNOWLES, GOVERNOR

PLEASE REPLY TO:

1031 WEST 4TH AVENUE, SUITE 200
ANCHORAGE, ALASKA 99501-1994
PHONE: (907) 269-5100
FAX: (907) 276-3697

KEY BANK BUILDING
100 CUSHMAN ST., SUITE 400
FAIRBANKS, ALASKA 99701-4679
PHONE: (907) 451-2811
FAX: (907) 451-2846

P.O. BOX 110300-DIMOND COURT HOUSE
JUNEAU, ALASKA 99811-0300
PHONE: (907) 465-3600
FAX: (907) 465-6735

(FAX) 465-2539

DEPARTMENT OF LAW

OFFICE OF THE ATTORNEY GENERAL

February 8, 1996

Honorable Gene Therriault
Alaska State Legislature
State Capitol-Room 421
Juneau, AK 99801-1182

Re: CSHB 179 -- An Act relating to
the commissioner of education
and the commissioner of fish
and game; and providing for an
effective date

Dear Representative Therriault:

At your request, we have reviewed the working draft
given to us today. We believe the proposed language solves the
problems you have identified in the present law. The changes are
consistent with the discussion we had with your staff on Tuesday,
February 6, and we support the bill.

Thank you for allowing us to assist you in this way.

Sincerely yours,

BRUCE M. BOTELHO
ATTORNEY GENERAL

By: 
Thomas H. Dahl
Assistant Attorney General

JAR:pao

cc: Pat Pourchot, Legislative Director
Office of the Governor

Chrystal Smith, Legal Administrator
Department of Law

Deborah Behr, Assistant Attorney General
Department of Law

Steve White, Assistant Attorney General
Department of Law

HB

182

CS FOR HOUSE BILL NO. 182(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - FIRST SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVES TOOHEY, Nicholia

A BILL

FOR AN ACT ENTITLED

1 "An Act allowing a dentist to delegate certain duties to a dental assistant."

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 * Section 1. AS 08.32.110 is amended by adding a new subsection to read:

4 (d) This section does not prohibit a dental assistant from applying topical
5 preventive or prophylactic agents or pit and fissure sealants when those duties have
6 been delegated to the assistant by a dentist licensed under AS 08.36 or by a dentist
7 exempt from licensure under AS 08.36.350(a)(2).

HOUSE COMMITTEE REPORT

(7)

Date Referred: February 15, 1995

FURTHER REFERRALS:

Date of Committee Action: 3/7/95

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 182

HOUSE BILL NO. 182

DELEGATION OF DUTIES TO DENTAL ASSISTANTS

"An Act allowing a dentist to delegate certain duties to a dental assistant."

recommends it be replaced
with the following committee substitute

CS HB 182 (HES)

the same title
 a new title

additional referral to _____ Committee

attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): _____ (Dept)

APPROVES PREVIOUS: _____ (Dept/Date)

fiscal note(s), _____

fiscal note(s) _____

zero fiscal note(s) CED

zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>			✓	
<i>[Signature]</i>	✓			
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<i>[Signature]</i>	✓			
<i>[Signature]</i>			✓	
<i>[Signature]</i>			✓	

CHAIR'S SIGNATURE *[Signature]*

FISCAL NOTE

STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. HB 182

Revision Date: February 28, 1995 Department: Commerce and Economic Development
 Title: An Act allowing a dentist to delegate certain BRU: Occupational Licensing
duties to a dental assistant. Component: Operations
 Sponsor: Reps. Toohy, and Nicholia
 Requestor: Representative Toohy COMPONENT SERIAL #: 1844

(Thousands of Dollars)

Expenditures/Revenues	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
OPERATING EXPENDITURES						
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES	0.0	0.0	0.0	0.0	0.0	0.0
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(Thousands of Dollars)

FUND SOURCE	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
1002 Federal Receipts						
1003 GF Match						
1004 General Fund						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY 95) cost: \$ 0.0

POSITIONS

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)
 Funding is not required to implement HB 182.

Prepared by: Jennifer Strickler, Admin. Officer Phone: 465-2144
 Division: Occupational Licensing Date: 2/28/95
 Approved by Commissioner: William L. Hensley Date: 3/2/95
 Agency: Commerce and Economic Development

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HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE


ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

STATE CAPITOL, JUNEAU 99801
(907) 465-3759



MEMORANDUM.

TO: members of the HESS Committee

FROM: Representative Toohey 

IN RE: Subcommittee on HB 182

DATE: March 6, 1995

The Subcommittee on HB 182 met Saturday morning to consider possible amendments to this legislation.

The Subcommittee became thoroughly aware of the extensive safety precautions that exist in all dental offices because of the regulations of the Occupational Safety & Health Administration (attachment [a]). Please refer to these if you are in doubt about the meticulous steps that are routinely taken to prevent the spread of infectious disease to or from dental patients.

The Subcommittee decided that the bill should be passed out as amended on Thursday, March 2nd. This will change Alaska Statutes to allow dentists to delegate the three tasks in question to their assistants. The Subcommittee also determined that the State Board of Dental Examiners currently has statutory authority to license or otherwise regulate dental assistants (attachment [b]), so no language regarding licensing will be put into HB 182. The Subcommittee hopes that the Dental Society, the Dental Hygienists' Association, and all interested dental assistants will work with the Board of Dental Examiners to design whatever regulations are necessary and desired by these three groups.

INFECTION CONTROL PRACTICES FOR THE DENTAL OFFICE

A. Infection Control Program General Policy

SEARHC Dental Clinic is implementing CDC and ADA infection control recommendations and will adopt the following concepts and procedures, which are specifically required by OSHA.

1. Universal precautions - Because not all patients with infectious diseases can be identified by medical history, physical examination or laboratory tests, the blood and saliva of all dental patients should be treated as if they were infective. As a result, the same infection control practices should be used with all patients. This approach is known as universal precautions.

B. Use and Selection of Personal Protective Equipment

1. Personal protective equipment - When there is potential for occupational exposure the employee should use appropriate personal protective equipment such as, but not limited to, gloves, gowns, or laboratory coats; face shield or masks and eye protection and resuscitation bags; pocket masks and other ventilation devices.
2. Gloves - Gloves must be worn to prevent skin contact with blood, saliva or mucous membranes. Gloves should also be worn when touching items or surfaces that may be contaminated with blood, body fluids or secretions. After contact with each patient, hands must be washed and re-gloved with new gloves, before treating another patient. Repeated use of a single pair of gloves by disinfecting them between patients is unacceptable. A second pair of gloves, such as examining gloves may be placed over the first pair of gloves when it is necessary to briefly examine a second patient or there is a need to touch anything else while in the middle of a procedure. Latex gloves and the glove/glove are stored in the central sterilization area and each operatory.
3. Masks - Surgical masks or chin length plastic face shields must be worn at all times by the doctor, assistant and hygienist, when providing treatment. It is recommended to change the mask when it becomes visibly soiled or at least once during the day. Masks should be positioned on the face before gloves are put on and removed after gloves are removed to prevent cross contamination.
4. Protective Eye - Wear - Protective eye-wear must be worn to protect the eyes from spatter of blood, saliva and hazardous chemicals. Safety glasses or face shields are to be worn by all doctors, assistant and hygienist. It is recommended that glasses or face shields be put on when you arrive for work and be left on until you leave for the day. It is also recommended that safety glasses have side shields. When wearing a face shield it is recommended to wear a mask and glasses as well.

5. Gowns - All dental health care providers should routinely wear the appropriate attire to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated. Reusable or disposable gowns, laboratory coats or uniforms with long sleeves and high collars that protect the user from spatter of body fluids and cover street clothing provide greater coverage. Gowns should be changed before you leave the building. Gowns will be laundered at SEARHC expense by an outside laundry service.
6. Heavy Duty Gloves - Heavy duty gloves are found in the Central Sterilization area. They are to be used for handling instruments to go into ultrasonic cleaner, when placing on trays and anytime sharp instruments are to be scrubbed.
7. Protecting Environmental Surfaces - Surfaces that may be contaminated by blood or saliva for example: light handles or x-ray heads, may be wrapped with impervious backed paper, aluminum foil or clear plastic wrap. Gloves should be used to remove and discard the covering. After removing gloves and washing hands the covering should be replaced with clean material. Alternately these surfaces may be decontaminated with chemical disinfectant. Surfaces and equipment that cannot be covered or removed for cleaning and sterilization should then be applied and left moist on the surface for the amount of time specified on the disinfectant label.

The location of personal protective equipment in our office is as follows:

<u>Personal Protective Equipment</u>	<u>Location</u>
Gloves, nonsterile	Each operatory & sterilization area
Gloves, utility	Sterilization area
Masks	Each operatory
Protective eyewear	Each operatory
Protective gowns	Supply closet
Resuscitation equipment	Emergency kit, oxygen in surgery room

Contact Dr. Puryear, if you need additional information on the location and use of these items.

C. Hand-washing Techniques

All Infection Control recommendation and guidelines stress hand-washing. Hands should be washed thoroughly for 2 minutes with an antimicrobial hand wash solution such as Chlorostat, at the beginning of the day, before lunch break, after break and before leaving the building for the day. Hands should also be washed periodically throughout the day with an antimicrobial handwash. The rationale for this procedure is because this hand wash solution has residual action. The residual action combats the tendency for increased skin microbe replication while gloves are worn. The interim hand washing solutions to be used is Derma Scrub. Remove gloves and wash hands between patients and after touching inanimate objects likely to be contaminated with blood or saliva.

Precautions should be taken to avoid hand injuries during procedures. When gloves are torn, cut or punctured, remove them as soon as it is compatible with the patient's safety. Wash hands thoroughly and re-glove before completing the dental procedure.

D. Use and Care of Sharp Instruments

A sterile syringe, new disposable needle and new local anesthetic solutions should be used for each patient. Needles, scalpel blades and other sharp instruments should be handled carefully to prevent unintentional injuries.

- * Sharp items (needles, scalpel blades and other sharp instruments) should be considered as potentially infective and must be handled with extraordinary care.
- * An individual patient may require multiple injections of anesthetic or other medications from a single syringe, a number of techniques can be used to minimize injuries: Recap the needle by laying the cap on the tray or place the cap in a holder to guide the needle into it without injuries.
- * Disposable needles should not be bent or broken after use. Needles should not be manually removed from disposable syringes, needles, scalpel blades and other sharp items into a puncture resistant containers located as close as practical to the area in which they have been used. Hemostats or pliers may be used to handle sharp items.
- * Items considered sharp include: New or used hollow bore needles, sutures, scalpel blades, pointed instruments, burs, glass (especially broken pieces), anesthetic capsules, orthodontic wires and any other items likely to cause a puncture wound if not disposed of in an imperious container.
- * Sharps containers are located in all dental operatories.

E. Decontamination of Laboratory Supplies and Materials

Blood and saliva should be thoroughly and carefully cleaned from laboratory supplies and materials that have been used in the mouth (impression materials, bite registration etc.) especially before polishing and grinding intra-oral devices. Materials, impressions and intra-oral appliances should be cleaned and disinfected before being handled, adjusted or sent to dental laboratory. These items should also be cleaned and disinfected when returned from the dental laboratory and before placing in the patients mouth.

1. Alginate Impressions: First remove saliva, blood and debris with tap water and gently shake to remove excess water. The surface of the alginate impression will be sprayed with Biocide Solution and placed into a zip-lock plastic bag. The impression should remain in the bag for 10 minutes, immediately after, the impression should be cast in stone.
2. Polysulfide (Rubber Base) Addition, Silicone (Express, Reprosil) and Polyether (Impergum) Impression materials: First remove saliva, blood and debris with tap water and gently shake to remove excess water. The surface of the impression should be sprayed with Biocide Solution and placed in a zip-lock plastic bag. The impression is to be sent to the lab for casting in stone.
3. All impressions for dentures, partials, framework try-ins, wax try-ins, partial/denture repairs or relines or any other appliance being sent to the laboratory must be disinfected before sending out. The procedure is identical to the above, outlined for crown and bridge impressions.
4. Lathe Areas: Each case that is worked on will need new pumice. Use new paper tray each time and dispose of it after completing the work, also use a sterilized rag wheel for each case that is worked on.

F. Handling of Biopsy Specimens

In general, each specimen should be put in a sturdy container with a secure lid to prevent leaking during transport. Care should be taken when collecting specimens to avoid contamination of the outside of the container. If the outside of the container is visibly contaminated, it should be cleaned and disinfected or placed in an impervious bag.

Proper Handling of Equipment and Materials

A. Standard Operating Procedures

The Material Safety sets forth the proper precautions to be used in handling each specific materials, however, it is the policy of SEARHC that gloves, safety glasses, and masks be used while mixing and/or pouring chemicals. The following are precaution measures when using various pieces of equipment in the office.

Sterilization Area:

1. Ultrasonic cleaner - use gloves, mask and safety glasses.
2. Autoclave - use mitts, mask and safety glasses.
3. Special note - spore testing is done on a weekly basis, for all sterilization units. Test will be conducted by Terese Jones or designated assistant in her absence. Results will be kept in a log book. Anyone wishing to know the results contact the Chief of Dental Services, Dr. Puryear.

Laboratories

1. Lathe - mask and safety glasses.
2. Ultrasonic cleaner - use gloves, mask and safety glasses.

Operatory:

1. Curing light - use specially tinted safety glasses or shield that accompanies curing light. Without special tinted protection for the eyes - Do Not Look directly into the light.
2. X-Ray machine - always use lead apron on patients and stand in safety zone when exposing film which is behind wall or divider.
3. Cleaning of operatory - use gloves, mask and safety glasses.
4. Cleaning canister traps - use gloves, mask and safety glasses.
5. Lubricating handpieces - use gloves, mask and safety glasses.

Dark Room:

1. Developer - for cleaning and maintenance, use heavy duty rubber gloves, mask, safety glasses and vinyl apron.

B. Mixing And Using Disinfectants

Keep patients and other people out of the mixing area. Do not mix or transfer disinfectants unless there is good lighting and ventilation. Before handling a disinfectant container, put on gloves, mask and protective glasses or face shields. Each time you use a disinfectant, read the directions for mixing. Do this before you open the container. When pouring a disinfectant out of the container, keep the container and chemical below eye level. This will avoid a splash or spill on your glasses or face. Containers with chemicals in the form of powders should be opened with care to avoid breathing the powders.

If you splash or spill a concentrated disinfectant while mixing:

- * *Stop right away*
- * *Remove contaminated clothing*
- * *Wash body thoroughly with large amounts of water*
- * *Use soap or detergent if recommended on label*
- * *Put on clean clothing*
- * *Clean up the spill*

When mixing disinfectants, measure carefully. Use only the amount called for on the label. Mix only the amount you plan to use. To prevent spills, replace all pour caps and close containers after each use. Equipment used in mixing or applying a disinfectant must be cleaned as soon as you finish using it. Do not forget to clean both the inside and outside of any measuring devices used in mixing the product. Follow the manufacturers directions. The disinfectant label is extremely important to you as a disinfectant user. The information on the label tells you how to use the disinfectant effectively and safely while protecting yourself, your patient and the environment. Always read the label before using any disinfectant or other chemical. Follow the use directions on the disinfectant label. This will assure control of the target microorganisms, safety to you, and safety for your patients.

C. Minor Spills

Keep people away from the spilled chemicals. Do not leave the spilled area unless there is someone there to confine the spill and warn the danger. If the chemicals was spilled on someone, remove the person from the contaminated area and wash them off immediately. The label or MSDS should be consulted however, for cleanup information for specific products. Place all contaminated material in a leak proof container for disposal. Dispose of it as you would an excess chemical. Do not let anyone enter the area until the spill is completely cleaned up.

D. Proper Handling of Waste

The liability for hazardous waste management remains with the original generator.

- 1. Liquid waste - Blood, suction fluids or other liquid waste may be carefully poured into a drain connected to a sanitary sewer system.*
- 2. Solid waste - All sharp items include: Injection needles, Sutures, Scalpel blades, Pointed instruments, Burs, Glass - especially broken, Anesthetic capsules and Orthodontic wire*
Note: These items must be placed in a puncture proof container.
- 3. Human tissue - Teeth, all paper products and ¹N visibly soaked with blood or saliva are to be placed in a biohazard container, located in each operatory.*
- 4. Amalgam scrap - all amalgam scrap is to be salvaged and stored under photographic fixer solution in a tightly closed container. When the containers are filled they are to be sent to the precious metals officer in Anchorage for disposal.*
- 5. Other Infectious Waste - Potentially infectious materials include any items that have been exposed to blood or saliva, such as used protective covers, disposable items and gloves used during patient treatment. These materials will be placed in a biohazard container. Employees should familiarize themselves with the locations of containers.*

E. Hazard Communication Noncompliance Incidents

- 1. Recordings - Noncompliance incidents shall be recorded in a book kept by the respective office manager. These incidents are to be recorded by members of the Infection Control Committee, Doctors, Management and Administration.***
- 2. Corrective Actions - The following corrective actions will be taken for noncompliance by an employee.***
 - * First Offense - Verbal reprimand***
 - * Second Offense - Verbal reprimand and write-up in the employee's personnel manual.***
 - * Third Offense - Meeting with the Doctor in charge of Personnel and the Office Manager in charge of the individual's work section.***

DENTAL OFFICE SAFETY

The following section contains information on potential hazards from materials, instruments and equipment that may be encountered in the dental office. All effects are dependent upon the extent and duration of exposure and biological variability. In most instances, in this office the amounts of chemicals used are small and therefore risks should be small as well. The risks can be further minimized if recommended procedures and precautions are followed.

For information on specific products always refer to the materials safety data sheets. If any of the information here varies from that of the MSDS always rely on the MSDS first and foremost.

A. General precautions

1. Handle chemicals properly in accordance with manufacturers or suppliers instructions
2. Avoid skin contact with chemicals
3. Minimize chemical vapor in the air
4. Do not leave chemical bottles open
5. Do not use flame near flammable chemicals
6. Do not eat or smoke in areas where chemicals are used
7. Wear appropriate protective eye-wear and masks
8. Know proper cleanup procedures
9. Dispose of all hazardous chemicals in accordance with MSDS instructions and applicable local, state and federal regulations

B. Acid etch solutions and gels

1. Example - Solutions and gels for acid etch technique associated with placement of composites, sealants and orthodontic brackets usually contain phosphoric acid.
2. Hazards - Acid burns with possible sloughing of tissue, eye damage.
3. Recommendations:
 - * Handle acid soaked material with forceps and gloves
 - * Clean spills with a commercial acid spill cleanup kit
 - * Avoid skin or soft tissue contact
 - * Rinse with a large amount of running water in case of eye or skin contact

C. Flammable Gases

1. Examples - Nitrous oxide and Oxygen
2. Hazards - Fire
3. Recommendations:
 - * Test for leaks
 - * Avoid contact between compressed oxygen gas and lubricants or grease
 - * Avoid having sparks or flames near flammable gases

D. Flammable Liquid

1. *Examples - Solvents such as acetone and alcohol*
2. *Hazards - Fire or explosions*
3. *Recommendations:*

- *Store flammable liquids in tightly covered containers*
- *Provide adequate ventilation*
- *Avoid sparks or flames in areas where flammable liquids are used*

E. Mercury

1. *Examples - Bulk mercury, pre-capsulated alloy scrap amalgam*
2. *Hazards - Nausea, loss of appetite, diarrhea, fine tremors, depression, fatigue, increased irritability, headache, insomnia, allergic manifestations, contact dermatitis, pneumonitis, nephritis, dark pigmentation of marginal gingiva, loosening of teeth*
3. *Recommendations:*

- *Avoid direct skin contact with mercury*
- *Salvage amalgam scrap and store under photographic fixer solution in a closed container*
- *Clean up spilled mercury using appropriate procedures and equipment, do not use a household vacuum cleaner*

F. Nickel

1. *Examples - Nickel containing alloys, solders, particles released during grinding of nickel containing alloys*
2. *Hazards - Allergic manifestations, irritation to eyes and respiratory system*
3. *Recommendations:*

- *Wear protective eye-wear and mask when grinding nickel containing alloys*
- *Use high velocity evacuation systems*

G. Other Metals

1. *Examples - Casting alloys may contain cobalt and chromium; alloys for amalgam contain silver, tin and copper*
2. *Hazards - Metal dust and fumes may irritate eyes and respiratory system; contact dermatitis*
3. *Recommendations:*

- *Wear Protective eye-wear and mask while grinding metal prostheses*

H. Nitrous Oxide

1. *Hazards - Spontaneous abortions, congenital abnormalities, depressed blood cell formation and function, nervous system disorders, liver disease and kidney disease*
2. *Recommendations:*

- *Use of scavenger equipment*
- *Limit patients conversation when nitrous is used*

I. Organic Chemicals

- 1. Examples - Alcohols, ketones, esters, solvents and monomers such as methyl methacrylate and dimethacrylates. The halogen containing organic liquids used in dental offices primarily include chloroform and carbon tetrachloride and some solvents and cleaners**
- 2. Hazards - Fire, allergic manifestations, contact dermatitis, possible mutagens, irritation to mucous membranes, respiratory problems, nausea, liver and kidney damage, central nervous system depression, headache, drowsiness, loss of consciousness**
- 3. Recommendations:**
 - **Avoid skin contact**
 - **Avoid excessive inhalation of vapors**
 - **Work in well ventilated areas**
 - **Use forceps or gloves when handling contaminated gauze or brushes**
 - **Keep containers tightly closed when not in use**
 - **Store containers in flat sturdy surfaces**
 - **Clean outside surfaces of containers after each use to prevent residual material from contacting the next user**
 - **Use a commercially available flammable solvent cleaning kit in case of spills**

J. Photographic Chemicals

- 1. Examples - Developer and Fixer solutions**
- 2. Hazards - Contact dermatitis, irritation of eyes, nose, throat and respiratory system from vapors and fine particulates of chemicals**
- 3. Recommendations:**
 - **Use protective eye-wear**
 - **Avoid skin contact with photographic chemicals and solutions by wearing heavy duty rubber gloves**
 - **Work in well ventilated areas**
 - **Clean up spilled chemicals immediately**
 - **Wash off chemicals with large amounts of water and a PH-balance soap if contact occurs**
 - **Regularly launder clothing that comes in contact with photographic solutions**
 - **Store photographic solutions and chemicals in tightly covered containers**

K. Plaster and other Gypsum Products

- 1. Examples - Gypsum products contain silica and calcium sulfate**
- 2. Hazards - Irritation and impairment of respiratory system, silicosis, irritation of the eyes**
- 3. Recommendations:**
 - **Wear protective eye-wear and mask while handling powders or trimming models**
 - **Minimize exposure to powder during handling**

L. X-Radiation

The source of X-Radiation are the primary radiation from diagnostic X-Ray units and the secondary scattered radiation from patients. For intra-oral radiography, the primary beam is virtually all absorbed by the patients head. For extra-oral radiography, the primary beam is blocked by the back of the cassette and by the cassette-holder. Accordingly, scattered radiation from a patient is the most likely source of occupational exposure to X-Radiation in a dental facility. A rule of thumb is that six feet of air is an adequate barrier for scattered radiation. An intervening wall or partition in addition to adequate distance provides an extra margin of safety. The adverse effects of occupational exposure to X-Radiation are the following: Malignancies, genetic effects in off-spring and effects on growth and development. The following are standard operating procedures for making X-Ray exposure:

- Every patient is to be covered with a lead shield.*
- Use film holders to position film, when possible. Do not hold film in place for the patient.*
- Stand at least 6 feet away from the patient and outside the path of the useful beam when exposing a radiograph.*

Note: X-Ray monitor Badges will be made available and results will be located in radiology manual in Dr. Puryear's office.

M. Curing Light

*Dental visible light activated resin systems are polymerized by light in the 470nm range. The adverse effects for occupational exposure to the Dental Curing Light are as follows:
Possible premature aging of the retina. Possible senile macular degeneration. Formation of cataract by close ultraviolet and blue lights and light induced retinal damage hastened by increased exposure to visible light with wavelengths of less than 500 nm. The following are standard operating procedures for using the Dental Curing Light:*

- Use protective filtering device, glasses or shields, while Curing light activated resin.*
- Never look directly into the light.*

Bloodborne Pathogens

A. Hepatitis B Virus Infection

1. *Nature of the disease - Hepatitis is an inflammation of the liver. It can be caused by infectious agents, medications or toxins. There are several types of infectious hepatitis (A, B non-A, non-B and Delta) but hepatitis B presents the greatest risk to workers in the health care industry.*
2. *Symptoms - About one third of infected individuals have no symptoms when infected with the virus, one third have relatively mild clinical case of a flu like illness, that is usually not diagnosed as hepatitis and the remaining third have as much severe clinical course of jaundice, yellowing of the eyes and skin, dark urine, extreme fatigue, anorexia, nausea, abdominal pain and sometimes joint pain, rash and fever. Of the estimated 18,000 infection in health care workers each year in the United States, approximately 1000 of these health care workers will become carriers of HBV, at risk of chronic liver disease cirrhosis and liver cancer.*
3. *Mode of Transmission - Blood and body fluids contaminated with blood contain the highest quantities of virus and are the most likely vectors of HBV transmission. Certain other body fluids such as saliva and semen contain infectious virus but at one thousandth of the concentration. Other body fluids such as urine and feces contain only small quantities of virus, unless they are visibly contaminated with blood. Lesions on the hand from injuries incurred at the work place or at home or from dermatitis may provide a route of entry for the virus. In addition, transfer of contaminated blood via inanimate objects or environmental surfaces has been shown to cause infection in health care workers. In general, fewer than 20% of infected health care workers report discrete needlestick injuries from a known infected patient.*
4. *Vaccination - A hepatitis B vaccine is available that is safe and effective in the prevention of HBV infection. Staff at MFDA, that are classified as high risk in contracting hepatitis B are Doctors, Hygienists and assistants, are strongly encouraged to be vaccinated.*

The currently licensed Hepatitis B vaccines are given in three doses over a 6 month period. These vaccines induce protective antibody levels in 85% to 97% of healthy adults. Protection against both the illness and the development of the carrier state, lasts at least 7 years after immunization. If these individuals are exposed to HBV, they develop rapid immunologic memory response and do not become ill or develop the HBV, they develop rapid immunologic memory response and do not become ill or develop the HBV carrier state. A booster dose of Hepatitis B vaccine after the initial series is not currently recommended, but may be in the future if significant breakthrough infections occur in vaccinated individuals. Concerns about the safety of plasma-derived vaccine have been shown to inactivate HIV and representatives of all known viral groups. The vaccine has been shown not to contain HIV DNA, and those receiving the vaccine do not develop HIV antibodies.

Studies have shown that healthcare workers are at greater risk than the general population of contracting Hepatitis B disease as a result of occupational exposure. The benefits of receiving vaccination are that it is highly effective in preventing Hepatitis B and its complications.

B. Human Immunodeficiency Virus Infection

1. *Nature of the disease - Aids is a bloodborne and sexually transmitted disease in which a virus invades the body, damages the immune system and allows other infectious agents to invade the body and cause disease.*

2. *Symptoms - Within a month after exposure an individual may experience an acute retroviral syndrome, the first clinical evidence of HIV infection. This is a flu like illness with signs and symptoms that can include fever, lymphadenopathy, myalgia, arthralgias, diarrhea, fatigue and rash. This syndrome is usually self limiting and is followed by or accompanied by development of antibodies. Following this acute illness, HIV infection leads to a continuum of events in which the patient is initially asymptomatic and apparently healthy and then after an indeterminate amount of time, sometimes longer than 10 years, may develop symptoms uniquely associated with a larger stage of HIV infection that is classified as Acquired Immune Deficiency Syndrome or AIDS. Some of the signs and symptoms of HIV infection are persistent generalized lymphadenopathy, significant weight loss, persistent diarrhea or a combination of these, an individual with HIV infection is considered to have AIDS when one or more indicator disease have been diagnosed. The most common of these indicator disease are pneumocystic carinii pneumonia, esophageal candidiasis, neurological disorders or dementia and cancers such as Kaposi's sarcoma and non-Hodgkins lymphoma.*
3. *Mode of Transmission - HIV has been isolated from human blood, semen, breast milk, vaginal secretions and possibly breast milk in the transmission of the virus. Documented modes of HIV transmission include: Engaging in sexual intercourse with an HIV infected person; using needles contaminated with virus; having parenteral mucous membrane or non-intact skin contact with HIV infected blood, blood components or blood products; receiving transplants of HIV infected blood, blood components or blood products; receiving transplants of HIV infected organs and tissues including bone; receiving transfusions of HIV infected blood and perinatal transmission (from mother to child, around the time of birth). The actual amount of virus may be very important in the likelihood of transmission since it appears that there is greater probability of infection from HIV contaminated blood transfusions (890 infectious per 1,000 persons receiving such transfusion) than from accidental needlestick with HIV (three to five infection per 1,000 persons injured with contaminate needles).*
4. *Vaccination - To date, no vaccine is available to prevent AIDS and no anti-viral drugs are available to cure AIDS. Some drugs, however, have been found to inhibit the action of the virus and others are able to fight certain opportunistic infections. Research is currently underway to develop anti-viral drugs and vaccines, however, prevention is currently the only approach to control the virus.*

TASK CATEGORIES

A. Employee Records

The employee records that are maintained by the chief dental officer, will contain the following Infection Control and Hazard Communication documentation:

1. Infection Control Training
2. Hazard Communication Training
3. Employee classification according to task Categories
4. Immunization record for Hepatitis B vaccine and booster
5. Recorded Noncompliance Incidents
6. Exposure Incident form (OSHA form #200)

B. Categories

Category I - Tasks that involve exposure to blood, body fluids or tissues. All procedures or other job related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, tissues or potential spills or splashes of them are in this category. Use of appropriate protective measures is required for every employee engaged in category I tasks. The following are Category I tasks:

1. Doctor's patient treatment duties
2. Hygienist's patient treatment duties
3. Assistant's patient treatment duties
4. Central Sterilization duties

Category II - Tasks that involve no exposure to blood, body fluids or tissues, but employment may require performing unplanned Category I tasks. The normal work routine involves no exposure to blood, body fluids or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate protective measures should be readily available to every employee engaged in Category II tasks. Clerical or non-professional workers who may as part of their duties help clean up the office, handle instruments or impression materials or those who send out materials to laboratories, would be classified as Category II.

Category III - Tasks that involve no exposure to blood, body fluids or tissues. The normal work routine involves no exposure to blood, body fluids or tissues. Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. The position of dental office manager is an example of a Category III task.

C. Personnel Categories

The following is a listing of personnel and their classification:

Category I Personnel

- Doctors
- Hygienist
- Assistants
- Central Sterilization personnel

Category III Personnel

- *Dental Office Manager*

D. Area Categories

The following is a list of the areas their classification:

Category I Areas

- *Treatment Rooms/Operatories*
- *Central Sterilization*
- *Lab and Lab areas*
- *Darkroom*

Operating Procedures

A. Standard Operating Procedures

Dr. Puryear will assure that SEARHC dental clinic is maintained in a clean and sanitary condition. Dr. Puryear will determine and implement the appropriate schedule for cleaning and method of disinfection for the various surfaces, equipment and rooms in our office.

Cleaning and disinfection

All equipment and environmental working surfaces should be properly cleaned and disinfected after contact with blood or other potentially infectious materials. Work surfaces should be decontaminated with an appropriate disinfectant (disinfectant is a chemical germicide that is approved for use as hospital disinfectant and are tuberculocidal when used at recommended dilutions) after completion of procedures; when surfaces are overtly contaminated; immediately after any spill of blood or other potentially infectious materials; and at the end of the work shift.

Protective coverings such as plastic wrap, aluminum foil, or imperviously backed absorbent paper may be used to cover equipment and environmental surfaces, but they are not required. These coverings should be removed and replaced at the end of the work shift or when they become overtly contaminated. Equipment that may become contaminated with blood or other potentially infectious materials should be checked routinely and prior to servicing or shipping and should be decontaminated as necessary.

All bins, pails, cans, and similar receptacles intended for reuse that have a potential for becoming contaminated with blood or other potentially infectious materials should be inspected, cleaned and disinfected on a regularly scheduled basis and cleaned and disinfected immediately or as soon as possible upon visible contamination. Broken glassware that may be contaminated should not be picked up directly with hands. It should be cleaned up using mechanical means. Reusable items contaminated with blood or other potentially infectious materials should be decontaminated prior to washing/or processing.

Instruments

Surgical and other instruments that normally penetrate soft tissue or bone such as forceps, scalpels, bone chisels, scalers and surgical burs must be sterilized after each use. Instruments that are not intended to penetrate oral soft tissues or bone such as amalgam condensers, burs, plastic instruments but may come into contact with oral tissues should also be sterilized after each use. Metal or heat stable dental instruments should be sterilized between use by steam under pressure (autoclaved) dry heat or chemical vapor. Prior to sterilization the instruments should be placed in disinfectant solution, followed by the ultrasonic cleaner. Instruments should be inspected for cleanliness & debris removal, dried and wrapped, bagged or placed in trays. After sterilization the instruments should be stored in sealed packages until they are used.

Handpieces

Handpieces should be flushed with running water for 20 to 30 seconds, discharging the water into the sink. The handpiece should then be scrubbed thoroughly with detergent and hot water to remove any adherent material. Handpieces should be lubricated before heat sterilization and again before patient use.

Air Water Syringe and Ultrasonic Scalers

Units should be flushed as described above for handpieces. These attachments should be sterilized if possible or disinfected in the same manner as for handpieces. Where practical disposable air syringe tips can be used.

X-Ray Equipment

Protective covering or disinfectants should be used to prevent microbial contamination.

Counter tops and Surfaces

Counter tops and surfaces that may have become contaminated with blood or saliva should be pre-cleaned with bleach to remove extraneous organic matter and then disinfected with lysol or bleach.

Procedure for Regular Room Cleaning (Assistants)

- *Put on a pair of heavy duty gloves*
- *Remove instruments and place in ultrasonic cleaner/sterilizer (dry or autoclavable)*
- *Discard headrest covers, patient napkin and any other disposable items*
- *Dispose plastic suction tip*
- *Remove burs from the handpiece and disinfect for ten minutes or sterilize*
- *Disinfect handpieces as described above*
- *Clean and disinfect as described above, any surfaces which have been contaminated including bracket table, counter, sink, handles, all drawers, chairs, buttons, overhead lamp and x-ray unit, if used. Re-wrap handles of lamp with plastic.*
- *Replace white cover on bracket table (always use only one sheet). Replace headrest cover, patient napkin, alligator clips.*
- *Keep the back counter of the unit as clear as possible of things unless they are covered and closed, in which case all these items need to be wiped down after they have been used.*
Example: topical bottle, cotton roll holder, cotton pellet holder, medications, floss holder and anything else that might be used during a procedure - if touched with contaminated gloves
- *Disinfect gloves*

Cleaning Protocol for Hygiene Rooms

- *Put on a pair of heavy duty gloves*
- *Remove instruments and place in ultrasonic cleaner followed by sterilization*
- *Throw away head-rest cover, patient napkin, saliva injector and any other disposable items*
- *Clean and disinfect, as described previously, any surfaces which have been contaminated including bracket table, counter, sink, handles, drawers, chairs, buttons, overhead lamp and x-ray unit, if used. Re-wrap handles of light with plastic.*
- *Remove prophylaxis angle and sterilize*
- *Clean and disinfect air water syringe and slow speed handpiece as previously described*
- *Replace white cover on bracket tray (always use one sheet) replace headrest cover, patient napkin and clip*
- *If Cavitron is used, clean and disinfect as described previously*
- *Remove gloves and disinfect*

Procedure for Developing Film

- *Glove before picking up film (film should be on a paper towel) in treatment room*
- *When developing radiographs spread a paper towel on counter or developer; unwrap film on towel and dispose of wrappers in paper towel; finally, place paper towel in trash container. Paper towels are located in each dark room*
- *When shutting down developer, wipe down counter and developer with lysol or bleach from your operatory. This practice should be done daily.*
- *When cleaning the developer; heavy duty rubber gloves; mask; and safety glasses are required - the tanks will be cleaned with acid. It is strongly recommended that you wear an apron during cleaning procedures.*

B. Infection Control Non-compliance Incidents

1. *Recording - Noncompliance Incidents shall be recorded in a book kept by the respective office managers. These incidents are to be recorded by members of the Infection Control Committee, Office Managers, Department Coordinators, Doctors and Administration,*
2. *Corrective Actions - The following corrective action will be taken for noncompliance by employees:*
 - *First Offense - Verbal reprimand,*
 - *Second Offense - Verbal reprimand and write up in the employee personnel record,*
 - *Third Offense - Meeting with Doctor in charge of personnel and the appropriate office manager with the write up in the employees personnel record*

Safety Precautions and First Aid Procedures

A. Proper Precautions

Proper precautions against infection begins with a thorough medical history that is updated frequently. The medical history should include questions regarding any recent illness, presence of oral lesions and exposure to HIV virus. Not all patients with infectious disease can be identified by the medical history and physical examination or readily available laboratory tests. Each patient must be considered as potentially infectious and the same Infection Control procedures should be used on all patients.

Check labels of materials used to determine recommended protective equipment to be utilized. Gloves, mask and safety glasses or goggles will protect against almost all materials used.

B. First Aid

For cuts, abrasions, or punctures, clean thoroughly with Chlorostat, an antimicrobial hand washing solution. Cover the injury. Double glove the affected hand, this will allow it to remain dry during working hours.

If eyes have been exposed to corrosive materials, the eyes should be flushed at the Eye Wash Station. Eye wash stations are located in the sterilization area, at the sink. The material safety data sheet should be consulted for additional first aid measures recommended.

To evaluate risks in handling hazardous substance see MSDS or product label. Treatment may begin with flushing with water, then see MSDS for specific measures to be taken.

C. Incident Reporting

According to OSHA, exposure incident means a specific eye, mouth or mucous membrane, non intact skin or parental contact with blood or other potentially infectious materials that results from the performance of an employee duties. All employees in our office must report any exposure incident to Dr. Puryear as soon as possible after the incident, also, notify the treating dentist immediately. The following information must be recorded on the exposure incident report form:

- 1. The name of the employee*
- 2. The name of the patient*
- 3. The route of exposure*
- 4. The source patient's antibody status (if known)*
- 5. The circumstances in which exposure occurred*
- 6. The date*

The treating dentist and/or a SEARHC doctor will contact the source patient (preferably at the time of the incident) and request that the source patient consent to appropriate serological testing, if the HBV and HIV antibody status of the source patient is known, with regard to potential HIV exposures, if the source patient agrees to testing and the results of the testing are negative, the employee will be informed of the results and no further follow up is required. If the patient refuses to be tested, is HIV positive and/or has AIDS, the employee testing procedures will follow. The employee will be sent to SEARHC clinic and will conduct appropriate tests. If the exposed employee consents and so desires a blood sample will be collected as soon as possible after the exposure incident for the determination of HIV anti-body status. Actual antibody testing of the blood may be done at a later date if the employee requests. The protocol for employee occupational exposure as outlined in the safety manual and posted on Dr. Puryears desk will be followed. Counseling will be provided. The employee is entitled to a medical evaluation in addition to testing for HIV antibody. The employee should report and seek medical evaluation of any acute illness accompanied by a fever that occurs within 12 weeks of the exposure incident. Employees who are seronegative will be offered retesting for HIV antibody at 6 weeks, 3 months and 6 months after the exposure incident.

If the employee chooses not to submit to HIV anti-body testing and medical evaluation they will need to complete and sign the post exposure evaluation refusal form.

Follow up procedures also applies to health care workers exposed or potentially exposed to HBV. The types of procedures will depend on the immunization status if the worker (i.e. has HBV vaccination been received) and the HBV serologic status if the source patient (see chart on the following page)

D. Special circumstances when Personal Protective Equipment use may be exempted.

Occasionally situations may arise in which the use of personal protective equipment may not be possible. These emergency situations may be interpreted to mean extraordinary unexpected events that threaten the life or safety of a patient or fellow worker. It may be judged that the time required to put on protective equipment is critical to saving the persons life. However, use of the exemption is meant to be limited in extent and time. Those practices associated with universal precautions that can be used without jeopardizing the victims life are to be implemented whenever possible. Moreover, as soon as the situation changes, for example; the patients condition stabilizes, the employee is expected to implement use of full universal precautions.

The decision not to utilize personal protective equipment in such situations rests with the employee, not the employer. Employees must exercise their professional judgment in making such a decision, but they should be aware that they may be asked to explain the reasons for their course of action.

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth to mouth resuscitation, a pocket mask and resuscitation bags are kept in the office. In case of an emergency, each employee must be aware of his or her responsibility is to contact the hospital or rescue squad. The telephone number to call in case of an emergency is 911.

(10) at least annually cause to be published in a newspaper of general circulation in each major city in the state, a summary of disciplinary actions the board has taken during the preceding calendar year;

(11) issue permits or certificates to licensed dentists, licensed dental hygienists, and dental assistants who meet standards determined by the board for specific procedures that require specific education and training;

(12) regulate the reentry into practice of inactive dentists and dental hygienists.

(b) The board may

(1) order a licensed dentist or licensed dental hygienist to submit to a reasonable physical or mental examination if the dentist's or the dental hygienist's physical or mental capacity to practice safely is at issue; and

(2) authorize its representative to inspect the practice facilities or patient or professional records of a dentist at reasonable times and in a reasonable manner to monitor compliance with this chapter and with AS 08.32. (§ 5 art II ch 186 SLA 1955; am § 5 ch 69 SLA 1970; am §§ 15 — 18 ch 49 SLA 1980; am § 21 ch 100 SLA 1984; am § 2 ch 63 SLA 1987)

Effect of amendments. — The 1987 amendment substituted "provide for the examination of" for "examine" at the beginning of paragraph (a)(1).

NOTES TO DECISIONS

The function of former AS 08.36.310 [see now AS 08.36.315], which specified the grounds for disciplinary action by the board, was to detail the scope of the power to revoke, annul, or suspend licenses given to the board by paragraph (a)(5) of this section. *State v. Smith*, 593 P.2d 625 (Alaska 1979).

Practice of dentistry by persons committing acts listed in AS 08.36.310 not per se illegal. — Under former AS 08.36.310 [see now AS 08.36.315], the board could, after a hearing, revoke a den-

tist's license or take other disciplinary action in the event that he conducted himself in a manner described in one of its enumerated provisions. Since the power was discretionary and since the board could impose penalties less drastic than license revocation, it was clear that the legislature did not intend that it be per se illegal for persons who have committed the listed transgressions to continue to practice dentistry. *State v. Smith*, 593 P.2d 625 (Alaska 1979).

Sec. 08.36.080. Applicability of Administrative Procedure Act. The board shall comply with the Administrative Procedure Act (AS 44.62). (§ 2 (ch 2) ch 143 SLA 1959)

Sec. 08.36.040. Meetings. The board shall meet at the call of the president at least four times annually and at other times necessary to conduct its business. In the absence of a call of the president, a majority of the board may call a meeting. (§ 3 art II ch 186 SLA 1955; am § 19 ch 100 SLA 1984)

Sec. 08.36.050. Quorum. A majority of the board constitutes a quorum for the transaction of business. (§ 4 art II ch 186 SLA 1955)

Sec. 08.36.060. Expenses and salary. [Repealed, § 3 ch 59 SLA 1966.]

Sec. 08.36.061. Reimbursement for expenses. Board members are entitled to per diem and travel expenses authorized for boards and commissions under AS 39.20.180. The department shall reimburse a member for other actual, reasonable expenses incurred in carrying out duties as a board member. (§ 20 ch 100 SLA 1984)

Sec. 08.36.070. General powers. (a) The board shall

(1) provide for the examination of applicants and issue licenses to those applicants it finds qualified;

(2) register licensed dentists and licensed dental hygienists who are in good standing;

(3) report annually to the governor and the department on the board's proceedings during the year, findings concerning the standards and availability of dental services in the state including the number of licensees, examination and licensing activities, other matters related to dental practice, and board receipts and expenditures;

(4) affiliate with the American Association of Dental Examiners, and pay annual dues to the association;

(5) hold hearings, and order the disciplinary sanction of a person who violates this chapter, AS 08.32, or a regulation of the board;

(6) supply forms for applications, licenses, permits, certificates, and other papers and records;

(7) enforce the provisions of this chapter and AS 08.32 and adopt or amend the regulations necessary to make the provisions of this chapter and AS 08.32 effective;

(8) adopt regulations ensuring that renewal of registration is contingent upon proof of continued professional competence by a licensed dentist or licensed dental hygienist;

(9) provide the department with the requirements for proof of continued professional competence and request the department to make these requirements available to each licensed dentist and licensed dental hygienist at least one year before the date on which the dentist or dental hygienist must renew registration;

(10) at least an equal circulation in any actions the board

(11) issue permits for dental hygienists, and by the board for training;

(12) regulate dental hygienists.

(b) The board (1) order a license a reasonable period dental hygienist issue; and

(2) authorize patient or professional a reasonable manner with AS 08.32. (am §§ 15 — 18 ch 63 SLA 1987)

Effect of amendment substit

The function of (see now AS 08.36 the grounds for dis board, was to detail to revoke, annul, given to the board this section. State (Alaska 1979).

Practice of dental committing acts is not per se illegal 08.36.310 (see no board could, after e

Sec. 08.36.0 Act. The board (AS 44.62). (§

A M E N D M E N T

OFFERED IN THE HOUSE

BY REPRESENTATIVE TOOHEY

TO: HB 182

- 1 Page 1, line 6, after "AS 08.36":
- 2 Insert "or by a dentist exempt from licensure under AS 08.36.350(a)(2)"

Article 4. General Provisions.

Section	Section
350. Application of chapter	365. Rights of dentists
360. Practice of dentistry defined	370. Definitions

Sec. 08.36.350. Application of chapter. (a) This chapter applies to a person who practices, or offers or attempts to practice dentistry in the state except

(1) a dental surgeon or dentist in the military service in the discharge of official duties;

(2) a dentist in the employ of the United States Public Health Service, United States Veterans' Administration, Alaska Native Service, or other agency of the federal government, in the discharge of official duties;

(3) a physician or surgeon;

(4) a dentist providing care in an isolated area by authority of a permit issued under AS 08.36.271;

(5) a dentist licensed in another state who is teaching or demonstrating clinical techniques at a meeting, seminar or limited course of instruction sponsored by a dental or dental auxiliary society or association or by an accredited dental or dental auxiliary educational institution;

(6) a dentist licensed in another state who provides emergency care to an injured or ill person who reasonably appears to the dentist to be in immediate need of emergency aid in order to avoid serious harm or death if the care is provided without remuneration.

(b) A person excepted from this chapter under (a) of this section shall be held to the same standard of care as a person covered by this chapter. (§ 2 art I ch 186 SLA 1955; am § 2 ch 93 SLA 1965; am § 6 ch 104 SLA 1971; am § 32 ch 49 SLA 1980; am § 37 ch 100 SLA 1984)

Sec. 08.36.360. Practice of dentistry defined. A person engages in the practice of dentistry who

(1) performs or holds out to the public as being able to perform dental operations;

(2) diagnoses, treats, operates on, corrects, attempts to correct, or prescribes for, a disease, lesion, pain, injury, deficiency, deformity, or physical condition, malocclusion or malposition of the human teeth, alveolar process, gingiva, maxilla, mandible, or adjacent tissues;

(3) performs or attempts to perform an operation incident to the replacement of teeth;

(4) furnishes, supplies, constructs, reproduces, or repairs dentures, bridges, appliances or other structures to be used and worn as substitutes for natural teeth, except on prescription of a duly licensed and registered dentist and by the use of impressions or casts made by a duly licensed and registered dentist;

March 2, 1995

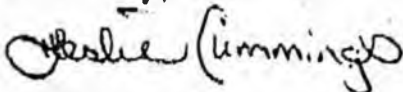
To The Health, Education and Social Services Committee,

Regarding House Bill 182, subsection to the Dental Hygiene Statute
08.32.110, I am a registered Dental Hygienist with a B.S. Degree, I believe
education and quality assurance are my two main concerns in this change.

I am opposed to this specific change for dental assistants and feel strongly
that a more defined statute detailing exact and mandatory education requirements,
responsibilities and quality assurance guidelines for our public's protection be
addressed!

I appreciate your time and attention to these specifics.

Sincerely,



Leslie Cummings, R.D.H., B.S.

1995

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Southcentral Foundation

March 1, 1995

Representative Cynthia Toohey
State Capitol Building
Mail Stop 3100
Juneau, AK 99801-1182


Dear Representative Toohey:

Southcentral Foundation is in support of House Bill 182 which allows dental assistants to apply topical preventive or prophylactic agents or pit and fissure sealants when delegated by dentists. However, this provision only covers dentists licensed under AS 08.36. Non-profit tribal health corporations (P.L. 93-638 contractors) throughout the State who provide these services have dentists who are Public Health Service Commissioned Corps and are not licensed under AS 08.36. These dentists could not delegate such procedures as the bill is presented.

Southcentral Foundation recommends adding language to include dentists who are in the Commissioned Corps of the Public Health Service. Again, we support House Bill 182, however, the Commissioned Corps dentists need to be added to the delegating authority.

Sincerely,

SOUTHCENTRAL FOUNDATION


Katherine Grosdidier
Executive Director

670 West Fireweed Lane, Anchorage, Alaska 99503
Health/Admin. (907) 265-4900; FAX (907) 265-5925; Dental (907) 265-4965
Optometry (907) 265-4974; Women's Health Screening Clinic (907) 257-1561



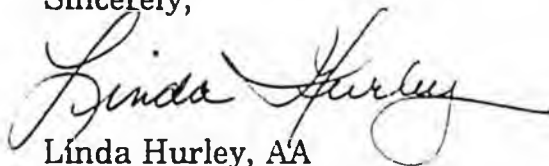
Representative Cynthia Toohey
State Capitol
Room 104
Juneau Alaska 99801-1182

Dear Representative Toohey:

I am writing in support of HB 182, which you introduced in February. Application of Dental Sealants is a noninvasive, preventative dental procedure. Dental Assistants have a long track record of doing this procedure safely.

The Dental Assistants are crucial to the quality of care that we strive to give our patients, especially in our Village Dental Prevention Program. The technical expertise required to apply Dental Sealants is well within the skill level of Dental Assistants.

Sincerely,

A handwritten signature in cursive script that reads "Linda Hurley". The signature is written in black ink and is positioned above the typed name and address.

Linda Hurley, AA
Kanakanak Dental Clinic
Kanakanak Hospital
Dillingham, Alaska 99576

Becky L. Newlon, RDH
P.O. Box 371262
Wasilla, Ak 99807
907-746-2446

Standing Committee of
Health, Ed. & Social Services
State Capitol, Juneau, Ak 99801-1182

Dear committee members,

I am writing in regard to House Bill 182 adding a sub-section to the dental hygiene statute 08.32.110. This bill as proposed by Cynthia Toohy would allow chairside dental assistants to place dental sealants and apply topical fluorides. I have worked in every aspect of dental offices for the past twenty years, I have held the position of a chairside assistant. The problem I have with assistants doing these procedures is this, very often the assistant has no formal training. Assistants are not licensed and do not have to meet any standard of knowledge about what they are doing. If the procedures put forth in this bill are not carried out with a level of ability and full knowledge of harm or complications that can arise if improperly done, the patient is at risk. It has been my experience that the dentist does not oversee to assure that the procedure is carried out correctly otherwise he would just do these procedures himself or herself. In the interest of time and production the dentist is busy with restorative treatment rather than these preventative procedures. I have personally seen tissue burns caused when the etching acid used in placing sealants was improperly applied.

I recently completed my degree in the field of dental hygiene and I am fully aware of how and why sealants and fluorides must be used correctly to benefit the patients and not cause undo harm.

I have a high regard for chairside assistants and if they were to be licensed with a uniform standard of knowledge I would not oppose this bill, but this is too often not the case. I must state my opposition to this bill as I feel it puts the patients at risk.

Sincerely,

Becky Newlon
Becky Newlon, RDH

24343 Lilac Court Apt D
Elmendorf AFB, Alaska 99506
March 1, 1995

House HESS Committee
State Capital
Juneau, Alaska 99801-1182

Dear House HESS Committee Members,

For eight years, I performed as an "on-the-job trained" Dental Assistant. My training came from various dentists with different teaching skills and values. This training taught me how to do a specific duty, but I never fully understood the "why" of performed procedures. Also, I never realized (through lack of proper training) the degree to which some patients' health was jeopardized. When I asked why, the answers varied from, "This is the way I do things", to, "That's the way I was trained"

A few examples of health and safety deviations I witnessed include:

1. A set of full mouth x-rays (18 films) being taken twice the same day because the first set did not turn out. I have learned, after attending a radiology course, that dental x-rays do produce biologic changes in human tissue. The National Academy of Sciences has recommended "the average exposure of the populations' reproductive cells to radiation above natural background levels should be limited to 10 roentgens from conception to age 30". There is some slight genetic risk from scattered radiation in dental radiography. The U.S. Public Health Service reported in 1969 before the introduction of group E x-ray film that the mean gonadal dose from all dental films is less than 0.1 millirad (0.0001 rad). These values compare favorably with the average daily whole-body exposure of 0.3 mR from natural background radiation.

Since there is cell recovery from radiation, a specific dose will produce less damage if it is fractionated over a period of time. In dentistry, the time interval between exposures of a full mouth series is usually three to five years, further minimizing the effects. Certified Dental Assistants are given enough practice time on mannequins to produce a good set of x-rays every time. What would the patients think knowing they were being practiced on?

2. There were a couple incidents where a full mouth series of x-rays were taken with no lead shield used on the patient. The Dentist did not stress the importance of the lead shield to the Dental Assistants.