

ALASKA LEGISLATURE COMMITTEE FILES 1995-1996 8672

8878 SENATE HEALTH EDUCATION & SOCIAL SERVICES

ALASKA STATE

HOSPITAL & NURSING HOME

ASSOCIATION

April 5, 1995

Senator Lyda Green, Chair
Health, Education & Social Services
Committee

Alaska State Senate
Capitol Building
Juneau, AK 99801

Re: Support, CSHB 124
Nursing Home Administrator Board

Dear Senator Green & Members HESS Committee:

ASHNHA, representing community hospitals and nursing homes from across Alaska support CSHB 124, allowing the sunseting of the Nursing Home Administrator Licensing Board and transferring the administrator licensing responsibilities to the Division of Occupational Licensing.

The state must license nursing home administrators to remain eligible to participate in the Medicaid program. The Division of Occupational Licensing may administer that function along with the handling of disciplinary proceedings.

Having a board is an option. Nursing home administrators met here in Juneau last month and agreed the board really wasn't necessary to provide the license exam and/or as a safeguard for the public.

There are national exams utilized for licensure. The DHSS Division on Facility Licensing and Certification and the Senior Services Ombudsman monitor closely the quality of care in Alaska's long term care facilities.

We ask the support of the Senate HESS Committee.

Sincerely,



Harlan R. Knudson
President/CEO

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THE POOR QUALITY OF THE ORIGINAL

eligibility determinations for Medicare) or immediately thereafter (e.g., in the case of notice of eligibility).

(2) The agency, so less frequently than annually, must also provide written notice of the availability of WIC benefits, including the location and telephone number of the local WIC agency or instruct as for obtaining further information about the WIC program to all Medicare recipients (including those found to be presumptively eligible) who are under age 1 or who are women who might be pregnant, postpartum, or breastfeeding as described in paragraphs (c)(2) or (c)(3) of this section.

(3) The agency must effectively inform those individuals who are blind or deaf or who cannot read or understand the English language.

37 FR 2102, June 21, 1972

Support N—State Programs for Licensing Nursing Home Administrators

§ 421.700 Basis and purpose.

This support implements sections 1901(a)(2) and 1908 of the Act which require that the State plan include a State program for licensing nursing home administrators.

§ 421.701 Definitions.

Unless otherwise indicated, the following definitions apply for purposes of this support.

Agency means the State agency responsible for licensing individual practitioners under the State's health care licensing act.

Board means an appointed State board established to carry out a State program for licensing administrators of nursing homes in a State that does not have a health care licensing act or an agency as defined in this section.

Licensed means certified by a State agency or board as meeting all of the requirements for a licensed nursing home administrator specified in this support.

Nursing home means any institution, facility, or distance part of a hospital that is licensed or formally recognized as meeting nursing home standards established under State law, or that is

determined under § 421.704 to be included under the requirements of this support. The term does not include—

(a) a Christian Science institution operated, or listed and certified, by the First Church of Christ, Scientist, 300-100, Mass., or

(b) a distance part of a hospital, if the hospital meets the definition in § 440.10 or § 440.150 of this subchapter, and the distance part is not licensed, certified, or formally recognized as a nursing home by the State even though it is designated or certified as a skilled nursing facility.

Nursing home administrator means any person who is a holder of the personal administration of a nursing home whether or not the person—

(1) Has an ownership interest in the home; or

(2) Shares the ownership and control with one or more other persons.

§ 421.702 State plan requirement.

A State plan must provide that the State has a program for licensing administrators of nursing homes that meets the requirements of § 421.700 through § 421.706 of this support.

§ 421.703 Licensing requirements.

The State licensing program must provide that only nursing homes supervised by an administrator licensed in accordance with the requirements of this support may operate in the State.

§ 421.704 Nursing homes designated by other terms.

If a State licensing law does not use the term "nursing home," the RHA Administrator will determine the term or terms equivalent to "nursing home" for purposes of applying the requirements of this support. To justify this determination, the Medicare agency must submit to the Regional Medicare Director copies of current State law that define institutional health care facilities for licensing purposes.

§ 421.706 Licensing authority.

(a) The State licensing program must provide for licensing of nursing home administrators by—

(1) The agency designated under the health care act of the State; or

(2) A State licensing board.

(3) The State agency or board must perform the functions and duties specified in § 431.707 through 431.710 and the board must meet the membership requirements specified in § 431.706 of this subpart.

§ 431.706 Composition of licensing board.

(1) The board must be composed of persons representing professions and institutions concerned with the care and treatment of essentially all of the long-term care settings. However—

(i) A majority of the board members may not be representative of a single profession or category of institutions; and

(ii) Members not representative of institutions may not have a direct financial interest in any nursing home.

(3) For purposes of this section, nursing home administrators are considered representatives of institutions.

§ 431.707 Standards.

(1) The agency or board must develop, impose, and enforce standards that must be met by institutions in order to be licensed as a nursing home facility.

(3) The standards must be designed to ensure that nursing home administrators are—

(i) Of good character;

(ii) Otherwise suitable; and

(iii) Qualified to serve because of training or experience in institutional administration.

§ 431.708 Procedures for applying standards.

The agency or board must develop and apply appropriate procedures and techniques, including examinations and investigations, for determining if a person meets the licensing standards.

§ 431.709 Issuance and revocation of license.

Except as provided in § 431.714 of this subpart, the agency or board must—

(a) Issue licenses to persons who meet the agency's or board's standards; and

(b) Revoke or suspend a license if the agency or board determines that the person holding the license substantially fails to meet the standards.

§ 431.710 Provisional licenses.

To fill a position of nursing home administrator that unexpectedly becomes vacant, the agency or board may issue one provisional license, for a single period not to exceed 6 months. The license may be issued to a person who does not meet all of the licensing requirements established under § 431.707 and who—

(a) Is of good character and otherwise suitable; and

(b) Meets any other standards established for provisional licensure by the agency or board.

§ 431.711 Compliance with standards.

The agency or board must establish and carry out procedures to ensure that licensed administrators comply with the standards in this subpart when they serve as nursing home administrators.

§ 431.712 Failure to comply with standards.

The agency or board must enforce the law in all instances in the event of violations of standards.

§ 431.713 Continuing study and improvement.

The agency or board must conduct a continuing study of nursing homes and administrators within the State to improve—

(a) Licensing standards; and

(b) The procedures and methods for enforcing the standards.

§ 431.714 Waivers.

The agency or board may waive any standards developed under § 431.707 of this subpart for any person who has served in the capacity of a nursing home administrator during all of the 3 calendar years immediately preceding the calendar year in which the State first meets the requirements in this subpart.

§ 431.715 Federal financial participation.

No FFP is available in expenditures by the licensing board for establishing and maintaining standards for the licensing of nursing home administrators.

HB

125


Alaska State Legislature

ALASKA STATE LEGISLATURE
OFFICE OF THE CLERK
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ANCHORAGE, ALASKA 99514
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COMMITTEE ON ENVIRONMENTAL CONSERVATION

Representative Joe Green Memorandum

TO: Senator Lyda Green

FROM: Representative Joe Green 

DATE: April 12, 1995

RE: CSHB 125 (Judiciary), "An act relating to disclosures to school officials of information about certain minors; and providing for an effective date."

Violence is one of the leading problems facing Alaskan schools. Currently, there is no requirement that a school principal be given criminal records regarding an delinquent who is attending that school. Last session, the legislature passed SB 54, which addressed among other issues, the discretionary disclosure of agency records. However there has been little effort so far to develop a procedure for the sharing of information, and there is a broad level of confusion over who may disclose what information to whom. Two polls taken last week surveying school officials and teachers state-wide indicate that very little school disclosure is taking place and that school officials are strongly in favor of such disclosure taking place as immediately as possible in order to provide a safe school environment for students and staff. CSHB 125 was crafted to help address this serious problem by requiring law enforcement and DFYS to work together with local school districts to develop a procedure for the sharing of juvenile criminal records.

I respectfully request that CSHB 125 be scheduled for a hearing before the Senate HESS Committee as soon as possible. The need for disclosure is immediate. and I would appreciate your expediting the bill's passage. Thank you for your consideration.

FISCAL NOTE

STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. CSHB 125 (JUD)

Revision Date: 03/20/95

Date Affected: Alaska Court System

Title: Disclosures to school officials

BRU: Trial Courts

Components: _____

Sponsor: Reps. Green, Tooney, Bunde, Phillips

Requestor: _____

COMPONENT SERIAL NO. 768

EXPENDITURES/REVENUES (Thousands of Dollars)

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

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

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

FUND SOURCE (Thousands of Dollars)

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

POSITIONS

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of current year (FY 95) cost: \$ None

ANALYSIS: (Attach a separate page if necessary)

No fiscal impact.

Prepared by: C. S. Christensen III, Staff Counsel *[Signature]* Phone: 264-8228
 Agency: Alaska Court System Date: 03/20/95

Approved by: Arthur H. Snowden, II, Administrative Director *[Signature]*
 Agency: Alaska Court System Date: 03/20/95

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FISCAL NOTE

STATE OF ALASKA

BILL NO: CSHB 125 (JUD)

1995 LEGISLATIVE SESSION

Revision Date: _____ Dept. Affected: Public Safety
 Title: An Act relating to discipline in school BRU: Alaska State Troopers
Officials of information about certain minors Component: Detachments
 Sponsor: Representative Green
 Requestor: H) Judiciary COMPONENT SERIAL NO. 0799

EXPENDITURES/REVENUES: (Thousands of Dollars) (inflation not included)

OPERATING	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0-	0-	0-	0-	0-	0-
CAPITAL EXPENDITURES	0-	0-	0-	0-	0-	0-
CHANGE IN REVENUES ()	0-	0-	0-	0-	0-	0-
<small>Revenue Code</small>						

FUNDING: (Thousands of Dollars)

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

Estimate of current year (FY 95) impact: \$ 0-

POSITIONS:

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

ANALYSIS: (Attach a separate page if necessary.)

No significant fiscal impact is anticipated for the Alaska State Troopers

Prepared By: Francis C. Allan Phone: 269-5891
 Division: Alaska State Troopers Date: 03/31/95
 Approved by Commissioner: [Signature] Date: 3/31/95
 Agency: Ronald L. Otte, Dept. of Public Safety

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STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. HB125

Revision Date: _____
 Title: Relating to Disclosures to school officials
 of information about certain minors
 Sponsor: Representatives Green, Toohy, Bunde
 Requester: House (HES)

Dept. Affected: Health and Social Services
 BRU: Family and Youth Services
 Component: DFYS Central Office
 COMPONENT SERIAL NO: 259
 See also (SN#): 258, 259, 254

Expenditures/Revenues:	Thousands of Dollars					
OPERATING	FY96	FY97	FY98	FY99	FY00	FY01
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

CHANGES IN REVENUES

FUND SOURCE	Thousands of Dollars					
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF Program Receipts						
1006 GF/MMTA						
Other (please specify)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL TIME						
PART TIME						
TEMPORARY						

Estimate of any current year (FY95) cost: 30.0

ANALYSIS: Attach a separate page if necessary

There would be no fiscal impact for the Division if this bill were to become law.

Prepared by: Kathy Tibbles, Acting Director
 Division: Family & Youth Services
 Approved by Commissioner: Karen Petzold, Commissioner
 Agency: Department of Health & Social Services

Phone: 465-3191
 Date: 02/22/95
 Date: 2/22/95

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FISCAL NOTE

STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. HB 125

Revision Date: _____

Department Affected: Education

Title: Juvenile Criminal Records in Schools

BRU: Executive Administration

Component: Commissioner's Office

Sponsor: Representative Green

Requester: Representative Green

COMPONENT SERIAL NO. 185

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	00	001	00	00	00	00

CAPITAL _____

REVENUE FUND SOURCE: _____

FUNDING:

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MHTIA						
Other						
TOTAL	00	001	00	00	00	00

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

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

ANALYSIS: (Attach a separate page if necessary.)

House Bill 125 clarifies when state and municipal law enforcement agencies and the Alaska Court System are required to disclose information to public or private elementary and secondary schools regarding minors who commit offenses. Passage of this legislation will have no fiscal impact on the Department of Education.

Prepared by: Sheila Peterson, Special Assistant

Phone: 465-2803

Division: Commissioner's Office

Date: 2/1/95

Approved by Commissioner: _____

Jerry Coyne

Agency: Education

Date: _____

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Alaska State Legislature

Representative Joe Green

SPONSOR STATEMENT, CSHB 125(JUD)

"An act relating to disclosures to school officials of information about certain minors; and providing for an effective date"

Violence is one of the leading problems facing Alaskan schools. Currently, there is no requirement that a school principal be given criminal records regarding a delinquent who is attending that school. Last session, the legislature passed SB 54, which addressed among other issues, the discretionary disclosure of agency records. However, there has been little progress over the past 9 months to develop procedures for the sharing of information; and there is a broad level of confusion over who may disclose what information to whom. Two statewide surveys of school officials and teachers conducted just three weeks ago indicate that very little school disclosure is happening even though school officials are strongly in favor of such disclosure taking place as soon as possible. Some juvenile offenders who have committed violent, felonious crimes are in schools where officials and affected teachers are left out of the information loop. HB 125 was originally crafted and amended to help address this serious problem by requiring law enforcement and DFYS to disclose these records to appropriate school officials who are charged with providing a safe school environment for students and staff.

In March, meetings were held between DFYS and various representatives from the Department of Education, the Alaska Council of School Administrators, NEA Alaska, the Alaska Association of School Boards, the Legislature, the Department of Law, the Department of Public Safety, and the Court System. The participants discussed the needs and concerns of school administrators and teachers as far as information sharing about delinquent youth. From the perspective of the people representing teachers, school districts and school administrators, disclosure is not happening with any degree of regularity. They strongly expressed their

desire that this necessary disclosure be mandatory. The Departments of Law and Public Safety felt that since disclosure is possible under the law passed last year, some additional time should be granted to work out this notification on a discretionary basis. All parties involved agreed that whether or not disclosure is mandatory or discretionary an effective procedure must be established to facilitate disclosure of violent youth behavior to our schools. An agreement was reached to amend HB 125, removing the mandatory disclosure portion of the bill and adding language that would mandate mutually agreeable procedures be set up between DFYS, law enforcement agencies, and school officials to ensure effective methods for disclosure of juvenile criminal records to schools. Additionally, it was agreed that a follow-up survey in late fall would be taken to see if the discretionary nature of the information disclosure is working. If discretionary disclosure is not working, then Representative Green will sponsor a new bill making disclosure mandatory.

The information provided by this disclosure would protect the victims of juvenile crime, protect students, protect teachers, and give the principal information that would allow him or her to use the school's resources to provide help for the juvenile offender. If schools are held responsible for the safety of the students and faculty, school officials must have the necessary information about student violence to do the job properly.

Disclosure of criminal records to school officials needs to begin taking place as soon as possible. Because of the urgent nature of the needed information Representative Green would like to see the passage of HB 125 this year. HB 125 passed the House unanimously and has the strong support of school administrators, teachers, law enforcement, parents, as well as the general public. Thank you for your consideration.

Dangerous kids

Schools need to know the facts

Schools always have been home to bullies and troublemakers. Big kids have been beating up little kids in the wild lanes of the playground since before the first swing set went up. But many schoolyard bullies nowadays aren't content to just dish out black eyes.

As always, the young troublemakers are a step ahead of the system. Principals and teachers find themselves attempting to discipline students who've committed crimes that would be felonies if committed by adults.

Consider these two situations that occurred in Anchorage:

- Police came to a school and asked to interview a student known to be a gang member. The officers ended up arresting him on suspicion of attempted murder and took him out of the school in handcuffs.

The next day he reappeared in school. The principal didn't know if charges had been dropped, if the student had escaped or what. It turned out charges had been reduced, but having the accused turn up with no explanation from authorities unnerved staff and students alike.

- In another case, one young man beat another so badly that the victim had to be hospitalized. Later, they both ended up in the same school, in the same classroom. The victim was traumatized again and, eventually, dropped out of school.

These situations could have been handled better if school administrators had been informed of the students' criminal records.

Despite an Alaska statute that went into effect in September that allows police and the Division of Family and Youth Services to release information on potentially dangerous juveniles to school officials, many agencies aren't doing so.

Since much information on young offenders is confidential by law, some police departments figure it's safer if they don't give out any information. Some don't know what information they can release. Some don't even know about the statute.

Principals and teachers often have to rely on the rumor mill to find out which students are threats to others. School staff frequently are unaware when youngsters who have committed brutal crimes are sent to their schools.

Rep. Joe Green introduced a bill last month that addresses these concerns. The current version of the bill requires that procedures be set up between schools, police, probation officers and the Division of Family and Youth Services to get the word out on dangerous students.

In the meantime, DFYS is alerting its social workers who deal with youthful offenders. The Department of Public Safety is alerting law enforcement agencies around the state, too.

The DFYS forms say, among other things:

"Safety Alert to School Districts: youth is alleged to have committed the following: murder, assault, sexual assault, sexual abuse of a minor, robbery, theft, burglary, arson, criminal mischief, misconduct weapon, felony drug and disorderly conduct. The information set out on this form is confidential by law and can only be disclosed to school officials as necessary to protect the safety of school students and staff."

The Public Safety form is similar.

These forms say more about our society than we might want to hear. Who would have guessed 20 years ago that measures like this would be necessary in the public schools?

If these voluntary efforts aren't sufficient, Rep. Green is ready. He has a bill all set for next year that will make it mandatory for law enforcement agencies and the court system to let school officials know

Anchorage Daily News

Fuller A. Cowell
Publisher



Howard Weaver
Editor

Michael Carey, Editorial Page Editor

Patrick Dougherty, Managing Editor

Anchor Daily Publisher: 1984-1993
Anchorage Evening Evening Publisher: 1971-1983
Anchorage Evening Evening Publisher: 1967-1971
Anchorage Evening Evening Publisher: 1954-1966

Monday, April 10, 1995

For Your Information
Representative Joe Green

HB 125

§ 47.10.093 WELFARE, SOCIAL SERVICES & INSTITUTIONS § 47.10.093

(b) The disclosure right under (a) of this section is in addition to, and not in derogation of, the rights of a parent or legal guardian of a minor.

(c) A person who violates a provision of this section is guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than \$500 or by imprisonment for not more than one year, or by both. (AS 2 ch 98 SLA 1994)

Cross references. — For effect on Alaska Child in Need of Aid Rule 22 of enactment of this section, see § 3, ch. 98, SLA 1994. **Effective dates.** — Section 4, ch. 98, SLA 1994 makes this section effective June 9, 1994, in accordance with AS 01.10.070(c).

Sec. 47.10.093. Disclosure of agency records. (a) Except as specified in AS 47.10.092 and (b) — (f) of this section, all information and social records pertaining to a minor who is subject to this chapter or AS 47.17 prepared by or in the possession of a federal, state, or municipal agency or employee in the discharge of the agency's or employee's official duty, including driver's license actions under AS 29.15.185, are privileged and may not be disclosed directly or indirectly to anyone without a court order.

(b) A state or municipal agency or employee may disclose information regarding a case to

(1) a guardian ad litem appointed by the court or to a citizen review panel for permanency planning authorized by AS 47.10.400 or 47.10.420;

(2) a person or an agency requested to provide consultation or services for a minor who is subject to the jurisdiction of the court under AS 47.10.010;

(3) school officials as may be necessary to protect the safety of school students and staff;

(4) a governmental agency as may be necessary to obtain that agency's assistance for the department in its investigation or to obtain physical custody of a child;

(5) a state or municipal law enforcement agency as may be necessary for a specific investigation being conducted by that agency or for disclosures by that agency to protect the public safety; and

(6) a victim as may be necessary to inform the victim about the disposition or resolution of a case involving a minor.

(c) A state or municipal law enforcement agency

(1) shall disclose information regarding a case that is needed by the person or agency charged with making a preliminary investigation for the information of the court under AS 47.10.020;

(2) may disclose to the public information regarding a criminal offense in which a minor is a suspect, victim, or witness if the minor is not identified by the disclosure;

3) may disclose to school officials information regarding a case as may be necessary to protect the safety of school students and staff;

4) may disclose to the public information regarding a case as may be necessary to protect the safety of the public; and

5) may disclose to a victim information, including copies of reports, as necessary for civil litigation or insurance claims pursued by or against the victim.

(d) Upon request of a victim the department shall make every reasonable effort to notify the victim as soon as practicable in writing when a delinquent minor is to be released from placement in a juvenile facility under AS 47.10.080(b)(1). The notice under this subsection must include the expected date of the delinquent minor's release, the geographic area in which the delinquent minor is required to reside, and other pertinent information concerning the delinquent minor's conditions of release that may affect the victim.

(e) A person may authorize the department to release information to the military or to a prospective employer about the existence of a delinquency adjudication against that person under AS 47.10.010 and the offense on which it was based.

(f) The department may release to a person with a legitimate interest information relating to minors not subject to the jurisdiction of the court under AS 47.10.010. The department shall adopt regulations governing the release of information and identifying a sufficient legitimate interest.

(g) A person who discloses confidential information in violation of this section is guilty of a class B misdemeanor. (§ 13 ch 113 SLA 1994)

Revisor's notes. — A reference to "AS 47.10.092" was inserted in (a) of this section in 1994 to harmonize the amendments to AS 47.10 made by ch. 98, SLA 1994, and ch. 113, SLA 1994.

Effective dates. — Section 17, ch. 113, SLA 1994 makes this section effective September 1, 1994.

Editor's notes. — Section 16(2), ch. 113, SLA 1994 provides that this section, as added by § 13, ch. 113, SLA 1994 "applies to offenses committed on or after September 1, 1994."

Sec. 47.10.097. Fingerprinting of minors. (a) A peace officer may fingerprint a minor under the same circumstances as an adult may be fingerprinted.

(b) Fingerprint records taken under this section are not subject to AS 47.10.090. (§ 3 ch 121 SLA 1988; am § 1 ch J2 SLA 1991)

Effect of amendments. — The 1991 amendment, effective September 9, 1991, rewrites the section.



QUICK SURVEY RESULTS

BACKGROUND: A survey was sent to all districts on March 14, 1995 to determine what the school's needs and concerns are regarding information sharing on delinquent youth. Thirty-nine (39) districts responded by March 22, 1995. Here are the results:

When a student who is enrolled in your school commits a crime do you receive any information?

(8) yes (28) no (3) sometimes

If yes, who do you receive information from:

(4) DFYS (10) Law Enforcement (3) other (specify):
local VPSO
probation
community member

Is your working relationship with that agency such that you would share information about the student with each other?

(10) yes (1) yes, but no mechanism to report (1) no (currently do not have VPSO)

If you currently DO NOT receive information, would you like information on the student?

(28) yes (0) no

Would initial information such as: *name of offender, offense and date of offense* assist you in your efforts to provide a safe school environment?

(38) yes (1) no (Would be helpful in addition to conditions of probation & name of probation officer)

Who is the most appropriate person to receive this information?

(37) principal (1) teacher (3) counselor (6) other (specify):
(5) superintendent
(1) Special Services Director

Do you have a policy that addresses the dissemination of confidential information?

(36) yes (3) no

When would you want the information?

(29) immediately (when student is suspect) (6) when case is concluded (5) both

Are you currently set up to receive information from other agencies via E-mail?

(10) yes (20) no (9) not currently but can be easily

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To <i>Melinda</i>	From <i>AASB</i>
Co.	Co.
Dept.	Phone #
Fax # <i>1166 11711</i>	Fax #

Association of Alaska School Boards

AASB Quick Survey

Topic: Disclosure of Information on Minors

page two

The following thirty-nine (39) school districts responded:

Adak	Nome
Alaska Gateway	Northwest Arctic
Ancorage	North Slope
Annette Islands	Pelican
Bering Strait	Petersburg
Bristol Bay	Pribilof
Chatham	Sitka
Copper River	Skagway
Delta/Greeley	Southeast Island
Denali Borough	Southwest Region
Diillingham	St. Mary's
Haines	Tanana
Hoonan	Unalaska
Hydaburg	Valdez
Iditarod	Wrangell
Juneau	Yakutat
Kashunamiut	Yukon Flats
Kenai	Yukon-Koyukuk
Kuspuk	Yupit
Mat-Su	

these districts currently receive information

Provided by:

*The Association of Alaska School Boards
316 W. 11th Street
Juneau, Alaska 99801
907-586-1083*

NEA-Alaska survey March 14, 1995

To: Local Association Presidents	RAW RESPONSES
From: Vernon Marsnail	TOTAL RESPONSES: 15
Re: School Violence Survey	MARCH 20, 1995

Please take a few minutes to complete the survey. Please return the survey by fax (586-2744) by Wednesday, March 22, 1995. Your responses are strictly confidential and will be used by NEA-Alaska to assist us formulate legislation on various school violence and disruptive student issues.

Even if you cannot complete the survey for your entire district, please complete for your school site and return.

1. Do you feel that student violence has increased within your school district this year? (Please circle one)

- a. Not increased 8
- b. Increased somewhat 7
- c. Increased dramatically 1
- d. Decreased 0

2. Concerning students who may commit violent acts within the community, are teachers or school employees informed of the names of students who have demonstrated or committed violent acts within the community?

Yes 2 No 13

Who informs you?

- a. Probation officer
- b. School Principal
- c. School Superintendent
- d. Another teacher
- e. Parent
- f. Other (Please specify) _____

3. Which individual(s) employed in the school district do you feel should be informed about students who are on probation for or have been convicted of violent acts?

Please specify the name of the person(s) who should receive such information

Responses: Superinter 3
Principal 15
Counselor 4

Teacher 9
Playground supervisor 1
Special ed. teacher 1
Teacher aide 1

4. When do you feel a school employee should receive information about violent students who are either on probation or have been convicted of committing a violent act?

When the student enters the class or when the event occurs

At the time the student returns to school

As soon as possible

Prior to interacting with that student

When the student returns

Upon return to school

Immediately

Right away (2 respondents)

Upon return to school environment unless there is a safety issue beyond the school

Upon enrollment in school

Anytime the school employee is required to supervise the student

ASAP

5. Does your school district offer an alternative school program for students with discipline problems? Yes 5 No 10 Not sure _____

Does the program emphasize stress management, conflict resolution, violence prevention or substance abuse control? Yes 3 No 4

Not sure 2

Are parents involved in any phase of an alternative program designed to address a child's discipline problem? Yes 3 No 3 Not sure 2

6. Does your school district have a policy on pupil discipline?
Yes 14 No _____ Not sure 1 Has the policy been published in the newspaper or been distributed to parents of the school district within the last year? Yes 10 No 2 Not sure 2

ASSOCIATION OF ALASKA SCHOOL BOARDS

316 W. 11th St. • Juneau, Alaska 99801-1510
(907) 586-1083 • Fax (907) 586-2995

February 16, 1995

The Honorable Joe Green
House of Representatives
Alaska State Legislature
Capitol Building
Juneau, AK 99811

SUPPORT FOR HB 125
INFORMATION DISCLOSURE ABOUT MINORS

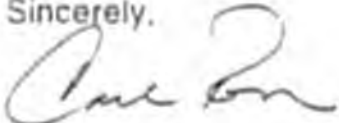
Dear Rep. Green

The Association of Alaska School Boards supports HB 125—An Act relating to disclosures to school officials of information about certain minors.

Bill Review: HB 125 directs the court to notify the principal of the minor's school if the offense was committed on school property or the minor has committed offenses that, if committed by an adult, would be considered a serious felony such as murder, assault, kidnapping, etc. The bill also requires law enforcement to notify the principal if there is *probable cause* to believe a minor attending their school has committed a serious felony. The school principal is allowed to disclose this information to other persons in the district, and also to a chief administrator of a school district to which a minor transfers. Law enforcement agencies are not required to notify the school if the agency determines it would jeopardize an ongoing investigation.

The Association of Alaska School Boards believes this Act will help ensure the safety of students and staff alike. As an association we endeavor to work cooperatively with agencies of government in the transfer of information on behalf of kids. In the past, however, the deterrent to meaningful intra-agency cooperation regarding severe school violence has been the issue of confidentiality. This is a welcome piece of legislation that will further help to maintain a safe school environment.

Sincerely,



Carl Rose, Executive Director



POSITION STATEMENT

HOUSE BILL NO. 125

"An Act relating to disclosures to school officials of information about certain minors."

The Alaska Council of School Administrators supports House Bill #125.

Incidents of violence seem to be increasing at an alarming rate among or involving Alaska's youth. This includes reports of gang activities, incidents of students bringing illegal weapons into the schools and youth committing acts of violence which could be considered a felony if they were adults.

Parents and the community rightfully expect schools to be a place students can work and learn in a safe environment. Yet, principals are experiencing increasing concern over being able to assure parents and the community that the school setting is secure and safe because of the lack of information from other agencies involved with youth who have been adjudicated delinquent.

To help ensure some safety of students, it is necessary to be aware of those students who have committed acts of violence and crime outside the school as well as inside the school. The laws of confidentiality have prevented the sharing of such information with school personnel in the past, thereby preventing school personnel from being able to take action to protect the rights of other innocent students in the school.

School administrators across Alaska believe this information is necessary to ensure proper supervision. It is also necessary to provide a relevant intervention program and this information will help provide a safer environment for all students.

Again, The Alaska Council of School Administrators supports HB #125

Stephen McPhetres
Executive Director



NEA-ALASKA

Member of the National Education Association

NEA-ALASKA POSITION STATEMENT

HB 125

NEA-Alaska supports passage of HB 125 to strengthen the requirements for reporting names of students who commit violent acts in our communities. We feel that reporting is critical to the protection of the health and safety of students and to develop alternative programs to confront the root causes of student violence.

Based on a quick survey of large and small school districts, NEA-Alaska found that teachers and school employees are not informed of the names of students who commit violent acts within the community. Those responding to the survey indicated that the superintendent, counselors and building principals where students are enrolled should be informed. Administrators should then inform teachers and teacher aides who are working with the student.

Concerning when information should be provided teachers or aides, most respondents indicated that it should be provided right away, particularly if the student has committed an act that would be considered a felony if committed by an adult.

Based on survey results from seventeen of our affiliates, it appears that the consensus among large and small districts is that violence is increasing in school districts. Based on other reports from school employees we believe violent behavior is increasing and poses a threat to the safety of students and school employees in classrooms.

NEA-Alaska views HB 125 as a vehicle to open communication between agencies and school districts concerning students who demonstrate violent behavior.

We realize that just identifying students who demonstrate violent behavior will not make the problem go away. As teachers and school employees, we want to work to keep children in school. Our efforts to keep students in

school requires that alternative systems must be professionally developed and funded to address the issue of child violence. We support programs designed to involve parents of violent students in alternative programs designed to help parents and students deal better with anger in family life and in relationships with school employees and peers.

In closing, we thank the sponsor and his staff for bringing this legislation forward at this important time. We support your efforts to pass this bill.

3-28-95

HEB

182



Official Business

Alaska State Legislature

HOUSE OF REPRESENTATIVES


REPRESENTATIVE CYNTHIA TOOHEY

DISTRICT 13

State Capitol
Juneau, AK 99801-1182

MEMORANDUM.

TO: Senator Green, Chairman
Senate HESS Committee

FROM: Representative Toohey 

IN RE: scheduling of CSHB 182 (HESS) before
the Senate HESS Committee

DATE: May 1, 1995

Please schedule CSHB 182 (HESS) for a hearing before the Senate HESS Committee at soon as it is possibly convenient. Attached are a copy of the bill, a sponsor statement, a 'zero' fiscal note, and a letter of support. If you require any other information or documents, please have your committee aide contact Benjamin Brown in my office at 4919.

Thank you very much for your consideration of this scheduling request.

ROBERT J. BAUDER, D.M.D.
36275 Kenai Spur Hwy.
Soldotna, Alaska 99669
(907) 262 8404

May 3, 1995

Senator Lyda Green, Wasilla
Chairman, Senate HESS Committee

Re: House Bill 182

Dear Senator:

I want to be on record that I support House Bill 182. Passage of this bill will help dentists in this state to provide cost effective treatment to their patients and curb escalating health care costs.

I understand the opposition feels only hygienists are able to provide this treatment due to their training. I strongly disagree and can assure you that all ethical dentists would and do monitor their staff to provide high quality care to their patients. In fact the dentist is legally and morally responsible for their employees whether they are hygienists or assistants. No dentist would want anything but the best for their patients.

Please consider the benefit of this legislation to the Alaskan public and vote YES on House Bill 182.

Sincerely,



Robert J. Bauder, D.M.D.
President
Kenai Kodiak Dental Society

Valerie Suttles
with
Kanakanak Dental Clinic
P.O. Box 816
Certified Dental Assistant

HB 182 : calling in Support

(907) 842-5245

from:

Dillingham, AK 99576

SENATOR LYDA GREEN
Alaska State Capitol
Juneau, Alaska 99801-1182
(907) 465-6600 FAX (907) 465-3805

Constituent Contact Report

Name: Dr. Ken Crooks Date: 5/2/95
Address: P.O. Box 180
DILLINGHAM 99576 SSN or DOB: _____
Phone: 842-5245

ISSUE/REGARDING: SUPPORT HB 182
PROS: COASTAL DISTRICT SCENIC SOCIETY

ACTION/RESPONSE: _____

Date Resolved: _____
Staff Member: Paul

SENATOR LYDA GREEN
Alaska State Capitol
Juneau, Alaska 99801-1182
(907) 465-6600 FAX (907) 465-3805

Constituent Contact Report

Name: Henry ROEHL Date: 5/2/91
Address: P.O. Box 953
Dillingham 99576 SSN or DOB: _____
Phone: 842-5245

ISSUE/REGARDING: SUPPORT HB182
SENATOR ASSISTANT

ACTION/RESPONSE: _____

Date Resolved: _____
Staff Member: PAUL



JIM H. CASE D.M.D. 880 "N" STREET, ON THE PARK STRIP, ANCHORAGE, ALASKA 99501

TO SENATOR LYDA GREEN:

THIS MESSAGE IS IN SUPPORT OF THE NEED FOR H.B. 182

ASSISTANTS' SKILLS NEEDED

In the continued improvement of America's oral health, the value of placing sealants on children's teeth has been widely recognized. The National Institute of Health has recommended that all children have their permanent molars sealed. We will not be able to even come close to meeting this if the providing of this service is limited to dentists and hygienists and does not include qualified and supervised dental assistants.

HISTORY

In Alaska from the late 60's to the late 80's, topical preventive agents and sealants became increasingly important parts of the improvement of the oral health of children. Services by qualified dental assistants were an important part of this improvement. In the late 80's, an adverse statute interpretation limited the services provided by assistants. HB 182 would overcome this adverse interpretation and get us back on track with assistants contributing more to children's health.

DELEGATION

The U.S. dental profession and industry has been well recognized for being very successful at improving America's oral health year by year and decade by decade. A part of this improvement has been the development of expanded dental teams and the delegation of tasks from dentists to auxiliaries. Current restrictive interpretation of the statutes slows the improvement that we can offer. HB 182 removes this impediment.

QUALITY

Delegation can improve quality. E.g., if I see a just placed sealant that meets minimum standards, but could be improved, the improvement will more likely be made if I could order it done by an assistant rather than use my time to do it.

TURF PROTECTION

Opposition to HB 182 does not serve Alaska's children, but rather serves to protect the professional pride and turf of dental hygienists. The public and profession are undersupplied with hygienists. We need more of them and it would be helpful if they would share the fringes of their professional domain with assistants. However, excessive professional pride prevents many of them from so sharing and leads them to sincerely oppose HB 182 in the name of public protection.

HB 182 will again allow the Board of Dental Examiners to allow delegation of some duties as was done before the late '80's. There are other provisions in the current dental statutes which will allow the Board to fine tune certification and standards for this delegation without burdensome legislative constraint which robs dentists of their ethical and clinical responsibilities.

This simple legislation has been needed and started in past years. Please don't let it again get lost or defeated in the end of session rush of weighty matters which you must consider.

Please do not hesitate to call me if I might answer questions about the meaning of this needed legislation.

Respectfully and Sincerely,

Jim H. Case, D.M.D.

DENTISTRY FOR CHILDREN, INC.

(907) 274-2525

May 3, 1995

We unanimously support HB 182 and urge you to vote yes for its passage. It is to be heard in the Senate at 9:00am Thursday, 5/4/95.

Sincerely yours,

Jan Maness

Jan Maness
Dental Assistant

Marilyn Gogolowski

Marilyn Gogolowski
Dental Assistant

Gay Lee Anthony

Gay Lee Anthony
Dental Assistant

Rosemary Rogers

Rosemary Rogers
Dental Assistant & Receptionist

Anjie Reisinger

Anjie Reisinger
Dental Assistant

Rose E. Reed

Rose E. Reed
Certified Dental Assistant & Practice Administrator

522-2555



Official Business

Alaska State Legislature

HOUSE OF REPRESENTATIVES

REPRESENTATIVE CYNTHIA TOOHEY

State Capitol
Juneau, AK 99801-1182

DISTRICT 13

SPONSOR STATEMENT

Committee Substitute for House Bill 182 (HESS): "An act allowing a dentist to delegate certain duties to a dental assistant."

This bill will allow dentists practicing in Alaska to delegate to a dental assistant the ability to perform three very specific tasks: application of topical preventive agents, application of prophylactic agents, and application of pit and fissure sealants. These practices by dental assistants have been judged to be technically illegal by an opinion issued by the Attorney-General, which has made the provision of dental care to Alaskans more difficult to effect. Enabling dentists to delegate certain specific duties to assistants whom they trust, and on whom they rely, is a step that must be taken in order to give dentists as much flexibility as possible in doing their jobs. CSHB 182 will help dentists throughout the State, but will be most helpful to dentists who serve the rural population. The lack of practical discretion currently available to dentists hinders their ability to see as many patients as possible. For practitioners in rural settings, especially for itinerant dentists traveling from village to village, this problem is acute enough that it can result in a patient not being seen due to time constraints. For the sake of Alaskans' oral health, CSHB 182 must be passed by the Nineteenth State Legislature.

CSHB 182 is supported by the Alaska Dental Society, the Alaska Native Health Board, Tanana Chiefs Conference, Inc., the Coastal District Dental Society, Bristol Bay Area Health Corporation, the Southeast Alaska Regional Health Consortium, and numerous dental health professionals across the State.

Please support and vote for CSHB 182.

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

FISCAL NOTE

STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. HB 182

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

Expenditures/Revenues

(Thousands of Dollars)

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

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

CHANGE IN REVENUES	00	00	00	00	00	00
--------------------	----	----	----	----	----	----

FUND SOURCE

(Thousands of Dollars)

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

Estimate of any current year (FY 95) cost: \$ 00

POSITIONS

POSITION TYPE	FY 96	FY 97	FY 98	FY 99	FY 00	FY 01
FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

Funding is not required to implement HB 182.

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

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Alaska Dental Society

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

APR 13 1995

April 13, 1995

Dear Representative Toohey:

The Alaska Dental Society represents eighty-four percent of licensed practicing dentists in Alaska. The ADS Executive Council has unanimously voted support for House Bill 182, introduced by Representatives Toohey and Nicholia. This bill will allow efficient delivery of preventive treatment for the utmost benefit of the public - most importantly, to those people residing in rural Alaska.

Along with community water fluoridation and daily oral hygiene measures, dental sealants and topical fluoride applications are effective dental disease prevention measures. Dental diseases in rural areas of this state are currently at epidemic levels. Prevention programs are our only answer for curbing the costs of conventional treatment.

The safety record for dental assistants performing these procedures is well established. Assistants nationwide, including Alaska prior to 1988, have provided hundreds of thousands of these services.

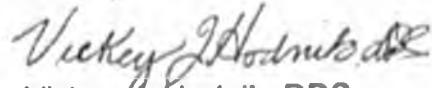
HB 182 will allow supervised dental assistants in Alaska to resume providing pit and fissure sealants and topical preventive agents. The loss of authority for assistants to perform these procedures was an inadvertent consequence of the revision of statutes which enabled dental hygienists to begin providing the services. The 1988 attorney general's interpretation that any function in the scope of hygiene practice cannot be performed by dental assistants set up the present conflict - at the expense of limiting the public's access to preventive regimens.

In the dental office setting, the doctors have the legal, ethical and clinical responsibility for all care provided. Dentists are highly trained professionals with state mandates toward maintaining clinical competency and continuing education requirements. Certainly, they are qualified and motivated to evaluate auxiliaries' skill and training levels for appropriate delegation of services. Further, the Board of Dental Examiners has the statutory power (AS 08.36.070) to establish certification standards for any procedure requiring specific training.

Dentistry is committed to the passage of HB 182 in the interests of public health and commends Representatives Toohey and Nicholia for having the foresight to see a need and create positive pro-prevention legislation. Please support this issue.



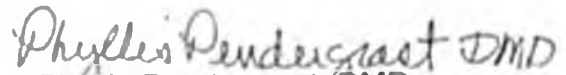
Arne Pihl, DMD
President
Alaska Dental Society



Vickey J. Hodnik, DDS
Treasurer
Alaska Dental Society



Thomas Hipster, DDS
President
Anchorage District Dental Society



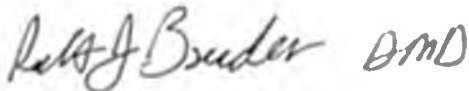
Phyllis Pendergrast, DMD
President-elect
Alaska Dental Society



Kenneth Crooks, DDS
President
Coastal District Dental Society



Ronald I. Glaeser, DDS
Secretary
Alaska Dental Society



Robert J. Bauer, DMD
President
Kenai-Kodiak District Dental Society



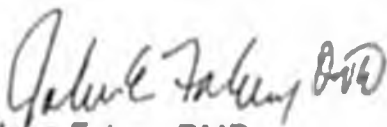
Julie M. Robinson, DDS
Legislative Chairman
Alaska Dental Society



Daniel Keir, DDS
President
North Central District Dental Society



David L. Nielson, DDS
Alaska Dental Society



John Fahey, DMD
President
Southeast District Dental Society

Jerry W. Chernik, DMD

Jerry W. Chernik, DMD
Matanuska-Susitna District Dental Society

James A. Cerney, DDS

James A. Cerney, DDS
Delegate
Alaska Dental Society

Robert S. Matthews, DDS, MSED

Robert S. Matthews, DDS
Treasurer
Matanuska-Susitna District Dental Society

Timothy J. Walker, DDS

Timothy J. Walker, DDS
North Central District Dental Society

David G. Logan, DDS

David G. Logan, DDS
President
Juneau District Dental Society

HB

214

Alaska State Legislature

Interim:
P.O. Box 1287
Soldotna, AK 99669
(907) 262-8114

Session:
State Capitol
Juneau, AK 99801
(907) 465-2693

Representative Gary L. Davis

MEMORANDUM

April 12, 1995

TO: Senator Lyda Green, Chair
Senate HESS Committee

FROM: Representative Gary Davis *Davis*

RE: House Bill 214, "An Act relating to the maintenance by health care providers of medical records in an electronic format."

Please schedule House Bill 214 for a hearing in the HESS Committee at your earliest convenience. Attached are the bill, fiscal note, sponsor statement, sectional analysis, the current statute, three letters of support, and a legal memorandum relating to the issue.

Thank you for considering this legislation.

attachment

APR 13 1995

Passed House -

40-0

ZERO
fiscal note

9-LS0313C

HOUSE BILL NO. 214 am

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVE G.DAVIS

Amended: 4/10/95

Introduced: 3/1/95

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to the maintenance by health care providers of medical records
2 in an electronic format."

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

4 • Section 1. AS 18.20.085 is amended by adding a new subsection to read:

5 (e) This section is subject to AS 18.95.010.

6 • Sec. 2. AS 18 is amended by adding a new chapter to read:

7 CHAPTER 95. MISCELLANEOUS PROVISIONS.

8 Sec. 18.95.010. USE OF ELECTRONIC MEDICAL RECORDS. A health
9 care provider may maintain and preserve its medical records in an electronic format
10 that protects the physical security of the records and protects the records from access
11 by unauthorized persons. A health care provider who maintains and preserves the
12 records in an electronic format that provides these protections is not required to
13 maintain a separate paper copy. The Department of Health and Social Services may
14 adopt regulations under AS 44.62 (Administrative Procedure Act) to regulate the

1

implementation of this section.

STATE OF ALASKA
1995 LEGISLATIVE SESSION

BILL NO. HB 214

Revision Date: _____
 Title: Relating to Maintenance of Medical Records
in Electronic Format
 Sponsor: G. Davis
 Requestor: H. WESS

Dept. Affected: Health and Social Services
 BRU: Administrative Services
 Component: Administrative Services Support
 COMPONENT SERIAL NO. 320
 See also (SN#): _____

Expenditures/Revenues:

(Thousands of Dollars)

OPERATING	FY96	FY97	FY98	FY99	FY00	FY01
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

CHANGES IN REVENUES

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1006 GF/MMTIA						
Other (please specify)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

Estimate of any current year (FY95) cost: 0.0

ANALYSIS: Attach a separate page if necessary

There is no fiscal impact on the Department of Health and Social Services.

Prepared by: Janel Clarke, Director
 Division: Administrative Services

Phone: 465-3082
 Date: 03/09/95

Approved by Commissioner: Karen Perdue, Commissioner
 Agency: Department of Health & Social Services

Date: 3/15/95

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(b) The department may by regulation require that a licensee or applicant desiring to make a specified type of alteration or addition to its facilities or to construct new facilities shall, before commencing the alteration, addition, or new construction, submit plans and specifications to the department for preliminary inspection and approval or recommendations with respect to compliance with its regulations and standards. (§ 40-6-9 ACLA 1949; am § 5 ch 112 SLA 1957; am § 1 ch 40 SLA 1986)

Cross references. — For requirement for certificate of need to alter a health care facility, see AS 18.07.

Sec. 18.20.085. Hospital records retention. (a) Unless specified otherwise by the department a hospital shall retain and preserve records that relate directly to the care and treatment of a patient for a period of seven years following the discharge of the patient. However, the records of a patient under 19 years of age shall be kept until at least two years after the patient has reached the age of 19 years or until seven years following the discharge of the patient, whichever is longer. Records consisting of X-ray film are required to be retained for five years.

(b) The department shall by regulation define the types of records and the information required to be included in the records retained and preserved under (a) of this section. The department may by regulation specify records and information to be retained for longer periods than those set out in (a) of this section.

(c) If a hospital ceases operation, it shall make immediate arrangements, as approved by the department, for the preservation of its records.

(d) In this section, "hospital" includes those facilities defined as hospitals under AS 18.20.130 and 18.20.210. (§ 1 ch 41 SLA 1970)

Collateral references. — Admissibility on issue of sanity of expert opinion based partly on medical, psychological or hospital reports. 55 ALR3d 561.

Admissibility under business entry statutes of hospital records in criminal cases. 69 ALR3d 22.

Admissibility under Uniform Business Records as Evidence Act or similar statute of medical report made by consulting phy-

sician to treating physician. 69 ALR3d 104.

Admissibility under state law of hospital record relating to intoxication or sobriety of patient. 80 ALR3d 456.

Discovery of hospital's internal records or communications as to qualifications or evaluations of individual physician. 81 ALR3d 944.

Sec. 18.20.090. Information confidential. The department may not publicly disclose information received by it in a manner identifying an individual or hospital except in a proceeding involving the question of licensing. (§ 40-6-11 ACLA 1949)

AMENDMENT # 1

OFFERED IN THE HOUSE

BY REPRESENTATIVE BROWN

TO: HB 214

G. DAVIS

Physical

1 Page 1, line 9, following "format":
2 Insert " that protects the security of the records and protects the records from access
3 by unauthorized persons. A health care provider who maintains and preserves the records in
4 an electronic format that provides these protections is not required to"

5 Page 1, line 10:

- 6 Delete "without maintaining"
- 7 Insert "maintain"
- 8 Following "separate"
- 9 Insert "paper"
- 10 Delete "in a handwritten or other tangible format"

*amended on the
House floor
passed
unan.*

Approved

*Privacy protection
for patient's records*

*passed House
unanimous
consent*

ALASKA STATE

HOSPITAL & NURSING HOME

ASSOCIATION

Senator Lyda Green, Chair
Senate HESS Committee
Room 423 State Capitol
Juneau, AK 99801-1182

April 28, 1995

Dear Senator Green:

Yesterday I had some questions about the process for authentication of appropriate signatures when health care facilities maintain electronic medical records.

HB 214 requires the Department of Health and Social Services to adopt regulations to implement the provisions allowing electronic records to be maintained without paper backup. The Department has drafted the regulations and the Alaska Health Information Management Association has formally supported them. A copy of the regulations is accompanies this letter for your review.

On page 4 of the draft regulations, the issue of signatures is addressed as follows:

(3) written signatures or initials and electronic signatures or computer-generated signature codes are acceptable as authentication. All signatures or initials, whether written, electronic, or computer-generated, shall include the initials of the signers credentials.

(4) In order for a facility to employ electronic signatures or computer-generated signatures codes for authentication purposes, the facilities Governing Body and Medical Staff, if appropriate, must adopt a policy that permits authentication by electronic or computer-generated signature. The policy shall identify those categories of the medical staff, allied health staff or other personnel within the facility who are authorized to authenticate patient records using electronic or computer-generated signatures.

On page 7 of the draft regulations, the qualifications of Records Administrators are set out:

(i) Each facility subject to the provisions of this section, with the exception of ambulatory surgical facilities, must employ the services of a records administrator who is registered by the American Medical Record Association or a record technician who is accredited by the American Medical Record Association to supervise the medical record service.

Please let me know if you have additional questions. We hope HB 214 will be back on the Senate Calender soon for final passage.

Sincerely,

A handwritten signature in cursive script, appearing to read "Garrey M. Peska".

Garrey M. Peska, C.P.A.
Financial Consultant

cc: Harlan Knudson
Representative Gary Davis
Portia Babcock

FEB- 1-05 MED 15110

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7 AAC 12.770. is proposed to be repealed and readopted to read:

7 AAC 12.770. MEDICAL RECORD SERVICE. (a) Each facility, with the exception of home health agencies, intermediate care facilities for the mentally retarded and birth centers, must have a medical record service which complies with the provisions of this section.

(b) A facility must keep records on all patients admitted or accepted for treatment. Originals or accurate reproductions of the contents of the originals of all records, including x-rays, must be maintained in a form which is legible and readily available upon the request of the attending physician, medical staff, representative of the department, or, upon the patient's written request, to other practitioners.

(c) Each in-patient medical record must include, as appropriate:

(1) an identification sheet which includes the:

- (A) patient's name;
- (B) medical record number;
- (C) patient's address on admission;
- (D) patient's date of birth;
- (E) patient's sex;
- (F) patient's marital status;
- (G) patient's religious preference;
- (H) date of admission;
- (I) name, address and telephone number of a contact person;
- (J) name of the patient's attending physician;
- (K) initial diagnostic impression;
- (L) date of discharge and final diagnosis; and
- (M) source of payment including Social Security, Medicare and Medicaid identification number (if applicable).

(2) a physical examination statement which includes all positive and negative findings resulting from an inventory of systems;

(3) a medical and, if applicable, a psychiatric history record, to include at a minimum, a history of the patient as to chief complaint, present illness, pertinent past history, family history, and social history;

(4) sufficient information to justify the diagnosis and warrant the treatment and end results;

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- (5) consultation reports containing written opinions signed by the consultants, dental records, and reports of any special studies;
- (6) an order sheet which includes medication, treatment, and diet orders signed by a physician;
- (7) progress notes for each service or treatment received which give a chronological picture of the patient's progress and which are sufficient to delineate the course and results of treatment;
- (8) nurses' notes, which must include but not be limited to the following:
 - (A) concise and accurate record of nursing care administered;
 - (B) a record of pertinent observations and response to treatment, including psychosocial and physical manifestations, incidents and unusual occurrences, relevant nursing interpretation of such observations, and vital sign charting made by nursing personnel;
 - (C) an assessment at the time of admission;
 - (D) a discharge plan;
 - (E) the name, dosage, and time of administration of a medication or treatment, the route of administration and site of injection, if other than by oral administration, of a medication, the patient's response, and the signature of the person who administered the medication or treatment; and
 - (F) a record of any restraint used, except soft tie restraints used for support and protection of the patient, showing the time of application and removal;
- (9) court orders relevant to involuntary treatment;
- (10) Laboratory reports;
- (11) x-ray reports;

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(12) consent forms, when applicable;

(13) operative report on in-patient and out-patient surgery including pre-operative and post-operative diagnosis, description of findings, techniques used, and tissue removed or altered, if appropriate;

(14) anesthesia records including pre-operative diagnosis and post-anesthesia follow-up;

(15) a pathology report, if tissue or body fluid is removed;

(16) recovery room records;

(17) labor record;

(18) delivery record;

(19) record of a neonatal physical examination and condition on discharge;

(20) a discharge summary, prepared and signed by the attending physician, which briefly recapitulates the significant findings and events of the patient's stay in the facility, conclusions as to the primary and any associated diagnoses, disposition at discharge to include instructions and/or medications, and recommendations and arrangements for future care; and

(21) any autopsy findings on a hospital death.

(d) A facility must maintain procedures to protect the information in medical records from loss, defacement, tampering or access by unauthorized persons. The medical record, including X-ray films, is the property of the facility and is maintained for the benefit of the patient, the medical staff and the facility.

(e) A record must be completed within 15 days of discharge and authenticated or signed by the attending physician or dentist.

(f) Medical record entries must be authenticated as follows:

(1) All entries into the medical record shall be authenticated by the individual who made or authorized the entry. "Authentication," for the purposes of this section, means identification of the author of a medical

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record entry by that author, and confirmation that the contents are what the author intended.

(2) Medical record entries shall include all notes, orders or observations made by direct patient care providers and any other individuals required to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or electrocardiographic reports, operative reports, reports of pathologic examination of tissue and other similar reports.

(3) written signatures or initials and electronic signatures or computer-generated signature codes are acceptable as authentication. All signatures or initials, whether written, electronic, or computer-generated, shall include the initials of the signer's credentials.

(4) In order for a facility to employ electronic signatures or computer-generated signature codes for authentication purposes, the facilities Governing Body and Medical Staff, if appropriate, must adopt a policy that permits authentication by electronic or computer-generated signature. The policy shall identify those categories of the medical staff, allied health staff or other personnel within the facility who are authorized to authenticate patient records using electronic or computer-generated signatures.

(5) As a minimum, the policy shall include adequate safeguards to ensure confidentiality, including, but not limited to, the following:

(A) Each user must be assigned a unique identifier that is generated through a confidential access code.

(B) The facility must certify in writing that each identifier is kept strictly confidential. This certification must include a commitment to terminate a user's use of a particular identifier if it is found that the identifier has been misused. "Misused" shall mean that the user has allowed another person or persons to use his or her personally assigned identifier, or that the identifier has otherwise been inappropriately used.

(C) The user must certify in writing that he or she is the only person with access to the identifier and the only person authorized to use the signature code.

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(D) The facility must monitor the use of identifiers periodically and take corrective action as needed. The process by which the facility will conduct the monitoring shall be described in the policy.

(6) A system employing the use of electronic signatures or computer-generated signature codes for authentication shall include a verification process to ensure that the content of authenticated entries is accurate. The verification process shall include, at a minimum, the following provisions:

(A) The system shall require completion of certain designated fields for each type of document before the document may be authenticated, with no blanks, gaps or obvious contradictory statements appearing within those designated fields. The system shall also require that correction or supplementation of previously authenticated entries shall be made by additional entries, separately authenticated and made subsequent in time to the original entry.

(B) The system must make an opportunity available to the user to verify that the document is accurate and that the signature has been properly recorded.

(C) The facility must, as part of its quality assurance activities, periodically sample records generated by the system to verify the accuracy and integrity of the system.

(7) A user may terminate authorization for use of an electronic or computer-generated signature upon written notice to the Director of Medical Records or other person designated by the facility's policy.

(8) Each report, record or entry generated by a user must be separately authenticated and dated.

(9) Any use of electronic recordkeeping to store patient records shall ensure the safety and integrity of those records at least to the extent of hard copy records.

(A) All providers shall ensure the safety and integrity of all electronic media used to store patient records by employing an offsite backup storage system, an image mechanism that is able to

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copy signature documents, and a mechanism to ensure that once a record is input, it is unalterable.

(B) At a minimum, reasonable security shall be maintained for any computer on which any primary patient record or primary patient record entry is created, entered, or retrieved. Reasonable security shall be maintained in the connection of such computer to any computer or communications system or network. The reasonableness of the security of a computer or a connection shall be determined taking into consideration at least the following:

(1) the state of commercially available computer technology;

(2) the affordability of security technology, procedures and techniques;

(3) the likelihood of failure of security and the risk that such a failure could be caused intentionally;

(4) the magnitude of harm that could result if security fails, is inadequate or is breached;

(5) known and reasonably anticipated threats to security; and

(6) standards promulgated by nationally recognized standard setting organizations and professional associations in the fields of health information, healthcare informatics, and computer security.

(C) The security system of any computer on which a primary patient record or primary patient record entry is created, entered, or retrieved, including any connections to such computer, shall be designed, utilized, maintained and administered to prevent unauthorized access to primary patient records and to data contained in such records, and to prevent unauthorized input to, or modification or deletion of, such records and data.

(10) Original hard copies of patient records may be destroyed once the record has been electronically stored.

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(11) The printout of the computerized version shall be considered the original for the purpose of providing copies to patients.

(12) Access to electronically stored patient records shall be made available to the Section of Health Facilities Licensing and Certification staff promptly, upon request.

(13) Any provider subject to this section, choosing to utilize an electronic recordkeeping system, shall develop and implement policies and procedures to include safeguards for confidentiality and unauthorized access to electronically stored patient health records, authentication by electronic signature keys, and systems maintenance.

(14) Nothing contained in this chapter shall affect the existing regulatory requirements for the access, use, disclosure, confidentiality, retention of record contents, and maintenance of health information in patient records by health care providers.

(a) Records must be indexed in accordance with standard medical record nomenclature to insure the prompt location of a patient's medical record. A unit medical record system shall be established and implemented with inpatient, outpatient and emergency room records combined.

(b) A transfer summary, signed by the physician, must accompany the patient if the patient is transferred to another facility or if transferred to a nursing or intermediate care service unit within the same facility. The transfer summary must include essential information relative to the patient's diagnosis, condition, medications, treatments, dietary requirements, known allergies, and treatment plan.

(i) Each facility subject to the provisions of this section, with the exception of ambulatory surgical facilities, must employ the services of a records administrator who is registered by the American Medical Record Association or a record technician who is accredited by the American Medical Record Association to supervise the medical record service, and if the administrator or technician is a consultant only, to make visits to the facility not less than twice per year to organize and evaluate the operation of the service and to provide written reports to the medical record service and the administration of the facility. The administrator of the medical record department shall participate in educational programs relative to medical record activities, in on-the-job training and orientation of other medical record personnel, and in-service medical record educational programs. Professional consultation services should be provided for the medical record

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practitioner. The administrator or accredited record technician shall be assisted by such qualified personnel as are necessary for the conduct of the service.

(j) Patient records including X-ray films or reproduction thereof shall be preserved safely for a minimum of seven years following discharge of the patient, except that the records of unemancipated minors shall be kept at least until two years after such minor has reached the age of 19 years and in any case not less than seven years.

(k) The facility shall maintain a medical record service which shall be conveniently located and adequate in size and equipment to facilitate the accurate processing, checking, indexing and filing of all medical records. Medical records shall be filed in an easily accessible manner in the facility or in an approved medical record storage agency off the facility premises.

(l) Provision shall be made for the safe storage of medical records. This shall be deemed to mean that medical records are handled in such manner as to ensure safety from water seepage or fire damage and are safeguarded from unauthorized use. Medical records generally must not be removed from the facility environment except upon subpoena.

(m) If a facility ceases operation, the Department shall be informed within 48 hours of the arrangements made for safe preservation of patient records as above required. The facility shall have a policy for the preservation of patient medical records in the event of the closure of the facility.

(n) If ownership of a licensed facility changes, both the previous licensee and the new licensee shall, prior to the change of ownership, provide the Department with written documentation that:

(1) The new licensee will have custody of the patients' records upon transfer of the hospital and that the records are available to both the new and former licensee and other authorized persons; or

(2) Arrangements have been made for the safe preservation of patient records, as above required, and that the records are available to both the new and former licensees and other authorized persons.

(o) A committee of the organized medical staff shall be responsible for reviewing medical records to ensure adequate documentation, completeness, promptness, and clinical pertinence.

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(p) Any person who is or has been a patient of a physician, hospital, or other medical facility shall be entitled to obtain access to the information contained in all his/her medical records upon request. This request for medical information will include minors when such request is made by the parent or legal guardian. Copies of all medical records shall be furnished pertaining to his or her case upon the tender of the expenses of such copy or copies.

(q) Out-patient medical records will be maintained and correlated with other facility medical records.

(1) The out-patient medical records will be filed in a location which ensures ready accessibility to the physicians, nurses, and other personnel of the department.

(2) The out-patient medical record will be integrated with the patient's over-all medical record.

(3) Information contained in the medical record must be complete and sufficiently detailed--relative to the patient's history, physical examination, laboratory and other diagnostic tests, diagnosis, and treatment--to facilitate continuity of care.

(r) Current records and those on discharged patients must be completed promptly.

(1) current records will be completed within 24 to 48 hours following admission

(2) If a patient is readmitted within 30 days for the same condition, reference to the previous history and physical examination with an interval note will suffice.

(s) Health facilities generating medical records may microfilm the medical records and destroy the original record in order to conserve space.

(t) Laboratory reports and test results shall be filed in the patient's medical record and duplication copies maintained by the laboratory.

(1) The laboratory supervisor shall be responsible for the laboratory report.

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(2) The governing body shall establish a procedure to assure that all tests are appropriately ordered.

(3) Signed reports of tissue examinations shall be filed in the patient's medical record and duplication copies kept in the laboratory.

(4) All reports of macro- and microscopic examinations performed shall be signed by the pathologist performing the examination.

(5) Provision shall be made for the prompt filing of examination results in the patient's medical record and notification of the physician requesting the examination.

(6) Duplicate copies of the examination reports shall be filed in the laboratory in a manner which permits ready identification and accessibility.

(u) Radiology department reports must be signed and shall be filed with the patient's record with duplicate copies kept in the department.

(1) Requests by the attending physician for X-ray examination shall contain a concise statement of reason for the examination.

(2) Reports of interpretations shall be written for dictated and signed by the radiologist.

(3) X-ray reports and roentgenographs shall be preserved or microfilmed in accordance with the statute of limitations.

(v) Social work shall provide adequate documentation of social work services provided which shall be part of the patient's medical record and shall include:

(1) Observation and social assessment of the patient.

(2) Plan of treatment and social work services provided.

(3) Social work summary, including any recommendation for follow-up.

Alaska State Legislature

Interim:
P.O. Box 1287
Soldotna, AK 99669
(907) 262-8114



Session:
State Capitol
Juneau, AK 99801
(907) 465-2693

Representative Gary L. Davis

SPONSOR STATEMENT

HOUSE BILL 214

"An Act relating to the maintenance by health care providers of medical records in an electronic format"

House Bill 214 is fairly basic legislation. HB 214 will clarify that electronically stored medical records on computer terminals are legally acceptable in lieu of records on paper.

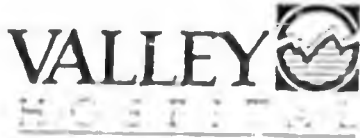
Hospitals and Nursing Homes are moving toward "paperless offices" in an effort to promote efficiency. However, some providers are hesitant to implement the electronic retention and maintenance of medical records without a hard-copy back-up due to the lack of explicit legal authority.

The current statute relating to medical records neither prohibits or permits them to be kept electronically. A legal memorandum from Legislative Legal Services is indicative of health care providers' concerns that the ability to maintain medical records is not clearly defined in statute or regulation. House Bill 214 will lend some clarity to the medical records statute.

* The amendment approved on the House floor adopted language to better ensure the privacy of the patients' records.

Passed 40-0

Representing House District 8 - Soldotna to Seeward



March 10, 1995

Representative Gary Davis
420 State Capital
Juneau, AK 99801-1182

Dear Representative Davis:

We truly appreciate the work that you have done to bring about HB214. We believe it is an important step in helping control costs of health care. The space we have allocated to paper files is large and growing every day. To be able to store on disk will save time, space, and effort.

Sincerely,

A handwritten signature in dark ink, appearing to read "Tom Davis", written over a light-colored background.

Tom Davis
Acting Executive Director

cc: Representative Scott Ogan
Representative Beverly Masek

TD/vlr

TOM\TOM.155

ALASKA STATE

HOSPITAL & NURSING HOME

ASSOCIATION

Senator Lyda Green, Chair
Senate HESS Committee
Room 423 State Capitol
Juneau, AK 99801-1182

April 13, 1995

Dear Senator Green:

The members of the Alaska State Hospital and Nursing Home Association support House Bill 214 am, "An Act relating to the maintenance by health care providers of medical records in an electronic format."


As health care providers move toward "paperless offices", it is important that Alaska law keep pace with those changes. HB 214 will clarify that electronically stored medical records are legally acceptable in lieu of records on paper.

House Bill 214 am requires that medical records stored electronically be protected from unauthorized access and for physical security.

Thank you for scheduling the bill for a hearing in the Senate Health Education and Social Services Committee on April 19, 1995. We would appreciate your yes vote on HB 214.

If you have any questions or comments please contact me at 364-2244 or Harlan Knudson at 586-1790.

Sincerely,



Garrey M. Peska, C.P.A.
Financial Consultant

cc: Harlan Knudson
Representative Gary Davis

APR 17 1995

ALASKA STATE

HOSPITAL & NURSING HOME

ASSOCIATION

Representative Gary Davis
Room 420 State Capitol
Juneau, AK 99801-1182

March 2, 1995

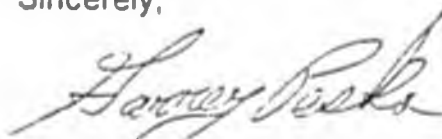
Dear Gary:

The members of the Alaska State Hospital and Nursing Home Association support House Bill 214, "An Act relating to the maintenance by health care providers of medical records in an electronic format."

As health care providers move toward "paperless offices", it is important that Alaska law keep pace with those changes. HB 214 will clarify that electronically stored medical records are legally acceptable in lieu of records on paper.

Thank you for sponsoring HB 214. We look forward to working with you to support passage of the bill during this legislative session.

Sincerely,



Garrey M. Peska, C.P.A.
Financial Consultant

cc: Mr. Ian Knudson



HC01, Box 6201-AB
Palmer, AK 99645
907/762-0273
Fax 907/762-0280

March 12, 1995

Representative Gary Davis
State Capital Room 420
Juneau, AK 99801

Dear Representative Davis,

I am writing in support of House Bill No. 214, an Act relating to the maintenance by health care providers of medical records in an electronic format.

Computer based patient records are important tools for supporting the clinical decision making process and improving the quality of patient care. Computer based patient records assist health care providers to promptly locate and retrieve patient information, which can increase the quality and efficiency of health care. Current paper based medical records can lead to delays in diagnosis and treatment due to time required to retrieve the medical record and route it to the treatment area. Electronic patient records can save essential time in treatment of patients during emergencies.

Computer programs can be utilized to alert health care providers to patients clinical parameters requiring immediate attention. These programs will improve the quality of care provided to patients. Computer based medical records can quickly alert providers to patient's medical diagnoses and allergies, which are essential to emergency treatment.

As proponents of health care reform frequently note, it is imperative that health care costs be reduced. The use of computers to document patient care can assist in reducing costs. It is essential that health care professionals be allowed to utilize computers to their fullest extent by maintaining and preserving patient medical information in an electronic format, without being required to also maintain a paper copy of the patient record. Currently health care providers are required to print the patient reports from the computer for maintenance in a paper based medical record. These reports must be signed by the health care professionals. This is a very expensive and time consuming process, which does not add to the quality of patient care or documentation.

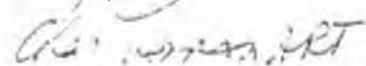
Electronic patient records will also facilitate treatment of patients at different locations within a health care system. Electronic based patient records can assist health care providers to provide integrated health care services across multiple settings and providers of care, and can support efforts to simplify the administration of health care and reduce health care costs.

AKHIMA has been working with DHSS Health Facilities Licensing and Certification Division to develop regulations for electronic medical records. It is necessary to allow patient information to be maintained in electronic format, with adequate security and backup processes to assure proper retention of the medical record data, and with provisions to safeguard the confidentiality of the patient information. We have developed draft regulations which address the essential issues relating to electronic patient information, including authentication, confidentiality, access, and retention and security.

The Alaska Health Information Management Association (AKHIMA) is Alaska's professional organization of credentialed specialists in medical records and health information management. Health information management professionals are responsible for patient health information, including patients medical record, both computer based and paper.

AKHIMA supports HB214 and urges the Legislature of the State of Alaska to enact this proposed Bill.

Sincerely,



Char Thompson, ART
President

cc: Darin Morgan ✓



HC01, Box 6201-AB
Palmer, AK 99645
907/762-0273 (work)
907/373-6347 (home)
Fax 907/762-0280

April 15, 1995

Senator Lyda Green
State Capital Room 423
Juneau, AK 99801-1182
Fax 465-3805

Dear Senator Green,

I am writing in support of House Bill No. 214, an Act relating to the maintenance by health care providers of medical records in an electronic format, which is scheduled for hearing by the Senate HESS Committee on April 19 at 9:00 am. I wish to testify via teleconference in support of this bill on behalf of the Alaska Health Information Management Association.

Computer based patient records are important tools for supporting the clinical decision making process and improving the quality of patient care. Computer based patient records assist health care providers to promptly locate and retrieve patient information, which can increase the quality and efficiency of health care. Current paper based medical records can lead to delays in diagnosis and treatment due to time required to retrieve the medical record and route it to the treatment area. Electronic patient records can save essential time in treatment of patients during emergencies.

Computer programs can be utilized to alert health care providers to patients clinical parameters requiring immediate attention. These programs will improve the quality of care provided to patients. Computer based medical records can quickly alert providers to patient's medical diagnoses and allergies, which are essential to emergency treatment.

As proponents of health care reform frequently note, it is imperative that health care costs be reduced. The use of computers to document patient care can assist in reducing costs. It is essential that health care professionals be allowed to utilize computers to their fullest extent by maintaining and preserving patient medical information in an electronic format, without being required to also maintain a paper copy of the patient record. Currently health care providers are required to print the patient reports from the computer for maintenance in a paper based medical record. These reports must be signed by the health care professionals. This is a very expensive and time consuming process, which does not add to the quality of patient care or documentation.

Electronic patient records will also facilitate treatment of patients at different locations within a health care system. Electronic based patient records can assist health care providers to provide integrated health care services across multiple settings and providers of care, and can support efforts to simplify the administration of health care and reduce health care costs.

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The Alaska Health Information Management Association (AKHIMA) is Alaska's professional organization of credentialed specialists in medical records and health information management. Health information management professionals are responsible for patient health information, including patients medical record, both computer based and paper.

AKHIMA supports HB214 and urges the Legislature of the State of Alaska to enact this proposed Bill.

Sincerely,


Char Thompson, ART
President

APR 18 1995

Who We Are

The Alaska Health Information Management Association, or AKHIMA, is Alaska's professional organization of credentialed specialists in health information management (HIM). AKHIMA is affiliated with the 35,000 member American Health Information Management Association (AHIMA).

AKHIMA's Professional Definition

HIM professionals are the experts who secure, analyze, integrate and manage information that steers the healthcare industry. At the heart of the profession's information responsibilities are records, both computer-based and paper, of patients' health care. The HIM professional orchestrates the collection of many kinds of data while advocating patient confidentiality and ensuring authorized access to the individual patient record.

The Mission of AKHIMA

The mission of AKHIMA is to promote the art and science of health information management by achieving and maintaining high standards of competency, developing educational programs and promoting professional growth. Along with physicians, nurses, administrators and other members of the health care team, we continually strive to improve the quality of health information for all Alaskans. We endeavor to meet the challenges of a changing health care delivery system by providing assistance and contribution within the scope of our profession.

AKHIMA Serves...

Patients: by advocating confidentiality of their health information and promoting comprehensive documentation of the medical care they receive. In an increasingly mobile society, AKHIMA members are key players in the development of the computer-based medical record.

Physicians and other health professionals: by providing the latest developments in health information systems, documentation requirements, data and statistical trends and information for clinical decision-making and patient care planning.

Researchers, government agencies, insurance companies and employers: by providing authorized data and access to our expertise.



The HIM specialist may be employed in the management of data and information; supervision of clinical registries (cancer, trauma, diabetes, cardiac); utilization management; quality assessment; risk management; sales and marketing; education; medical research. These professionals are visible in settings such as:

Health Facilities

- acute care hospitals
- ambulatory surgery centers
- medical and dental practices
- health maintenance organizations
- long term care hospitals
- mental health facilities
- substance abuse programs
- rehabilitation centers
- home health agencies

Private Industry

- insurance companies
- consulting firms
- computer companies
- industrial health
- law firms
- pharmaceutical companies

Government/Regulatory Agencies

- federal and state health departments
- federal and state regulatory agencies
- education
- peer review organizations

Our Members

AKHIMA members are committed to excellence in health information. Through our national organization, HIM specialists are credentialed in one of the following career paths:

RRA

Registered Record Administrator

A Registered Record Administrator (RRA) is a manager as well as an information specialist. RRAs frequently interact with other members of medical, financial and administrative staffs to ensure that information systems are protected and driven by accurate, up-to-date information. RRAs also typically determine health information policies, budgets and resources.

You can become an RRA by earning a bachelor's degree from an accredited college program and then passing the national registration exam. By passing this exam, you earn the RRA credential.

ART

Accredited Record Technician

An Accredited Record Technician (ART) compiles, analyzes and evaluates health information. An ART's responsibilities also typically include: maintaining and using health data; controlling the use and release of health information; and supervising staff.

You can become an ART by earning an associate's degree through an accredited college program, such as the University of Alaska-Sitka distance learning program in health information management, or by completing AHIMA's Independent Study Program. You earn the ART credential after successfully passing the national accreditation exam.

CCS

Certified Coding Specialist

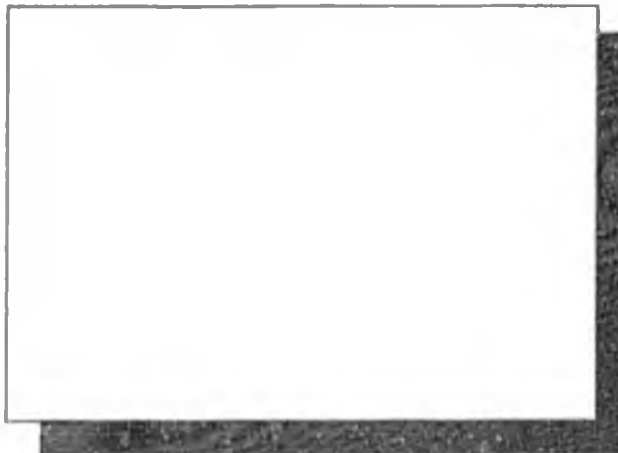
A Certified Coding Specialist (CCS) is the recognized expert in analyzing health records and assigning classifications to medical data. A CCS applies codes to report diagnoses and procedures for all payors including the federal government and private insurance companies. This information is also used in research, statistical reporting and planning.

To become a CCS, you must have a high school diploma or equivalent, on-the-job coding experience and a solid coding education. A coding education can be attained through workshops, seminars and coding tracts within HIM college programs. You may use the CCS credential after passing a certification exam.

Health Information Management is a Growing Profession

HIM career opportunities continue to grow. The Bureau of Labor Statistics estimates that more than 47,000 additional HIM professionals will be needed by the year 2005.

For more information about retaining the services of an HIM professional or to learn more about careers in HIM, write or call:



Alaska Health Information Management Association



*Steering your health information
into the next century –*

2000 and beyond.

DIVISION OF LEGAL SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

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

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

MEMORANDUM

December 14, 1994

SUBJECT: Electronic medical records (Work Order No. 9-LS0313)

TO: Representative Gary Davis
Attn: Darin

FROM: *TB*
Theresa Bannister
Legislative Counsel

You have asked for an opinion relating to the use of electronic medical records. Essentially you are concerned with whether private health care facilities are legally able to keep all medical records electronically without maintaining a hard copy back-up. You have provided three situations for illustration and examination.

1. Introduction of electronic information. You have raised the potential problem of introducing a hard-copy of electronic information as evidence in court. Aside from other evidentiary rules that have to be satisfied for the introduction of any piece of evidence, it appears that the fact that you are working from an electronic source would not by itself prevent the introduction of the hard copy. Alaska Rule of Evidence 1002 appears to allow the introduction. That rule requires that the "original writing, recording, or photograph" is required, except as otherwise provided by state statute or other state court rule. Although this wording does not look promising, the definition of "original" includes the following language: "If data are stored in a computer or similar device, any printout or other output readable by sight, shown to reflect that data accurately, is an original." However, it is possible that an electronic reproduction of another document (e.g. a signed consent form) may not be considered to be "data" for the purposes of that definition. In that case, Alaska Rule of Evidence 1003 would seem to provide for the introduction, since it authorizes the admission of a duplicate unless a genuine question is raised as to authenticity or it would be unfair to admit the duplicate in lieu of the original. Therefore, it appears that the Alaska Rules of Evidence provide for the introduction of electronic information by hard copy. However, the rules may not be express enough for your purposes.

2. Requirement of "legibility" Does the regulatory requirement (7 AAC 12.770(b)) that medical records be maintained in a "legible" form mean only a "written" format, or does it include an electronic format as well? The term, "legible," is not defined for the regulation. Webster's Ninth New Collegiate Dictionary (1991) defines the term as "capable of being read or deciphered." Under that definition, "legible" would include electronic records since they

can be "read." The apparent purpose of the regulation would be served by this interpretation. That subsection reads as follows:

(b) A facility must keep records on all patients admitted or accepted for treatment. Originals or accurate reproductions of the contents of the originals of all records, including x-rays, must be maintained in a form which is legible and readily available upon the request of the attending physician, medical staff, representative of the department, or, upon the patient's written request, to other practitioners.

Aside from making the information available for regulatory purposes, it appears that the purpose of the legibility requirement is to expedite and facilitate the treatment of patients. Therefore, if one can obtain and read the information, whether written or not, it should be adequate. This requirement, therefore, does not prohibit the use of electronic medical records without hard copies.

Some of the other terminology and requirements in 7 AAC 12.770(c) suggest that some written documents have to be held and that "legible" might be interpreted to require a hard-copy back-up: the reference to "identification sheet," in 7 AAC 12.770(c)(1) and "order sheet" in 7 AAC 12.770(c)(4); the inclusion of court orders and consent forms (which involve patient signatures; and the signature of a person who administers medication or treatment in 7 AAC 12.770(c)(6)(E)). However, the regulation allows the facility to maintain "accurate reproductions" of the records (7 AAC 12.770(b)), and this would accommodate electronic filing without hard-copy back-up.


Assuming that no hard copy is required, the electronic system must still meet the requirements of the regulation: legibility and availability. In other words, the system must be designed to have these attributes. For example, since computers are notorious for "going down," it would seem that the electronic system must do whatever is necessary to insure that the records are legible and available at all times, e.g. back-up systems, other computer access, etc.

3. Use of fingerprint-based security system. The regulatory record security requirement does not either prohibit or allow the use of a fingerprint-based security system. 7 AAC 12-770(d) merely requires a facility to maintain procedures to protect the information in medical records from loss, defacement, tampering, or access by unauthorized persons. Even assuming a hard-copy back-up is required, a fingerprint security system could be used if it met the requirements of the regulation.


4. Authentication by computer key. You have suggested that the existence of a regulation 7 AAC 12.770(e) authorizing authentication by computer key may indicate that clarification is necessary to confirm the ability to keep medical records by electronic means. This provision is necessary only because the regulation itself requires generally that the attending physician or dentist authenticate or sign the record. This provision tends to reinforce the ability to keep

Representative Gary Davis
December 14, 1994
Page 3

medical records electronically without hard copies, because it establishes an alternative to making a signed hard copy.



5. General question. I have not found any statute or regulation that expressly allows or prohibits the keeping of medical records electronically without a hard-copy back-up, except that AS 18.20.085(a) does specifically address the retention of x-ray film. However, the court rule appears to be compatible with this proposed approach. The regulation appears also to be compatible with this approach, although it is not a clear conclusion, and I cannot say with any finality that a health care provider may maintain only electronic records without a hard-copy back-up.



6. Need for legislation or regulation and court rule change. In light of the conflicting signals provided by the regulation, it would seem advisable to obtain express permission for keeping electronic medical records without hard-copy back-up, and for any other connected potential problem areas. You may be able to approach this through regulation, since the Department of Health and Social Services appears to have quite a bit of authority to adopt regulations in this area (see AS 18.20.060 and 18.20.085). With regard to the admission of records in court, amendments can be handled either by amendment of the court rules by the Alaska Supreme Court, which periodically amends the court rules to accommodate changing needs, or by statutory change. The Alaska Supreme Court has standing committees that advise it on changes necessary for the court rules.

This analysis has been done very quickly to enable you to have some guidance before I leave the office for a few days. Therefore, if you need further research done, or if I can help with another aspect of this matter, please advise.

TLB:glc
95-005.glc

HB

215



NEA-ALASKA

Affiliated with the National Education Association

NEA-ALASKA POSITION PAPER

HB 215

NEA-Alaska supports passage of HB 215. Currently a pupil hostile to the welfare, safety or morals of other pupils may be suspended from school. We feel that most assume that a pupil demonstrating similar behavior to a school employee could also be suspended for the same reason. If hostile behavior is directed at a school employee, current suspension law provides that children must be endangered in order to suspend the child.

The proposed change in the statute simply gives school districts greater flexibility to apply suspension to students who endanger the welfare, safety or morals of school employees while working alone while at school.

HB 215 would allow school districts to suspend students who demonstrate hostile behavior to school employees. Many times employees are at school before and after the school day. Acts of violence against employees by students have occurred when children were not present, but because of the technical omission from the statute the violent act against an employee could not be used as sole grounds for suspension.

Earlier this year we received a report from an ombudsman who represented a student who pointed a weapon at a principal. This act was committed at a time when children were not present at school. Even though the child was given proper attention by civil authorities, the school district could not suspend the student because students were not present or not in danger.

We feel, with this slight change in the law, school districts will clearly have an opportunity to suspend a student if they demonstrate behavior that threatens a person employed at school.

3-7-95

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES



STATE CAPITOL, JUNEAU 99801
(907) 465-3759

MEMORANDUM

TO: Senator Lyda Green
Senate HESS Committee Chair

FR: Representative Cynthia D. Toohey
Representative Con Bunde
House HESS Committee Co-Chairs

DA: March 23, 1995

RE: Scheduling of HB 215 "An Act relating to suspension of a student from a public school."

We would like to respectfully request that you schedule HB 215 before the Senate HESS Committee at your earliest convenience.

This bill passed the House with a vote of 37 - 0 and has a zero fiscal note.

Thank you for your consideration in scheduling this legislation.

HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES



STATE CAPITOL, JUNEAU 99801
(907) 465-3759

HB 215 AM "An Act relating to suspension of a student from a public school."

This legislation is intended to correct a weakness in the current statute on suspension from or denial of admission to a public school. One of the five reasons a school district is allowed to suspend a child is for behavior that is inimicable to the welfare, safety or morals of other pupils. For a school district to suspend a child demonstrating hostile behavior, pupils must be present and their welfare, safety or morals must be threatened. If a school employee or volunteer is alone at school or alone in a classroom with no children present and the school employee or volunteer is threatened by a hostile pupil, that event cannot serve as grounds for the school district to suspend the hostile child.

For example, if a pupil entered a school at the end of the day with no children present and pointed a gun at the principal, the child could not be suspended under the provisions outlines in AS 14.30.045. The child could be prosecuted for assault, but the school district could not use the event as grounds for suspension of the student in this case.

The remaining four provisions of AS 14.30.045 do not address the school district grounds for suspension of the child under this circumstance. This amendment will correct the problem by allowing school districts to suspend students who demonstrate inimicable behavior to school administrators, teachers, secretaries, aides, volunteers, or any employee of the school district.

impartial investigation of all apparent violations. If it reasonably appears upon investigation that a person has violated AS 14.30.010, the governing body of a district school or regional educational attendance area, or the chief administrative officer of a private or federal school, shall make and file with the district court a complaint against the person, charging the violation (S 37-7-3 ACLA 1949; am § 1 ch 32 SLA 1949; am § 38 ch 98 SLA 1966; am § 55 ch 6 SLA 1984; am § 23 ch 85 SLA 1988)

Effect of amendments. — 1988 1988 amendment, effective June 2, 1988, deleted the former last sentence, which read "The judge or magistrate may issue a warrant for the arrest of the person and may act upon the complaint."

Legislative history reports. — For an analysis of the amendment of this section

§ 14.30.040 SLA 1988 HCS CSSB 411 Judic. see 1988 House & Senate Joint Journal Supplement No. 18, May 10, 1988, p. 5

Collateral references. — Privilege in reports or statements about school pupils 12 ALR 147

Sec. 14.30.040. Extension of provisions to United States public schools for aborigines. [Repealed, § 59 ch 98 SLA 1966]

Sec. 14.30.045. Grounds for suspension or denial of admission. A school age child may be suspended from or denied admission to the public school that the child is otherwise entitled to attend only for the following causes:

- (1) continued wilful disobedience or open and persistent defiance of reasonable school authority;
- (2) behavior that is inimicable to the welfare, safety, or morals of other pupils;
- (3) a physical or mental condition that in the opinion of a competent medical authority will render the child unable to reasonably benefit from the programs available;
- (4) a physical or mental condition that in the opinion of a competent medical authority will cause the attendance of the child to be inimicable to the welfare of other pupils;
- (5) conviction of a felony that the governing body of the district determines will cause the attendance of the child to be inimicable to the welfare or education of other pupils (S 39 ch 98 SLA 1966)

NOTES TO DECISIONS

Quoted in *Brese v. Smith*, 501 P.2d 159 (Alaska 1972).

Collateral references. — Regulations forbidding pupils to leave school grounds during school hours — 37 ALR 659

Smoking as ground for expulsion or sus-

pension of pupil 13 ALR 1160

Disciplinary authority of school author. in suspension or expulsion of pupil 4 ALR 701

Expulsion or suspension from private

FISCAL NOTE

STATE OF ALASKA

BILL NO. HB 215

1995 LEGISLATIVE SESSION

Revision Date: _____

Department Affected: Education

Title: Grounds for Suspension of Students

BRU: Executive Administration

Component: Commissioner's Office

Sponsor: (H) HESS Committee by request

Requester: (H) HESS Committee

COMPONENT SERIAL NO. 185

Expenditures/Revenues:

(Thousands of Dollars)

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

CAPITAL						
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REVENUE FUND SOURCE:						
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FUNDING:

(Thousands of Dollars)

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

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

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

ANALYSIS: (Attach a separate page if necessary.)

This legislation clarifies when a school age child may be suspended from public school. House Bill 215 will have no fiscal impact on the Department of Education.

Prepared by: Sheila Peterson, Special Assistant

Phone: 465-2803

Division: Commissioner's Office

Date: March 6, 1995

Approved by Commissioner: *Mike Maher*

Mike Maher

Agency: Education

Date: March 6, 1995

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HB

216

Alaska State Legislature House of Representatives

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MEMORANDUM

To: Senator Lyda Green, Chair
Senate Health, Education, and Social Services Committee

From: Representative Pete Kott, Sponsor
CS for HB 216 (HES)

Date: April 4, 1996

Subject: Request for a Committee Hearing on CS HB 216(HES)

I would like to request a Senate Health, Education, and Social Services Committee Hearing on CS HB 216(HES) at your earliest convenience.

Initially, this bill was conceived as an attempt to establish a \$10 million Alaskan Education Technology Program and Fund to provide educational technology resources to our state school districts. Despite statewide interest and support, our current fiscal austerity prevents such funding from happening at this time. However, I still feel that keeping abreast of educational technology developments is important for Alaska. Consequently, I have modified the direction and thrust of this bill, while still keeping to its original conception.

This bill would still establish a Fund, but this would be to provide a mechanism to accept federal and private sector grant funds and equipment that are available or about to become available. It would also require the Department of Education to provide a centralized, coordinating role of leadership in obtaining and distributing information about educational technology to school districts, and in particular providing them with information about the availability of grants.

For your reference, attached are the following documents:

- Bill History
- Sectional Analysis
- Sponsor Statement
- Background Material

Fiscal Notes have been requested; if you need any further information, please feel free to call me or my assistant, Roger Poppe, at 465-3777.



Representative Pete Kott



Alaska State Legislature House of Representatives

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SPONSOR STATEMENT CS HB 216 (HES)

Alaskans and Alaskan students must start becoming more involved in the latest developments in technology, particularly in the use of computers. The original and continued intent of this bill is to provide a vehicle to allow Alaskans to learn and stay abreast of these technological changes.

The original bill set up an Alaskan Education Technology Program. Its intent was to establish a special Fund to allow this to happen, with a potential request of up to \$10 million dollars in general fund money to be established in the Fund through the operating budget. Because of this large sum, and the fiscal austerity we are now facing, it did not seem feasible that this kind of funding could be obtained in this legislature.

However, this proposed revised version of the bill eliminates this \$10 million appropriation, while still attempting to get the State more involved in educational technology than it currently is. The bill would establish the Fund, but without State money. The Fund would still be established because it is important to have a mechanism in place that could receive and, if needed, pass through funds from the private sector and the federal government. A similarly operating fund, the Alaska Children's Fund, has already been established.

The federal government recently made several billion dollars available in competitive grant money to states and school districts for educational technology. Additionally, the private sector, including computer companies, are also providing more and more funds and equipment through the granting process. It is important for Alaska to be able to access these funds.

This proposed CS would require the Department to develop and promote the use of educational technology through such things as collaboration with various groups, training, parental involvement, and making recommendations to the State Board. Most importantly, it would provide a coordinated, centralized place in the Department of Education to deal with statewide educational technology needs, and it would provide school districts with information on competitive grants and how to obtain them. Both the Department of Education and the Department of Revenue now have zero Fiscal notes.

Representative Pete Kott



Alaska State Legislature House of Representatives

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SECTIONAL ANALYSIS CS HB 216(HES)

Version 9-LS0765/O

Section #1: Lists the findings and purposes of the bill, which deals with educational technology.

Section #2: Adds several new sections to the Alaska statutes, including:

Section AS 14.30.800, which establishes the Alaska Education Technology Fund and lists its four-fold purpose;

Section AS 14.30.810, which lists the duties of the Department of Education in relation to educational technology;

Section AS 14.30.820, which gives authority to the Department of Revenue to handle all assets relating to the fund; and

Section AS 14.30.850, which provides definitions for terms used in the bill.

Section #3: Provides for an effective date of July 1, 1996.



Representative Pete Kott



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AMERICA'S TECHNOLOGY LITERACY CHALLENGE
February 15, 1996

>EXPANDING EDUCATIONAL TECHNOLOGY. Today, President Clinton travels
>to Union City, New Jersey to announce a \$2 billion, five-year
>Technology Literacy Challenge fund. The fund will help states,
>localities and private sector companies work to ensure that our
>schools provide all our children with a greater opportunity to
>learn the skills they need to thrive in the next century.
>President Clinton and Vice President Gore will see a demonstration
>of the educational technology that has connected students at
>Christopher Columbus Junior High School and the Bergen Academy of
>Technology to each other and to the world over the information
>superhighway.

>
> "In our schools, every classroom in America must be connected
> to the information superhighway with computers and good
> software and well-trained teachers....I ask Congress to
> support this education technology initiative so that we can

Text Item

1

21

> accountability, each state must not only set benchmarks,
> but it must also publicly report at the end of every
> school year to its residents the progress made in
> achieving its benchmarks and how it will achieve the
> ultimate objectives of its strategies in the most cost-
> effective manner.

> LOCAL COMMUNITY CHALLENGE OPTION: While states are encouraged
> to come forward with statewide strategies in order to receive
> funding, a state may also choose to have its local communities
> compete individually for a pro-rata portion of its funds. Or
> if a state is unable to come forward with a statewide strategy
> application, local communities -- or consortia -- will have
> the option to come forward with local plans.

> LOCAL INNOVATION CHALLENGE FUND: Even where a state does have
> a statewide strategy, local consortia of private companies and
> local communities will be eligible to compete for a innovation
> challenge fund, which will be funded by expanding the existing
> Technological Learning Challenge from \$10 million a year to
> \$50 million a year. This will further ensure that everyone
> can participate in meeting this Technologically Literacy
> Challenge.

> Funding Levels: The Technology Literacy Challenge Fund will
> provide a total of \$2.0 billion over five years. The
> President made a commitment in his balanced budget proposal
> that even as spending is being cut dramatically, education
> funding will continue to grow each year in response to the
> Nation's education needs. The \$2 billion in discretionary
> spending over the next five years, by coming from within these
> funds, will mean holding back or cutting lower priority
> programs. Funding per state will be based on the number of
> students in each state.

> Reassessment and Review: The Technology Literacy Challenge
> Fund will provide funding for five years, then be subject to a
> sunset provision to allow a review of what the Fund has
> accomplished and a reassessment of whether the Fund is still
> necessary, and if so at what level of funding.

> Building on Affordable Connections under the
> Telecommunications Act: The President signed the
> Telecommunications bill on Thursday, February, 8, 1996. This
> landmark Act will lower the costs of connecting schools and
> classrooms to the information superhighway by billions of
> dollars, by requiring carriers to provide telecommunications
> services to schools and libraries at discounted rates --
> helping schools and students gain access to the internet and
> advanced information services. The Technology Literacy
> Challenge takes the next step by building on this new platform
> to support the national partnership that can now accomplish
> the national mission of preparing all students with the basic
> skills they will need for the 21st century.

>Kirk Winters
>Office of the Under Secretary
>U.S. Department of Education
>kwinters@inet.ed.gov
>

CORRECTION

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



Rev. 6/98

Central Microfilm Services
Department of Education
State of Alaska

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February 15, 1996

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> support this education technology initiative so that we can

Text Item

> make sure this national partnership succeeds." -- President
> Clinton, State of the Union, January 23, 1996

> >A NATIONAL MISSION TO MAKE EVERY YOUNG PERSON TECHNOLOGICALLY
> >LITERATE: The President has launched a national mission to make all
> >children technologically literate by the dawn of the 21st Century,
> >equipped with essential communication, math, science, and critical
> >thinking skills essential to prepare them for the 21st century. He
> >challenges the private sector, schools, teachers, parents,
> >students, community groups, state and local governments, and the
> >federal government, to meet this goal by building four pillars that
> >will:

- > > 1. Provide all teachers the training and support they need
> > to help students learn through computers and the
> > information superhighway;
- > > 2. Develop effective and engaging software and on-line
> > learning resources as an integral part of the school
> > curriculum;
- > > 3. Provide access to modern computers for all teachers and
> > students;
- > > 4. Connect every school and classroom in America to the
> > information superhighway

> >A NEW TECHNOLOGY LITERACY CHALLENGE FUND: The \$2 billion, five
> >year, Technology Literacy Challenge will catalyze and leverage
> >State and local efforts -- including work with the private sector -
> >- so that our schools provide all our children with a greater
> >opportunity to learn the skills they need to thrive in the next
> >century.

> > STATE CHALLENGE WITH MAXIMUM FLEXIBILITY: While the states are
> > asked to come forward with a statewide strategy to meet this
> > four-part national mission, they are given maximum flexibility
> > to accomplish these objectives. In order to receive funds,
> > states must only meet the following three objectives:

- > > 1. State Strategy: Each state will develop a strategy for
> > enabling every school in the state to meet the four goals
> > that the President has outlined by the dawn of the next
> > century. These State strategies will ensure that local
> > districts and schools from the suburbs to the inner
> > cities to rural America are able to participate fully in
> > this initiative. Strategies would include benchmarks and
> > timetables for accomplishing the four goals, but these
> > measures will be set by each State not by the federal
> > government.
- > > 2. Private Sector Partnership and Matching Requirement:
> > State strategies should include significant private-
> > sector participation and commitments to meet the four
> > pillars. Private-sector commitments should at least
> > match the amount of federal support. Such a match can be
> > met by volunteer services, cost reductions and payments
> > for connections under the expanded Universal Service Fund
> > provisions of the Telecommunications Act, and a range of
> > other commitments.
- > > 3. Annual Progress Report to the Public: To ensure

> accountability, each state must not only set benchmarks,
> but it must also publicly report at the end of every
> school year to its residents the progress made in
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>Office of the Under Secretary
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>