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who were alive at 10 years, 45 percent had tumor growth or metastasis, prompting speculation that a survival disadvantage might have become apparent if the follow-up period had been longer.

More recent studies of conservative treatment have failed to resolve the issue. A review of all men with prostate cancer who died between 1988 and 1990 in Göteborg, Sweden, reported that men with conservatively treated localized tumors had mortality rates of 50 to 100 percent, but the retrospective and selective study design (which included, for example, only decedents, rather than all men with prostate cancer, in the denominator) limits the utility of the data. In the United States, an analysis of prostate cancer cases in Connecticut estimated that, after a mean follow-up of 16 years, life expectancy with conservative treatment of localized prostate cancer (either no treatment or hormonal therapy) was unchanged from that of the general population if the tumor was of low grade but was reduced by as much as 4 to 5 years or 6 to 8 years if the tumor was of moderate or high grade, respectively. These data derive from a retrospective chart review of cases diagnosed between 1971 and 1976, however, and include only patients 65 to 75 years of age.⁴¹

Researchers have pooled study data to model the natural history of untreated prostate cancer, but their findings have also been criticized. On the basis of data from 144 articles, Wasson et al.⁴² estimated that the annual risks of metastasis and death from untreated prostate cancer were low (1.7 percent and 0.9 percent, respectively). This study was criticized for including a large proportion of patients with well-differentiated tumors and patients receiving androgen-deprivation therapy. On the basis of six major studies, Chodak et al.⁴³ reported that conservative management (delayed hormone therapy but no surgical or radiation therapy) was associated with a 10-year disease-specific survival rate of 87 percent for men with well-differentiated or moderately differentiated tumors and 34 percent for men with poorly differentiated tumors. For patients alive after 10 years, the probability of having metastatic disease was 19 percent, 42 percent, and 74 percent, respectively, for well-, moderately, and poorly differentiated cancers. Although critics disagree with the study's probability estimates,⁴⁴ the findings underscore the role of cell differentiation in predicting future tumor progression.

Is Screening or Treatment Harmful?

The potential benefits of any screening test must be weighed against the potential harm of testing and treatment. In the case of PSA screening, the physical effects of venipuncture are trivial, but the consequences of false positive (and false negative) results deserve consideration. If the reported positive predictive value of 23 to 35 percent is assumed to be correct, two out of three men with abnormal results on routine PSA screening will not have cancer. Before cancer can be ruled out, however, they must undergo the inconvenience and discomfort of follow-up testing (e.g., repeat PSA testing, ultrasonography, and biopsy) and the anx-

ety of waiting for results. Needle biopsy is performed in about 20 percent of screened men and is complicated by infection or bleeding in 0.1 to 4 percent of patients and by discomfort and anxiety in 58 to 68 percent of patients.^{2,3,49}

A more serious source of concern than testing is the potential complications of treatment (e.g., impotence, incontinence, and death), the probabilities of which are summarized in Table 2. Although experts report anecdotally that their complication rates are lower than those in published reports, complication rates in the community are thought to be higher (Table 3). Reported mortality rates for radical prostatectomy are 0.2 to 2 percent, with lower rates reported by urologists at specialized centers and in studies involving patients under the age of 65.^{47,49-51}

Does Screening Do More Good Than Harm?

Ultimately, the most important question about PSA screening is whether it improves the overall health and well-being of patients. As has already been noted, clinical trials that will provide this information are currently in progress. In the meantime, researchers have used decision analysis to try to estimate the net effect of benefits and risks on quality-adjusted survival, but both the methods and results of these analyses are controversial. Decision analyses of screening^{32,33} have even suggested that quality-adjusted survival is reduced by screening, but the models' assumptions have been challenged.³⁴ Other decision analyses have focused on the effects of treatment. Fleming et al.³⁵ concluded that treatment, when compared with observation, increases quality-adjusted survival by less than one year and decreases survival in men over the age of 70 and those

Table 2. Reported Complication Rates for Radical Prostatectomy and External-Beam Radiation Therapy.*

COMPLICATION	REPORTED INCIDENCE (%)
Radical prostatectomy	
Impotence	20-85
Incontinence	1-27
Urethral stricture	10-18
Thromboembolism	2-30
Permanent rectal injuries	1-3
Peroperative death	0.3-2
Radiation therapy	
Acute gastrointestinal or genitourinary complications	3-67
Chronic complications requiring surgery or prolonged hospitalization	1-2
Anorectal complications	2-23
Impotence	41-67
Urethral or bladder complications	1-17
Incontinence	1-3
Death	0.2-0.5

*Data were collated from 23 studies, 11 of which were published between 1993 and 1995 (citations are available from the author on request). Reported rates vary partly because definitions of complications vary from study to study and because some symptoms (e.g., impotence) are common preexisting conditions in this age group. Experts report anecdotally that current complication rates are lower than in published reports. Surgical complications have been reduced to some extent by the use of bilateral nerve-sparing techniques and by limiting the operation to younger and healthier men. Improvements in radiation therapy (e.g., three-dimensional external radiotherapy) may also produce fewer side effects.

Table 3. Adverse Outcomes of Radical Prostatectomy Reported by a National Probability Sample of Medicare Patients.*

CONDITION	% OF MEN REPORTING
Attributable 30-day postoperative mortality	11.6
Cardiopulmonary complications (congestive heart failure, myocardial infarction, pulmonary embolism, or respiratory failure)	4-5
Incontinence	
Wore pads or other devices for incontinence	31
Dropped more than a few drops daily	23
Underwent surgical treatment for incontinence	9
Had a catheter	7
Erectile impotence	
Was able to have erections before surgery	81
Had no full or partial erections since surgery	71
Had erections firm enough for intercourse in previous month	71
Underwent medical or surgical treatment for stricture, two to four years after surgery	29

*Data are from Fowler et al.¹² as reproduced with additional material in a publication of the U.S. Office of Technology Assessment.¹⁴

with well-differentiated disease. Critics questioned the probability estimates and the inclusion of a relatively older population of men with small, well-differentiated tumors.^{36,37}

In assessing whether PSA testing does more good than harm, one must consider the effect of screening on other health care services. Screening typically occurs in the primary care setting, where busy clinicians are concerned with other preventive services (e.g., breast-cancer screening, immunizations, and smoking cessation) and caring for sick patients. Time devoted to prostate screening may come at the expense of other conditions that pose a greater threat to individual and public health. A similar phenomenon can occur on a national level, where other health care services could be affected by the provision of prostate screening and follow-up to the 28 million American men over the age of 50 to whom the recommendations of the American Cancer Society apply. The first year of screening could cost an estimated \$12 billion to \$28 billion,^{38,39} and subsequent screening might cost \$3 billion per year.³⁹ If screening can reduce the disease burden from prostate cancer, this large investment might be worthwhile,⁴⁰ but its ability to do so remains unproved.¹⁸

IS THERE ENOUGH EVIDENCE?

Definitive evidence of whether prostate screening and treatment improve health will be unavailable until the turn of the century, when current clinical trials will be completed. For now, the debate centers on what the appropriate policy should be in the meantime, a period during which thousands of men will die of prostate cancer. Since screening has the potential to save lives (although its actually doing so is unproved), few would question the appropriateness of screening were it not for its potential harm. Proponents and critics of PSA screening differ in the ways they balance the benefits and risks.

Proponents believe that the benefits outweigh the risks; they argue that waiting for better evidence is unnecessary and that withholding screening while men die of prostate cancer is unethical. Critics of screening worry that the risks may outweigh the benefits. They

believe that current evidence does not ensure safety and that encouraging screening without this evidence is unethical (*primum non nocere*). Until better data become available, the true balance of benefits and risks remains a matter of opinion.

HOW TO ADVISE THE PATIENT

These uncertainties must be acknowledged when physicians counsel patients. Physicians should neither recommend nor discourage PSA testing without, first, ensuring that patients have complete information about potential benefits and risks, and second, determining their personal preferences. Although it is advisable to obtain informed consent for any screening test, it is especially important for PSA screening, because the data are unclear and patients face potentially serious consequences to health and survival by either accepting or declining the test. Patient education is also important, because most men receive incomplete or inaccurate information about PSA from acquaintances, advertisements, and the lay media.

Therefore, the first step in counseling patients is to present the facts about the benefits and harm that can result from testing and treatment. Fact sheets⁴¹ and videotapes⁴² can help provide an unbiased summary of both sides. The second step is to assess the patient's preferences. This step is necessary because the fear of cancer, the potential impact of iatrogenic complications on the quality of life, and the absence of "proof" from controlled studies mean more to some men than others. Before deciding on testing, the patient should consider the procedures that would necessarily follow an abnormal screening result and whether he would want to be treated if cancer were diagnosed. In particular, men with a life expectancy of less than 10 years should be advised that screening and treatment are unlikely to be helpful and may worsen the quality of their lives.

Once fully informed about the consequences, some patients find it difficult to make this decision and prefer instead to seek the doctor's advice. Offering an opinion in response to this invitation is entirely appropriate, but physicians who uniformly encourage or discourage PSA testing without first reviewing the facts and exploring preferences are unfairly imposing their values on the patient. For this reason, adding a PSA measurement to a panel of other tests, as one would add a potassium or hemoglobin measurement, is inappropriate if it is not preceded by the kind of discussion described above. It is equally inappropriate for a physician opposed to PSA screening to avoid the topic when patients do not request the test. Patients who are unfamiliar with PSA testing have a right to know about the availability of the test and the recommendations of groups that encourage screening.

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1-800-ACS-2345

Document 10021

CERVICAL CANCER

DEFINITION

The cervix is the narrow opening of the uterus (womb) that leads into the vagina (female sex organ). The cells lining the interior of the cervix produce mucus (a body fluid) that keeps the vaginal area moist. In childbirth, the cervix dilates (opens) to allow passage of the infant through the birth canal.

Cervical cancer is cancer that begins in the cervix. It first appears as low-grade (slow-growing) squamous intraepithelial (lining cell) lesions (sometimes referred to as LGSIL) or dysplasia, a condition in which cervical cells go through subtle changes that are clearly abnormal but are not clearly cancerous. These changes can be observed in cell samples, examined under a microscope by a trained technologist.

Next, high-grade (fast-growing) squamous intraepithelial (lining cell) pre-cancerous lesions (sometimes called HGSIL) called carcinoma in situ develop. "In situ" means that the lesion--which is not yet viewed as a true cancer--has not spread beyond the site where it started. If detected at this stage, it can be cured. Left untreated, it can become a true cancer and metastasize (spread) to distant organs, posing a threat to life.

Since the cervix is located deep in the body, and this type of cancer usually doesn't cause any discomfort or symptoms during early development, the only way to detect cervical cancer early is to have a screening test, called the Pap smear, at regular intervals.

EPIDEMIOLOGY

Cervical cancer is a relatively common cancer, accounting for about 16% of all cancers in women. The American Cancer Society estimates that about 80,800 new cases of cervical cancer will be diagnosed in 1995. Of these, 15,800 will be invasive (spreading into other organs) and 65,000 will be in situ.

Over the past thirty years, as the number of women having the Pap test has gone up, the number of advanced cervical cancer cases has gone down; however, the number of cases in women over the age of 50 has increased. In populations where women do not have the Pap smear, including in some groups in the United States and in all developing countries, cervical cancer rates are high, cases are diagnosed at a late stage, and the rate of deaths is higher than in women who do

have the Pap smear. It is the second leading cancer in women worldwide.

SIGNS AND SYMPTOMS

- Cervical cancer may develop and begin to spread without showing any symptoms.
- Unusual bleeding, spotting (blood spots or light bleeding), or other unusual discharge from the vagina, not from the normal monthly period, may be a sign of cervical cancer.
- Pain may develop in the uterus or in the tummy area, but pain does not usually occur in the early stages of the disease.

These symptoms can be caused by a number of conditions, including some sexually transmitted diseases. If you have these symptoms, don't try to guess, and don't wait for pain to develop. See your health provider promptly.

RISK FACTORS

The following conditions or situations often, but not always, lead to dysplasia or cervical cancer.

- HPV (human papillomavirus or genital warts).** HPV is a sexually transmitted disease--that is, it is passed from one person to another during sex. While men have no cervix (and therefore cannot develop cervical cancer), men can get HPV and pass it on to female partners. If you are concerned that you may have been infected with HPV, but you have no symptoms, you should request an HPV test when you have your yearly Pap smear and pelvic examination. If you have genital warts or any other symptoms that cause concern, you should see your health provider promptly.
- Having a high number of male sexual partners, or having sex with high-risk men.** In terms of cervical cancer, "high-risk men" means men who have had many sexual partners. More than five is considered high. Having many sex partners greatly increases the likelihood of infection with HPV (and therefore, the likelihood of cervical cancer). It also increases the risk of AIDS. These conditions are so closely related that the U.S. Centers for Disease Control and Prevention now defines AIDS in women as: a positive blood test for HIV (infection with the virus that causes AIDS) plus cervical cancer.
- Having sexual intercourse at a young age (loss of virginity)**
- Smoking or other tobacco use.** Nicotine and other chemicals and byproducts of smoking affect more than the lungs. These harmful substances have been found in washings taken from the cervix of women who smoke. Researchers believe that these substances damage the genetic makeup of cells in the cervix, and this damage leads to cancer.
- A high number of pregnancies, even if the pregnancy was not carried to term (there was no birth)**
- Low income level**

EARLY DETECTION OF CERVICAL CANCER: THE PAP SMEAR

In a Pap smear, a small sample of cervical cells and the mucus made by the cervix is lightly scraped onto a swab, spatula, or brush. The sample is then "smear" onto a glass slide. The slide is sent to a laboratory where a specially trained technologist examines it under a microscope.

The Pap test can be performed by a physician, nurse practitioner, physician's assistant, or nurse, in the office. It takes only a few moments and normally, is not painful, although some women experience very mild, momentary cramping when the smear is done. Usually, a pelvic examination is also done, immediately after the smear is taken.

The Pap test can find developing cancer cells before they have a chance to spread to other places in the body. About 90% of cervical cancer cases can be detected early through the use of Pap smears. If found early, cervical cancer is almost 100% curable. Also, the earlier the cancer is found, the less complicated its treatment will be.

WHO SHOULD GET A PAP TEST

All women who are sexually active or over the age of 18 should have a Pap test each year. Even women who have had a hysterectomy (surgery to remove the uterus), should continue to have annual vaginal examinations and Pap smears because these can help to detect cancer of the vagina.

WHAT THE PAP SMEAR RESULTS MEAN

An abnormal result of a Pap smear does not necessarily mean cancer. In addition to finding cancer cells, the Pap test can also show dysplasia, which means that there are abnormal, but not cancerous cells.

If your Pap smear shows abnormal (not normal, average, or typical) cells, you may need an additional test called a colposcopy. In colposcopy, an instrument with a magnifying lens is inserted into the vagina. The lens makes it possible to see the tissues of the vagina and cervix more closely. This examination has no side effects. If you are pregnant, your health care provider may choose to wait until after the delivery to do the colposcopy; however, it can be done safely during pregnancy.

Two types of cancer are found in the cervix:

- Squamous cell carcinoma comprises 90% of cervical cancers. Squamous cells are scale-like cells that make up passage membranes such as the cervix.
- The remaining 10% are adenocarcinomas, which begin in the cervical glands.

In examining the Pap smear, the technologist uses a classification system and terminology, called the Bethesda system, to answer the following questions:

- Is the sample adequate for evaluation? If not, it will be necessary to have the test again.
- Are the sample cells normal, going through benign (non-cancerous) changes, or abnormal?

- If the changes are benign; are they due to infection with yeast, fungus, bacteria, or virus? Or are the changes reactive--caused by routine cellular repair work, or aging, or an intrauterine contraception device (IUD)?
- If the changes are abnormal, do they indicate cancer development? If yes, is the cancer squamous cell or adenocarcinoma? Is the cancer high-grade (fast-growing) or low-grade (slow-growing)?
- If the cancer is adenocarcinoma (glandular), did it begin in the cervix, in the lining of the womb, or in the uterus?
- If a vaginal smear has been taken, is the hormonal pattern of the vaginal cells normal for the woman's age and history?

STAGING

Once a diagnosis of cervical cancer is certain, the next step is to determine the stage (extent) of the cancer. Staging is a very important step, because selecting the most effective treatment depends on the stage of the cancer. If you have cervical cancer, ask your cancer care team to explain the stage of your disease. This way, you can participate in making informed decisions about treatment.

For staging, your cancer care team considers:

- The size of the lesion or tumor
- How deeply the tumor has invaded the tissues at the site of development
- The extent of any invasion into surrounding organs (the uterus, the pelvic wall, the vagina, the rectum, the bladder)
- The extent of invasion of distant organs

To obtain this information, you will need additional tests, which may include:

- Biopsy**, removal of a sample of the cancerous lesion, for examination under a microscope. Selection of areas to be biopsied may be based on the colposcopy results.
- Cone biopsy**, in which a cone-shaped portion of tissue is removed for examination under a microscope. This type of biopsy shows how deeply the tumor is invading underlying tissue.
- A complete physical examination**, with special attention to the lymph nodes (for evidence of metastasis), the bladder (for evidence of blockage or local extension of the tumor), and the cervical ligaments and rectum (for evidence of local extension). Based on the findings of the physical examination, **cystoscopy** (examination of the bladder) or **proctoscopy** (visual inspection of the rectum by way of a lighted tube) may be needed.
- A chest x-ray**, if the cancer is not in a very early stage (cervical cancer can spread to the lungs, but this is very rare)
- Computed tomography (CT) scans**, to check the urinary tract and the lymph nodes. In this imaging method, an x-ray beam rotates around the body, taking images at various angles. The images are then put together into 3-dimensional views by a computer. A contrast medium (special dye) may be injected, to highlight details. If the lymph nodes look suspicious, they may be biopsied, using the CT scan or ultrasound imaging as a guide.
- Examination of the cervix under anesthesia**, to determine the extent of

disease in the cervix, especially if radical hysterectomy (surgical removal of the uterus, tissues around the uterus, and a segment of the vagina) is under consideration. If surgery is performed, the retroperitoneal lymph nodes (those at the rear of the abdominal and pelvic wall) may be examined.

- Cystoscopy (examination of the bladder)
- Proctoscopy (examination of the rectum)

Invasive cervical cancer can spread through the bloodstream or the lymph nodes (a network of pea-sized glands that produce white blood cells and fight infection) into other parts of the body. Occasionally, cervical cancer behaves in an unpredictable manner, showing up as a small tumor, but with new tumors already establishing themselves at a distant site. Most cervical cancer takes ten to twelve years to develop to the point of invasive cervical cancer; however, in about 10% of women, invasive cervical cancer can develop in one year or less.

If you have cervical cancer, ask your cancer care team to explain the stage of your disease. This way, you can participate in making an informed decision about treatment.

DESIGNING A TREATMENT STRATEGY

After the diagnostic tests, when your disease stage is known, your cancer care team will recommend a treatment strategy. Consider the options without feeling rushed, and if there is anything you don't understand, ask to have it explained again. Your overall physical health, the nature of your disease, and your unique situation in life are all essential factors for determining a treatment plan. Together, you and the members of your cancer care team should develop a plan and a follow-up program that fits your particular needs.

Whatever your situation, you may want to seek a second opinion for personal or practical reasons. Personally, pursuing another medical perspective can deepen your understanding of your treatment options. A second opinion may reassure you in your decision to work with the first medical team you consulted, or you may find that the second treatment situation suits you better. On the practical side, some insurance companies require a second opinion before authorizing reimbursement (payment for your cancer care expenses).

TREATMENT FOR SQUAMOUS INTRAEPITHELIAL LESIONS (LGSIL, HGSIL)

Although squamous intraepithelial lesions are not cancer, it may need to be treated. Treatment choices are:

- Cryosurgery: Freezing and then removing abnormal cells.
- Laser surgery: A focused laser beam is used to burn off abnormal cells.
- Electrosurgical loop excision diathermy (LEEP): Use of a small looped wire with electric current to generate heat and burn off cancerous cells.
- Electrocautery: With electric current, burning off abnormal cells.
- Hysterectomy: Surgical removal of the uterus and cervix.

IF YOU ARE PREGNANT

Treatment for cervical cancer may differ significantly if you are pregnant. If you have cervical cancer and are pregnant, talk with your cancer care team about your options.

IF YOU ARE NOT PREGNANT

The choice of treatment depends on your age, the stage of the cancer, and whether you wish to have children. Hysterectomy means that you can no longer bear children.

TREATMENT OF CERVICAL CANCER, ACCORDING TO STAGE

The stage of cervical cancer is classified by the FIGO system. (FIGO stands for International Federation of Gynecologists and Obstetricians). In general, the higher the stage, the more difficult the cancer is to treat successfully. Metastasis means that the disease is spreading beyond the original tumor.

When radiation is used, it may be given as external beam radiation, which is like having an x-ray, but for a longer period of time and at a higher dose of x-rays, or as a radiation implant, which is inserted into the cervical area for a specified period of time.

Stage 0 means the tumor is in situ (it has not begun to spread into adjacent or nearby tissues).

Stage I means that the tumor involves more tissue, but has not spread beyond the cervix. Treatment at these stages is usually highly successful. During pregnancy, no treatment is given for these stages. Otherwise, treatment options include:

- Electrosurgical loop excision diathermy (LEEP), as described above.
- Laser surgery, as described above.
- Conization: Removal of a cone-shaped section of tissue that includes the cancer. Cold-knife conization means that high-frequency current is used for the procedure.
- Cryotherapy, as described above.
- Radiation (without surgery): A radiation implant is applied to the affected area. This method is chosen only if other health conditions make it risky or impossible to perform a hysterectomy. Depending on the size of the lesion, external radiation may also be performed.
- Total hysterectomy (removal of the uterus and cervix): This may be done via an incision through the abdomen or through the vagina. This treatment is often recommended for women past the childbearing years, or when the cancer has begun to spread to areas surrounding the cervix. Depending on age and the circumstances, oophorectomy (removal of the ovaries) may also be done. If it appears that the tumor has begun to spread beyond the original site, it will be necessary to check the lymph nodes during surgery.
- Radical hysterectomy, with bilateral pelvic lymphadenectomy. More extensive (wider) surgery to remove the uterus and cervix, plus removal of the pelvic lymph nodes to check for spread of the disease. This is sometimes

followed by external beam radiation to the pelvic area (the area between the hips).

Stage II: The cancer has spread beyond the cervix, but not past the upper third of the vagina or into the uterus, or the tumor has spread to the uterus, but not beyond. The options are:

- Radiation: External beam or implant(s), with or without hydroxyurea (a cancer-fighting drug).
- Radical hysterectomy and pelvic lymphadenectomy, often followed by external beam radiation to the pelvic area: Removal of the uterus, cervix, and nearby lymph nodes.

Stage III: The cancer extends to the pelvic wall or the tumor involves the lower third of the vagina, or the cancer has spread to one or both kidneys, or is blocking the flow of urine to the bladder. Treatment options include:

- Radiation: External beam or implant(s), with or without hydroxyurea.

Stage IV: This means that the cancer has spread beyond the pelvis or into the bladder or rectum or both, or the kidneys, or to one or more distant organs. The preferred treatment is:

- Radiation: External beam or implant(s), with or without hydroxyurea.
- Chemotherapy: Treatment with powerful cancer-fighting drugs, especially cisplatin or ifosfamide, when distant organs are involved.

RECURRENT (RE-OCCURRING) CERVICAL CANCER

If the recurrence is at a distant site, there is no standard treatment. If the recurrence is not distant, very extensive pelvic surgery to remove all of the affected tissue and organs may be used, often in addition to radiation or chemotherapy (or both), using fluorouracil, with or without mitomycin. To relieve painful symptoms of advanced disease, chemotherapy with cisplatin, ifosfamide, or a combination including ifosfamide or radiation therapy may be helpful.

SIDE EFFECTS OF TREATMENT

Before you begin treatment, it's a good idea to ask your treatment team about the side effects you can expect. They should have a good idea about what side effects are usually experienced during therapy, how long they might last, and how serious they might be. This can help you to plan and manage your normal activities during the time you will be treated.

If you experience any symptoms related to your treatment, be sure to report them right away to your cancer care team, especially the nurse. There may be ways to relieve the symptoms. For example, new medications recently developed can be given before, after, or during chemotherapy to prevent or stop nausea and vomiting. Also, if you are having trouble staying on therapy, for any reason, don't quit. Talk with your cancer care team. It may be possible to adjust the dosage or the treatment schedule to make it easier for you to complete all the treatments you

need.

PROGNOSTIC (OUTCOME) FACTORS

Early detection of cervical cancer saves lives. Ninety percent of women who have been diagnosed with in situ cervical tumors survive five years or more.

For those women who have invasive cervical cancer, the survival rate varies a great deal, depending on where the cancer has spread.

If you have questions about your personal chances of cure of cervical cancer, or how long you might survive such a cancer, talk with the people who know your unique circumstances best—your cancer care team.

ORGANIZATIONS AND RESOURCES

For additional information on cervical cancer, contact the National Cancer Institute's Cancer Information Service at 1-800-4-CANCER. A list of clinical trials appropriate for your unique situation will be sent on request.

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SENATOR JIM DUNCAN
ALASKA STATE LEGISLATURE

Alaska State Senate

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

February 2, 1996

SB 253

Mandating Insurance Coverage for Prostate Antigen Blood Tests

Senator Jim Duncan today introduced legislation which will require that insurance companies doing business in Alaska include Prostate-Specific Antigen (PSA) screening as a covered benefit.

Many insurers do not cover this blood test which the American Cancer Society recommends be performed annually on all men 50 years of age and older as a part of an annual prostate examination. The American Cancer Society also recommends that PSA screening begin at the age of 40 for men at high risk.

"I believe providing coverage for this important test can save lives or improve the quality of life for many Alaskan males," Duncan, a Juneau Democrat, said. "In 1991, the Legislature mandated insurance coverage for mammograms, and SB 253 represents a similar step towards preventative health care for men."

According to the National Cancer Institute, prostate cancer is the most common malignant cancer in American men. Prostate cancer is now the second leading cause of death in men, the first being lung cancer. The PSA test clearly increases the detection rate of early stage cancers, thus resulting in better, less invasive medical treatment for the patient.

-30-

PRESS RELEASE



R. McCaughan, M.D.

Diplomate,
American Board
Of
Urology

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March 26, 1996

Senator James Duncan
FAX 465-4748

Dear Senator Duncan:

Thank you for your request for testimony in regard to your wish to have Aetna cover the cost of prostate-specific antigen testing on a routine screening basis.

As you have undoubtedly learned, this is not currently covered as a screening test. To be fair, its reputation as a screening test is controversial. However, we all know of personal anecdotal incidences, and as a urologist I know of many situations whereby curable prostate cancer was diagnosed solely on the basis of the patient having had a PSA determination. Admittedly, it is falsely positive on numerous occasions. However, it is impossible to place a value on a life saved by early detection of prostate cancer.

As you likely know, the incidence of the diagnosis of prostate cancer, particularly in a curable stage, has dramatically increased over the past few years. While our ultimate ability to make the diagnosis depends on prostate ultrasound and ultrasonically-guided needle biopsy as well, the initial suspicion of the possibility of prostate cancer is almost always the result of an elevated PSA. The time-honored method of diagnosing prostate cancer has heretofore been the annual rectal examination. There are increasingly dismal statistics to back up the fact that while this exam certainly does pick up curable prostate cancer, it also simply points out the probability of prostate cancer, which in many cases is no longer curable.

To summarize, PSA determination is indeed an important, and perhaps the most important, first line test for the early diagnosis of curable prostate cancer. Like many medical tests, it certainly has a significant incidence of false positivity, however, the fact remains that it is essential as a part of our diagnostic armamentarium in regard to uncovering curable prostate cancer. The current recommendations, depending on various sources, would generally suggest that annual PSAs be done on the 50 to 60-year-old age group, and semiannual PSAs beginning at age 60. This should be done ten years earlier if there is a first degree relative with the diagnosis of prostate cancer or if one is an African American.

I regret that I could not attend your committee meeting to testify in person. My failure to do so does not indicate a lack of interest, but rather a schedule which could not be changed without inconveniencing multiple patients to do so.

If I may be of further help in achieving your goal of including PSA determination under Aetna coverage, please do not hesitate to call or write.

Sincerely,

Mark R. McCaughan, M.D.

MRM/blh

- LETTERS OF SUPPORT (3)

TO: JIM DUNCAN
466-4748

FIXED: 10:05 a.m.
3-7-96

FROM: JIM STUGHTON

March 5, 1996

Senator Jim Duncan
Alaska State Capitol
Room 117
Juneau, AK 99801-1182

Dear Senator Duncan:

It's my understanding that you are introducing a bill for all insurance companies to pay for a prostate specific antigen or PSA testing for Prostate Cancer. I think this is wonderful and way past due for prevention and early detection of Prostate Cancer.

In addition, I recommend that you include coverage for a PAP test which is required if someone has an elevated PSA result. Also, please consider coverage for a penile implant. Many men lose the ability to obtain an erection after surgery due to nerve damage, including myself who underwent Prostate surgery at the age of 55.

I did not have any symptoms of Prostate Cancer, but it was discovered with the PSA screening done at an routine physical. Having had the surgery after a second opinion by a Urologist in Seattle, I have and will take for my lifetime a chemotherapy oral medication and a monthly injection. These two medications cost \$298.35 and \$523.25 per month.

The American Cancer Society promotes prevention and early detection. Having the insurance companies pay for the PSA screening which is approximately \$200.00 as likewise a PAP screening if required will save money and lives.

My coverage under the State of Alaska's Aetna plan will not cover a penile implant. Yet, the same plan will cover a breast reconstruction for a women that has had to undergo a mastectomy. The breast is a non operating organ. I do not resent this because there is also an psychological impact with either of these procedures for a cancer patient.

Please consider amending your bill to cover all of these procedures.

I would like to testify at the hearing, but unfortunately, I work for the Alaska Marine Highways and will be out on the ship. Please accept this letter as my testimony.

According to the American Cancer Society, Prostate Cancer incidence rates increased 50% between 1980 and 1990, largely due to improved detection. There was approximately 40,000

due to improved detection. There was approximately 40,000

deaths in 1995, the second leading cause of cancer death in men, with lung cancer being number one. The 5 year survival rate for patients with prostate cancer diagnosed while it is still localized is 94%.

Sincerely,

Jim Stoughton

Jim Stoughton
4410 Riverside Dr.
Juneau, Ak 99801

I am here to speak in support of SB 253, relating to insurance coverage for costs of prostate cancer detection. Presently, women live longer than men. This bill would increase men's odds of survival!

If you exclude skin cancer, prostate cancer is the leading cause of cancer in men. In the U.S., there were 200,000 new cases in 1994. It is the second leading cause of death from cancer in men, causing 38,000 deaths in the U.S. in 1994.

Certain factors place some men at greater risk for developing prostate cancer. These include: African-American background, increasing age, and perhaps a diet high in fat intake. The course of prostate cancer is extremely variable. Some tumor subsets are aggressive, grow rapidly, metastasize quickly and lead to a rapid death. Generally, they are slow growing, do not present symptoms, and are only found incidentally at autopsy.

PSA is an enzyme test that measures prostate specific antigen in the blood. This protein is specific to the prostate, but not to prostate cancer. So blood levels of the protein correlate to the amount of prostate tissue. This means that all kinds of prostate tissue, whether it is normal or malignant, may increase the PSA. Eighty percent of men with prostate cancer, will have an increase in PSA. A smaller increase is occasionally seen in older men with an enlarged prostate, which is a common condition in elderly males. If PSA results are low (< 4 ng/ml.), one feels reassured. If results are high (>10 ng/ml.) the client is referred to a urologist. Results between 4-10 are in "the gray zone". This is considered a minimal elevation. Twenty five % of these men (with results between 4-10) will have prostatic cancer, regardless of the finding on a digital rectal examination.

Most authorities who recommend the PSA test, advocate combining it with other modalities such as digital rectal examination or trans-urethral ultrasound. Although PSA misses about 20-30% and digital rectal exams miss about 50% (range, 14-64%) of prostate cancer, the two together detect an additional 15-20% or more over results from either one alone.

The treatment for prostate cancer is surgery and/or radiation. Urinary incontinence is a complication in 30% of cases.

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Routine screening of men without symptoms of prostate cancer is controversial. Presently, no data links PSA screening with a decrease in deaths from prostate cancer. The FDA has not approved PSA as a screening test for early detection, although it is approved for monitoring patients who already have prostate cancer.

The American Cancer Society (ACS) and American Urological Assn. (AUA) recommend annual PSA testing for all men aged 50 and older. Both of these professional organizations recommend annual screening for men younger than age 50 who are in high-risk groups. This includes men 40 and over with a family history of prostate CA & men who have had their vasectomy at 40 or older.

The AUA recommends stopping annual testing at 70.

The ACS recommends screening be stopped when the patient's life expectancy is <10 years.

The American Academy of Family Physicians, Canadian Task Force on Periodic Health Examinations, National Cancer Institute, and US Preventive Services Task Force do not recommend routine screening in asymptomatic men

The negative side of this testing is that up to 70% of men with PSA levels b/w 4-10 will not have prostate cancer and may undergo the expense, discomfort and emotional stress of additional diagnostic studies for no benefit.

The possible benefits of PSA screening are:

- men are more willing to have a blood test than a physical exam.
- if it is combined with a digital rectal examination, there is a 2-3 time increase in prostatic cancer detection rate
- a decrease in death from prostate cancer that is discovered early. However, there is no current data available to demonstrate this. (This test has only been available since 1979, hence the reason for the lack of long-term data)
- PSA may improve the specificity of prostate cancer screening and reduce unnecessary biopsies.
- it is the most cost effective way of screening for prostatic CA. (The cost of a PSA at Corning Lab is \$43.30. A trans-urethral ultrasound in a urology office is \$325.00)

More specific screening tests are needed. As we speak, more tests are being developed. They include:

- adjusting for increasing age
- measure serial PSA's and calculate the rate of change
- calculate the ratio of PSA level to the volume of the prostate (PSA Density)

Although this is not a perfect test, it is the best that we have for now. The Alaska Nurse Practitioner Association recommends that this bill be passed with the goal of detecting prostatic cancer at a curable stage, thereby improving men's health.

Mary Anne Wilson

Testimony presented by
Mary Anne Wilson, MS, RN, CS, ANP
Alaska Nurse Practitioner Association
Secretary and Legislative Representative

MR. EVANS replied it would be considered in the underwriting process. Any mandated benefit usually leads to some sort of an increase in premiums. He noted that he is covered by state health insurance through his wife, and they have always paid for PSA tests for him. So he does not know why they say some companies aren't covering it now.

CHAIRMAN KELLY asked if there is anyone who disagrees that the state health insurance policy pays mandated benefits.

Number 207

CAROL EDWARDS, RN and nationally certified oncology nurse, stated her husband was turned down for his PSA screening. She believes that men deserve the same rights in PSA testing that women receive in mammogram testing. Mandating insurance companies to pay for mammogram screening is now common throughout the United States. She believes that mandating payment by insurance companies for PSA screening will follow. Prostate cancer is the most commonly occurring cancer in men in the United States: 41% of all cancers in men are prostate cancers. A lot of men die with prostate cancer, and not of it. If a man lives to be 90 years old, he will probably have prostate cancer, although it will probably not be the cause of death.

Number 244

Ms. Edwards stated that the younger a man is, the more aggressive prostate cancer will be, and the more likely that it will be the cause of death. Early detection of prostate cancer is the best chance for a cure. Ms. Edwards stated that unfortunately, she mostly sees patients with cancer in more advanced stages. Ms. Edwards stated that Aetna refused to pay for a PSA test for her husband, even though his father died of prostate cancer. He has a State of Alaska health insurance policy, and he carries the rider for the annual physical. In a letter, Aetna stated they would not pay for the PSA test, even though he was considered high risk, because it was a questionable test. Ms. Edwards stated it is a debatable test.

CHAIRMAN KELLY asked if that test that will be mandated by SB 253.

MS. EDWARDS responded it is.

CHAIRMAN KELLY asked if the state will, at this time, pay for prostate examinations.

MS. EDWARDS replied they will pay for a digital rectal examination. They will pay for a cardiac risk profile: her husband has no risk of cardiac disease, but they will pay for that test. He does have a risk of prostate cancer, but they will not pay for a PSA test. They won't pay for this one particular test, which at Bartlett Memorial Hospital costs between \$60.00 - \$70.00. She stated that her family is personally willing to pay for that, because they are capable of doing so. But it is the individual who is less knowledgeable and would not know the value of the test who might not be so likely to pay out of pocket. Ms. Edwards stated that in the oncology world there is a phrase called "oncology family

syndrome". This phrase means that if there are three generations of cancer in your family, and it does not have to be the same type of cancer, then you are considered to be at high risk for having cancer.

CHAIRMAN KELLY asked how family is defined.

MS. EDWARDS thinks it goes back through generations. She knows that mother, grandmother, and great-grandmother are considered to be in those studies.

CHAIRMAN KELLY asked Ms. Edwards what word is used to describe family relationship and degrees of family relationships.

MS. EDWARDS stated she would be willing to find that information for the committee.

CHAIRMAN KELLY stated the committee would appreciate that. He asked if there were any questions. Hearing none, he asked if anyone knew the word used to define that whole phrase.

MS. EDWARDS asked if the chairman was thinking of "immediate family".

CHAIRMAN KELLY responded that is not the word. He came across it when he was working for the Nevada Legislature. He called Mr. Chisholm to testify.

Number 299

BILL CHISHOLM stated he works in the claims field for the State of Alaska, and is covered by Aetna for almost everything. He stated he spends a great deal of time reviewing insurance provisions and supports SB 253. Mr. Chisholm stated that in 1991 during his annual physical, his physician recommended he take the exam. He did, and Aetna paid for it. Aetna also paid for the PSA exam for his 1992 physical. In 1993, Aetna would not pay for the test, and they have not paid for it since then. When he called Aetna to inquire why they did not pay for the test, he was told that the test was not an acceptable diagnostic tool. He believes that a test of this type is probably more accurate than the examination which involves a physician facing a somewhat squirming subject and trying to determine size and hardness or softness of a particular part of the body. In looking at the 1994 denial, it states that, "Services must be broadly accepted, professionally as effective, appropriate and essential treatment of disease or injury. Based on that, this is not covered." Mr. Chisholm pointed out that whether it's a PSA screening or a digital rectal exam, they are both for detection, not for treatment. He believes that men should be entitled to have the best screening possible for a potential disease of this type.

CHAIRMAN KELLY asked Dr. Palmer to testify.

Number 348

DR. PALMER, a Juneau physician, explained family genetic are such that certain problems can skip generations in people who are

SUNDAY

4/21/96

from the
SIDELINES

With Miller back, I feel lots better

By MIKE STEWART
THE JUNEAU EMPIRE

What a joy it was to see Mike Miller at the Augustus Brown poolside in the Southeast Regional Championships over the weekend.

Here he was helping kids with their techniques, jotting notes, talking to parents and helping direct the meet, just as he's done for the past 14 years as the coach of the Glacier Swim Club.

The pool - indeed, the community - hasn't felt right in the past few months in his absence. Selfishly, it made me feel much better to see him in the role of a coach again, instead of wondering how he was doing far away in an Oregon hospital as a patient.

For those who aren't aware, Miller was diagnosed with prostate cancer on Jan. 17. That bad news quickly got worse when it was discovered it had spread to bone cancer. He now has a tumor on his spine at the base of his neck and three more on his skull.

"They have what's called a staging cell of A through D," Miller explained of cancer cell progression on Saturday in his office above the pool. On the deck below, some 250 kids from five Southeast communities battled for region honors. "I'm at a D-2 range, which is classified as incurable."

On a scale of 1-10, Miller was told his form cancer was a very aggressive, high-grade 9. The bat-

Next stop: Olympics



BRIAN WALLACE / THE JUNEAU EMPIRE

Glacier Swim Club coach Mike Miller talks to Eric Moss, 8, on Saturday during the Southeast Regional Championship meet at the Augustus Brown pool. Miller was at poolside for the first time nearly three months since being diagnosed with prostate cancer. He's wearing sunglasses by

ressive, high-grade. The bottom line: he was given 17 to 35 months to live.

"You're scared, you just go numb," he said of his reaction upon learning his condition. "My immediate concern was for my wife (Judy) and my whole family."

The Millers thought they could handle anything. They've had good training for this sort of situation. It was only five years ago when their son, Todd, faced another life-threatening situation. He was hit by a truck while riding his bike. For a few agonizing days they didn't know if Todd would survive. Thankfully, he's since made a near-complete recovery.

"We'd been through this trauma once before," Miller recounted. "We felt like we'd have a better go-round because of our experience."

But they learned the pain, the fear, doesn't go away, no matter how many times a family is confronted with death.

"That hasn't been the case," Miller quietly agreed. "It's been difficult at times."

Despite having every reason to feel cheated and bitter for all of their recent hardships, the Miller family members have tried to remain positive throughout. And, Miller added, there is reason to be positive.

First, he said the love from his family and the overwhelming support he's received from the community are a springboard to health in even the most dire situations, regardless of how bleak the prognosis is.

"That's the bottom line," he said. "You have this awareness of how much love they have for you, and you for them. It makes all of us strong."

To the point of healing?

"I believe it can do that."

Further, Miller has undergone a radically new - and dangerous - treatment which has been remarkably successful. A normal prostate specific antigen count is around four or below. When Miller was first tested, his PSA count was a whopping 26.6.

What does this mean in medical terms?

"Basically, I was off the Richter scale," he chuckled.

But in the less than two months that he's received hormonal treatment in combination with the drug Suramin, his PSA level has dropped to a minuscule .05.

"That makes everyone at Oregon Science Health University kind of jazzed," Miller said, referring to the clinic where he receives treatment. "There's only 20 people in the country getting this same treatment, and I've had

Please see Sidelines, Page B3

nearly three months since being diagnosed with prostate cancer. He's wearing sunglasses because of the treatment he's receiving.

Suddenly cool Mariners

THE ASSOCIATED PRESS

SEATTLE - Juan Guzman allowed five hits in eight innings, and Shawn Green homered and doubled in the go-ahead run Saturday night, leading the Toronto Blue Jays over the Seattle Mariners 3-1.

Ken Griffey Jr., batting just .217, accounted for Seattle's run with his sixth homer. The Mariners lost their second straight following an eight-game winning streak, which tied a team record.

Guzman (3-1) allowed five hits in eight innings, struck out seven and walked two. Mike Timlin pitched a perfect ninth for his third save.

After allowing Griffey's homer in the first, Guzman loaded the bases on walks to Edgar Martinez and Paul Sorrento and an error by centerfielder Otis Nixon on a drive by Jay Buhner.

Guzman retired Doug Strange on a liner to shortstop, ending the inning, and Seattle failed to get a runner past first base after that.

Paul Menhart (0-2), who has a

Yanks 'Doc' not feeling well after getting sent to bullpen

THE ASSOCIATED PRESS

MINNEAPOLIS - Dwight Gooden, 0-3 with an 11.48 ERA in three starts for the New York Yankees, was demoted to the bullpen Saturday.

Gooden, back in the majors after a 1½-year suspension for violating his drug aftercare program, was dropped from the rotation a day after his worst outing of the season, a 7-1 loss to Minnesota.

"I have no problem with it," Gooden said. "That tells me a lot of work needs to be done."

Gooden gave up six runs, three hits and four walks in three innings Friday night. Manager Joe Torre informed Gooden of the decision when the pitcher arrived at the Metrodome for Saturday night's game.

"We have no choice at this point," Torre said.

Torre said he considered moving Gooden to the minors. He believes pitching coach Mel Stottlemyre is the best person to coach Gooden. Stottlemyre, Gooden's pitching coach with the

Please see Gooden, Page B3

7.15 ERA, gave up all three runs and seven hits in six innings.

He opened the game with walks to Nixon and Domingo Cedeno, then allowed a two-out infield sin-

gle to Joe Carter that scored on.

Green led off the second with his first homer of the year, Toronto a 2-1 lead. Doubles

Mets top Rockies, halt skid

■ Vizcaino's two-out, run-scoring hit in 10th inning decides it

THE ASSOCIATED PRESS

NEW YORK - Jose Vizcaino, back in the lineup after the birth of his son, singled home the winning run with two outs in the 10th inning Saturday and the New York Mets beat the Colorado Rockies 4-3, ending a three-game losing streak.

Andres Galarraga homered twice, doubled and drove in all three Rockies runs. He led off the ninth inning with a home run against John Franco (2-0), tying it at 3.

Rey Ordóñez opened the Mets' 10th with a bloop single off John Habyan (1-1) and moved to second on a two-strike sacrifice by pinch-hitter Brent Mayne. Vizcaino sin-

Please see NL Page B3



He's Met his match: Colorado's Walt Weiss, right, is about to swing at Jose Vizcaino on Saturday at Shea Stadium as Weiss tries to turn a



CHRIS WALLACE / THE JUNEAU EMPIRE
Soccer player Heidi
on Saturday in a scrim-
mer Kristi West moves in
their regular season this

gled, and Ordonez slid home ahead of right fielder Dante Bichette's throw.

Viccaino left Friday night's game for a pinch-hitter when his wife, Jessica, went into labor with the couple's third child. Their son, Jonathan, was born later in the evening.

Giants 8, Cubs 4

Barry Bonds homered, doubled and drove in three runs Saturday and the San Francisco Giants ended Chicago's four-game winning streak.

The teams combined for five home runs, taking advantage of 21 mph winds. A day earlier, the clubs hit nine homers.

Bonds went 3-for-5. He led off the third inning with his sixth homer, towering shot onto Sheffield Avenue beyond the right-field bleachers, and had a two-run double in the fourth.

Steve Scarsone also homered for the Giants. Brian McRae homered to lead off the

was the loser.

Expos 11, Pirates 2

Darrin Fletcher hit his first grand slam and tied a career-high with five RBIs and Henry Rodriguez homered twice, leading Pedro Martinez and the Montreal Expos past Pittsburgh.

Martinez (1-1) pitched three-hit ball for eight innings, giving up home runs to Nelson Liriano and Jeff King.

Rodriguez, who also doubled and drove in four runs, and Moises Alou hit consecutive home runs in the first inning against John Ericks (0-3). Ericks has lost eight straight decisions since last Aug. 5.

Fletcher hit grand slam off reliever Lee Hancock during a six-run third inning and added an RBI single in the fifth.

Cardinals 1, Phillies 0

Brian Jordan singled home the winning run with two outs in the ninth, giving St. Louis its second straight 1-0 victory over Philadelphia.

Ricky Bottalico (1-1) walked Royce Clayton leading off the ninth, Pat Borders sacrificed and Willie McGee walked. Ron Gant struck out and

finished with a perfect ninth for his fifth save.

Braves 6, Padres 5

Ryan Klesko matched his career high with four hits, including a double and triple, and scored the go-ahead run.

With one out in the eighth and the score tied 5-all, Klesko tripled off Doug Bochtler (0-1). Javy Lopez walked and pinch-hitter Dwight Smith lifted a sacrifice fly to right, the first RBI this season by a Braves pinch-hitter.

Greg McMichael (1-0) pitched a perfect eighth, and Mark Wohlers got three outs for his fifth save. Atlanta has won five of its last six, including three straight over the Padres.

Marlins 7, Dodgers 4

Hideo Nomo, who struck out a career-high 17 against the Marlins in his previous outing, was knocked out in the fifth inning.

Joe Orsulak hit a two-run homer just inside the right-field foul pole, his first home run since last Aug. 17. Gary Sheffield hit a solo shot off the upper-deck facade, his seventh homer of the season, helping the Marlins win their third straight.

Casey will get only his fourth start since he was recalled from the International Hockey League on Feb. 21. He appeared in seven others as a backup. Casey, however, is not a playoffs rookie. In 1991, Casey led the underdog Minnesota North Stars to the Stanley Cup finals.

"Fortunately for us, he's an experienced goalie," general manager-coach Mike Keenan said. "He took a team to the Stanley Cup finals. He may rise to the occasion."

Detroit at Winnipeg

The Jets are hoping for a boost from a sell-out crowd of 15,000 at Winnipeg Arena, where the Jets were 22-16-3 during the regular season. Winnipeg, which was outshot 34-18 Friday night, also was 12-11-4 against Central Division opponents, including Detroit, this season.

Blackhawks at Flames

With Calgary blaming poor officiating in part for its deficit, Chicago center Jeremy Roenick is trying to guard against a Flames backlash.

"I'm sure they're an angry team, a team that's going to be motivated," Roenick said

Sidelines...

Continued from Page B1
the fastest drop."

However, there are potentially disastrous side effects to this treatment.

"It's highly toxic. If your body rejects it, you die," Miller said. "It was frightening, but I said, 'Sign me up.'"

Less frightening side effects exist, too. For instance, his testosterone level has been depleted significantly by the doctors, because it is a carrier of the cancer cells. The testosterone is replaced with estrogen, a female sex hormone.

This leads Miller to be more emotional than he'd like at times, and he also experiences uncomfortable hot flashes, much like a woman who is going through menopause.

Yet he says with a smile, "I have the best of both worlds, I'm

a guy on the outside and a woman on the inside."

The way he sees it, these are minor nuisances in the road to recovery.

While Miller certainly appreciates the help he's received from some of the finest medical help in the country, he said the flip side of all this has been that being away from home for such long periods of time has been agonizing. He's only been out of Portland for about a week since starting his treatment.

"You have your ups and downs. It was really bad around Easter; I was really homesick."

Miller believes recovery is possible, but he doesn't put up any kind of a false front. He isn't giddy with an artificial excitement, nor does he weave around the room throwing left jabs at an imaginary foe, promising to go the distance if that's what is required to beat this puzzling illness.

Instead, he emits a sort of comfortable reassurance.

"The whole key is just having a chance to prolong your life," Miller said. "I guess I can accept facing death a little better now. We're all going to die. How long do I have? I don't want to put a timeline on it. I just want to enjoy each day."

This appreciation, he said, is a silver lining in what has been a very cloudy past two months. Enjoying life isn't a convenient excuse to make the prospect of death easier to accept, he added. You can't ignore death, but if we incessantly worry when we might die, Miller said, we miss celebrating every moment of life.

"I've always been sort of emotional about things," Miller said. "But now I have an even more intense feeling; I'm much more sensitive. I look across the channel to the mountains and see the snow and trees and really enjoy it. You just have so much more of

an appreciation for life."

It was a very reassuring thing to see Miller again. He looked wonderful and healthy. Except for the dark glasses he had to wear - the treatment he's received makes his eyes sensitive to bright light - one wouldn't have noticed anything different about him at all.

Maybe that's because there is nothing different. He's the same caring, thoughtful person we all knew him to be three months ago when he left for treatment.

I confessed to Miller that I think his visit here helped me more than it helped him. He said that was normal, noting that he's learned it's important for those ailing not to hole up in a hospital or health-care facility.

"It's better for people to see me; it reassures them. You have cancer and they think automatically you're dying," he said.

Mike Miller's message is clear: I'm more alive than ever.

SB

259

FISCAL NOTE

Bill Version: SB 259

(S) Publish Date: 2/2/96

**STATE OF ALASKA
1996 LEGISLATIVE SESSION**

Revision Date: _____	Dept. Affected: <u>Administration</u>
Title: <u>An Act removing the requirement for sunset review of the Alaska Commission on Aging...</u>	BRU: <u>Senior Services</u>
Sponsor: <u>Rules</u>	Component: <u>Protection, Community Services & Administration</u>
Requestor: <u>Governor</u>	COMPONENT SERIAL NO. <u>1981</u>

Expenditures/Revenues (Thousands of Dollars)

OPERATING EXPENDITUR	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02
PERSONAL SERVICES	117.8	117.8	117.8	117.8	117.8	117.8
TRAVEL	30.4	30.4	30.4	30.4	30.4	30.4
CONTRACTUAL	15.1	15.1	15.1	15.1	15.1	15.1
SUPPLIES	2.4	2.4	2.4	2.4	2.4	2.4
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	165.7	165.7	165.7	165.7	165.7	165.7

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	165.7	165.7	165.7	165.7	165.7	165.7
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other						
Total	165.7	165.7	165.7	165.7	165.7	165.7

Estimate of current year (FY 96) cost: \$ \$165.7

POSITIONS:

FULL-TIME	2	2	2	2	2	2
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

This bill would remove the Alaska Commission on Aging from the requirement for periodic sunset review. In reality, it would have no fiscal impact on the department, as these costs are already included in the Governor's budget. This fiscal note assumes that the Commission would continue in its current configuration, and reflects salary and benefits costs for an Executive Director (range 23) and a secretary (range 10). Expenditure data also reflects travel and per diem costs for four commission meetings per year for commissioners and two staff, contractual and supply costs for commission meetings, and costs for teleconferences (approximately 15 meetings, 10 sites) during the legislative session to review legislation of interest to Alaska seniors. (continued on page 2)

Prepared by: Cornie J. Sipe, Director
Division: Division of Senior Services

Phone: Division of Senior Services
Date: _____

Approved by Commissioner Mark Boyer
Agency: Department of Administration

Date: 2/1/96

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

For further distribution information call the Governor's Legislative Office

(continued from pg. 1)

Grant funds and grants management staff are not included, as the assumption is that the state would continue to receive funding and manage programs under the Older Americans Act.

Personal Services costs

Executive Director, range 23	82.8
Secretary I, range 10	<u>35.0</u>
	117.8

Travel and Per Diem

Three meetings per year for commission and two staff members	21.7 travel <u>8.7</u> per diem 30.4
---	--

Contractual

Teleconference connections at commission meetings	2.0
Legislative teleconferences - 15 meetings, 10 sites	5.9
Advertising	<u>7.2</u>
	15.1

Supplies

Supplies for commission meetings	2.4
----------------------------------	-----

TOTAL	165.7
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HOUSE COMMITTEE REPORT

(7)

Date Referred to Committee: April 4, 1996

FURTHER REFERRALS:

Finance

Date of Committee Action: 4/11/96

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

CSSB 259(HES)

CS FOR SENATE BILL NO. 259(HES)

COMMISSION ON AGING

"An Act extending the termination date of the Alaska Commission on Aging; and providing for an effective date."

recommends it be replaced the same title
 with the following committee substitute _____ 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) Adm 2/2/96

zero fiscal note(s) _____

zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>Car. Brundage</i>	✓			
<i>John Holaday</i>	✓			
<i>Car. Brundage</i>	✓			
<i>John Holaday</i>	✓			
<i>Car. Brundage</i>	✓			
<i>John Holaday</i>	✓			

CHAIR'S SIGNATURE *Car. Brundage*

TONY KNOWLES
GOVERNOR



P.O. Box 110001
Juneau, Alaska 99811-0001
(907) 465-3500
Fax (907) 465-3532

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

259

February 1, 1996

The Honorable Drue Pearce
President of the Senate
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

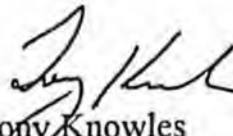
Dear President Pearce:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill that would make the Alaska Commission on Aging a permanent commission, not subject to regular "sunset" review.

The Alaska Commission on Aging, formerly known as the Older Alaskans Commission, is due to expire on June 30, 1996. However, in a report regarding the Older Alaskans Commission dated July 30, 1995, the legislative auditor concluded that the commission should not be subject to sunset because, among other reasons, the existence of such a commission is a requirement for the receipt of federal money. I agree that sunset review for this commission is not appropriate.

I urge your prompt consideration and passage of this bill.

Sincerely,


Tony Knowles
Governor

TRANSMITTAL LETTER

STATE OF ALASKA

TONY KNOWLES, GOVERNOR

DEPARTMENT OF ADMINISTRATION

OFFICE OF THE COMMISSIONER

P.O. BOX 110200
JUNEAU, ALASKA 99811-0200
PHONE: (907) 465-2200
FAX: (907) 465-2135

February 23, 1996

The Honorable Con Bunde, Co-Chair
House HESS Committee
Alaska State Legislature
State Capitol
Juneau, AK 99801-1182

Dear Mr. Co-Chair:

Please schedule HB 467, "An Act removing the requirement for sunset review of the Alaska Commission on Aging; and providing for an effective date." for committee hearing.

The Alaska Commission on Aging was established in the Department of Administration in July 1981. The primary functions of the Commission are:

1. To determine the appropriate amount of state and federal funds to allocate toward the purchase of needed programs and services for older Alaskans.
2. To advocate the needs and interests of older Alaskans at both the state and local levels.
3. To increase the coordination of state and local resources available to address the needs of older Alaskans.
4. To develop or expand services to older Alaskans as well as to ensure a more systematic and thorough approach toward helping them lead dignified, independent, and useful lives.

Legislative Audit completed a sunset review of the Alaska Commission on Aging in the fall of 1995. The commission is scheduled for termination on June 30, 1996. The auditor's conclusion and recommendation was that the commission had met the various sunset criteria, as set out in statute, and should be extended to June 30, 2003, or alternatively be removed from the sunset review process. The arguments for removal from sunset review are elaborated in the legislative audit:

1. ACOA is required by federal statute.
2. ACOA has been operating effectively.
3. Option to review ACOA is always available.

REQUEST FOR HEARING

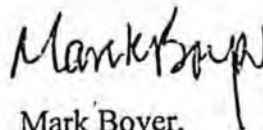
The Honorable Con Bunde

-2-

February 23, 1996

Your early consideration of this request would be appreciated. If you have any additional questions, you should contact Jane Demmert, Executive Director of the Alaska Commission on Aging at 465-4879.

Sincerely,



Mark Boyer,
Commissioner

MB/nn

cc: Jane Demmert
Executive Director
Alaska Commission on Aging

David Koivuniemi
Department of Administration

Alison Elgee
Department of Administration

Pat Pourchot
Office of the Governor

ALASKA STATE LEGISLATURE

LEGISLATIVE BUDGET AND AUDIT COMMITTEE

Division of Legislative Audit



P. O. Box 113300
Juneau, AK 99811-3300
(907) 465-3830
FAX (907) 465-2347

September 29, 1995

Members of the Legislative Budget
and Audit Committee:

In accordance with the provisions of Title 24 of the Alaska Statutes, the attached report is submitted for your review.

DEPARTMENT OF ADMINISTRATION ALASKA COMMISSION ON AGING

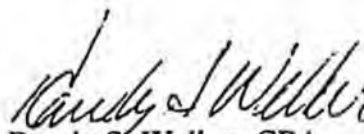
September 29, 1995

Audit Control Number

02-1433-96

Under AS 44.66.010 the Alaska Commission on Aging (ACOA) terminates on June 30, 1996. We recommend the legislature extend the commission until June 30, 2003. Alternatively, we suggest the legislature consider removing ACOA from the sunset review process altogether. We make this recommendation primarily because the receipt of federal funds under the Older Americans Act requires the State to maintain an agency such as ACOA to administer the funds and act in the interest of older individuals. This status makes ACOA similar to other state boards, councils, and commissions that are not currently subject to sunset review.

The audit was conducted in accordance with generally accepted government auditing standards. Fieldwork procedures utilized in the course of developing the findings and discussion presented in this report are discussed in the Objectives, Scope, and Methodology section on page one of this report.


Randy S. Welker, CPA
Legislative Auditor

AUDIT

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OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Titles 24 and 44 of the Alaska Statutes, we have reviewed the activities of the Alaska Commission on Aging (ACOA) to determine whether it should continue in existence as provided for under terms of the State's "sunset" legislation.

As required by statute, this report shall be considered during the legislative oversight process in determining whether the ACOA should be reestablished. The law currently specifies that ACOA will terminate on June 30, 1996 and will have one year from that date to conclude its affairs.

Objectives

Our specific audit objectives were:

1. To determine if the termination date for ACOA should be extended.
2. To determine if ACOA operations are in compliance with state and federal statutes and regulations.
3. To determine if ACOA is operating in the interest of the public.

Scope and Methodology

We focused on activities of ACOA since the last sunset audit in performed in 1993.¹ We evaluated the activities of ACOA to determine if they were consistent with the interest of the public. We also reviewed the proceedings of the current commission to ensure that they are in compliance with Alaska Statute and regulations.

Since more than 50% of ACOA's funding is from federal sources, we evaluated the ACOA administrative staff's compliance with federal funding and program requirements.

During the course of our audit, we attended a meeting of the commission, which focused on the allocation of funds to grantees for FY 96. During the three-day meeting, we observed the proceedings of the commission. We were able to see first hand how the commission operates and interacts with the public.

¹ The previous sunset review was conducted of the operations and activities of the Older Alaskans Commission (OAC). The OAC was the predecessor organization to the Alaska Commission on Aging.

In order to address our audit objectives, we reviewed the following:

- Applicable sections of Alaska's statutes and regulations.
- Applicable sections of the Older Americans Act, U. S. Code and federal register.
- Minutes of prior commission meetings.
- The executive director's reading files.
- Grantee files.
- Office of the Ombudsman closed case file.
- Budget documents, session laws and other legislative information relating to ACOA's operations.
- Internal reports and documents prepared by ACOA.
- Other documents as deemed pertinent.
- Financial reports from the state accounting system.
- By-Laws of the commission.
- Prior year audit work papers and audit reports.
- Office of the Governor, Boards & Commissions' files.

In addition, we conducted interviews with the following:

- Management and staff of ACOA.
- The long-term care ombudsman.

ORGANIZATION AND FUNCTION

The Older Alaskans Commission (OAC) was established in the Department of Administration in July 1981 by Alaska Statute (AS) 44.21. The commission's name was changed to Alaska Commission on Aging (ACOA) by Chapter 131, SLA 1994. The commission is authorized to administer and coordinate state programs for older Alaskans and to administer federal programs provided under the Older Americans Act, 42 U.S. Code 3001 - 3045i, as amended. Together, the provisions of AS 44.21 and the Older Americans Act define the commission's authority, purpose and scope of work. The primary functions of the commission include the following:

1. To determine the appropriate amount of state and federal funds to allocate toward the purchase of needed programs and services for older Alaskans.
2. To advocate the needs and interests of older Alaskans at both the state and local levels.
3. To increase the coordination of state and local resources available to address the needs of older Alaskans.
4. To develop or expand services to older Alaskans as well as to ensure a more systematic and thorough approach toward helping them lead dignified, independent, and useful lives.

The broad scope of the powers and duties mandated by legislation opens nearly all the concerns of older Alaskans to the consideration of ACOA. However, AS 44.21 stipulates that the commission may not investigate, review, or undertake any responsibility for the longevity bonus program or, except for activities of the office of the long-term care ombudsman, the Alaska Pioneers' Homes.

The commission consists of eleven members (see inset on page 4). Nine of these are voting members. Seven are appointed by the governor based on their knowledge and demonstrated interest in the concerns of older Alaskans. Statutes require appointments be made to assure representation of low-income persons and minorities, and representation from rural and urban areas of the State, and to secure statewide geographical representation on the commission. These members serve overlapping four-year terms and are all voting members.

The remaining members are designated in statutes as the chairman of the Pioneers' Homes Advisory Board and the commissioner or designee of the Departments of Administration, Community and Regional Affairs, and Health and Social Services. The chairman of the Pioneers' Home Advisory Board and the commissioner of the Department of Administration or his designee are also voting members.

The commission is authorized by statute to employ an executive director to serve at its pleasure. Currently, the executive director has a staff of 10, including employees in the office of the long-term care ombudsman. The ombudsman, which is required under the Older Americans Act, is hired by the commission to a full-time position in the classified service.

The duties of the long-term care ombudsman include the investigation and resolution of complaints made by or on behalf of older Alaskans residing in a long term care facility within the State. The ombudsman has within his purview complaints relating to actions by a provider or a representative of a provider of long term care services, or by a public agency or social services agency, that may adversely affect the health, safety, welfare, or rights of older Alaskans.

Alaska Commission on Aging
(As of September 1995)

Voting Members

Don Hoover, Chairman
Dorothy Westphal, Vice Chairman
Amos Alter, Chairman of the Pioneers'
Homes Advisory Board
Evelyn Bullock
Allison Elgee, Designee of Commissioner of
Department of Administration
Janet Helen Gamble
Holly A. Hollis

Non-Voting Members

Kathleen Metcalfe, Designee of Commissioner of
Community and Regional Affairs
Jon Sherwood, Designee of Commissioner,
Department of Health and Social Services

As of August 1, 1995 there was one vacant position on the commission.

BACKGROUND INFORMATION

In order to fulfill its mission of helping older individuals live dignified, independent, and useful lives, the Alaska Commission on Aging (ACOA) provides a variety of services. These services can be broadly categorized as: nutrition, transportation, and support (NTS) services; senior employment; senior residential services; home and community-based (HCB) care; and long-term care ombudsman (LTCO). The majority of ACOA's funding is expended in the form of grants to local non-profit service agencies for NTS and HCB programs.

Nutrition, Transportation and Support Services (NTS)

ACOA's NTS program is funded largely with federal funds. Services provided are:

1. Nutrition - Home-delivered meals are provided to the ill or housebound senior. Other meals provided in a congregate setting offer older Alaskans companionship and opportunities to volunteer for what are termed "senior-to-senior" services. Preventive health care and nutrition education services are also provided.
2. Transportation - Rides and rider-assistance are provided through van/car rides to high-priority destinations such as medical visits, work, public assistance offices, meal sites, shopping, adult day care centers, and volunteer posts.
3. Support Services - Information and referral services are provided to seniors. These services include outreach to seniors in need, escort, homemaker, chore and shopping service, advocacy to help obtain services and benefits for seniors, senior legal services, statewide senior media, and administration of senior volunteer service programs (Foster Grandparents, Senior Companions, Retired Seniors Volunteer Program or RSVP).

Home and Community Based Care (HCB)

The HCB program is designed to help seniors avoid being forced to rely on institutional care. Its objective is to provide seniors with access to affordable home and community-based care services that will allow them to achieve their desire to live out their lives at home, or in a home-like setting. Specifically, services include:

1. Adult Day Care Centers - This program provides a variety of health, social, and related support services in a protective setting during any part (less than 24 hours) of a day.
2. In-Home Respite Care - Individuals unable to care for themselves at home are served by this program. It is designed to relieve, on a short-term basis, those persons normally providing the care.
3. Care Coordination - This program helps frail clients find appropriate services and ensures coordination of the services. Care coordination includes outreach, intake

screening, initial assessment, care planning, service arrangement, ongoing monitoring, formalized reassessment, and service delivery system involvement.

4. Alzheimer's Education and Family Support - This centralized program provides a variety of services ranging from information referral and outreach, to education and training, private consultations, and support group activities. A toll-free 800 telephone number is provided for statewide information and referral.

Funding for the HCB program is mainly from state funds received through ACOA and the Mental Health Trust funds. A small amount of funding is received from federal sources. In addition, clients pay fees on a sliding scale, and cash and in-kind contributions are required of grantees.

REPORT CONCLUSIONS

As indicated in the Analysis of Public Need section of this report, the Alaska Commission on Aging (ACOA) has met the various sunset criteria, as set out in the statute. ACOA is effectively meeting its statutory responsibilities. ACOA is, in our view, operating in the public interest. The program funds administered by ACOA are helping older Alaskans lead dignified, independent, and useful lives. Alaska Statute 44.66.010 requires that ACOA be terminated on June 30, 1996. We recommend that the legislature adopt legislation extending ACOA's termination date until June 30, 2003.

Alternatively, the legislature should consider removing ACOA from the sunset review process. In our view, there are three central arguments supporting this perspective:

1. ACOA is required by federal regulations. Section 305 of the Older Americans Act requires each state to designate an entity as the sole state agency to: (1) develop and administer a state plan; (2) coordinate all state activities related to the Older Americans Act; (3) serve as an effective and visible advocate for the elderly; and, (4) distribute funds to individuals with the greatest economic or social need.

Section 3026 of 42 US Code requires the establishment of an advisory council to: (1) develop and administer an area plan; (2) conduct public hearings; (3) represent the interest of older persons; and, (4) review and comment on all community policies, programs, and actions which affect older persons. ACOA satisfies these requirements as set out in the act and federal code.

Other similar federally-mandated boards and commissions have not been made subject to the sunset review process. Such entities as the Governor's Council on Vocational Education, the Alaska Job Training Coordinating Council, and the Employment Security Council have not been made subject to sunset review. In our view, this is primarily because their existence is an ongoing requirement necessary for the State to receive millions of dollars in federal funding.

2. ACOA has been operating effectively. No significant problems have been found in past or current sunset reviews. The last sunset audit covered the period FY 89 to FY 92. The report concluded that the Older Alaskans Commission (a predecessor to ACOA) should be reestablished. During this audit, which covered the period since the last sunset review, we have determine that ACOA is operating effectively and recommend the commission be reestablished.
3. Option to review ACOA is always available. The legislature can request a special audit anytime there is a need. The financial and program operations of ACOA are included in our annual statewide audit. A review of any other issues can be requested at any time by the Legislative Budget and Audit Committee.

The purpose of the sunset review process is to provide a mechanism by which various agencies, organizations, boards, and commissions are subject to ongoing review to assure that they are operating in the best interest of the public. When considering what entities should be subject to the sunset review process, the potential for public harm, the history of operations, and the necessity for the entity should all be taken into consideration along with the availability of audit resources. Given these factors, we suggest that ACOA could be excluded from the sunset review process with no adverse impact to the public interest.

FINDINGS AND RECOMMENDATIONS

Recommendation No.1

The governor should consider appointing a public member from the Southwest region to fill the vacancy on the commission.

ACOA has divided the State into six funding regions: Anchorage, Interior, Northwest, Southcentral, Southeast, and Southwest. Our analysis of current commission membership indicated that no commission member is from the Southwest region. Alaska Statute (AS) 44.21.200 (b) states that the governor shall make appointments to assure representation of low income persons and minorities, and representation from the urban and rural areas of the State, and to "*secure statewide geographical representation of the commission.*"

ACOA currently has two vacant commissioner positions. We recommend that the governor consider making one of his appointments from a qualified state resident from the Southwest region.

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ANALYSIS OF PUBLIC NEED

Limited Analysis

The following analysis of board activities relates to the public need factors defined in the "sunset" law, Alaska Statute 44.66.050. These analyses are not intended to be comprehensive, but address those areas we were able to cover within the scope of our review.

The extent to which the board, commission, or program has operated in the public interest:

Increase in services to seniors

Almost half of ACOA's budget is expended on the nutrition, transportation, and support (outreach, escort, information referral, and shopping assistance) services. This program is funded largely by federal funds.

Although ACOA has had to reduce some long-standing five-day congregate meal and transportation services to three days per week, the number of home delivered meals served increased by 6 percent in FY 93 and by an additional 5 percent in FY 94. The home-delivered meals increased from 156,860 in FY 92, to 166,402 in FY 93, and to 173,952 meals in FY 94. The number of passenger assists provided in FY 93 and FY 94 increased by 8 percent and 14 percent, respectively. The number of assists increased from 87,170 in FY 92, to 93,805 in FY 93, and to 107,151 in FY 94.

Frail seniors and adults with Alzheimer disease and related disorders (ADRD) are assisted in living as independently as possible

In an effort to keep frail seniors and adults with ADRD living as independently as possible, ACOA funds adult day care centers (ADC). This program is supported primarily by state general funds. ACOA receives funds from the Mental Health Trust fund to serve victims of ADRD. The number of ADCs has remained at 12 since 1992. The commission fully funds an ADRD care coordination and "brokered" services program, which began as a pilot program in FY 94, in Fairbanks.

Provides oversight of senior services

Commission-directed funding provides for improved quality assurance at residential facilities for many seniors in the State through the long-term care ombudsman (LTCO). This office has the authority to investigate and resolve complaints against any facility caring for the elderly, including nursing homes, adult residential care facilities and foster homes.

The LTCO investigated more than 350 complaints involving long-term care facilities in both FY 93 and FY 94.

Keeps Alaska's seniors informed on important issues

Legislative action, health issues, and senior programs are regularly covered in the *Senior Voice*, a low-cost monthly newspaper for seniors, published by the Older Persons Action Group, Inc. The publication is financed by an ACOA grant.

Representatives of senior organizations around the State, primarily local commissions on aging, connect with the bi-weekly teleconference of the legislative committee of ACOA each legislative session, February through May. They learn about upcoming committee hearings on key senior legislation and therefore enable them to formulate a plan for advocacy on specific legislation.

ACOA provides training to individuals working with elderly

Each year ACOA budgets approximately \$80,000 of Title III funds for training. These funds are expended on ACOA-sponsored training and some is awarded to grantees to attend training sessions. Included in the training funded in 1993 and 1994 were presentations regarding: living wills, designated power of attorneys, health insurance counseling, care coordination, networking, fire safety/environmental health requirements, cardio-pulmonary resuscitation, and counseling and supervision of older workers.

Several ACOA commissioners attended the Northwest Geriatric Conference held in Anchorage in February 1993.

In March 1993, the commission and Alaska's senior network received training from Alaska Legal Services Corporation on advance directives, living wills, and designated power of attorney.

Over 50 providers attended the two ACOA sponsored training events for adult foster care and residential care providers in May 1993 and July 1993 which emphasized proposed legislation on assisted living, networking, and fire safety/environmental health requirements.

ACOA maintains a toll-free information line

ACOA offers seniors two toll free-numbers to call to get information about their options for insurance to supplement their Medicare and find out what services are available for seniors in almost every community in the State. These numbers are available Monday through Friday, except holidays, during regular work hours.

Provide older workers with an opportunity to gain work skills and job experience.

In FY 93 and FY 94, ACOA funded the training and employment of more than 275 older workers (300 in FY 93 and 277 in FY 94). Funding for the workers was provided through grants made to 42 non-profit agencies.

The commission signed memoranda of agreement with three service delivery areas² in the State: Fairbanks North Star Borough Private Industry Council, the Municipality of Anchorage, and the Department of Community and Regional Affairs. The memoranda defined each agency's role in providing services to older individuals.

Additionally, the commission developed four older worker "mini-projects" in Kodiak, Dillingham, Nome, and Soldotna. Each project conducted outreach to locate eligible individuals and evaluate their suitability for training and services.

The extent to which the operation of the board, commission, or agency program has been impeded or enhanced by existing statutes, procedures, and practices that it has adopted, and any other matter, including budgetary, resource, and personnel matters.

Compliance with ACOA program statutes (AS 44.21.200-.230)

With the exception of some geographical imbalance, (see Recommendation No. 1) the composition of the ACOA complies with the requirements set out in the commission's statutes. Commission members, appointed in accordance with AS 44.21.200, meet the statutory age requirements and appear to provide representation of minorities and urban and rural areas of the State. Current members appear to have an interest in and do represent older Alaskans. Meetings are announced to the public and public participation is encouraged at each meeting.

In compliance with AS 44.21.230 and the Older Americans Act, the commission prepares a state plan that identifies the concerns and needs of older Alaskans. ACOA has developed a state plan for the period 1993 to 1997 which has received approval from the federal Administration on Aging. In addition to the state plan, the aforementioned statute requires the preparation of an annual report describing the activities of the council. ACOA has complied by annually preparing for the governor and the legislature a report which contains legislative and budget recommendations that benefit older Alaskans.

² Service delivery areas or SDAs is a term related to programs funded by the federal Job Training Partnership Act (JTPA). Under JTPA the State is divided up into three SDAs, with individuals in each region directing how employment training funding should be spent. ACOA utilizes this JTPA administrative infrastructure to provide the training and employment funding to older workers.

Allocation of Funds

Under the Older Americans Act, as the single planning and service area state, ACOA is required to develop a funding plan to allocate the federal funds it receives under Title III of the act. Such an allocation should show preference in the delivery of services to older persons in greatest economic or social need. ACOA has developed such a funding plan, which is described in the Background Information section of this report. The funding plan allocates funds to six regions in the State. Funds are then distributed within the region using a grant proposal process.

Funding decisions begin with ACOA staff conducting research, reviewing proposals, making the necessary computations, and conducting public hearings where necessary. Staff recommendations are then forwarded to the commission. The commission reviews the recommendations, and the grant proposals independently. ACOA meetings are open and public comments are encouraged. ACOA then decides what changes, if any, it wishes to make to staff recommendations and then votes its final approval of the funding allocation.

We attended ACOA's meeting held in June 1995 to discuss FY 96 funding. A public hearing of the proposed plan of services for adults with ADRD was scheduled for teleconference during this meeting to 20 sites in the State. Five sites — Barrow, Dillingham, Homer, Juneau, and Kenai — participated.

Budgetary Constraints

Budgetary constraints have had an impact in at least two significant areas of ACOA's operations. Due to resource limitations at both state and local levels, ACOA has reduced some long-standing five-day congregate meal and transportation services to three days per week. Further, ACOA is placing more reliance on grantees to monitor their own compliance with those federal requirements, such as civil rights protection, that are not part of the Older Americans Act. Grantees are required to provide written assurance that they will comply with federal, state, and local laws requiring non-discrimination in employment and delivery of services. ACOA reviews compliance when they perform on-site visits approximately once every three years.

The extent to which the board, commission, or agency has recommended statutory changes that are generally of benefit to the public interest.

Since the last sunset audit, ACOA supported passage of SB 248 during the 18th legislature, which transferred the Adult Protective Services from the Department of Health and Social Services to the Division of Senior Services within the Department of Administration. The commission also supported SB 249, which created Assisted Living Homes and gave licensing responsibility to the Division of Senior Services.

The extent to which the board, commission, or agency has encouraged interested persons to report to it concerning the effect of its regulations and decisions on the effectiveness of service, economy of service, and availability of service that it has provided.

Notice of each meeting has been publicly advertised and a time for public comment has been set aside at each meeting. The by-laws, adopted by the commission, states that at least one period shall be scheduled at each regularly scheduled meeting for public comment.

Also, persons that are at least 60 years old and reside in a long term care facility are encouraged to utilize the services of the long-term care ombudsman. The Older Americans Act and state regulations require signs to be posted in long term care facilities that indicates what office is to be contacted if they have complaints. The long-term care ombudsman also has trained volunteers in three facilities in Anchorage. They not only listen to complaints from residents but also initiate complaints, if they observe improprieties. When complaints are made to the State Ombudsman by residents of a long-term care facility, they are referred to the long-term care ombudsman.

The extent to which the board, commission, or agency has encouraged public participation in the making of its regulations and decisions.

As previously discussed under the second, third, and fourth criterion above, public participation is encouraged at each commission meeting. In addition, ACOA has information about their programs and activities printed in the *Senior Voice*, a monthly newspaper that is designed for and distributed to older Alaskans.

The efficiency with which public inquiries or complaints regarding the activities of the board, commission, or agency filed with it, with the department to which a board or commission is administratively assigned, or with the Office of the Ombudsman have been processed and resolved.

From a review of the state ombudsman closed case files we determined that no complaints have been filed against any activities of ACOA.

We interviewed the long-term care ombudsman (LTCO) on June 20, 1995 who reported that the majority of complaints are received over the phone and only three written reports on complaints were made in FY 95.

According to a federal review report of LTCO's operations, the LTCO is operating in accordance with federal requirements.

The extent to which the board or commission which regulates entry into an occupation or profession has presented qualified applicants to serve the public.

Since ACOA does not regulate any occupations or professions, this is not applicable.

The extent to which state personnel practices, including affirmative action requirements have been complied with by the board, commission, or agency to its own activities and the area of activity or interest.

We determined that there has been no complaints against ACOA regarding violations of personnel practices or an individual's civil rights.

The extent to which statutory, regulatory, budgeting, or other changes are necessary to enable the agency, board or commission to better serve the interests of the public and to comply with the factors enumerated in this subsection.

See Recommendation No. 1 in the Findings and Recommendation section of this report.

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION DIVISION OF SENIOR SERVICES

Adult Protective Services
Information & Referral
Assisted Living Licensing
Longevity Bonus

Alaska Commission on Aging
CHOICE for the Elderly Home Care
Long Term Care Ombudsman
Pioneers' Homes & Advisory Board

Tony Knowles, Governor

Alaska Commission on Aging
PO Box 110211
Juneau, AK 99811-0211
Phone (907)465-4400
FAX (907)465-4716

December 7, 1995

Mr. Randy Welker
Legislative Auditor
Legislative Audit Division
P. O. Box 113300
Juneau, AK 99811-3300

RECEIVED
DEC 03 1995

LEGISLATIVE AUDIT

Dear Mr. Welker:

Thank you for Legislative Audit's Preliminary Report of September 29 concerning the Sunset audit recently completed on the Alaska Commission on Aging. This letter was reviewed by the Commission in Executive Session during our meetings of October 16-20, 1995.

The Commission is in concurrence with the Auditor's Conclusion, that the Commission's termination date be extended until June 30, 2003, or that the Commission be removed from the sunset review process.

Since this review of the Commission's status, the Governor has made new appointments to the Commission. One of those appointments is from Kodiak. This significantly expands the geographic representation on the Commission, as was recommended in Recommendation Number 1.

The Commission mailed a letter similar to this to Cristino Fermin on November 8, 1995.

Sincerely,

Donald M. Hoover

Donald M. Hoover
Chair

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SCR

25

FISCAL NOTE

STATE OF ALASKA
1996 LEGISLATIVE SESSION

BILL NO. SCR 25

Revision Date: _____

Department Affected: Education

Title: Home Education Week

BRU: Executive Administration

Component: Commissioner's Office

Sponsor: Senator Mike Miller

Requester: Senate HESS Committee

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						
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 GF						
1005 GF/Program Receipts						
Other						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY96) impact: \$ 0.0

ANALYSIS:

Prepared by: Kimberly Homme, Special Assistant

Phone: 465-2803

Division: Commissioner's Office

Date: March 12, 1996

Approved by Commissioner: *[Signature]*

Richard S. Cross, Deputy Commissioner

Agency: Education

Date: March 12, 1996

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HOUSE COMMITTEE REPORT

(7)
Date Referred to Committee: March 26, 1996

FURTHER REFERRALS:

Date of Committee Action: 4/16/96

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

SCR 25

SENATE CONCURRENT RESOLUTION NO. 25

ALASKA HOME EDUCATION WEEK

Relating to supporting home schooling and establishing Alaska Home Education Week.

recommends it be replaced the same title
with the following committee substitute _____ 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) _____

zero fiscal note(s) DOE 3/14/96

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>Henry L. Johnson</i>	✓			
<i>Dr. Nancy Kistaly</i>	✓			
<i>Car Beards</i>	✓			
<i>John K. ...</i>	✓			
<i>...</i>	✓			
<i>Car Beards</i>	✓			
<i>Tom Bruce</i>	✓			

CHAIR'S SIGNATURE *Car Beards*

Alaska State Legislature

SENATOR
MIKE MILLER

Mailing Address:
19 N. Cushman, Suite 101
Fairbanks, Alaska 99701
Ph: (907) 488-0862
Fax: (907) 488-4271



Senate

While in Juneau
State Capitol
Juneau, Alaska
99801-1182
Ph: (907) 465-4976
Fax: (907) 465-3883

Senate District Q

SCR 25
SENATOR MILLER

I would like to thank the committee for allowing me to introduce Senate Concurrent Resolution 25, which would recognize and support home schooling and establish Alaska Home Education Week.

In 1987 the Alaska Private and Home Education Association (APHEA) was founded to represent home educators throughout the state and to promote excellence in private sector home education. Each year the Association has held annual conventions and promoted the development of two local support networks for home educators throughout Alaska. In addition, the association has sponsored public information seminars, worked to protect parents' right to home educate their children, and cooperated with state education officials to ensure a broad range of educational choices for Alaska families. Currently, the Association has more than 300 member families, and it is affiliated with the National Center for Home Education.

In 1993 Governor Hickel issued a Proclamation recognizing the contributions of home educators to Alaska society, initiating a process whereby the Alaska legislature can also recognize this important segment of Alaska's educational infrastructure.

I would further like to recognize this valuable and important group and ask your support of SCR 25. This resolution would request the Governor to take whatever steps are necessary to direct the Department of Education and all other pertinent educational agencies not to unnecessarily interfere with parents exercising their right to home school their children and to establish the week of October 13-19, 1996, as Alaska Home Education Week.

This resolution has a zero fiscal note.

SPONSOR STATEMENT

HOME SCHOOLING HOLDS OPPORTUNITIES

I do not have the life of an average teenager. Yes, I enjoy going to the mall, talking on the phone and doing things with my friends, but there's one major difference: school. For three years now I've attended home school; therefore, life for me is different. Simple things like the amount of time I spend on school work, my social life and my work schedule set me apart from most teens.

First, I would like to clear up a commonly asked question: "What is home school?" Basically, home school is an alternative learning experience which takes place in the home. In most cases, the parent, or often eldest child, is the teacher. Materials, books, workbooks and tests are used just like public school. Home school allows a more safe and controlled environment for children to learn in.

Although in home school you don't have as much socialization, there are many opportunities available to interact with people your own age. Contrary to what most people think, children who

home school are able to interact with other people, sometimes better than children who attend public school all their lives.

I attended public school from kindergarten through eighth grade. Due to some unfortunate experiences with a fellow classmate, I requested to be pulled out of public school and put into home school for my high school years. Although I knew home school would be different, I didn't really know what to expect.

I would say, without a doubt, that the first year of home school was the most difficult. Going from an environment of being taught to having to teach yourself was quite a change. You must be very self-motivated; therefore, it is harder for some children to adapt to home school than others. In home school, you are your own teacher in a lot of cases. You must be willing to learn and be willing to be taught.

Unlike public school, you must do your own work. I was in public school for nine years. I know what goes on between students. There's always the "smart kid" in the class who always does their homework and knows all the answers. It doesn't take long to get into the habit of "sharing answers," when, in reality, it's cheating. Yes, there is a time when helping each other out is acceptable, but when it comes to the point that they can't do their work without "help," it's gone too far. Don't pretend it doesn't happen; I was part of it.

Home school gives you an opportunity to learn for yourself and to go at your own pace. You get one-on-one help and attention. In public school, you're lucky if you get to speak to the teacher about your problems. It also provides the child with an opportunity to get special help in subjects they are having problems with. The combination of the "one-on-one" time and the lack of pure socializing times provides a shorter school day. Instead of the typical six-hour school day, I usually spend three to four hours on school work.

My first year of home school was not only the most difficult in learning but also in social life. You find out who your real friends are when you're not constantly seeing them in the halls or talking to them at lunch. Your real friends try to keep in contact with you even after you're gone. I quickly found out how many of my relationships at school were friendships of convenience. Since I was no longer in contact with my "school friends," I had to find new friends. I joined Youth for Christ, strengthened my friendships with people from church and got a job.

Due to the flexibility of my school work schedule, I am able to work a morning shift at my job. I've been working at Cafe Fonte for almost two years. In that time, I've learned the value of money, hard work and reliability. These are things that you

don't really learn sitting at your desk at school. You have so many opportunities in home school that aren't available to you at public school.

As you can plainly see, I enjoy home school much more than public school. I've learned more in the last three years than I did in my nine years of public school. However, it hasn't just been book knowledge, but world knowledge; knowledge I'll be able to use the rest of my life.

- Corie Solsvig
Anchorage

from:

Anchorage Daily News, 4/2/76

SUPPORTING DOCUMENTS



February 23, 1996

The Honorable Mike Miller
Alaska State Senate
State Capitol
Juneau, AK 99801

Dear Senator Miller;

Thank you for introducing SCR 25, supporting home schooling in Alaska. The Alaska Private and Home Educators Association (APHEA) was founded in 1987 to represent home educators throughout the state and to promote excellence in private sector home education. The Association has held annual conventions each year since its founding, promoted the development of local support networks for home educators throughout Alaska, sponsored public information seminars, worked to protect parents' rights to home educate their children, and cooperated with state education officials to ensure a broad range of educational choices for Alaska families. Currently, the Association has more than 300 member families. It is affiliated with the National Center for Home Education.

In 1991, Governor Walter J. Hickel recognized the achievements of APHEA and its leadership by appointing the founder and then-president, Jack Phelps, to the state board of education. In 1993, Governor Hickel issued a Proclamation recognizing the contributions of home educators to Alaska society. Now you have initiated a process whereby the Alaska legislature can also recognize this important segment of Alaska's educational infrastructure. We applaud your effort, and support SCR 25. It is vitally important that the cost-efficient and educationally effective efforts of home schooling parents be supported and protected.

As your resolution recognizes, educational freedom and initiative is an important part of Alaska's education in Alaska. Your resolution continues this trend by recognizing an important subset of private education, the home schooling community. Please be assured of our complete support for this resolution.

Sincerely,

A handwritten signature in cursive script that reads 'Gerald R. Allsup'.

Gerald Allsup, President
Alaska Private & Home Educators Association

MAR 8 1996

Mar. 2, 1996

Dear Senator Muller

I am writing to express
my support for a resolution
I call upon the Commissioner
of Education to establish Oct 13-19
as AK Home Education Week.

Thankyou,

Francie Martin

PO Box 2920

Soldotna, AK

99669

BILL: SCR 25 : RT TITLE: ALASKA HOME EDUCATIOI EEK
BILL VERSION:
SPONSOR(S): SENATOR(S) MILLER, Halford, R. Phillips, Pearce, Taylor, Leman, Sharp,
Frank, Torgerson, Green, Donley

CURRENT STATUS: (H) HES STATUS DATE: 03/26/96

TITLE: Relating to supporting home schooling and establishing Alaska Home
Education Week.

02/12/96	2381	(S)	READ THE FIRST TIME - REFERRAL(S)
02/12/96	2381	(S)	HES
03/13/96		(S)	HES AT 08:30 AM BUTROVICH ROOM 205
03/14/96	2733	(S)	HES RPT 2DP 2NR
03/14/96	2733	(S)	ZERO FISCAL NOTE (DOE)
03/18/96		(S)	RLS AT 12:20 PM FAHRENKAMP RM 203
03/25/96	2864	(S)	RULES TO CALENDAR 3/25/96
03/25/96	2884	(S)	READ THE SECOND TIME
03/25/96	2884	(S)	COSPONSOR(S): HALFORD, PHILLIPS, PEARCE,
03/25/96	2884	(S)	TAYLOR, LEMAN, SHARP, FRANK, TORGERSON,
03/25/96	2884	(S)	GREEN, DONLEY
03/25/96	2885	(S)	PASSED Y20 N-
03/25/96	2886	(S)	TRANSMITTED TO (H)
03/26/96		(H)	READ THE FIRST TIME - REFERRAL(S)
03/26/96		(H)	HES

SENATE ACTION

MEMORANDUM

State of Alaska
Department of Education

To: Sharon Clark, staff to Senator Miller Date: April 16, 1996

Phone: 465-2803

File: scr25.doc

From: Kimberly  Home, Special Assistant Subject: Home Schooling

I am writing in response to your question regarding the procedure a parent or guardian would go through if they wanted to home school their child. The state offers one option through the correspondence study program, Alyeska Central School (ACS). ACS is accredited by the Northwest Association of Schools and College for grades K-12. They offer open enrollment from July 1 until October 25, and during that time any student in Alaska may choose ACS as an alternative. The procedure for admittance to ACS involves submitting an application and any other necessary paperwork. ACS has been operating since 1939.

The other options available include establishing a private or religious school. The department has very few regulations regarding non-public schooling. The regulations are attached for your reference.

I hope you find the information helpful. If you have additional questions please give me a call at 465-2803.

State of Alaska Department of Education

A GUIDE FOR ESTABLISHING A PRIVATE OR RELIGIOUS SCHOOL

The following information is to assist you in establishing a private or religious school under Alaska Statutes 14.45.100-200.

Alaska Statute 14.45.200 describes a private school as a school that does not receive direct state or federal funding and a religious school as a private school operated by a church or other religious organization that does not receive direct state or federal funding.

Exempt private or religious schools are those that have complied with AS 45.100-200. A nonexempt school has not met the requirements of AS 45.100-200. Copies of these laws are included in this packet.

GENERAL INSTRUCTIONS

1. Select a name for your school. Retain this name throughout the duration of the school's operation.
2. Designate a Chief Administrative Officer. If the school is in your home, designate yourself or spouse a Chief Administrative Officer and select a title, such as Director, Principal, Superintendent, etc.
3. Do not confuse the Department of Education's Alyeska Central School, with private and religious schools. This school is considered a state operated school. For information on the Alyeska Central School, please contact the Registrar at 465-2839.

Send the following information in one packet to the office indicated. The deadline for submission of a complete packet to the Department of Education is October 15. If you are starting your private school in the middle of the school year, submit the forms as soon as possible.

SEND TO:

Department of Education
Division of Administrative Services
Religious/Private/Home Schools
801 West 10th St., Suite 200
Juneau, AK 99801-1894
(907) 465-2026

FORMS:

1. Affidavit of compliance
2. Private and Denominational Schools Enrollment Report
3. School Calendar
4. Corporal Punishment Policy

SEND TO:

Superintendent of your local school district.
See enclosed list.

Department of Health and Social Services
Division of Public Health
Section of Epidemiology
P.O. Box 140249
Anchorage, AK 99524-0249
(907) 561-4406

FORMS:

5. Private School Enrollment
Reporting Form

6. Immunization Report

FORMS REQUIRED:

1. **Affidavit of Compliance** - This form is required upon establishment of the school. The affidavit must be notarized. It will remain on file with the Department of Education. This form verifies that the school maintains permanent records of immunization, physical examinations, standardized testing, and academic achievement and courses taken for enrolled students. The Affidavit of Compliance is submitted only in the initial year of the school. (AS 14.45.130)
2. **Private and Denominational Schools Enrollment Report** - An annual report of the number of students enrolled in each grade must be submitted to the Department of Education by **October 15** of each school year.
3. **School Calendar** - Under AS 14.45.110 a school year is set at a minimum of 180 days. Calendars may be flexible to fit the situation of the school, as long as the school is in session for the required 180 days. You may set your school year for longer than 180 days if you wish.
4. **Corporal Punishment Policy** - Each private school shall adopt a written policy regarding the use of corporal punishment and submit it to the Department of Education. (4 AAC 42.200)
5. **Private School Enrollment Reporting Form** - AS 14.45.110 requires the parent or guardian of a child of compulsory school age enrolled in a religious or other private school to file this form with the superintendent of the school district in which the child resides. This form is required for each private school child. The form shall be signed by the parent or guardian and the Chief Administrative Officer. Do not send this form to the Department of Education, it is to be filed only with the local school district superintendent.
6. **Immunization Report** - These records are not required to be submitted to the Department of Education. Registration of immunization records are to be submitted annually by **November 15**, to the Department of Health and Social Services (DHSS). These records are also required to be on file at the school site. The forms are not part of the application packet and can be ordered by contacting the Department of Health and Social Services at the above address. After the initial year of registering, DHSS will automatically send you forms for the next year.

GENERAL INFORMATION

Standardized Testing Records - A religious or private school shall administer a nationally standardized test to all students enrolled in grades four, six, and eight at least once each year. (AS 14.45.120) Keep results of the test on file in the school. For further information contact:

Alaska Private Home Education Association
P.O. Box 141764
Anchorage, AK 99514
Phone (907) 753-3018

You may obtain tests from:

Christian Liberty Press
502 West Euclid Ave.
Arlington Heights, IL 60004
(708) 259-8736

Seaton Home Study School
(703) 636-9990

Testing Service
Bob Jones University Press
Greenville, SC 29614

Hewitt Educational Resources
P.O. Box 9
Washougal, WA 98871-0009
(800) 348-1750
(Personal Assessment Summary System,
PASS Test)

Academic Achievement - A religious or private school shall maintain student grades and other information that records student academic achievement. (AS 14.45.130)

Home Schools Only - If your children are the only students taught at your school, you are not required to have fire, safety, or asbestos inspections and do not need a Corporal Punishment Policy.

CHAPTER 42. PRIVATE AND DENOMINATIONAL SCHOOLS

4 AAC 42.010 *Registration*
Repealed 5/10/78

4 AAC 42.020 *Pupil Accounting And Statistical Reports*
Repealed 5/10/78

4 AAC 42.030 *Teachers Shall Be Certificated*
Repealed 5/10/78

4 AAC 42.040 *Eighth Grade Examinations*
Repealed 5/10/78

4 AAC 42.050 *Supervision Of Schools*
Repealed 5/10/78

4 AAC 42.060 *Transfer Of Pupils To Public Schools*
Repealed 5/10/78

4 AAC 42.070 *Transfer Of Kindergarten Or First Grade Pupils*
Repealed 5/10/78

4 AAC 42.080 *Original Entrance To Second Grade Of A Public School*
Repealed 5/10/78

4 AAC 42.100 *Approval*
Repealed 12/17/94

4 AAC 42.110 *Supervision Of Schools*
Repealed 12/17/94

4 AAC 42.230 **Corporal Punishment In Private Schools**

(a) Each private school that operates a pre-elementary, elementary, or secondary education program shall adopt a written policy governing the use of corporal punishment, as that term is defined in 4 AAC 07.900. Unless the policy prohibits corporal punishment, it must

(1) describe the role of the person or persons authorized to administer corporal punishment;

(2) describe the circumstances under which corporal punishment may be used;

(3) describe the type and amount of corporal punishment permitted, including any instrument that may be used;

(4) describe any requirements governing privacy or the presence of witnesses; and

(5) require that parental consent be obtained before corporal punishment is used; the consent may be given before each use of corporal punishment, or maybe a general consent for a period of time.

(b) The requirements of (a) of this section do not apply to a school in which only the children of a single family are enrolled and the schooling is provided by the parent or legal guardian of the children.

(c) Each school required to have a policy under (a) and (b) of this section shall distribute its current policy to the parents of each student and shall have its current policy on file with the Alaska Department of Education, P.O. Box F, Juneau, Alaska 99811. Corporal punishment may be administered only in accordance with the policy on file with the department.

(d) As provided in AS 14.45.100, because this section relates to the physical health of private school students, schools that are exempt under AS 14.45.100 - 14.45.130 are not exempt from this section. (Eff. 8/25/89, Register 111)

Authority: AS 14.07.020(a)
AS 14.07.060
AS 14.45.100

CHAPTER 45. PRIVATE AND DENOMINATIONAL SCHOOLS

PRIVATE AND DENOMINATIONAL SCHOOLS COLLATERAL REF

68 Am. Jur. 2d Schools, Sec. 1307-1318. 78 C.J.S. Schools and School Districts, Sec. 3-11. Expulsion or suspension from private school or college. 50 ALR 1497. Public payment of tuition, scholarship, or the like, as respects sectarian school. 81 ALR2d 1309.

Tort liability of private schools and institutions of higher learning for accidents due to condition of buildings, equipment or outside premises. 35 ALR3d 975. Tort liability of private schools and institutions of higher learning for negligence of, or lack of supervision by, teachers and other employees or agents. 38 ALR3d 908.

Constitutionality, under state constitutional provision forbidding financial aid to religious sects, of public provision of school bus service for private school pupils. 41 ALR3d 344.

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.

Article 1. Non-exempt Religious and Private Schools

Sec. 14.45.010 Teachers To Secure Certificates

Repealed Sec. 59 ch 98 SLA 1966

Sec. 14.45.020 Commissioner May Furnish Examination Questions For And Grant Diplomas To Eighth Grade Pupils

Repealed Sec. 6 ch 11 SLA 1984

Sec. 14.45.030 Non-Exempt Schools

Teachers and others in charge of religious or other private schools not operated in compliance with AS 14.45.100 - 14.45.130 are not exempt from laws and regulations relating to education. Non-exempt schools shall make regular monthly attendance reports and annual reports to the commissioner in the same manner as teachers and superintendents in the public schools.

HISTORY

(Sec. 37-11-3 ACLA 1949; am Sec. 4 ch 11 SLA 1984)

AMENDMENT NOTES

The 1984 amendment rewrote the section.

Article 2. Exempt Religious and Other Private Schools

Sec. 14.45.100 Exemption

A religious or other private school that complies with AS 14.45.100 - 14.45.130 is exempt from other provisions of law and regulations relating to education except law and regulations relating to physical health, fire safety, sanitation, immunization, and physical examinations.

HISTORY

(Sec. 5 ch 11 SLA 1984)

CROSS REFERENCES

For legislative purpose of 1984 enactment, see Sec. 1, ch. 11, SLA 1984 in the Temporary and Special Acts.

Sec. 14.45.110 Requirements Of Exempt Schools

(a) The parent or guardian of a child of compulsory school age enrolled in a religious or other private school that complies with AS 14.45.100 - 14.45.130 shall file an annual notice of enrollment in the school for the child with the local public school superintendent for the area in which the child resides on a form provided by the department. The form shall be signed by the parent or guardian and the chief administrative officer of the school and returned to the local public school superintendent by the parent or guardian. The school shall notify the local public school superintendent within a reasonable time if the child is no longer enrolled in or attending the school.

(b) A religious or other private school that elects to comply with AS 14.45.100 - 14.45.130 shall maintain monthly attendance records for each student enrolled in the school, shall operate on a regular schedule, excluding reasonable holidays and vacations, during at least 180 days of the year, shall make an annual report to the commissioner of the number of students in each grade and the school calendar, and shall comply with the provisions concerning missing children under AS 14.30.700 - 14.30.720.

HISTORY

(Sec. 5 ch 11 SLA 1984; am Sec. 2 ch 202 SLA 1990)

AMENDMENT NOTES

The 1990 amendment, in subsection (b), added all of the language following "calendar" and made a minor stylistic change.

Sec. 14.45.120 Standardized Testing Requirements

(a) A religious or other private school that elects to comply with AS 14.45.100 - 14.45.130 shall administer a nationally standardized test selected by the chief administrative officer of the school to all students enrolled in grades four, six and eight at least once each school year.

(b) The nationally standardized test must measure achievement in English grammar, reading, spelling, and mathematics.

(c) A religious or other private school that elects to comply with AS 14.45.100 - 14.45.130 shall maintain records of the results of the nationally standardized tests and the records shall be made available to the parent or guardian of the student. Each school shall make composite test results for the school available annually to an authorized representative of the department. The composite test results of a religious or other private school operated in compliance with AS 14.45.100 - 14.45.130 are not public information unless each public school

(1) is also required to administer a nationally standardized test that measures achievement in English grammar, reading, spelling, and mathematics; and

(2) the composite test results for each public school are public information.

HISTORY

(Sec. 5 ch 11 SLA 1984)

Sec. 14.45.130 Records

(a) A religious or other private school that elects to comply with AS 14.45.100 - 14.45.130 shall maintain permanent student records reflecting immunizations, physical examinations, standardized testing, academic achievement, and courses taken at the school.

(b) The chief administrative officer of a school that elects to comply with AS 14.45.100 - 14.45.130 shall certify to the department, under oath or by affirmation, that the records required under (a) of this section are being maintained.

HISTORY

(Sec. 5 ch 11 SLA 1984)

Article 3. General Provisions**Sec. 14.45.200 Definitions**

In this chapter

- (1) "private school" means a school that does not receive direct state or federal funding;
- (2) "religious school" means a private school operated by a church or other religious organization that does not receive direct state or federal funding.

HISTORY

(Sec. 5 ch 11 SLA 1984)

REVISOR'S NOTES

Enacted as AS 14.45.140. Renumbered in 1984.

COMPLIMENTS OF THE
ALASKA STATE LIBRARY

Reference
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1994

For Reference

Not to be taken from this room

100 1993-251

Home Schooling Laws



Steve Deckard, Ed. D.

Seventh Edition

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INTRODUCTION

The contents of this manual present the requirements that must be met in order to comply with each State's Compulsory Education Law in a Home School situation, as of July 1, 1994. The compilation of these requirements is derived from the data collected from each of the Chief State School Officers or their delegated authorities.

Included in this year's edition is a state by state count of the number of children being home-schooled. It is interesting to note that this type of information was only available from a few of the states when the first edition of this publication was printed in 1986. This trend has changed considerably and now 35 states report an actual number of home-schoolers.

The manual is designed as a guide for: 1) parents who are interested in home schooling and regulations of their state, 2) educators who are interested in the issues raised by the notion of home schooling and, 3) state law-makers who might be interested in what other state legislators are doing concerning this issue.

From the past six editions it is shown that several states have changed their laws and regulations regarding this issue (an average of 7 states a year). Therefore this manual is and can only be used as a general guide. The party interested in any specific application of the Laws outlined here should contact the proper authorities.

Please send any recommendations for improvement to:

Dr. Steve Deckard
9081 Inverness Rd.
Santae, CA
619-258-9340

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Edited by
Mary E. Deckard

For additional copies please send \$18 check or money order to the above address. (Copies of the 6th edition are available at \$5/copy).

FINAL AUTHORITY FOR THE IMPLEMENTATION OF ANY OF THE LAWS MENTIONED IN THIS BOOKLET RESTS WITH THE AUTHORITIES OF EACH OF THE INDIVIDUAL STATES.

EXPLANATION OF FORMAT

Each state's laws or regulations regarding home schooling were analyzed according to the categories outlined in the "Summary of Basic Elements" chart. For example each law was read with the intent of defining the "Application Process" (Roman Numeral I) that a parent(s) might go through in order to start a "Home School." The elements of the "Application Process" consist of four categories. These are: A) cost, B) contact local school authority, C) contact state authority, and D) other. In the text of the booklet these categories are described in detail. Then for summary purposes a "letter" is placed in the Roman Numeral column which contains any of the basic elements. A check mark or letter is put in the proper column for any "Basic Element" that is part of the given State's Laws and Regulations. The "xy" at the bottom of the chart indicates the values of the different letters.

Advertisers

This is the first edition of this publication to have advertisers (see Appendix C). The following companies placed ads in this edition:

Logos Language Institute
PO Box 55
Belton, TX 76513
1-800-44-LOGOS
FAX: 1-817-939-6343

Christian Light Education
PO Box 1212-IC
Harrisburg, VA 22801
703-434-0750

Deckerd Books
9081 Inverness Rd.
Santee, CA 92071
619-258-9340

For additional information regarding ad placement for future editions please contact:

Steve Deckerd
9081 Inverness Rd.
Santee, CA 92071
619-258-9340

NUMERICAL COUNT OF HOME SCHOOL CHILD BY STATE

STATE	COUNT	NOTE
AL	none	
AK	583	3/10/94
AZ	7,000	
AR	4742	1-15-94
CA	none	
CO	7,400	as of 2/94 unofficial count
CT	860	92-93 latest count available
DE	830	as of 9/93
FL	14,208	92-93 (highest count in US)
GA	10,523	93-94 school year
HI	none	
IA	none	
ID	X	STATE DOES NOT COLLECT DATA
IL	none	
IN	4674	93-94
KS	none	HOMESCHOOLING IS NOT LEGAL.
KY	none	
LA	3900	4-94
MA	none	
MD	4500	92-93
ME	none	
MN	7671	10-93
MI	1118	9-93 to 4-94
MO	3-5,000	estimate from home education association
MT	2334	93-94

NB	3323	1-1-94
NC	6,947	92-93
ND	500	
NJ	1,000	
NM	4,038	
NH	2007	
NY	9974	10-93
NV	1552	6-93
OH	none	state decided not to do survey.
OK	none	
OR	8851	2-1-94
PA	8468	92-93
RI	none	
SC	2569	92-93
SD	2220	1993
TN	1578	5/12/94
TX	none	STATE DOES NOT COLLECT DATA
UT	5,000 *	ESTIMATE 93-94
VT	1200	5-94
VA	7011	9/30/93
WA	13,584	93-94
WV	656	92-93
WI	9,401	92/93
WY	932	92-93

ADDITIONAL NOTES: UNLESS OTHERWISE INDICATED, ALL DATA IS AS OF 6/13/94 (THE DATE OF THE LAST SURVEY).

Summary of Basic Elements

	AL	AK	AZ	AR	CA	CO	CT	DE	FL	GA	IA	ID	IL	IN	KS	NY
I. APPLICATION PROCESS	X	X	X	X	P	X	X	X	X	X	X	X				
A. Cost																
B. Contact Local School Authority	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓		N	✓		✓
C. Contact State Authority							✓							✓		
D. Other																
II. TEACHER REQUIREMENTS	X				X				M	M			M			
A. State Certified	✓				✓				✓				✓			
B. Local Approval																
C. BA Required																
D. High School Diploma or Equivalent																
E. Other										✓						
III. RECORD KEEPING	X	X			X	X	X	X	✓	✓	X	X	N			X
IV. TESTING AND EVALUATION		X	M	X		X			M	X	X	M	N	N		
A. Norm Referenced		✓	✓	✓		✓			✓	✓	✓	✓				
1. Yearly																
2. Other		✓	T			✓				T	✓					
B. Local Test in District																
C. Other																
V. CURRICULUM	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X
A. Educational Objectives																
B. Scope																
C. Sequence																
D. Instructional Time	✓	✓			✓	✓				✓	✓	✓	✓	N		✓
1. Per Day	H				H	G			E							
2. Per Year	R	C			W	D			C		A	✓				W
E. Instructional Media																
F. Correspondence Course																
G. Equivalent to Public Schools	✓				✓		✓	✓					✓	✓	✓	✓
H. Courses Required			✓		✓	✓			✓	✓						
VI. MOVEMENT PROVISION				X	X							X	X	X	X	
A. From State to State				✓	✓											
B. To Re-enter Public School				✓	✓									✓		✓
C. From District To District																
VII. HEALTH AND SAFETY PROVISIONS	X											X				
VIII. DIPLOMA PROVISION										X						
IX. CONTROL PROVISION				X	X	X	X		X	X	X					X
A. State			✓		✓	✓	✓		✓	✓	✓					✓
B. Local					✓	✓	✓		✓	✓	✓					
X. MISCELLANEOUS					X						X	X	X	X	X	X

A=148 days
B=172 days
C=180 days
D=990 hours
E=4.5 hours/day
F=6 hours/day
G=4 hours/day
H=3 hours/day between 8am and 4pm
J=1000 hours

X=1032 hours
L=1080 hours
M=must meet at least 1 condition
N=not mandated
O=optional
P=homeschooling not authorized
Q=900 hours

R=140 days
S=may be waived
T=3 years
U=annual progress report
V=875 hours
W=175 days
X=required
Z=170 days

Summary of Basic Elements

	LA	ME	MD	MA	MI	MN	MS	MO	MT	NB	NV	NH	NJ	NM	NY	NC	R
I. APPLICATION PROCESS	X	X	X	X	X	X	X	O	X	X	X	M	X	X	X	X	X
A. Cost																	
B. Contact Local School Authority		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C. Contact State Authority	✓	✓			✓					✓		✓				✓	
D. Other												✓					
II. TEACHER REQUIREMENT		M		X	X	M				X	N			X	X	X	R
A. State Certified		✓			✓	✓					✓						
B. Local Approval																✓	
C. BA Required						✓											
D. High School Diploma or Equivalent														✓		✓	
E. Other		✓			S	✓				✓	✓			✓			
III. RECORD KEEPING		X	X		N	X		X	X	X		X		X	X	X	X
IV. TESTING AND EVALUATION	M	M	O	Q	N	O	X			X	X	M		X	L	X	X
A. Norm Referenced	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1. Yearly	✓	✓			✓						✓			✓	✓	✓	✓
2. Other																	
B. Local Test in District	✓	✓															
C. Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
V. CURRICULUM	X	X	X	X	X	X		X	X	X	X	X	X		X	X	X
A. Educational Objectives																	
B. Scope																	
C. Sequence		✓								✓	✓						
D. Instructional Time		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1. Per Day																	
2. Per Year		W		✓		Z		J	C	GF	W	C			OP	✓	W
E. Instructional Media	✓			✓													
F. Correspondence Course																	
G. Equivalent to Public Schools	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
H. Courses Required	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
VI. MOVEMENT PROVISION	X	X	X		X			X			X						X
A. From State to State																	
B. To Re-enter Public School	✓	✓	✓		✓			✓									✓
C. From District to District	✓	✓	✓		✓			✓									✓
VII. HEALTH AND SAFETY PROVISION					X	X		X	X					X		X	
VIII. DIPLOMA PROVISION	X	X			X					X	X	X		X	X	X	X
IX. CONTROL PROVISION	X	X	X	X	X	X			X	X	X		X	X	X	X	X
A. State	✓	✓	✓	✓	✓	✓			✓	✓	✓		✓	✓	✓	✓	✓
B. Local	✓	✓	✓	✓	✓	✓			✓	✓	✓		✓	✓	✓	✓	✓
X. MISCELLANEOUS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

A=148 days
B=172 days
C=180 days
D=990 hours
E=4.5 hours/day
F=6 hours/day
G=4 hours/day
H=3 hours/day between 8am and 4pm
J=1000 hours

K=1032 hours
L=1080 hours
M=must meet at least 1 condition
N=not mandated
O=optional
P=homeschooling not authorized
Q=900 hours

R=140 days
S=may be waived
T=3 years
U=annual progress report
V=875 hours
W=175 days
X=required
Z=170 days

Summary of Basic Elements

	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY
I. APPLICATION PROCESS	X	N	X	X	X	X	X	M	O	X	X	X	X	X	X	X
A. Cost																
B. Contact Local School Authority	✓	N	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
C. Contact State Authority											✓				✓	
D. Other											✓					
II. TEACHER REQUIREMENT	M			X		M	M					M	M	X		
A. State Certified																
B. Local Approval	✓											✓	✓			
C. BA Required						✓		S				✓				
D. High School Diploma or Equivalent	✓			✓		✓	✓	✓	✓			✓		✓		
E. Other	✓			✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
III. RECORD KEEPING				X	X	X	X	X					X	X	X	
IV. TESTING AND EVALUATION	M	N	X	X		X	X	X				M	M	X		
A. Norm Referenced	✓	✓	✓	✓		✓	✓	✓				✓	✓	✓		
1. Yearly	✓	✓	✓	✓		✓	✓	✓				✓	✓	✓		
2. Other																
B. Local Test in District																
C. Other	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
V. CURRICULUM	X	N		X	X	X	X	X	X	X	X	X	X	X	X	X
A. Educational Objectives				✓					✓							
B. Scope																
C. Sequence															✓	N
D. Instructional Time	✓	N		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1. Per Day		F				E		O		✓						
2. Per Year	U	C				C	W	C		C			✓	✓	V	
E. Instructional Media																
F. Correspondence Course												O				O
G. Equivalent to Public Schools				✓		✓	✓	✓	✓	✓	✓					
H. Courses Required	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N
VI. MOVEMENT PROVISION	X	X		X			Z	X				X	X			X
A. From State to State																
B. To Re-enter Public School	✓	✓	✓		✓			✓								✓
C. From District to District	✓	✓	✓		✓			✓				✓				✓
VII. HEALTH AND SAFETY PROVISIONS				X				X				X	X			
VIII. DIPLOMA PROVISION	X		X		X					X			X			X
IX. CONTROL PROVISION	X		X	X	X	X		X	X	X		X	X	X	X	X
A. State	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓
B. Local	✓	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓
X. MISCELLANEOUS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

A=148 days
B=172 days
C=180 days
D=990 hours
E=4.5 hours/day
F=6 hours/day
G=4 hours/day
H=3 hours/day between 8am and 4pm
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W=175 days
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Z=170 days

HOME SCHOOLING LAWS
IN ALL
FIFTY STATES

ALABAMA

- I. Joe H. Miller, Coordinator Private School Licensure
50 North Ripley Street
Gordon Persons Building, Room 5216
Montgomery, Alabama 36130-3901
(205) 242-8166

II. APPLICATION PROCESS

In Alabama, home schooling is referred to as private tutoring. Prior to the beginning of instruction, a private tutor shall seek approval of the county superintendent of education or the city superintendent of schools for the following: a) place of instruction, b) names of children to be taught, c) the subjects to be taught and d) the time period of instruction.

III. TEACHER REQUIREMENTS

Instruction by a private tutor means and includes only instruction by a person who holds a certificate issued by the State Superintendent of Education and who offers instruction noted in the "Curriculum" section below.

IV. RECORD KEEPING

The tutor shall keep a register of work, showing daily hours of instruction and attendance records. The tutor shall make such reports as the local superintendent may require.

V. CURRICULUM

The curriculum must be taught in English and in the several branches of study required to be taught in the public schools, for at least three hours a day for 140 days each calendar year, between the hours of 8:00 a.m. and 4:00 p.m.

ALASKA

- I. Julie Orsborn
Alaska Department of Education
Division of Administrative Services
Office of Teacher Education and Certification
Juneau, Alaska 99801-1894
(907) 465-2026

II. APPLICATION PROCESS

The Chief School Administrator (usually the parent) must submit a notice of private school enrollment with the local public school superintendent (see Appendix). The superintendent must also be notified if the child is no longer enrolled in a private school.

III. RECORD KEEPING

The following three items must be done concerning record keeping: 1) monthly attendance records for each student enrolled in the school must be maintained, 2) a notarized affidavit of compliance signed by the Chief Administrative Officer (usually the parent) must be submitted to the Department of Education, certifying that the permanent student records reflecting immunization, physical examinations, standardized testing, academic achievement, and courses being taken at school are maintained. This only needs to be submitted once during the operation of the home school (see Appendix) and 3) an annual report of the students enrolled in each grade must be submitted to the Department of Education each school year (see Appendix).

IV. TESTING AND EVALUATION

A nationally standardized test must be administered to all students enrolled in grades 4, 6, and 8 at least once a year. The test must measure achievement in English grammar, reading, spelling, and mathematics. Records of the results must be maintained and made available annually to an authorized representative of the Department of Education.

V. CURRICULUM

The school must operate at least 180 days a year and the school calendar must be submitted to the Department of Education by October 1st of each year (see Appendix).

VI. HEALTH AND SAFETY

The parent must submit a Registration of Immunization Assessment to the Department of Health and Social Services on an annual basis (see Appendix).

ARIZONA

I. Ann Beadleston, Administrative Assistant
Maricopa County Schools
301 West Jefferson, Suite 660
Phoenix, Arizona 85003
(602) 506-3144

II. APPLICATION PROCESS

File an affidavit of intent with the County School Superintendent stating that the child is attending a home school. The affidavit of intent shall include: a) the child's name, b) child's date of birth, c) current address of the school the child is attending, d) names, phone numbers and addresses of the persons who currently have custody of the child, and e) a statement that the child will either take a nationally standardized norm-referenced achievement test or complete an academic evaluation at least every three years.

The intent shall be filed within 30 days from the time the child begins to attend a home school and is not required thereafter unless the home school instruction is terminated and

then resumed. The parent shall notify the county school superintendent within 30 days of the termination that the child is no longer being instructed at home.

III. TESTING AND EVALUATION

For children who are between the ages of 8 and 16 years by September 1 and who are instructed in a home school program, the state board of education shall adopt a designated nationally standardized norm-referenced achievement test that includes all of the subtests in reading, grammar and mathematics. The county school superintendent or designee shall administer the test at any site selected by the county school superintendent. The department of education shall assume the costs incurred as a result of purchasing, distributing, scoring and reporting the results of the test. The county superintendent shall offer testing to all children who are home schooled on an annual basis. If the parent selects the designated test it shall be administered between March 15th and May 15th. By August 15th the test results will be sent to the superintendent and parents. On request, the department of education shall provide any information the department provides to teachers and parents of public school children relating to the designated achievement test to the home schooling parent.

In the first school year of each pupil's home school program that occurs after the child's eighth birthday and at least every three years thereafter, a home school shall provide one of the following for each child in the home school program:

1) the nationally standardized norm-referenced achievement test selected by the state board of education and designated for home schooled pupils. The costs for testing is incurred by the department of education. OR,

2) an alternative nationally standardized norm-referenced achievement test administered by a person who is chosen by the parent and who meets the criteria established by the publisher of the test. Costs incurred are the responsibility of the parent. OR,

3) an academic evaluation that includes at least the subjects of reading, grammar and mathematics by an independent evaluator other than the parent and who is qualified by degree or training and expertise to evaluate curricular or educational programs. The independent evaluator shall be at least one of the following: a) a public or private school teacher, b) an active or retired person who is a certificated teacher, c) a learning specialist, d) a speech and language specialist, e) a developmental pediatrician, f) a college or community college instructor, g) an educational psychologist, or h) a home education curriculum and program counselor. The academic evaluation shall include a statement that the independent evaluator is qualified to evaluate curriculum or educational programs. Unless the person selects the designated test adopted by the state board of education, a written copy of the test results or the academic evaluation shall be submitted to the county school superintendent no later than August 1st of the year in which the test is given or evaluation is performed.

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APPENDIX A

ALASKA

AFFIDAVIT OF COMPLIANCE

Pursuant to Sec. 14.49.130(b) of the Alaska Statutes, I hereby certify that permanent student records reflecting immunizations, physical examinations, standardized testing, academic achievement and courses taken at _____ school are being maintained as long as this school is in operation.

Chief Administrative Officer: _____
(Typed Name and Title)

Signature: _____ Date: _____

Address: _____

City: _____

SUBSCRIBED AND SWORN BEFORE ME ON _____, 19____
(Date)

Notary Public State of Alaska: _____
(Signature)

My Commission Expires: _____, 19____
(Date)

(Notary Seal)

ALASKA

Private School Enrollment Reporting Form

Alaska Statute 14.45.110 requires parents or guardians to send this form to the local public school superintendent.

Student's Name : _____

Address : _____
Street City Zip Code

Age : _____

Grade : _____

School student will be attending : _____

Signature of Parent or Guardian : _____

Signature of Private School Administrative Officer : _____

ALASKA STATUTE 14.45.110 REQUIREMENTS OF EXEMPT SCHOOLS.

(a) The parent or guardian of a child of compulsory school age enrolled in a religious or other private school that complies with AS 14.45.110 - 14.45.130 shall file an annual notice of enrollment in the school for the child with the local public school superintendent for the area in which the child resides on a form provided by the department. The form shall be signed by the parent or guardian and the chief administrative officer of the school and returned to the local public school superintendent by the parent or guardian. The school shall notify the local public school superintendent within a reasonable time if the child is no longer enrolled in or attending the school.

Form # 05-90-006-0725-0004

2

ALASKA

Private and Denominational Schools Enrollment Report

In accordance with AS 14.45.030 and AS 14.45.110(b), all private and denominational schools are required to report enrollment by grade on an annual basis. The enrollment count must be by October 1, and is due to that office on or before October 15.

Name of School : _____
Mailing Address : _____

City, State, Zip : _____

Telephone : _____

Number of Professional Staff : _____ Number of Alaska Certified Teachers : _____

Name of Principal or Superintendent and Title : _____ Y or N (circle one)

Are your children the only students taught at this school? _____

Are you a boarding school? Y or N (circle one) Not applicable if answered yes to above question.

Enrollment by grade :

PRE-KL	KG	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL

If not completed by grade :

PRE-KL	KG-8	9-12	TOTAL

Number of High School Graduates from the previous school year : _____

If you have a Corporal Punishment Policy on file with the Department of Education, were there any revisions? Y or N or NA (circle one)

Next: If "Y" was circled, the revisions are to be sent with this packet.

Signature and Title of Person Completing Report : _____ Date : _____

Return to: Alaska Dept. of Education
Attn: Reporting/Private Schools
P.O. Box 8
Anchorage, AK 99511

Form # 05-90-006-0725-0004

3

ALASKA

PRIVATE SCHOOL 1991-1992 SCHOOL CALENDAR

RETURN TO: Alaska Department of Education
Attn: Religious/Private/Home Schools
P.O. Box 7
Juneau, AK 99811
(907) 443-1831
FAX 443-1279

DUE DATE: OCTOBER 15, 1991

DISTRICT NAME: _____ SCHOOL: _____

APPROVED BY: _____ TITLE: _____

Sec. 14.03.030 - A school term shall include not less than 180 days in session.

<p>July 1991</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	F	S		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				<p>August 1991</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table>	S	M	T	W	T	F	S					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	<p>September 1991</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	F	S							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30																				
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PLEASE USE THE FOLLOWING SYMBOLS:

H _____ Legal Holiday
V _____ Vacation Days
O _____ School Opens
C _____ School Closes
W _____ Teachers Workday
E _____ End of Quarter
B _____ In-service Days

U School will be held on Saturday, underline the date.

FORM 6 88-99-897-4751

LEGAL HOLIDAYS:

Labor Day _____ September 2
Thanksgiving _____ November 29
Day after Thanksgiving _____ December 29
Christmas Day _____ December 25
New Year's Day _____ January 1
Memorial Day _____ May 25
In the end of Day _____ July 4
Sec. 14.03.030 of Public School Act: not be in session on school holidays. 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.

ALASKA

MEMORANDUM

TO: Superintendents
Private School Principals

DATE: May 17, 1991

FILE NO: EFSSHJC 209

FROM: ^{Ch. Moore} Charlie Mae Moore
Administrator
Religious/Private/Home Schools

TELEPHONE NO: 465-2831

SUBJECT: Immunization Assessment

Registration of Immunization Assessment is administered by the Department of Health and Social Services and due into their office by October 1st. The Department of Health and Social Services will mail the forms to all private schools in late August. If you do not receive the forms, you will need to contact the Department of Health and Social Services and request the forms at the following address:

Department of Health and Social Services
Attn: Mary Elison
P.O. Box 240249
Anchorage, AK 99524-0249
(907) 561-4406

If you have any questions regarding the immunization requirements for private schools, please direct them to Mary Elison at the address listed above.

WASHINGTON

STATE BOARD OF EDUCATION
APPROVED STANDARDIZED ACHIEVEMENT TESTS FOR HOME SCHOOLING

- o California Achievement Tests (CTB/McGraw-Hill)
- o CIRCUS (CTB/McGraw-Hill)
- o Comprehensive Assessment Program Achievement Series (American Testronics)
- o Comprehensive Tests of Basic Skills (CTB/McGraw-Hill)
- o Curriculum Referenced Tests of Mastery (Charles E. Merrill Publishing)
- o Iowa Tests of Basic Skills (Riverside Publishing Company)
- o Metropolitan Achievement Tests (Psychological Corporation)
- o The National Test of Basic Skills (American Testronics)
- o Sequential Tests of Educational Progress (CTB/McGraw-Hill)
- o SRA Achievement Series (Science Research Associates)
- o Stanford Achievement Test (Psychological Corporation)
- o Stanford Early School Achievement Test (Psychological Corporation)
- o Stanford Test of Academic Skills (Psychological Corporation)
- o Survey of Basic Skills (Science Research Associates)
- o Tests of Academic Progress (Riverside Publishing Company)
- o Tests of Basic Experiences (CTB/McGraw-Hill)
- o The 3-R's Test (Riverside Publishing Company)

1. Use test editions normed during the last 10 years.
2. Test students in reading, language arts, and mathematics.

APPENDIX B

Home Education Information

NATIONAL HOME EDUCATION ORGANIZATIONS

Home School Legal Defense Association (HSLDA) P.O. Box 159, Paconian Springs, VA 22129. (703) 338-5600. Offers quality, low-cost legal defense for home-school families nationwide. Also: **National Center for Home Education (NCHIE)** National service organization. Lobbies and monitors legislation nationwide. Offers information, support and training to home school leaders.

National Home Education Research Institute (NHERI) 5000 Deer Park Dr. S.E., Salem, OR 97301-9392; (503) 581-9600. Educational research organization. Publishes a home education research journal and other reports; offers consulting; and other services.

CORRESPONDENCE AND UMBRELLA SCHOOLS

ABEKA Books & Correspondence School, Box 18000, Pensacola, FL 32523-9160, (800) 874-BEKA.

Accelerated Christian Education (A.C.E.), P.O. Box 1438, Lewisville, TX 75067, (800) 888-9318.

Bob Jones University Press, Greenville, S.C. 29614, (800) 845-5731.

Calvert School, 105 Tuscany Rd., Baltimore, MD 21210, (410) 243-6030.

Christian Liberty Academy, 502 W. Euclid Ave., Arlington Heights, IL 60004, (800) 348-0899.

Christian Light Education, P.O. Box 1126, Harrisonburg, VA 22801-1126, (703) 434-0768.

Freedom Christian Academy, RT 15, Box 150, Sanders Rd., Denton, TX 76201-9507, (817) 382-4073.

Holy Family School, P.O. Box 17, Channing, TX 79018, (806) 534-2378.

Home Study International, P.O. Box 4437, Silver Spring, MD 20914.

McGuffey Academy, 1000 E. Huron St., Milford, MI 48012.

Summit Christian Academy, Inc., P.O. Box 802041, Dallas, TX 75380, (214) 991-2096, (800) 362-9180.

Texas Tech University, P.O. Box 42191, Lubbock, TX 79409-2191, (806) 692-6877.

CURRICULUM SUPPLIERS

- Alpha Omega Publications, P.O. Box 3153, Tempe, AZ 85280. (800) 925-7777.
- Christian Life Workshops, Box 2250, Gresham, OR 97030. (503) 667-3942.
- Cornerstone Curriculum Project, 2006 Flat Creek Place, Richardson, TX 75080. (214) 235-5149.
- Educators Publishing Service (EPS), 1129 Garden Gate Circle, Garland, TX 75043. (214) 272-4862.
- KONOS Curriculum, P.O. Box 1534, Richardson, TX 75083. (214) 669-8337.
- Logos Language Institute, P.O. Box 55, Belton, TX 76513. (800) 44-LOGOS.
- National Writing Institute, 7946 Wright Road, Niles, MI 49120. (616) 684-5375.
- Rockwood Christian Home School Ministries, P.O. Box 972, Fenton, MO. 63102. (314) 225-5880.
- Rod and Staff, P.O. Box 3, Crockett, KY 41413. (606) 522-4348.
- Saxon Math, 1320 W. Lindsey, Norman, OK 73069. (800) 284-7019.
- Seton Home Study School, 1350 Progress Drive, Front Royal, VA 22630. (703) 636-9990.
- Small Ventures, 11023 Watterson Drive, Dallas TX 75228. (214) 681-1728.
- The Classics / Helping Hand, 5006 Barcelona, Garland, TX 75043. (214) 681-5161.
- Timberdoodle, E. 1610 Spencer Lk. Rd., Shelton, WA 98584. (206) 426-0672.
- The Weaver Curriculum, 2752 Scarborough, Riverside, California 92503. (800) 845-4686.

EDUCATIONAL MAGAZINES

EDUCATIONAL MAGAZINES

Cobblestones
Box 4154
Manchester, N.H. 03104

A history magazine for children covering US history and language arts. Focus: the magazine about people, covering world culture and society, geography. Classical Calliope, The Muse Magazine for youth covering Latin, Greek, foreign languages, humanities. Each issue are available. (free price list available.)

Critchett
Box 3678
Boulder, CO 80321

Literature for young readers

Learning
Subscription Department
P.O. Box 3588
Boulder, CO 80321

Magazine for creative learning

Montessori News
International Montessori Society
813 Thayer Avenue
Silver Spring, MD 20910

Topics relating to natural history in this magazine for adults and young people

Natural History
Natural History Membership Services
Box 4688
Des Moines, IA 50313

Odyssey
Astronedia Corporation
P.O. Box 93768
Milwaukee, WI 53201

Young people's magazine of astronomy and outer space

Science 83
Subscription Department
P.O. Box 18710
Des Moines, IA 50313

National Geographic World
Department 41168
17 and M Streets, N.W.,
Washington, D.C. 20036

Published by National Geographic Society. Magazine for young people

1-2-3-Contact
P.O. Box 1933
Boulder, CO

Science magazine for young people

The Teaching Bean
P.O. Box 18213
Portland, OR 97216-0210

A Christian Magazine for home educators, published bi-monthly \$11.00/yr.

EDUCATIONAL MAGAZINES (Continued)

Home Education Magazine
P.O. Box 218
Tonsawat, WA 98855

Home School Gazette
P.O. Box 359
Burtonsville, MD 20864

Creative Learning Magazine
Box 957
Wrightstown, N.J. 08562

HOME SCHOOLING NEWSLETTERS

Alternative Schooling Newsletter
229 Ponca de Leon Avenue
Atlanta, GA 30308

Christian Home Educators
Association of California
P.O. Box 1181
Westminster, CA 92684

Sally Blair
Learning at Home, VT
RD 1, Box 103
Waterville, VT 05682

Gifted Children Newsletter
P.O. Box 119
Savell, N.J. 08080

Family Centered Learning Magazine
1411 S.R. 318 NE
Arlington, WA 98211

Family Report
Newitt Research Foundation
P.O. Box 9
Washougal, WA 98671

Crawling Without Schooling
729 Baylton Street
Boston, MA 02114

Living Education
Oak Meadow Publications
P.O. Box G
Ojai, CA 93023

Tidbits
P.O. Box 2872
Kento To, N.H. 07501

A communications forum
among parents, students,
and educators of alternative
and home schools

\$15/bi-monthly

Not a home-schooling
newsletter, but helpful
for dealing with challenging
young minds

\$12/Year

Newsletter from
Dr. Raymond Moore

Most comprehensive
newsletter on home schooling
\$15/Year

\$12/Year

Alternative Education
newsletter \$20/Year

Mr. Randy Smith, Jr.
SCIENCE RESEARCH ASSOCIATES
P.O. Box 13734
Baton Rouge, LA 70899
Phone: (504) 375-3002

a. SRA Achievement Series
b. Survey of Basic Skills

Mr. Vernon Ventress
SCIENCE RESEARCH ASSOCIATES
308 Carona Drive
Lafayette, LA 70503
Phone: (318) 984-1680

a. SRA Achievement Series
b. Survey of Basic Skills

Ellen Dene
Newitt Research Foundation
P.O. Box 9
Washougal, WA 98671
(104) 335-4708

a. P.A.S.E. (Personalized
Achievement Summary System)
b. A Standardized Achievement
Test you may administer at

ASSOCIATIONS

Vermont Home Schooler's Ass'n.
Jan Aach
Spruce Knob Road
Middleton Springs, VT 05757
Phone: (802) 235-2103

This organization, while not
representing all the home schoolers
in Vermont, publishes a newsletter
and lends support and assistance to
members and those beginning their
home schooling program.

Gifted and Talented Association
c/o Dr. Carol Steyer
Johnson State College
Johnson, VT 05698

National Organization of Parent Educators
c/o Mrs. Ruth Cannon, Pres.
9403 Winding Ridge
Dallas, TX 75238

Christian Home Educators Association
P. O. Box 1181
Westminster, CA 92683

EDUCATIONAL MAGAZINES (cont) AND TEST PUBLISHERS

Christian Home Schools
8731 N.E. Everett
Portland, OR 97226

Home Educators Newsletter
P.O. Box 5185
Ft. Lauderdale, FL 33303

TEST PUBLISHERS

Dr. David R. Sweeney
AMERICAN TESTS/ONICS
3253 Arrowidge Court
Stone Mountain, GA 30087
Phone: (404) 525-0034

Judy McDaniel, Ed. S.
CTB/MCCRAW-HILL
3183 Stanford Avenue
Baton Rouge, LA 70804
Phone: (504) 384-0033

Mrs. Sherron Foutatt
EDUCATIONAL RECORDS BUREAU
Box 217
Princeton, N.J. 08541
Phone: (609) 734-1181

Mr. Ted Bussanan
CHARLES E. WEPRIE PUBLISHING CO.
8825 East 34th Street
Tulsa, OR 74149
Phone: (818) 844-0778 or
(400) 844-1541

THE PSYCHOLOGICAL CORP.
625 From Road
Paramus, New Jersey 07652
Phone: (201-261-8717)

Mr. George Harris
RIVERSIDE PUBLISHING CO.
1640 Harry Hines Boulevard
Dallas, TX 75223
Phone: (214) 631-0114

Dr. John Kauffman
SCHOLASTIC TESTING SERVICES
480 Meyer Road
Bensenville, ILL 60104
Phone: (312) 744-3130

(National Association of
Home Educators)

STANDARDIZED ACHIEVEMENT TESTS

a. Comprehensive Assessment
Program (CAP)

a. California Achievement Test
b. Comprehensive Test of Basic
Skills (CTBS)

a. Comprehensive Testing
Program II (CTP II)

a. Curriculum Referenced Test
of History (CRTH)

a. Stanford Achievement
Test (SAT)
b. Metropolitan Achievement
Test (MAT)

a. Iowa Tests of Basic Skills
(ITBS)
b. Test of Academic
Proficiency (TAP)
c. 3-R's Test (Achievement
Edition)

a. Educational Development
Series (EDS)
b. Diagnostic Skills Battery
(DSB)

Helps for Selecting Home Schooling Material

Book Title: _____

Publisher (Address) _____

Number of pages _____

I. GENERAL CHARACTERISTICS

A. Current publication date? _____

B. Attractive appearance? _____

C. Presented in clear, concise form? _____

D. Illustrations attractive and appropriate to content? _____

E. Use of charts, graphs, tables, and maps? _____

II. PHYSICAL FEATURES

A. Materials of good quality? _____

B. Materials constructed well? _____

III. SUBJECT-MATTER COMMENT

A. Accurate content? _____

B. Organization of material? _____

C. Material reflective of needs and interests of students? _____