

ALASKA LEGISLATURE COMMITTEE FILES 1997-1998 8672

9542 SENATE HEALTH EDUCATION & SOCIAL SERVICES

ALASKA PSYCHOLOGICAL ASSOCIATION

Advancing Psychology as a Science, Profession, and Means of Promoting Human Welfare

March 20, 1998

Senator Gary Wilken, Chairman
Senate HES Committee
AK State Capital
Juneau, Alaska 99801-1182

Re: SB 331

Dear Senator Wilken:

Thank you for seeking input from psychologists and the Alaska Psychological Association regarding SB 331, "An act regulating licensed professional counselors . . ." A number of states around the country are struggling with appropriate licensing and standards of practice for master level practitioners and we appreciate this opportunity to provide input into this process in Alaska. As you may be aware, the American Psychological Association holds that the appropriate level of education for an independent mental health practitioner is a doctorate and includes a year of postdoctoral supervision. While Alaska does license "psychological associates" at the master level, stringent educational requirements must be met and independent practice within a specified scope of practice is only allowed after two years of practice supervised by a fully licensed psychologist at the doctoral level.

Regarding the most recent draft of SB 331 we have to review, there are two areas of concern we have. The first area is section 08.29.230. While this section does require appropriate education and trainings to perform the act, no where in the bill is there reference to what specifically the education would consist of (beyond the number of hours completed) and how the course of study would relate to limitations in services provided to consumers. You might note in the licensing statutes for psychologists, there are very specific and wide ranging educational requirements that ensure appropriate education to deal with the breadth of mental disorders found in the current diagnostic manual. We can appreciate that if all "counselors" (including both those at masters and the doctoral level) had this education and appropriate post graduate training they could be psychologists and psychological associates. This does, however, point out some of the differences in our respective educations and trainings.

The second specific area of concern for us is section 08.29.490. Number (1) in this section defines counseling too broadly; the diagnosis and treatment of mental disorders are rightly within the

P.O. Box 241292, Anchorage, AK, 99524-1292, Phone and Fax (907) 344-8878

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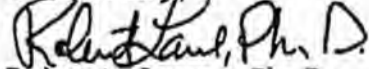
ALASKA PSYCHOLOGICAL ASSOCIATION

Advancing Psychology as a Science, Profession, and Means of Promoting Human Welfare

purview of licensed psychologist, licensed psychological associates, and licensed clinical social workers. A more appropriate definition of counseling would be, "assisting an individual, through the counseling relationship, in a manner intended to facilitate normal human growth and development, using a combination of mental health and human development principles, methods, and techniques to achieve mental, emotional, physical, social, moral, educational, spiritual and/or career development and adjustment through the life span." We would also suggest that (A) under (1) could be better worded not merely to exclude projective techniques from the scope of practice for licensed professional counselors. Better wording in this section would be, "The provision of appraisal activities which means selecting, administering, scoring, and interpreting instruments designed to assess individual's aptitudes, achievements, or interests which are used to understand, measure or facilitate such individual's normal human growth and development, but shall not include the use of projective techniques in the assessment of personality, nor the use of psychological or clinical tests designed to identify or classify abnormal or pathological human behavior, nor the use of individually administered intelligence tests. Consistent with each counselor's formal education and training, licensed professional counselors may administer and utilize appropriate assessment instruments which measure and/or diagnose problems and/or dysfunctions within the context of human growth and development as part of the counseling process or in the development of treatment plans. Nothing in this section should be construed to permit the treatment of any mental, emotional, or adjustment disorder other than marital problems, parent-child problems, child and adolescent antisocial behavior, adult antisocial behavior, other family circumstances, other interpersonal problems, phase of life problems, other life circumstance problems, occupational problems, and uncomplicated bereavement."

We members of the Alaska Psychological Association respectfully believe consumers of counseling services, the citizens of the state of Alaska, are best served by these appropriate limitations to the scope of practice of licensed professional counselors and this degree of specificity in the licensing statutes. Thank you again for this opportunity to provide input into this important process.

Sincerely,



Robert Lane, Ph.D.

President Elect

Alaska Psychological Association

P.O. Box 241292, Anchorage, AK, 99524-1292, Phone and Fax (907) 344-8878



MAR 19 5 05 PM '98 PENINSULA MEDICAL CENTER 907 262-9341

MARCUS C. DEEDE, M.D.

Peninsula Medical Center
265 Binkley Street
Saldalna, Alaska 99669

Telephone: (907) 262-9341

March 19, 1998

To: Sen. Gary Wilkens
State Legislature

Re: SB 331 Licensure of Professional Counselors

Dear Senator Wilkens:

I am writing in support of the Licensure of Professional Counselors bill. I have been made aware of the difficulty of one of our local counselors in receiving appropriate certification and licensure. This is a crucial subject because of the need for the public to have valid confidence in who they are seeing in counselling. The State has a minor but important role to play in such careful monitoring.

Some of these counselors have gone through very extensive training in order to receive the special recognition that a license gives them and I think it is a very appropriate course for the State legislature to pursue.

If I can be of any further assistance or support to your effort in this regard, please feel free to contact me.

Sincerely:

M.C. Deede, M.D.
Family Physician

MCD: sc



**CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY**

City/Borough of Juneau
Department of Health and Social Services
3406 Glacier Highway
Juneau, Alaska 99801 (907) 463-3331

March 18, 9998

Senator Gary Wilken
Room 510 Capitol Building
Juneau, Alaska 99801

Dear Senator Wilken:

I am writing to ask for your continued support of SB 331, Licensure of Professional Counselors. As Director of the City/Borough of Juneau Department of Health and Social Services, I employ Master's level professional counselors as part of our clinical teams in both the Mental Health and Chemical Dependency Divisions. These clinicians provide assessment, diagnosis, treatment planning, individual, group, couples, and family counseling services to residents of Juneau and outlying areas. Some are designated as "on-call clinicians". These are specially trained staff who respond to emergency mental health situations in the community, such as suicidal individuals, community crisis situations, individuals experiencing severe emotional distress, and other emergent situations. If it were not for the availability of professional counselors in Alaska, our pool of applicants would be (and has been at times) significantly limited. This situation leads to a necessity to look out of State for employees. I would prefer to hire Alaskans, especially since I believe we have many qualified professionals from whom to choose. A number of these people have graduated from counseling programs at Alaska universities.

As Director of the CBJ Health and Social Services Department, I am increasingly aware of the pressure placed on our agency by Medicaid, employee benefits programs, Department of Transportation, and behavioral-health program licensing/certifying organizations to hire and maintain licensed professionals to perform assessments, write reports, and provide treatment (psychotherapy) to consumers of our services. There have been numerous occasions when individuals have sought services from well-trained professional staff, but have been told by third-party payors that they must receive services from a licensed behavioral-health provider. Often these third-party payors do not stipulate whether the licensed professional is a social worker, counselor, marriage and family therapist, or psychologist, as long as that person is licensed in their state. Not having licensure for Professional Counselors limits the availability of behavioral-health services and choice for the consumer. It also limits the value of the Professional Counselor to an organization.

155 South Seward Street, Juneau, Alaska 99801

It is my belief that Senate Bill 331 provides for adequate education, experience, and supervision requirements to achieve licensure as a Professional Counselor. My experience in employing Master's level counselors has been a very positive one. I find them to be comparable to Master's level social workers in terms of their training, experience, and skill levels. These people contribute significantly to the overall operation and professionalism of our agency and I would like to continue offering them the same opportunity to apply for positions with our agency and to advance within our agency, as other behavioral-health professionals. Licensure is a key factor in terms of this being a viable option for professional counselors. It will also provide a means for consumers to address their grievances should the need arise. Senate Bill 331 benefits the consumer and the provider.

Please continue your support of this licensure effort so it can become a reality during the 1998 Legislative Session. Thank you for your consideration and support.

Sincerely,

Christine M. Blackgoat

Christine M. Blackgoat, R.N., Director
City/Borough of Juneau Department of Health and Social Services
3406 Glacier Highway
Juneau, Alaska 99801

Author: Gary_Clement@mail.ci.juneau.ak.us at CC2MHS1
Date: 3/10/98 10:28 AM
Priority: Normal
TO: Beth Hagevig at LAA_CAP
Subject: More LPC

Gary Clement
586-3480 h
463-7053 w

Diagnosis and Psychotherapy

The hearing on the LPC Bill indicates the political will to pass the bill. Now the issue of language is prominent. Conflict exist in the license bill of the Psychologist, Social Workers and MFT. All claim to do psychotherapy and diagnosis of patents in clinical mental health settings. This is true, they all do. As a mental health clinician at CBJ's mental health center I work side by side with LCSW's and clinical psychologist.

We ALL use the same guideline for diagnosis, the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, fourth edition) by the American Psychiatric Association. This is not produced or owned by psychologist. They use it the same as the rest of us. I have extensive training in diagnosis using this instrument, as do the clinical social workers at CBJ Mental Health. I DIAGNOSE mental disorders every day I work. I am paid to diagnose and my diagnosis are used by Medical doctors, courts and other therapist.

Psychotherapy: Wolberh (The Technique of Psychotherapy) defines psychotherapy as "a form of treatment for problems of an emotional nature in which a trained person deliberately establishes a professional relationship with a patient with the object of removing, modifying or retarding existing symptoms, of mediating disturbed patterns of behavior, and promoting positive personality growth and development." Some examples are Client-centered psychotherapy, gestalt therapy, bioenergetics, psychodrama, analytic psychology, behavior therapy, biofeedback training, family therapy, group psychotherapy, cognitive therapy, transactional analysis, solution focus therapy and the list goes on. As you can see no single mental health care "group" has a monopoly on the treatment of personality problems, maladjustment, or mental disorders. We are all professionals trained in the diagnosis and treatment of mental disorders. The approach to treatment is diverse and the treatment modality changes with new insights. The political correctness of which modality is "IN" changes according to what "group" is in the power. This is the case through history. It should be noted, LPC is the fasts growing force in the national mental health treatment community.

Over 60% of the psychotherapy and diagnosis in America is done by masters level clinicians such as LPC's and MSW's. Most mental health clinicians and private practitioners in Juneau and through out Alaska are masters level. Most of those are likely to desire to be licensed as LPC. Psychologist do not have a corner on psychotherapy (treatment) or diagnosis. Though they might like to have it because by limiting available providers they can control the "market" and increase income.

I had the opportunity to seek a Ph.D... in clinical psychology a few years ago. I declined the opportunity because the schools of psychology wanted to train me to do research and testing. I wanted to learn more skills to make me a better clinical psychotherapist. I took another rout to achieve my goal. I have achieved my goal, I now work as a mental health clinician (psychotherapist) for a clinic, I have also operated a private therapy business. I want a license to demonstrate my skills, as other professionals, my peers, have.



From the TelePort of: Byron McCord, M.D.

Date: Thursday, March 19, 1998

Number of Pages: 1

To: Beth

Fax Number: 907 465-2705

Memo: Dear Senator Wilkens,

I support SB 331 for it can only add order and quality to the level of professional counseling in our state. Both the legal system and the public will benefit from this certification process.

Thank you for your time.

Byron McCord, M.D.

March 17, 1998

Senator Gary Wilken, Chairman of the Health, Education, and Social Services Committee
Capitol Building, Room 510
Juneau, AK 99801

Dear Senator Wilken:

I am writing in avid and great support of Senate Bill 331, the Licensure of Professional Counselors. As a school counselor in rural Southeast Alaska, I see it as imperative for the mental health wellness of Alaskans that professional counselor licensure be allowed and developed in this state.

Counseling in rural Alaska lends its challenges in many regards. It is difficult for families and communities to muster the support from urban areas due to the distance, expense, and time it absorbs so readily and easily. As a school counselor, I have many referrals that cannot be handled due to the lack of counselors and money available which, in turn, has a tremendous negative impact on the school performance of a child and the family and community dynamics in general. Allowing for professional counselor licensure to occur will open up doors across the entire state. With proper supervision, master-level counselors can provide the desperately needed counseling services to rural Alaskans. Since this would allow for supervision to occur without necessarily being face-to-face, Alaskan counselors would not have to seek education and development outside of their community, and would readily choose to remain in their rural environments. Thus, the support and services to rural, isolated villages would increase dramatically to fulfill the current unmet need. In my own personal situation as a graduate of the University of Alaska Fairbanks, my inability to receive supervision in a practical, affordable manner where I am currently located is forcing me to consider a move outside of Angoon and possibly outside of Alaska for further professional development and education.

So as not to compromise the public's safety, consumers would certainly have protection by the creation of a board to pursue any desired legal recourse due to unethical, negligent, or fraudulent behaviors. As an aside, the birth of a composite board among Alaska's professional licensures also seems to be a sensible, cost-reducing move, should that be considered in the near future. Practically speaking, the adoption of a professional counseling licensure that already exists in 44 states in the Union would be a historic step in the very needed continuing development of counseling and mental health services in Alaska.

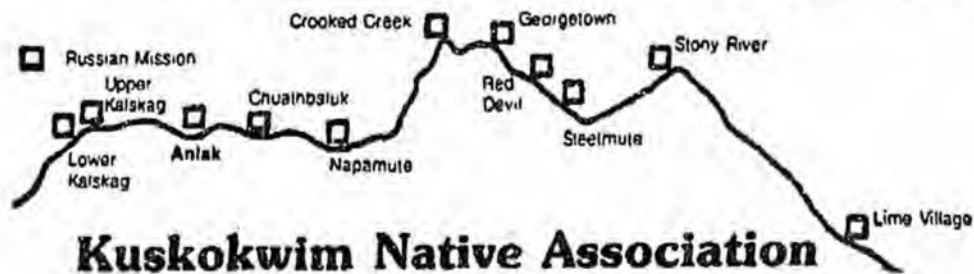
I implore the Senate to deeply consider and pass Senate Bill 331 to allow for the best and most comprehensive services to reach all Alaskans. In a world of decreasing funds and possibilities, let us make a move to increase options and quality services.

Sincerely,



Colleen Ketcham, M.Ed.

cc: Senator Jerry Mackie, Chairman of the Community and Regional Affairs Committee and
Representative Albert Kookesh
Rooms 427 and 114, Capitol Building, Juneau, AK 99801



Kuskokwim Native Association

Community Counseling Center

March 16, 1998

Senator Gary Wilken,

This quick letter is in reference to S.B. 331 concerning licensure of professional counselors in the State of Alaska. I believe it is imperative that this bill is passed. Although I am a trained marriage and family therapist and could be licensed already in the state as an MFT, I fully and unconditionally support passage of this bill. It is important that consumers know their needs are being met by qualified counselors and therapists. This bill will help this happen.

It has been brought to my attention there is concern on the part of some that:

- 1) This bill will exclude some people. This is not the case for master's level counselors/therapists. This bill is inclusive. I was barred for some jobs in my home state of Montana (even though my training was almost identical to that of "mental health counselors") because I was a MFT and therefore know what it is like to be excluded. I would not support a bill that would exclude.
- 2) Some parties are concerned with words such as "psychotherapy" and "diagnosis." Avoiding a huge philosophical debate, I am trained and qualified to do both of the above as is the case in most states that license professional counselors. In the bush and rural areas of Alaska, we are the only ones available to do this as psychologists and psychiatrists are generally not available. If we are not licensed, eventually this will severely impact services in bush and rural Alaska, once the insurance companies mandate this in Alaska.

Thank you for your effort and support on this important bill that will impact the care of Alaska's people!

Sincerely,

Mark A. Wegner, M.S.
Clinical Director

Author: CathrynMFS@aol.com at CC2MHS1

Date: 3/17/98 1:21 AM

Priority: Normal

TO: Beth Hagevig at LAA_CAP

Subject: SB331

Dear Beth,

Please copy and forward this letter to Senator Wilken and to the members of the Health, Education and Social Services Committee.

March 16, 1998

Senator Gary Wilken
Alaska State Senate
Juneau, AK

Dear Senator Wilken:

I am writing in support of SB331 that would allow licensure for professional counselors. This bill is long overdue for our state and will increase the availability of services to mental health consumers. At present there are many individuals in need of services who are going without treatment because there are not enough providers who are licensed and who can accept medicaid payments. This bill would allow professional counselors who are already trained and qualified to fill this gap in services.

I would also stress that professional counselors have the training necessary to diagnose, assess and evaluate mental health needs. The state has already approved marriage and family therapists and social workers to perform these functions. The requirements which ensure they are qualified to diagnose and evaluate are the same requirements which professional counselors must fulfill in their master's programs. In my own master's program, students who are now Licensed Marriage and Family Therapists attended the exact same classes on diagnosis and evaluation as I did. In fact, the core curriculums for Marriage and Family Therapy and for Mental Health Counseling were virtually identical. It would only be consistent to allow the same level of licensure to professionals with the same level of training and expertise.

There will not be a cost to the taxpayer for this legislation because the counselors themselves will pay for it via the collection of annual yearly professional dues. Also, the operating cost of a regulatory board can be reduced by combining the boards which oversee the various helping professions. For example, in the state of Washington, one board oversees the professional counselors, the social workers and the marriage and family therapists.

I urge you to support SB331 as it is proposed, giving equal recognition for equally trained professionals whether they are counselors, social workers or marriage and family counselors.

Sincerely,

Cathryn Simon, Nationally Certified Counselor, M.S.
12320 Tracy Rd., Apt A
Anchorage, AK 99516
345-2498

March 17, 1998

Dear Senator Wilken,

In regard to the psychologists comments about SB331, I have these comments. Of the 44 states that license professional counselors, at least 43% use the word "diagnose" and "diagnosis" in the definition of practice. Forty-three percent also use the term "psychotherapy". In the definitions of Alaska Statutes for Clinical Social Work, the words "diagnosis" and "psychotherapy" are used (Sec. 08.95.990). In the definitions of Alaska Statutes for Marital and Family Therapy, the words "diagnosis" and "psychotherapy" are used (Sec. 08.63.900). This is standard terminology for the practice of virtually all mental health practitioners.

In order to avoid the dreaded turf battle in front of the legislature, professional counselors have already conceded many points to the psychologists. Including the use of some language in the "definition of professional counseling". We now use the word "therapy" instead of "psychotherapy". We now use the word "evaluate" instead of "assess". The psychologists want us to not use the word "diagnose". Initially, we took that word out, but Catherine Reardon said if we do diagnose people we must have the word in the definition or we are committing a class B misdemeanor.

Many professions require the ability to diagnose in order to be effective. For example, if you take your car to a good repair shop because there is a rattle under the hood, what do you expect?

1. What you expect is that the mechanic will ask you some questions, maybe take the car for a spin around the block, look under the hood--evaluate the problem.
2. After evaluating the problem, your mechanic will give you a diagnosis--complete with an estimate for the repair work.
3. Then, after you agree to pay for the repair, your mechanic begins to fix, or "treat" the problem with your car.

There are three steps here that are logical and essential to fix your car, assessment, diagnosis and treatment. The psychologists proposal that professional counselors not be allowed to diagnose would be like telling your mechanic begin with the right front tire and start working back through the car, hoping he will stumble on the problem somewhere along the way.

The psychologists also suggest that it is necessary for a psychologist or social worker to diagnose clients and then send them back to the counselors. This is like taking your car to a special, high paid "diagnostician" to find out what to call your car's problem. If you live in a remote location, this means scheduling an appointment--probably weeks away, waiting, and then spending lots of money on a trip to the nearest (not necessarily best) specialist. Then you would have to take your car to the mechanic, who is now just a technician, who would fix the car. And what if the special "diagnostician" missed something, like that the diagnosed rattling water pump was actually caused by a problem much deeper in the engine. The mechanic could not diagnose that problem, or fix it. He would have to send you back to the special "diagnostician". Is this practical, ethical or good for the public?

The psychologists insist that exempting professional counselors from the practice of diagnosing will save the public from harm. We estimate that there are about 600 professional counselors now serving the Alaskan public. While there are surely occasional "bad calls" in their diagnosis, there are with any professional mental health discipline. If psychologists or social workers were immune to occasional "bad calls", if the "bad calls" were restricted only to people unsupervised by them, or if there were an outcry from an outraged public, then it might make sense to heed the fears expressed by the psychologists. But, without such evidence, one must ask, is this concern out of fear for the health and

well-being of Alaskans, or the health and well-being of pocket books. Is this about egos, control and educational elitism, or is it about the good of the people.

It is standard in the ethics of virtually all of the healing professions that when a professional discovers that a client is beyond their ability to diagnose or treat, that client is referred to a professional whose expertise exceeds their own. A general practice medical doctor does this, referring to a heart specialist, surgeon, or pediatrician. The same is already true of unlicensed professional counselors. With licensure of professional counselor there is even more protection for the public. If a Licensed Professional Counselor is found to be practicing unethically, or incompetently, then there is recourse to protect the public. Without licensing, there is only word of mouth or an expensive lawsuit.

No discipline of mental health professionals has a "monopoly" on the practice of, or the necessity of diagnosing people, or on the practice of "psychotherapy". This is a time for legislators to step up to the plate and make the call, to legislate how the public will best be served.

Thank you,

Jamie McLean, MA

Mary Lou Follett ANP, RNCS, MS, MA

March 18, 1998

Dear Senator Wilken,

I am writing to you in support of SB331. I am a Licensed Nurse Practitioner and a masters level Professional Counselor. I run a dual practice here in Juneau.

When I first came to Alaska, Nurse Practitioners were required to work under the supervision of doctors. We struggled against the popular belief that doctors were the highest authority in all things medical, finally winning the right to diagnose patients and practice independently. It was a major victory for all Alaskans. Especially for those in remote areas where there are no doctors. We are an essential, competent component of Alaska's health professionals.

Similarly, the Professional Counselors seeking licensure are battling with the misconception that psychologists are the highest authority regarding mental health issues. Since the day Jung left Freud, many different approaches to dealing with mental health issues have developed. For instance, the medical world is seeing a shift toward dealing "chemically" with mental health problems, bypassing "psychological" issues altogether.

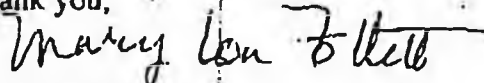
Counselors are often the "front-line" mental health professionals, especially in rural communities. They need the ability to evaluate and diagnose, in order to know when to refer to someone whose training is more appropriate to the client. Just as I refer patients and counseling clients when they require services that I do not provide. Doctors were at first fearful about Nurse Practitioners being given "diagnostic" privilege, but time has shown that it works for all.

I often refer clients to Professional Counselors. They are well educated, well trained, experienced, competent, caring and cost effective for most Alaskans. I trust their work, their ethics, and their ability to discern when to refer clients.

Because of my medical practice, my clients and I are protected under Rule 504. I was very surprised to learn that all mental health professionals and their clients are not protected. Virtually all consumers believe that their conversations with counselors are privileged. This privilege of confidentiality is an essential component to the counseling relationship.

SB331 will give Alaska's already practicing Professional Counselors the ability to continue to diagnose, and for the first time Alaskan consumers and their "Licensed" Professional Counselors will be protected under Rule 504. This is a good bill for all Alaskan's.

Thank you,


Mary Lou Follett

(907) 780-5288 • Fax (907) 780-5288
5750 Glacier Highway • Suite D-12, Box 10
Juneau, Alaska 99801

March 18, 1998

Senator Gary Wilken
Alaska Legislature

RE: SB 331 Licensure of Professional Counselors

Dear Senator.

I am writing to ask your support on SB 331. This legislation is sorely needed in our state for several reasons. I have been in private practice as a Clinical Pastoral Counselor since July of 1993. I have a Ph.D. in Pastoral Counseling but am unable to get licensing by the state of Alaska. I am licensed by the National Christian Counseling Association. Not having a state license hinders my effectiveness in many areas but primarily with testimony in the court system and in getting third party payments.

There is a current court case on the Kenai Peninsula where a local preacher is being sued for fraud because it is alleged that he has passed himself off as a psychologist. In fact he has no college degrees at all. This bill could go a long way in preventing such abuses and protecting the public. It would create a grievance board that could investigate at the request of a citizen.

Forty four other states have passed bills allowing for the licensure of professional counselors with very effective results.

I give you all my support and encouragement to pass this bill.

Sincerely,

Lloyd H. Cary Ph.D
Clinical Pastoral Counselor

Author: wintyr@ptialaska.net (Patricia Wintyr) at CC2MHS1
Date: 3/18/98 5:15 PM
Priority: Normal
TO: Beth Hagevig at LAA_CAP
Subject: SB331
Senator Gary Wilken, Chairman
Health, Education, and Social Services Committee
Room 510, Capital Building
Juneau, AK 99801

Dear Senator Wilken,

I am writing in support of SB331, Licensure of Professional Counselors. The passage of this bill would greatly benefit many Alaskans.

I am a professional counselor in private practice. I have 24 years experience, including 18 years in private practice in the Boston area. I have been practicing in Juneau for 6 years. I have a Masters degree in Human Behavior. Although I have this degree and extensive experience, I am not able to apply for any of the mental health licenses offered in Alaska. Many other highly qualified professionals are in this same position. This bill would correct that inequity.

People seeking counseling are limited to licensed social workers, marriage and family counselors, psychologists and psychiatrists, unless they want to pay out of pocket.

This narrows their choices significantly. There are not enough licensed mental health professionals to choose from for people who are seeking counseling. And if their choice is a professional counselor they cannot get third party payment. Their Employee Assistance Programs will also not cover unlicensed counselors.

Forty four (44) other states have counselor licensure or credentialing. When Alaska passes this licensure bill, licensed professional counselors from other states will find it more advantageous to seek employment in Alaska. Without licensure, Alaska is not attracting many qualified mental health professionals. Again, passage of SB331 would rectify this situation, and attract needed professional counselors.

SB331 will also protect consumers if they have any complaints and grievances about a counselor, as a Board would be in place to hear and address their complaints. Licensure would also insure that counselors have met with certain national standards for education and experience.

The licensure fees paid by the estimated two-hundred counselors would offset any expense to the state. The Licensure Board would be paid by these fees.

I urge you to support the passage of SB331. Thank you.

Sincerely yours,

Patricia Wintyr, MA

Senator Gary Wilken

Re: Senate Bill No. 331
Licensed Professional Counselors Bill

Dear Senator Wilken:

As a licensed clinical social worker and therapist at a mental health clinic, I strongly support Senate Bill No., 331 for the licensing of professional counselors in its entirety. Given the rural nature of our state, people do not always have access to mental health professionals that are currently licensed. This bill would expand the opportunities for our residents to receive mental health services from a qualified licensed professional. I see this as a real need that is not being currently adequately addressed. The passage of this bill would go a long way to meet this need.

If you have any questions about this, please feel free to contact me at (907)747-5922.

Sincerely,



Diane V. Bachen LCSW

Islands Counseling Services

1310-A Sawmill Creek Road - Sitka, Alaska 99835
Phone (907)747-8994 ~ Fax (907)747-6801

A Division of Sitka Mental Health Clinic, Inc.

March 19, 1998

Senator Gary Wilkan
Alaska State Legislature
State Capitol
Juneau, AK 99801

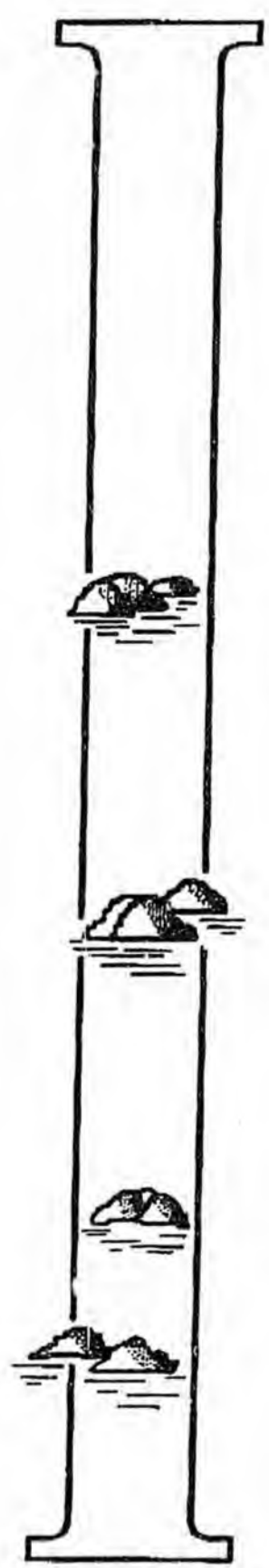
Dear Senator Wilkan:

I am writing to urge you to support the Licensed Professional Counselors bill (SB 331). This is a bill that is in the public interest, the professional interest, and has no significant fiscal impact on the state budget.

This bill seeks to license masters level individuals who have formal training and experience in the field of counseling. As one of the individuals who is currently working as a counselor in Alaska without a license, I do not qualify for licensure under current Alaska Statutes and Regulations for Psychologist, Psychological Associate, Clinical Social Worker, or Marriage and Family Therapist, although my educational background is certainly similar to those of licensed professionals in the state. This bill would treat masters level counselors with parity.

The licensing of professional counselors in Alaska would benefit those in bush or rural communities where access to properly trained counselors is limited. It would allow greater public access to insurance reimbursement for counseling services; many insurance companies and EAPs will only reimburse for a licensed professional.

The current wording of the bill includes the ability to "diagnose" our clients; this is a crucial segment of providing comprehensive counseling services to anyone, especially if they are using an insurance company for payment. We are definitely appropriately trained and qualified educationally and experientially to provide that aspect of service.



In closing, I want to strongly encourage you to support this bill. It will benefit the public utilization of mental health services and the professionals who provide the services without detracting from those providers who are already licensed. Please help Alaska become the 44th state to provide licensure for professional counselors!

Sincerely,



Jeanette M. Rutherford, M.A.

301 Moller Avenue

Sitka, AK 99835

Author: lrh@alaska.net (Larry Huntsperger) at CC2MHS1

Sir:

Just a note to let you know I STRONGLY SUPPORT SB331. I feel the lack of such legislation here in Alaska has contributed significantly to some of the counseling scams we have suffered from here on the Kenai Peninsula. Please do support the bill.

Larry Huntsperger
P.O. Box 2104
Soldotna, AK 99669

March 18, 1998

Dear Senator Wilken,

I would like to lend my support to SB331. As a retired, Alaskan school counselor, teacher, and coach, I have spent a good portion of my professional career helping adolescents grow towards a healthy adulthood. Because of my training in the counseling field, I was able to effect change through individual and group counseling, working with family systems, assessing strengths and weaknesses, and being there for my students and families when I was needed. I am currently the clinical coordinator for our Permanent Housing Program at Southcentral Counseling Center, here in Anchorage. I work with seriously mentally ill, homeless adults in a high intensive program that is achieving excellent results.

The intent of SB331 is two-fold, first to provide consumer protection for Alaskans who need professional counseling services by providing a licensure process which requires formal, documented training and experience in the counseling field, and secondly, to provide master's level counselors throughout Alaska, including the bush areas, with a documented, professional license with ethical standards and a governing board to maintain those standards. The scope of practice for many counselors does not fit into the present licensure choices in Alaska, i.e. Licensed Marriage and Family Therapist (LMFT) or Licensed Clinical Social Worker (LCSW), for example.

Alaska is one of only six states that does not offer this license. Indiana just passed this legislation to make it the forty-fourth state to license it's professional counselors. With managed care on the horizon, having a professional license will soon be the only way to stay

professionally involved in the counseling field.

I understand that there has been some confusion over several key definitions with regards to this legislation. Two days ago I received a book I'd ordered from the University of Alaska-Anchorage bookstore called the American Psychiatric Glossary, Seventh Edition. In this book .diagnosis. is defined as, .The process of determining, through examination and analysis, the nature of a patients illness.. This is a very straightforward process which I feel confident any trained professional counselor with the required years of experience needed for this license, could execute. We do it every day! Another definition of interest from the same glossary and also used in it's entirety, is .psychotherapy.. It is defined as, .A process in which a person who wishes to relieve symptoms or resolve problems in living or is seeking personal growth enters into an implicit or explicit contract to interact in a prescribed way with a psychotherapist.. A .psychotherapist. is defined as, .A person trained to practice psychotherapy.. What's striking about these definitions is there simplicity and straightforwardness. These are not magical practices but skills learned in counseling training and honed by years of helping clients get better.

I will be unable to testify on Friday, March 20th because I will be at an all-day training at the Alaska Psychiatric Institute entitled, Countertransference and the Use of Self in Group Psychotherapy. I will continue to train and learn and hope to someday be able to be licensed for my expertise in the counseling field.

Thank you for your efforts with SB331. If I may be of any assistance, please contact me at home (522-2992) or work (777-2132). My e-mail address is nemo@alaska.net.

Sincerely,

David C. Reeves M.Ed.

N

Senator Gary Wilken
Alaska state Senate
Juneau, Alaska.

Dear Senator Wilkens

I am writing in support of the Licensed Professional Counselors bill #SB331. Currently, 43 states either license or certify professional counselors. With managed care coming insurance providers will require licensed service providers. In the mental health field most of the providers are Masters level and yet we practice our profession without a license. Licensing would offer better quality providers by monitoring and testing providers to make sure they are qualified. There are hundreds of your constituents who are interested in this bill as consumers and or providers of mental health services.

Bill SB331 is an important bill for Anchorage and especially for rural areas that have difficulty attracting qualified practitioners. It would also encourage students of our universities to remain in Alaska rather than leaving for other states that have counselor licensure laws. It does not restrict other professionals who offer counseling services but allows the consumer more options.

Please support SB331.

Sincerely,



Bailey M. Reichard
23737 Chandelle Dr.
Chugiak Ak. 99567

JOHN JENSEN, Ph.D.

1012 Second St.
Douglas, Alaska 99824
Phone/FAX 907-364-4600

March 16, 1998

(N)

Beed

Senator Gary Wilkin
State Senate
Alaska State Capitol
Juneau, Alaska 99801

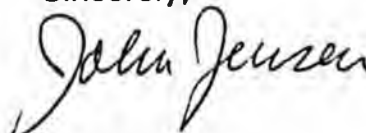
Dear Senator Wilkin,

I'm a licensed clinical psychologist and am writing to you in reference to SB 331 relating to the licensure of counselors. I have just a few points I would like to emphasize.

1. The primary value in such licensure, I believe, is that the consumers of services have a broad range of services to choose from (access), and have a means of understanding what knowledge and training is represented in the services they receive (certification).
2. This means that certification which drives people out of providing services does not benefit consumers, so I would oppose isolating the word "counselors" to apply only to those who meet certification requirements. Many modalities of treatment have emerged in the past few years that can help people in ways not common in traditional treatment. It's in the interest of the public that such providers be able to call themselves "counselors" (which is the most common umbrella term everyone can understand) and then specify their modality in their promotion of their services.
3. A secondary issue is fairness to counselors who have obtained extensive training and can provide competent services to the public. They should be able to obtain referrals and qualify for third party payments from insurers--which also broadens the services to the public since so many people are covered now by insurance providers. Certification that enables that to happen is fair to counselors and a benefit to the public.

I would be glad to testify to this effect, but hope that my letter can serve as well.

Sincerely,



John Jensen

cc. Patricia Wintyr

Author: Kathleen_Rhea@mail.ci.juneau.ak.us at CC2MHS1

Date: 3/19/98 11:14 AM

Priority: Normal

TO: Beth Hagevig at LAA_CAP

Subject: House Bill 331

I am writing in support of House Bill 331, the Licensed Professional Counselor Bill.

This Bill will increase protection for mental health consumers by identifying qualified providers. It allows for improved identification and inclusion of established, professional practitioners in the field of counseling. Licensing for counselors will further assure consumers that individuals providing counseling services are qualified.

There are highly qualified counselors in Alaska with Master's Degrees and extensive training and experience who are denied positions, advancement, and recognition in organizations that offer mental health treatment, only because their degrees are not in Psychology or Social Work. These professionals are forced to practice without licensure, to return to school for another master's degree (not offered in Psychology or Social Work in most parts of Alaska), OR remain in positions outside their field and for which they may be overqualified.

I also support the component of quality assurance and accreditation in this license.

Kathleen Rhea
Juneau



ALASKA

A Branch of the American Counseling Association

P.O. Box 21163 / Juneau Alaska 99802

March 20, 1998

Senator Gary Wilken, Chairman
Health, Education, and Social Services Committee
Room 510 Capitol Building
Juneau, Alaska 99801

Dear Senator Wilken:

I have read the letter dated 3-20-98, regarding SB 331 sent to you by Robert Lane, Ph.D., President-Elect of the Alaska Psychological Association. In his letter, Dr. Lane expressed two main concerns about SB 331. I would like to address these concerns.

The first area referenced is **Section 08.29.230, Limitation of Practice**, which reads

"Notwithstanding that a specific act is within the definition of the 'practice of professional counseling' a person licensed under this chapter may not perform the act if the person lacks appropriate education or training related to the act."

Dr. Lane states that there is no reference to specific educational requirements and how the course of study would relate to limitations in services provided to consumers. In response, I would note that **Section 08.29.110, Qualifications for licensure, number (4)** reads

"has passed a written examination as required by the board; the board may provide that passing a nationally recognized examination for professional counselors is sufficient to meet the examination requirement of this paragraph;"

The national examination referred to is the National Counselor Examination which is administered by the National Board for Certified Counselors. To take this examination, applicants must have either graduated from a CACREP (Commission on Accreditation of Counseling and Related Educational Programs) approved graduate program, or have two years (equivalent of 2,000 hours) of supervised experience before taking the examination. (The Alaska bill requires an additional 1,000 hours of supervised counseling for licensure.) Graduating from a CACREP approved program requires meeting rigorous nationally accepted standards of counselor preparation. General core areas of required education to sit for the exam include Professional Orientation (including ethics), Lifestyle and Career Development, Appraisal of Individuals, Research and Evaluation, the Helping Relationship, Group Dynamics, Human Growth and Development, Social and Cultural Foundations, and Counselor Work Behaviors. Counseling Theory and Supervised Counseling (Practicums and Internships) are required coursework.

Another concern expressed by Dr. Lane is that he believes **Section 08.29.490 Definitions, Number (1)** defines counseling too broadly. However, precedent has been established in Alaska for Licensed Clinical Social Workers and Marital and Family Therapists. While not requiring specific training or education in diagnosis of mental disorders, the statutes governing these licensed professionals clearly provide for the diagnosis of mental disorders as a regular part of their practices. Most graduate behavioral-health programs now require coursework in diagnosis, using the standard nomenclature in the current Diagnostic and Statistical Manual. Professional counselors have similar education and training as these two professional groups. Like them, professional counselors learn more specific in-depth skills in their respective employment sites, under appropriate supervision. Extremely restrictive language such as Dr. Lane suggests would unnecessarily limit the practice of professional counselors to the extent that their employability and effectiveness would be significantly impaired.

Finally, in response to concerns about counselors practicing outside their areas of training and expertise, **Section 08.29.230, Limitation of Practice**, regulates individuals who might be tempted to practice beyond their level of qualification and ability. It reads "Notwithstanding that a specific act is within the definition of the 'practice of professional counseling,' a person licensed under this chapter may not perform the act if the person lacks appropriate education or training related to the act."

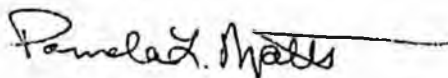
Additionally, **Section 08.29.220, Disclosure Statement**, states that

"A client may not be charged a fee for professional counseling services unless, before the performance of the services, the client was furnished a copy of a professional disclosure statement that contained (1) the name, title, business address, and business telephone number of the professional counselor, (2) a description of the formal professional education of the professional counselor, including the institutions attended and the degrees received from them; (3) the professional counselor's fee schedule listed by type of service or hourly rate; (5) at the bottom of the first page of the statement, the following sentence: 'This information is required by the Board of Professional Counselors which regulates all licensed professional counselors.' followed by the name, address, and telephone number of the board's office."

I believe that this disclosure statement provides additional protection to the consumer by requiring the Licensed Professional counselor to describe in writing, his/her education, fees, areas of expertise, and where the consumer can seek redress if s/he has complaints. It goes beyond the requirements of other licenses in terms of disclosure to the consumer.

There is no valid or logical reason for professional counselors to be limited in their employability, or for consumers to be denied the benefits of regulation and protection due to lack of licensure of professional counselors in the State of Alaska. As the representative of members of the American Counseling Association of Alaska, and on behalf of hundreds of Master's and Doctoral level counselors who currently practice counseling in the State of Alaska, I request your support for speedy passage of SB 331.

Respectfully,



Pamela L. Watts, M.Coun., N.C.C.
President
American Counseling Association of Alaska

SCR

6

SENATE COMMITTEE REPORT
First Committee of Referral

DATE: 3/7/97

FURTHER: .

Date of 5-Day Notice: 3/13/97
 (in accordance with Uniform Rule 23)

DATE TURNED
 IN TO OFFICE: 3/24/97

HESS Committee considered SENATE CONCURRENT RESOLUTION NO. 6

Relating to the Alaska Telemedicine Project.

and recommends:

be replaced with _____ CS _____ (_____)

adopt previous _____ CS _____ (_____)

attached amendment(s)

adopt Letter of Intent by _____ Committee

further referral to the _____ Committee

Senate Bill:

same title

new title

House Bill:

same title

technical title

new: SCR# _____

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
		<i>Am Wal</i>	<input checked="" type="checkbox"/>		
		<i>Sen D. Leman</i>			<input checked="" type="checkbox"/>
		<i>Jy Ellis</i>			<input checked="" type="checkbox"/>
CHAIR: <i>Leslie Leibel</i>	<input checked="" type="checkbox"/>	CHAIR: <i>Gilbert</i>			<input checked="" type="checkbox"/>

NEW FISCAL NOTE(S):

Department	Date	Zero	Fiscal
Legislature (S) HESS	3/18/97	<input checked="" type="checkbox"/>	

PREVIOUS FISCAL NOTE(S):*

Department	Date	Zero	Fiscal

APPROPRIATION -- no fiscal note

*include fiscal notes accompanying Governor's bill

FISCAL NOTE

STATE OF ALASKA
1997 LEGISLATIVE SESSION

BILL NO. SCR 6

Revision Date _____ Dept. Affected _____
 Title Relating to the Alaska Telemedicine Project BRU _____
 Component _____
 Sponsor Senator Pearce
 Requester _____ Component Serial No. _____

Expenditures/Revenues (Thousands of Dollars)

OPERATING EXPENDITURES	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

CHANGE IN REVENUES []						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
1091 Designated Program Receipts						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY97) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
 There is no fiscal impact with passage of this resolution.

Prepared by Gary Wilken
 Division State Senator (SW)
 Approved by 3/18/97
 Agency _____

Phone 465-3709
 Date 3/18/97
 Date 3/18/97

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Juneau, AK 99801-1182
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Fax (907) 465-3872

Senator Drue Pearce
District F

Sponsor Statement for SCR 6

The Alaska Telemedicine Project is a pioneering program focused on improving the availability and delivery of health care in Alaska using telecommunications and other information technologies. The project involves a consortium of over 34 organizational members, including the University of Alaska, most major telecom providers, Native health corporations, and many regional health care facilities.

Now in its fourth year of operations, the Alaska Telemedicine Project continues towards its goals of assessing the health care needs of the state, demonstrating appropriate telehealth and telemedicine applications for Alaska, and analyzing these applications for cost, benefit, satisfaction, and use.

The methods used by the Alaska Telemedicine Project have been recognized as models for rural areas, developing nations, and all health providers. The recognition of the project as a leader in providing low-cost telemedicine applications has come from many entities such as the National Library of Medicine, the U.S. Department of Commerce, and the Government of Romania.

In totality, the Alaska Telemedicine Project has accomplished all of its functions with independent grants and without dedicated state funding. Recently, the project was awarded a \$2 million contract from the National Library of Medicine to assist the Alaska Native Health Board in providing rural health services. Senate Concurrent Resolution 6 would officially recognize these achievements of the Alaska Telemedicine Project and sanction it as the official telemedicine project of the state of Alaska.

Amendment

OFFERED IN THE SENATE

BY SENATOR PEARCE

TO: SCR 6(HESS)

Page 1, line 4:

Following "and":

Insert "AT&T"

Following "Alascom,":

Delete "Inc.,"



ALASKA TELEMEDICINE PROJECT

of the Department of Journalism
University of Alaska, Anchorage
2211 Providence Drive
Anchorage, AK 99508

- University of Alaska Anchorage
Anchorage
- Alaska State Department of
Health & Social Services
Juneau
- Alaska State Hospital
& Nursing Home Association
Juneau
- Alaska Native Health Board
Anchorage
- Alaska Center for Rural Health
Fairbanks
- Alaska Rural Development Council
Anchorage
- Copper River
Economic Development Council
Ghent
- International Union for
Counselling Health
Anchorage
- WAMI Rural Telemedicine Network
Anchorage
- Providence Alaska Health System*
Anchorage
- Alaska Regional Hospital
Anchorage
- Valley Hospital
Palmer
- Alaska State Division of
Emergency Services
Juneau
- Alaska Federal Healthcare Partnership
Anchorage
- Third Medical Group, Elmendorf AFB
Anchorage
- U.S. Department of Veterans Affairs
Anchorage
- Alaska Area Native Health Service
Anchorage
- Brooks Bay Area Native Health Corporation
Ouzoun
- Eastern Aleutian Tribes, Inc.
Anchorage
- Kodiak Area Native Association
Kodiak
- North Slope Borough
Department of Health
Barrow
- North Star Health Corporation
Nome
- Tukwot-Kuskokwim Health Corporation
Bethel
- AT&T Aliscom*
Anchorage
- CCI
Anchorage
- ATU Telecommunications
Anchorage
- United Utilities
Anchorage
- Telepresence of Alaska
Eggn River

Mission:

Improving delivery of health care in Alaska using telecommunications and information technologies.

Vision:

User-friendly access to electronic communication and information for every health provider in Alaska.

Goals:

- Seek collaboration to make available the highest quality health care to every Alaskan
- Empower health providers with the best possible access to information
- Assist members in acquiring individual or collective funding for improving access to health informatics and implementing telemedicine demonstrations throughout Alaska
- Test and evaluate various state-of-the-art telecommunications and information technologies in typical Alaskan environments
- Identify the most appropriate telemedicine technologies for Alaska
- Define telemedicine technologies capable of being implemented, supported, and sustained in Alaska
- Assess and quantify the cost-benefit impact on organizations who use telemedicine technology to deliver health care in Alaska
- Develop through new and existing resources a functional state-wide community health information network

AJ Publishing, Inc.

GLOBAL TELEMEDICINE REPORT

**International Telemedicine,
Markets & Business Opportunities**

March 1996
ISSN 1075-5047

ALASKA REPORT: STATE CONSORTIUM SEEKS SUSTAINABLE TELEMEDICINE

Now a year underway, the Alaska Telemedicine Project (ATP) appears to be on the verge of bearing fruit.

The ATP has kept a low profile to date, but after a number of interviews conducted by GTR, we can tell you that won't be the case for much longer. ATP is worth taking notes on for two reasons: 1) the diverse technologies it employs; and 2) the cooperation across a wide variety of stakeholders to make the project work.

(cont'd. page 1)

ALASKA (cont'd. from page 1)

The ATP is basically an Alaskan state initiative to build a low-cost and sustainable telemedical/health delivery infrastructure. It is sponsored by all major sectors: the telcos, the DoD, the Indian Health Service, the providers and the state government. The technical strategy is to create an online service-style community health information network (CHIN) that anybody can hook into — whether nurses serving remote villages, or physicians across the waters in the Russian Far East.

The plan is for all parties to work together on needs assessment and needs evaluation. Different members of the consortium have different levels of technical sophistication. The military, for example, already has a five-site videoconferencing system connecting its hub at Elmendorf Air Force Base with clinics and stations stretching across the Aleutian Islands. "Each individual member has complete autonomy over their project," says Univ. Alaska-Anchorage's Fred Pearce, one of the ATP's initiators. Still, with only two tertiary-level care centers in Anchorage, it makes sense that they and the military have agreements to share facilities for remote consulting.

As of today, the CHIN — based on "First Class" software put out by a Toronto-based vendor SoftArc — is just being installed. (First Class, already the basis of the state's emergency medical system, incorporates bulletin board and e-mail features.) In a related project, data from over 250 teleradiology cases remote "undriveable" locations and big-city providers is being collated. Over time teleradiology will be integrated within the First Class suite and be carried out over the local Internet.

Alaska has history as technology testing ground

Given its geography and location and strategic importance, Alaska has long been a site for both commercial and military technology testing, especially for satellites. The people we spoke to all make the point that in Alaska — once you get away from the "big" coastal cities — you are dealing with essentially third-world conditions obtaining in the interior — a frozen white wasteland that is as large as

the U.S. east of the Mississippi.

Much of the interior is a long way from anything, let alone health care providers; in fact, there are many sites that are only accessible by plane. The natural appeal is to get some kind of cheap technical setup in place in these villages to eliminate medical transports which can easily run upwards of \$25,000, according to Kathy Boucha-Roberts of Providence Medical Center, a tertiary care provider in Anchorage (part of the Sisters of Providence chain). Boucha-Roberts, along with Fred Pearce at the University of Alaska (also in Anchorage), is the founder of the ATP initiative.

But one thing Alaskans are a bit sensitive towards is outsiders from the lower 48 coming in and putting, as they say, a Native face on their grant applications: That is, doing TM projects with their own interests at heart in projects ostensibly intended to improve Alaskan health care. Thus the emphasis in this project on the non-flashy side of telemedicine: e-mail, phone links, slow teleradiology. The general feeling is that something cheap and low-tech will be practical and can be built on, but something high-tech and flashy like expensive videoconferencing is better left to the future.

"Today it's safe to say that almost everyone in the state at any level of dealing with TM issues — whether planning or fullblown — is in collaboration with the Alaska Telemedicine Project," says Roberts, adding: "The uniqueness of this particular project is that we are spending a tremendous amount of energy trying to figure out how we can do this together and not in competition. I think it is the only TM project where all the health care providers in the state have come together."

Since the inception of the ATP idea in August 1994, the group is now set — at the outset of 1996 — to formalize as a not-for-profit corporation and kick off an 18-24 month period of demonstrations. Some demonstrations — more informal — have already been performed by the group over the course of 1995. ATP will apply for grants from the state science and technology foundation.

The principal communications technology employed will be satellites. "Some areas up here will never have fiber," says Fred Pearce, Ph.D., of the

University of Alaska - Anchorage. "Therefore we have to look at narrow bandwidth applications." Services will be supplied by the local provider, which has gone through a number of name changes, eventually to emerge as AT&T Alaska. The hope is to get from \$250,000 to \$1 million from the state, but as Roberts told us, "The attitude in Alaska is about collaboration — not money. What we are doing is spending our health care dollars smarter."

Demos come to an end: future unclear

In the second half of 1995, coming to an end at the start of 1996, Alaska has been testing teleradiology over T1 bandwidth satellite links to three remote villages. These expensive links have been subsidized by the phone company but that subsidization will end shortly. Over a three month period, 258 TR cases were carried out. Although the technology proved successful, the related costs and personnel issues are still being sorted out to determine further deployment.

Providence Medical Center itself is considering a range of connectivities, including home telemedicine via partnerships with cable providers or through home health agencies equipping its nurses with personal digital assistants (PDAs). According to Boucha-Roberts, the vendor and carrier community will be ready when Providence makes up its mind which way to go.

On the other hand, the University is laying the ground work for links to the Russian Far East through visits by Pearce and other experts. A number of people are interested in these talks — including the military and potential exporters, he told GTR. A couple of teleconferencing meetings have been held with major healthcare facilities in Vladivostok, Magadan, Andyr and Kharabosk.

Although satellite is the primary means of coverage, beams can still be "iffy." The major bird is the Aurora II, owned by GTE and Pacific Telecom Inc. (PTI), which in the last year sold off Alascom to AT&T. You can get all the bandwidth you want over the satellite, but a T1 connection will run \$10-\$12,000 per month in many cases. Switched services such as ISDN are not available.

One common Alaskan communications prob-

ELMENDORF'S FIVE-SITE SYSTEM OFFERS LOW-TECH WAY TO CUT COSTS

Here are some notes on the Elmendorf five-site video system that will link, in part, to the ATP project:

— Col. Emma Forkner is the TM project director (and nurse executive).

— it uses S-56 lines supplied under the feds' FTS 2000 telecom contract.

— operators are exploring opportunities for real-time videoconferencing with a variety of clinical specialties. (Forkner) To date tested have been: internal medicine, physical therapy, dentistry, oral surgery, orthodontics, EMT, dermatology. Mental health and allergies are to be.

— system runs over 28.8 modems, doing real-time is tough, so store-and-forward capabilities will be added soon to the md/v-supplied system (Case and Forward and Housecall).

— has been running since Labor Day

— sites include: Kodiak Coast Guard Station, Adak Naval Air Station (in Aleutians) and the community hospital at Ft. Wainwright in Fairbanks.

— equipment per site cost around \$28K (\$3k per switch, \$25K per VCU)

— Alaska does NOT fit into the military's 12-region worldwide system from the medical point of view; it is under the Pacific Command in military terms.

— Forkner is exploring possible low-cost connection to Project Seahawk in Seattle.

— Anticipates getting ISDN to run full-scale Housecall by June or July.

— Lesson of Elmendorf: Low-bandwidth technology really does work as an alternative to full-motion video. (Forkner)

— Elmendorf pays about \$1-12 per minute communications costs, removing the need, in some cases, for \$600 to \$700 — or even \$20,000.

— Life Flights — patient transfers. It's cost avoidance we're keying on, she says.

lem is that to reach many rural sites you have to make a "double satellite hop," in many cases fooling the modem into thinking the connection is terminated. "Until the middle of July there were only four voice-grade circuits licensed from Alaska to the [Russian Near East]," says Pearce. Typically, calls place there travel the reverse way around the world: From

Alaska to Seattle, New York, London, Leningrad, Moscow and then, finally, to Magadan. Yet Magadan by air is but as far away from Anchorage as Seattle. AT&T and the ATP are working to try to upgrade the infrastructure.

Development in Russia will take twenty years, estimates Pearce, adding that the way to get started is to get the Russians hooked into the Alaska network through AT&T so that they can start taking advantage of simple e-mail.

The rollout for ATP has occurred in three stages: 1) bringing together the consortium (completed in 1995); 2) doing teleradiology because it can be done (mostly completed, but probably to be expanded in this year); and, 3) rolling out an e-mail system that meshes with the systems at the university. "We have a beta version of [First Class] out," says Pearce, who particularly praises the conferencing and file-attaching features of the product along with its "robustness" (handling down to speeds of 1200 baud).

"It comes out to around a buck a client, so I use the analogy that we are building a system like Compuserve or America Online," he told us. Users will be able to access the National Library of Medicine's Grateful Med and make other use of the Internet. Alascom will provide the 1-800 dial-in service free of charge for the first 18 months, with the local exchange carrier picking up dial-in costs on its end. (There is a SNET ring in Anchorage.)

Right now the parties are testing out the Internet and First Class for use in teleradiology to remote sites. "[First Class] works superbly," says Pearce, adding, "We are playing around with video capture capabilities, again using First Class." After all, even if it takes four hours to transfer a 2K x 2K file over Internet, so what? It's still cost effective versus a three-week travel turnaround time.

The global game

It is important to keep a broad focus to make sense of what is going on. Health care is only one aspect of a bigger picture. Basically, says Pearce, the goal is to make Anchorage into a major hub of healthcare informatics, telecommunications and transportation and to be an incubator for new tech-

nologies and techniques. It is definitely in a good position to be a gateway to the Russian coast. Over time you can expect to see new telecom partnerships between Alaska and the Russians; Sen. Stevens from Alaska is a key player in this emerging world.

The Russian Far East is one of the few not totally picked-over portions of the earth in terms of mining, timber and other natural resources, and the big oil companies are now attempting to extend their presence. This is difficult without infrastructure, both telecom and otherwise. Medical care — occupational health — also gets pushed to the forefront. Health care aid is a good way for some of these firms to get a foot in the door in this section of Asia.

Activity is brewing around linking the so-called Atlantic Rim effort (headed up by the Electronic Systems Command at Hanscom Air Force Base in Massachusetts, whose John Evans has been in to give a talk to the Alaskan consortium), which aims to connect East Coast American providers to peers in Norway and England, to military and civilian TM practitioners in Alaska and — one day — the Russian Far East.

These ideas are pushed through talks and small meetings, plus a couple of big conferences coming up later in 1996: 1) a global telemedicine and federal technologies meeting to be held in Williamsburg, Va., July 17-20; and, a congress on circum-polar health in Anchorage in May, bringing together Russians, Japanese, Norwegians and others to discuss economic and health care infrastructure as well as telemedicine. (For information on the polar conference, refer to the numbers for Pearce and Boucha-Roberts below.)

Concludes Pearce, "There's a history in this state of grant money coming in and drying up, and [our goal with the ATP] is to build the foundation first, and then, as switched services become available, migrate to [higher bandwidth] applications." We'll keep you posted... (Kathy Boucha-Roberts, Providence Alaska Med. Ctr., 907-261-3195; Fred Pearce, Ph.D., Univ. Alaska - Anchorage, 907-786-4183; Denver Lodge, Indian Health Service, 907-271-4700; Lori Eussen, ATT Alascom, 907-264-7380; Soft Arc (vendor of First Class) — Alaska contact: John Shepherd, 907-694-5141; Sen. Ted Stevens, 202-224-3004.)



THE ALASKA TELEMEDICINE PROJECT

*A joint non-profit project for the care of the people of Alaska administered by
Providence Alaska Medical Center, The University of Alaska Anchorage, and Alascom*

Oct. 10, 1995

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Thank you for your interest in telemedicine and the Alaska Telemedicine Project. Your support, and the participation of your organization, is vital to improving the delivery of health care in Alaska. While we are working on letters of agreement with health care organizations around the State, this project has been actively and financially supported by Providence Alaska Medical Center, the University of Alaska Anchorage, and AT&T Alascom. The goal of this project is an ongoing study of health care needs and telemedicine in Alaska.

The application of telecommunications and information technology to medicine in Alaska has generated enormous interest throughout the State. Telemedicine projects in Kodiak, Valdez, Homer, Cordova, Unalaska, Glenallen, Nome, Bethel, and other activities, are promising to change the way health care is delivered in the State. And, as you know, telemedicine projects in Georgia, Kansas, Oklahoma, West Virginia, and Texas suggest that telemedicine can improve health care delivery and contain costs of health care in Alaska.

The Alaska Telemedicine Project is committed to a comprehensive needs assessment of telemedicine in the State based on provider and patient usage. In addition, we are committed to demonstrating the range of telemedicine applications "across the technology" and "across the State," and to a comprehensive evaluation of these projects to describe and predict what telemedicine applications are most appropriate to the health care needs of the citizens of Alaska.

Following the lead of other working projects, we believe that telemedicine may be defined as the application of telecommunications and information technology to medical services. It includes traditional 2:2 (two-way video and audio) teleconferencing for remote consultation and diagnosis, as well as new desktop teleconferencing, image transfer, and "virtual" community information systems. Simply, telemedicine presumes that the many changes that have occurred in telecommunications and computing hardware and software can be applied to medical procedures to contain costs and improve health care delivery, especially in rural settings. These applications now include remote diagnosis using video teleconferencing and digital medical image transfer, electronic patients records archival and retrieval, interactive information systems designed to train patients in self-

examination and self care, training for public health and emergency medicine techniques. According to Dr. Jay Sanders, principle investigator for the broad band applications group of the Georgia Telemedicine Project.

Changes in communication technology and information processing and management are occurring at a more rapid pace than even the most optimistic predictions. Functionality must control structure and the technology should have a transparent interface between users.

Consistent with this notion that "functionality must control structure...and technology," the following is a chronology of activities performed by members of the Alaska Telemedicine Project workgroup:

Summary of Activities

The following is a chronological summary of the activities of *The Alaska Telemedicine Project* work group. This chronology represents specific events and accomplishments by the Project work group in the last 18 months.

1. April 24, 1994: a technology and economic development workshop sponsored by the Applied Sciences Laboratory, the College of Arts and Sciences at UAA, and the Alaska Science and Technology Foundation raise the issues of telecommunications and economic and social development in Alaska. Interest in telemedicine is expressed by State leaders;
2. Sept. 6, 1994: telemedicine workshop at UAA sponsored by the Applied Sciences Laboratory and the College of Arts of Sciences. Guest speakers include Mr. John Evans of Medical Defense Performance Review (MDPR) and MITRE/ESC and Dr. Paul Zimnick of U. S. Air Force and PROMED;
3. Oct. 6-9, 1994: site visit of MITRE/ESC and Harvard Teaching Hospitals sponsored by the Applied Sciences Laboratory and MITRE/ESC;
4. Nov. 5, 1994: a professional Internet forum for support and education of rural health care providers, Rural-Care of InterPsych (Rural-Care@netcom.com), is developed and implemented by members of the Alaska Telemedicine workgroup;
5. Dec. 5-7, 1994: Members of the Alaska Telemedicine workgroup address the Alaska Native Health Information Conference. Dr. Beth Stamm and Mr. John Hoban develop and implement an Internet forum, the Alaska Citizen's Health Network (AK-Health@netcom.com). Alaska Health Network discussions will include guest such as Dr. Ellen Cole, a child psychologist (June, 1995) and Dr. Louis Tennin of the West Virginia School of Medicine (July, 1995);
6. Dec. 15, 1994: preliminary telemedicine meeting between invitees at UAA and ESC/MITRE in Boston; discussion among invitees regarding the possibility and plausibility of the Alaska Telemedicine Project;

7. Dec. 19, 1994: pre-proposal grant for the Alaska Telemedicine Project submitted by the Applied Sciences Laboratory at the University of Alaska Anchorage to Alaska Science and Technology Foundation;
8. Jan. 6, 1995: follow-up communication with interested participants to discuss ASTF grant proposal; planning for Jan. 27, 1995 teleconference;
9. Jan. 16, 1995: Alaska Science and Technology Foundation approves the pre-proposal for the Alaska Telemedicine Project;
10. Jan. 27, 1995: multi-site teleconference telemedicine meeting between Alaskan sites, the Russian Far East, and ESC/MITRE to discuss the nature of telemedicine and projects in Boston, Texas, Georgia, and Kansas. On-line participants include Dr. Jay Sanders (Georgia Telemedicine Project), Dr. Ace Allen (Kansas Telemedicine Project), and Dr. Jane Preston (Texas Telemedicine Project);
11. Feb. 10, 1995: telemedicine teleconference between Alaska sites and the Medical College of Georgia; demonstration project research and planning continue;
12. Feb. 13, 1995: a letter of agreement is signed between the Applied Sciences Laboratory of UAA and Elmendorf AFB to assess the Air Force's telemedical applications in Alaska. This 18 month project will provide a prototype for assessment, demonstration, and evaluation of telemedicine practices in Alaska;
13. Feb. 27-8, 1995: members of the ATP workgroup attend telemedicine workshops sponsored by American Telemedicine Association in Dallas;
14. March 7, 1995: Members of the ATP workgroup meet with Yukon-Kuskokwim Health Corporation in Bethel to establish a working agreement for telemedicine applications;
15. April 3, 1995: a letter of agreement is signed between the Applied Sciences Laboratory of UAA and the Alaska Department of Emergency Services to conduct a Health Aid Communications Review. This project, conducted by Dr. Beth Stamm of the Psychology Department at UAA, is contacting each Health Aid Clinic to determine telecommunications capacity in rural Alaska;
16. March 15-8, 1995: Members of the ATP workgroup meet with physicians and health care providers in Magadan and Khraborsk, the Russian Far East to establish a working agreement for telemedicine applications;
17. March 17, 1995: Members of the ATP workgroup meet with Norton Sound Health Corporation in Nome to establish a working agreement for telemedicine applications;
18. April 17-19, 1995: members of the ATP workgroup attend telemedicine workshops sponsored by American Telemedicine Association at the Mayo Clinic in Rochester, Minnesota;

19. April 24, 1995: members of the Alaska Telemedicine workgroup hold teleconference with Dr. Rhett Drugge, of the Internet Dermatology Society to discuss applications of the Global Dermatology Grand rounds Project in Alaska;
20. May 5, 1995: remote diagnosis and medical education demonstration sponsored by ATP from Anchorage to Bethel, Fairbanks, Juneau, and Khabarovsk, the Russian Far East;
21. June 15-17, 1995: members of the Alaska Telemedicine Project attend "Telemedicine 2000 Conference" at Lake Tahoe as respondents to a panel discussion by the Medical Defense Performance Review regarding promising initiatives attempting to improve the delivery of health care to civilian, military, and native constituencies;
22. June 16, 1995: members of the Alaska Telemedicine Project present "Health Resources on the Internet" at Providence Hospital in conjunction with the National Network of Libraries of Medicine Pacific Northwest Region;
23. July 4 - 6, 1995: Members of the Alaska Telemedicine Project meet with Gen. James Hasting and representatives from Tripler Medical Center to discuss the Akamai Project and points of cooperation regarding telemedicine initiatives in the Pacific rim: Lori Eussen travels to Nome to discuss AT&T "Picasso" picturephone demonstration project with Tripler;
24. July 13 - 14, 1995: Members of the Alaska Telemedicine Project meet with representatives from the National Institute of Drugs and Alcohol and various State of Alaska groups to form the Alaska State Epidemiological Work group;
25. July 25, 1994: Members of the Alaska Telemedicine Project meet with Mr. Dan Johnson, Director of the Alaska Rural Health Board, to discuss joint efforts to sponsor and schedule two telemedicine educational forums for the State Division of Health and Social Services;
26. Aug. 1, 1995: Ms. Kathe Boucha-Roberts continues participation in Steering Committee work for "Alaska 2001;" members of the Alaska Telemedicine Project continue committee participation on economic development and universal service committees;
27. Aug. 2, 1995: Members of the Alaska Telemedicine Project meet with Mr. Marty Robinson, General Manager of Prime Cable of Alaska, to discuss the uses of broadband connectivity for urban telemedicine applications;
28. Aug. 11, 1995: Members of the Project meet with Mr. Don Johnstone, Director of the East Aleutians Borough Health Corporation, to discuss cooperation regarding telemedicine activities. Work begins on cooperation for system buildout and on a grant submitted by Johnstone;

29. Aug. 16, 1995: Members of the Project meet with Dr. John Ingram, Medical Director, Providence Alaska Medical Center Emergency Department, to test the applicability of FirstClass e-mail for emergency operations;
30. Aug. 17, 1995: Members of the Project meet with Dan Moller, Administrator, and medical staff of Valdez Community Hospital to discuss Valdez as a demonstration site for project activities;
31. Aug. 23, 1995: Members of the Project meet with Prof. Don May, Alaska Pacific University, to discuss the Project and the economics of telecommunications;
32. Aug. 30, 1995: Members of the Project meet with Dan Johnson, Center for Rural Health, and Ms. Debra Erickson, DHSS, to plan Oct. 26 education workshop on telemedicine for DHSS; Members meet with Ms. Barbara Sokolov, Dir., University Consortium Library, to plan for medical library access privileges for demonstration projects;
33. Aug. 31, 1995: Members of the Project meet with Mr. Sean O'Shea, Dir. of Marketing, AT&T/Alascom, to discuss continuing support of the project by AT&T/Alascom.
34. Sept. 6, 1995: Members of the Project meet with Mr. Thomas Edrington, General Manager of Anchorage Telephone Utility, to discuss continuing support for the project by ATU;
35. Sept. 7/8, 1995: Members of the Project meet with members of the Elmendorf AFB telemedicine staff for training on reporting processes and evaluation demonstration; members present information regarding joint operations demonstrating patient medical records applications;
36. Sept. 9, 1995: Members of the Project meet with the Southwest Alaska Municipal Conference in Kodiak, to discuss health care delivery systems and the selection of Kodiak as a Project demonstration site;
37. Sept. 21, 1995: Members of the Project participate in a Providence system video teleconference to Portland, Or. The meeting is a failure because system incompatibilities between GCI and AT&T teleconferencing systems;
38. Sept. 23: Ms. Kathe Boucha-Roberts presents the Telemedicine Project to Medical Transcriptionists of Alaska to discuss the implications of changes in health care delivery and electronic medical records;
39. Sept. 29, 1995: Members of the Project meet with representatives of Rural Development Corporation, Indian Health Services, ANMC, ATU, GCI, AT&T/Alascom to plan a two hour presentation on current telemedicine technology and applications in Alaska; members of the Project review draft of "Alaska 2001" document for attention to telecommunications systems and telemedicine applications;

40. Oct. 1, 1995: the teleradiology demonstration project begins to collect data. Teleradiology sites include Providence Alaska Medical Center, Cordova Hospital, Unalaska Family Clinic, Homer Hospital

41. Oct. 4, 1995: Ms. Kathe Boucha-Roberts meets with Home Health Care directors and supervisors to discuss the implications of telemedicine initiatives for home health care;

42. Oct. 6, 1995: Members of the Alaska Telemedicine Project attend the Russian Peace Conference, sponsored by Rotary International, and discuss health care systems and delivery problems in the Russian Far East.

Telemedicine: will it serve rural Alaska?

X-ray fax machines? Diagnosis and treatment of injuries and illness via video from one Rural Alaska community to Anchorage?

These are just two concepts of "telemedicine" that members of Providence Alaska Medical Center and the University of Alaska Anchorage (UAA) are researching.

Telemedicine is the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data and education using interactive audio, visual and data communications.

The Alaska Telemedicine Project is assessing the current medical delivery systems to determine the appropriate telemedicine applications for Alaska,

says Fred Pearce, of the UAA Dept. of Journalism and Telecommunications.

Telemedicine is the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data and education using interactive audio, visual and data communications. The use of telemedicine can help eliminate the constraints of towns spread far apart and the ever-present factor of weather.

Telemedicine empowers local providers and consumers by providing them with "instant" feedback on health problems as well as ongoing treatment such as pregnancy.

Specifically, the Alaska Telemedicine Project is attempting to determine whether telemedicine is cost effective. For example, would it be cheaper to set up an x-ray fax machine in a rural community and send an x-ray into Providence Alaska Medical Center, rather than send the injured softball player into Anchorage on the next plane?

The answer to that is a qualified, "that depends," say Pearce and Kathie Boucha-Roberts, Director of Affiliations, Telemedicine and Teleconferencing for Providence.

Expanding further, it takes dedicated

telephone lines to transfer the x-ray by fax and it takes a qualified medical staff person in the community to take the x-ray first. Keeping that equipment and a trained medical person in each community will cost dollars. If there are significant number of hurt knees, then there is a cost savings of the transportation. But the unknown is the total cost to keep the equipment up-to-date and the personnel trained.

Another problem, Pearce says, is that Alaska's satellite telecommunications infrastructure is not capable of the band width needed to handle x-ray transfer or video teleconferencing. Lines are only available between Anchorage, Fairbanks and Juneau, and not between other communities where the service is most needed.

But even with all the complications, the Alaska Telemedicine Project is working with others to set up systems. Providence is working on setting up a system currently including Homer, Cordova and Dutch Harbor. The Elmendorf Hospital has a two-way video system with Fort Wainwright in Fairbanks, Adak and Kodiak. The UAA WAMI program has a project in

Petersburg and Juneau's Bartlett Memorial Hospital is connected with Seattle, Virginia Mason. Even an E-mail system is being suggested.

All of these programs will be evaluated for effectiveness. Questions to be answered include:

- What are the current local capabilities of rural and bush systems in Alaska?
 - How much will it cost to upgrade the systems to accommodate telemedicine?
 - What are the current technical capabilities of Alaska's health care providers?
 - What sort of training will be needed and at what cost?
 - Will clients like the new delivery systems? What steps need to be taken to educate clients about telemedicine?
 - How much will hardware and computer software cost?
 - What policies need to be developed in order to maintain quality care, protect patient confidentiality and provide liability?
- Boucha-Roberts believes that the only way telemedicine will work is when the equipment will be so easy to use, it'll be like common sense. ■

NBA opens new Ketchikan Shoreline Branch

On Monday, July 17, National Bank of Alaska opened its newest branch, the Ketchikan Shoreline Branch located at 4966 North Tongass Highway. The branch is a full-service bank offering the convenience of drive-up windows, an automated teller machine, safe deposit boxes and all of the bank's personal and business services.

The Shoreline Branch is open Monday through Friday with lobby hours from 10 a.m. to 5 p.m. and drive-up banking from 9 a.m. to 6 p.m. ■

National Bank of Alaska Ketchikan Shoreline Branch ribbon cutting, July 17, 1995. Pictured are (l to r): Jim Cantori, Ketchikan Gateway Borough Mayor; Pete Crandal, NBA Senior Vice President; Pierre Kaptanian, Shoreline Branch Manager; and Forrest DeWitt, Seaman Mayor.



SCR

11

First Committee of Referral

DATE: 4/11/97

FURTHER: Finance

Date of 5-Day Notice: 2/26/98
(in accordance with Uniform Rule 23)

DATE TURNED
IN TC OFFICE: 3/4/98

HESS Committee considered **SENATE CONCURRENT RESOLUTION NO. 11**

Creating the Long-Term Care Task Force.

and recommends:

- be replaced with CS SCR 11 (HES)
- adopt previous CS ()
- attached amendment(s)
- adopt Letter of Intent by Committee
- further referral to the Committee

- Senate Bill:**
- same title
 - new title
- House Bill:**
- same title
 - technical title
 - new: SCR#

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>Barbara J. Ryan</i>	✓				
<i>[Signature]</i>	✓				
<i>Linda Green</i>	✓				
CHAIR: <i>[Signature]</i>	✓	CHAIR:			

NEW FISCAL NOTE(S):

SCR 11
CS SCR 11
both versions

Department	Date	Zero	Fiscal
Legislative Affairs	2/27/98		✓
Legislative Affairs	3/4/98		✓
Commerce	2/27/98	✓	
Governor	2/27/98	✓	

PREVIOUS FISCAL NOTE(S):*

Department	Date	Zero	Fiscal

APPROPRIATION -- no fiscal note

*include fiscal notes accompanying Governor's bill

HASTINGS, MN

FISCAL NOTE

STATE OF ALASKA
1998 LEGISLATIVE SESSION

NO. _____
BILL VERSION: SCR 11
PUBLISH DATE: _____

Revision Date: _____
Title: "Creating the Long-Term Care Task Force."
Sponsor: Senator Sharp
Requestor: Senate HESS

Department Affected: Legislative Affairs Agency
BRU: Legislative Council
Component: Council & Subcommittees

COMPONENT SERIAL NO:

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 99	FY 00	FY 01	FY 02	FY 03	FY 04
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	17.5	0.0	0	0	0	0
CONTRACTUAL	3.2	0.0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	20.7	0.0	0	0	0	0

CAPITAL	0	0	0	0	0	0
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REVENUE FUND SOURCE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	20.7	0.0	0	0	0	0
FEDERAL FUNDS						
OTHER FUND SOURCE						
TOTAL	20.7	0.0	0	0	0	0

POSITIONS:

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

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary)

SCR11 establishes a 12 member Long-Term Care Task Force consisting of the Commissioners of H&SS, Commerce and Administration or their designees, 3 public members appointed by the Governor, and 6 Legislators appointed by the Presiding Officers of the Alaska State Legislature. This task force will review recommendations for long-term care, prepare plans, draft legislation, hold public hearings and submit a plan with proposed legislation and funding options to the Governor and the Legislature by the convening of the 1st Regular Session of the Twenty First Alaska State Legislature.

Prepared By: Karla Schofield, Deputy Director *Karla Schofield* Phone: 465-3852
Division: Administrative Services Date: 2/27/98

Approved By: Pamela A. Varni, Executive Director *Pamela A. Varni*
Agency: Legislative Affairs Agency Date: 2/27/98

CONTINUATION OF FISCAL NOTE: HCR11

Travel

Travel costs for the public members and the Legislative members of the Long-Term Care Task Force are included in this fiscal note. Travel for the Executive Branch members will be paid for by the Executive Branch.

The task force is expected to begin work in FY99 and travel 3 times to hold meetings or public hearings. For purposes of this fiscal note the task force is expected to meet once in Fairbanks, once in Anchorage, once in Juneau.

For the purposes of this fiscal note, the public members of the task force appointed by the Governor are assumed to be 1 from Fairbanks, 1 from Anchorage and 1 from Ketchikan. The Legislators are assumed to be 2 from Anchorage, 2 from Fairbanks, 1 from Ketchikan, and 1 from Juneau. Two days of per diem are calculated for each meeting.

	<u>Per Diem</u>	<u>Travel</u>	
<u>2 Anchorage Meetings</u>			
Anchorage - 1 public members/2 Legislators	-	-	
Fairbanks - 1 public members/2 Legislator	1,278	1,110	
Ketchikan - 1 public member/1 Legislator	852	1,240	
Juneau - 1 Legislator	426	470	
<u>1 Fairbanks Meeting</u>			
Anchorage - 1 public members/2 Legislators	1,086	1,110	
Fairbanks - 1 public members/1 Legislator	-	-	
Ketchikan - 1 public member/1 Legislator	724	1,560	
Juneau - 1 Legislator	362	655	
<u>1 Juneau Meeting</u>			
Anchorage - 1 public members/2 Legislators	1,008	1,410	
Fairbanks - 2 public members/1 Legislator	1,008	1,965	
Ketchikan - 1 public member/1 Legislator	672	580	
Juneau - 1 Legislator	-	-	
Total FY99 Travel	7,416	10,100	TOTAL 17,516

Contractual

	Phones \$100/month	Postage \$50/month	Advertizing \$750/meeting	TOTAL
FY99	600	300	2,250	3,150

Teleconference charges and expenses for printing the report will be absorbed by the Agency.

CS FOR SENATE CONCURRENT RESOLUTION NO. 11(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

Sponsor(s): SENATORS SHARP, Duncan

A RESOLUTION

1 Creating the Long-Term Care Task Force.

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

3 WHEREAS the establishment of a system to meet the long-term care needs of aging
4 Alaskans is an important issue not only for elderly persons but also for young and middle-
5 aged Alaskans as they attempt to meet the needs of their parents at the same time that they
6 are facing their own and their children's needs; and

7 WHEREAS the cost of long-term care, whether in a home setting or in an institution,
8 often exceeds an individual's ability to pay for the care either immediately or after a short
9 period of time, causing extreme economic and social stress and hardship for many people who
10 have worked hard for many years and still do not have sufficient assets or income to bear the
11 costs of their care; and

12 WHEREAS residents in a Pioneers' Home have been asked to pay the full cost of
13 their long-term care within seven years, resulting in as much as a 30 percent increase this year
14 in some rates for care in the system; and

15 WHEREAS 80 percent of the cost of care for persons now receiving long-term care
16 in privately operated long-term care facilities is paid through state and federal funds under the
17 Medicaid program; and

1 **WHEREAS** current federal and state long-term care policies of the state have resulted
2 in large subsidies from the state's general fund that will increase in the future, competing with
3 funding for other state programs; and

4 **WHEREAS** the legislature established a working group in 1996 to analyze issues
5 regarding long-term care services in the state, including projected costs to the state of various
6 alternative methods of providing long-term care;

7 **BE IT RESOLVED** that the Alaska State Legislature establishes the Long-Term Care
8 Task Force to develop an equitable plan for providing long-term care for all Alaskans; and
9 be it

10 **FURTHER RESOLVED** that the task force shall consist of the following nine voting
11 members:

12 (1) three members of the House of Representatives appointed by the Speaker
13 of the House of Representatives; at least one member shall be a member of the majority and
14 at least one a member of the minority;

15 (2) three members of the Senate appointed by the President of the Senate; at
16 least one member shall be a member of the majority and at least one a member of the
17 minority;

18 (3) three members of the public, one each chosen by the Governor, the Speaker
19 of the House of Representatives, and the President of the Senate, from among people who are
20 receiving long-term care, have relatives who are receiving long-term care, are from an
21 organization that represents the interests of people in need of long-term care, or have had
22 experience with an Alaska Native organization that delivers long-term care services in a rural
23 area of the state; and be it

24 **FURTHER RESOLVED** that the following persons may serve on the task force as
25 nonvoting members:

26 (1) the commissioner of health and social services or the commissioner's
27 designee;

28 (2) the commissioner of commerce and economic development or the
29 commissioner's designee; and

30 (3) the commissioner of administration or the commissioner's designee; and
31 be it

1 **FURTHER RESOLVED** that the public members of the task force shall serve without
2 compensation but are entitled to per diem and travel expenses authorized for boards and
3 commissions under AS 39.20.180; and be it

4 **FURTHER RESOLVED** that the task force shall select a chair and vice-chair from
5 among its voting members, shall meet as frequently as the task force determines necessary to
6 perform its work, may meet during the interim, and may meet and vote by teleconference; and
7 be it

8 **FURTHER RESOLVED** that the task force shall

9 (1) review the work done and the recommendations made by the long-term
10 care working group established under sec. 3, ch. 84, SLA 1996, if available;

11 (2) prepare a plan, including drafts of legislation that might be necessary to
12 implement the plan, for establishment of an actuarially sound system of long-term care and
13 propose funding options, including options that would allow prepayments by persons desiring
14 coverage for long-term care and require reasonable copayments by the recipients of the care;

15 (3) hold public hearings on the plan, legislation, and funding proposals
16 developed under (2) of this clause;

17 (4) redraft the plan, legislation, and funding proposals based on the comments
18 received at the public hearings and other information that becomes available to the task force;
19 the final plan, with proposed legislation and funding options, shall be available for public
20 review at least 30 days before the convening of the First Regular Session of the Twenty-First
21 Alaska State Legislature; and

22 (5) submit the plan, proposed legislation, and funding options to the Governor
23 and the legislature by the convening of the First Regular Session of the Twenty-First Alaska
24 State Legislature; and be it

25 **FURTHER RESOLVED** that the task force may begin work immediately upon the
26 appointment of its full voting membership and is terminated upon the convening of the First
27 Regular Session of the Twenty-First Alaska State Legislature.

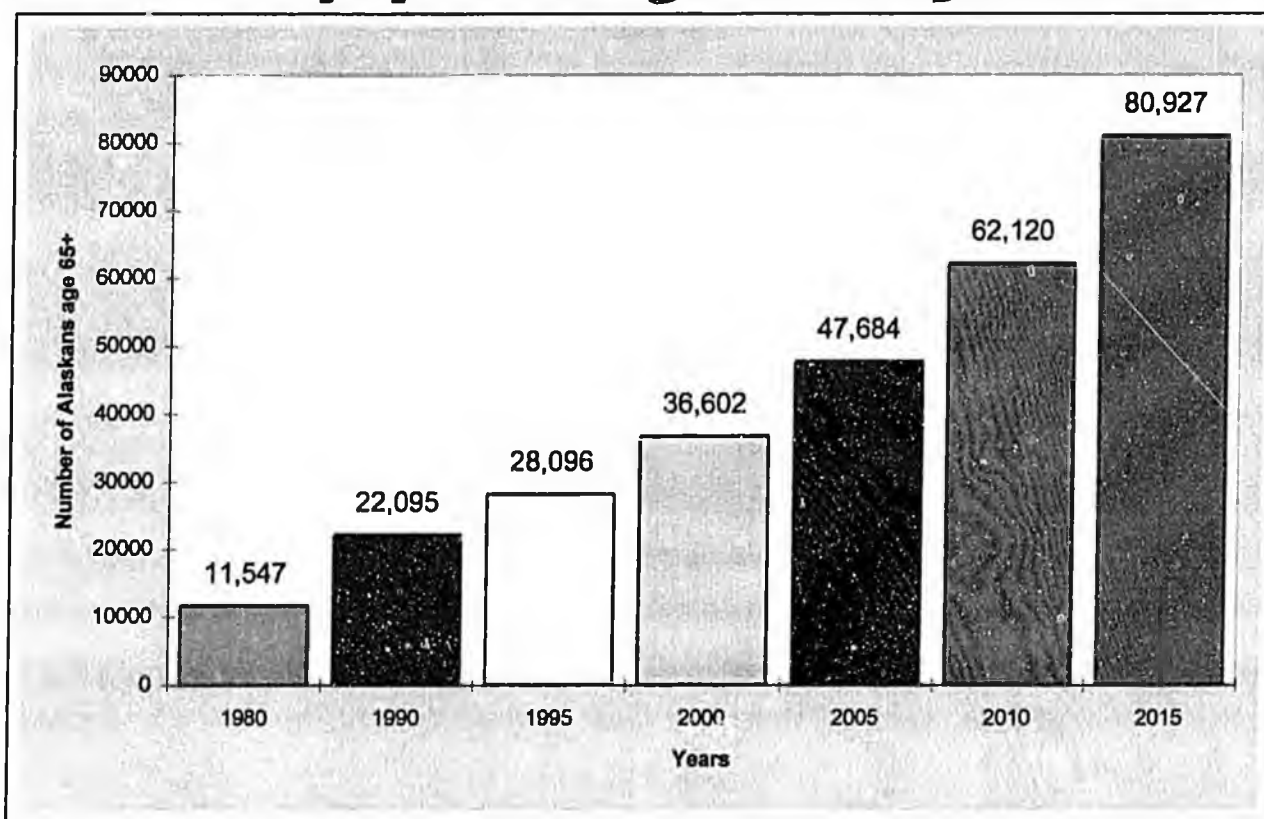
Alaskan Seniors

Living Longer Growing Stronger

from the Alaska Commission on Aging

February, 1998

Senior population growth skyrockets



Alaska's Projected Senior Population Growth 1980-2015

The number of Alaskans age 65 + is *growing dramatically*. Alaska must prepare now for the impacts of this rapidly accelerating growth.

Alaska is second in the nation in the proportional growth of our senior population – with a 42% increase in people age 65 + in only 6 years (1990-96). Only Nevada had a greater rate (45%) in the same period of time

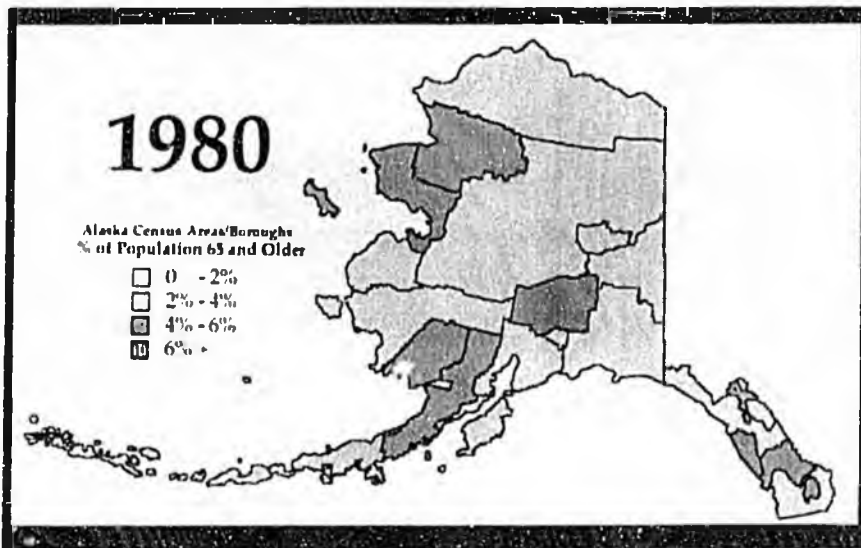
Equally impressive is the anticipated long-term growth of Alaska's senior population. In 1980, there were 11,547 people over the age of 65. Using moderate growth projections, population experts agree this number may reach

80,927 by the year 2015. This is a 600% increase in only 35 years.

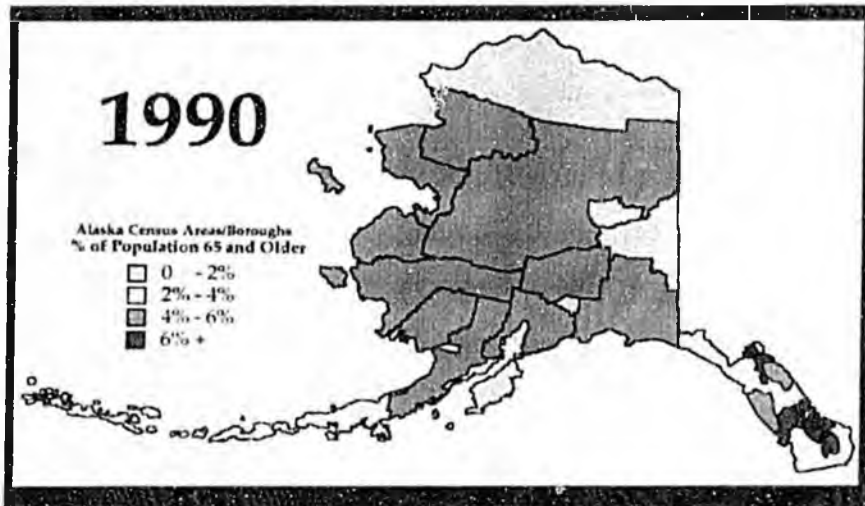
The impact of this trend ripples across the social and economic fabric of our state. As Alaskans we are challenged to develop our communities to be hospitable and supportive to growing numbers of seniors, who in turn enrich our communities socially and financially.

The increased number of Alaskan seniors is a credit to our state's successful public health programs, a more stable Alaskan economy which makes it feasible for seniors to retire here, and community based programs which assist seniors to stay at home in their community of choice.

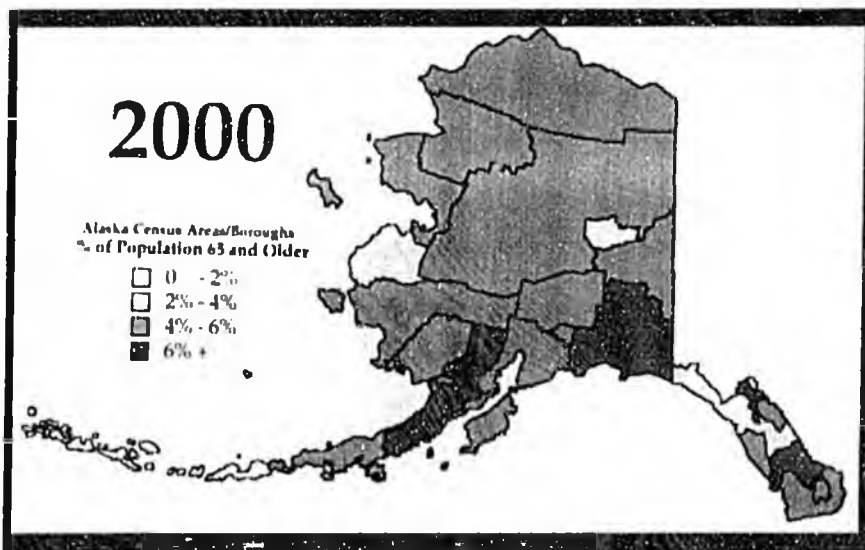
The Graying of Alaska 1980-2000



In 1980, 3% of Alaskans (11,547 people) were 65 years of age and older. There were no census areas reported where more than 6% of the population was 65 years of age and older.



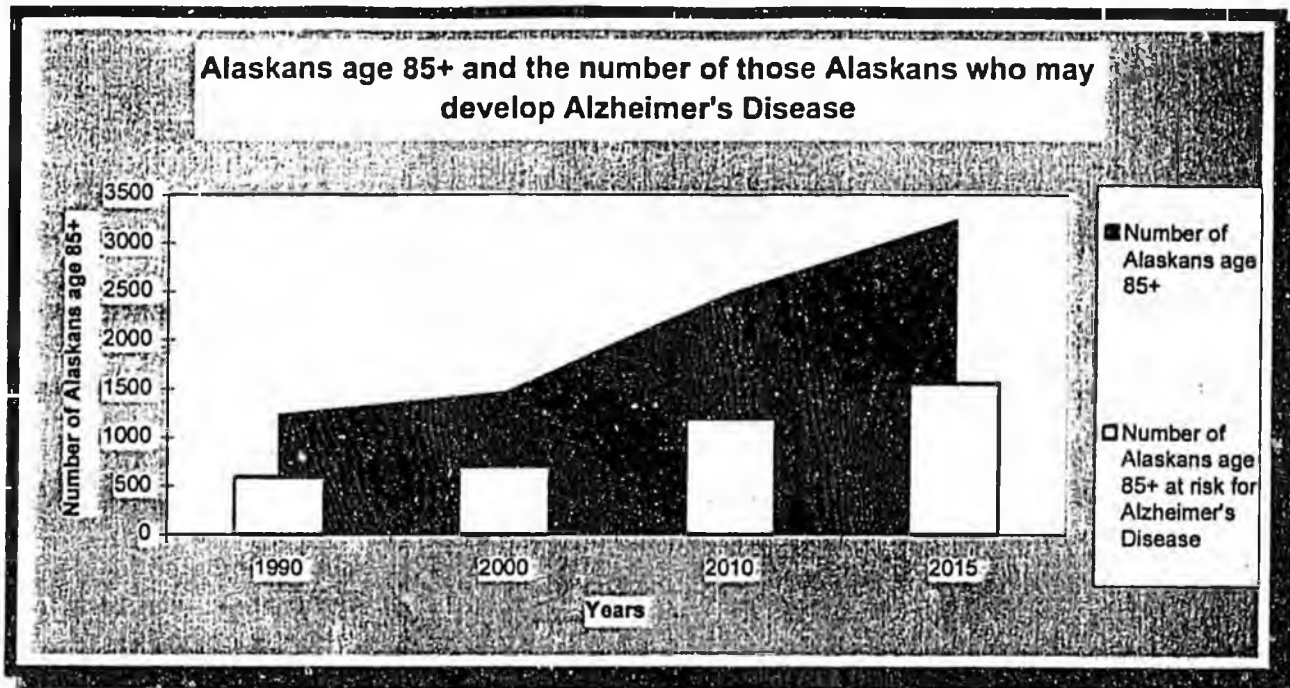
By 1990, 4% of Alaskans (22,469 people) were 65 years of age and older.



By the year 2000, it is estimated that 6% of Alaska's population (36,602 people) will be 65 years of age and older.

The Graying of Alaska is a graphic created by Information Insight, Fairbanks, AK, and has been reproduced with their permission and distributed by the Alaska Commission on Aging, Juneau, AK. (907) 465-4798.

Alaska's population of seniors age 85+ rises sharply



In 1995, scientists estimated the average person age 65 could expect to attain an additional 17.4 years (*1995 A Profile of Older Americans*, AARP). Thus, the *average* senior might live to be 83 years old. Everyone hopes these added years of retirement will find healthy, active seniors enjoying life to the fullest. It is equally realistic to assume that some people within this segment of the senior population are likely to be in need of community based services. The Commission on Aging must also plan for the needs of this age 85 + population, as they continue to age.

Incidence of Alzheimer's Disease has been estimated to be 48% of the total population over age 85 (*Estimated Prevalence of Alzheimer's Disease in the United States*, Denis A. Evans, et al., *The Milbank Quarterly*, Vol. 68, No.2, 1990). By 2015, the number of people over age 85 who may be affected by Alzheimer's Disease could reach 1,500 or more. This age group will comprise 17% of the total number of Alaskans over the age of 60 (9,064 people) who may have Alzheimer's Disease in the year 2015.

Future Issues of "Living Longer, Growing Stronger"

Topics to be covered over the next few months are listed below. If you have a story idea related to one of these topics, please contact Barbara Knapp (465-4798).

- March: Alaska's Community Long Term Care
- April :Assisted Living Homes in Alaska
- May: Older Alaskan's Month & Successful Aging
- June: The Science of Aging
- July: Alaska's Pioneers' Homes
- August: Fighting Fraud through the senior network
- September: Senior Employment
- October: Preparing for retirement
- November: Long-term care resources & Veteran's issues

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- seniors
- advocacy groups
- friends
- city planners
- decision makers

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1998	Organizations	FY97 Hours of volunteer service	Value at Minimum Wage (\$5.65)
January	Alaska Community Services, Inc. and Volunteers of America	239,374 hours	\$1,352,463
February	AnchorAge Senior Center	23,700 hours	\$ 133,905
	Total	263,074 hours	\$1,486,368

To learn about other volunteer opportunities in your area, contact public and private schools, Head Start Centers or other pre-school programs, local senior centers, assisted-living homes, nursing homes, or correctional facilities. To obtain a list of senior centers in your area or information on senior issues contact: Barbara Knapp, Alaska Commission on Aging, PO Box 110209, Juneau, AK, 99811-0209 (907) 465-4798

CORRECTION

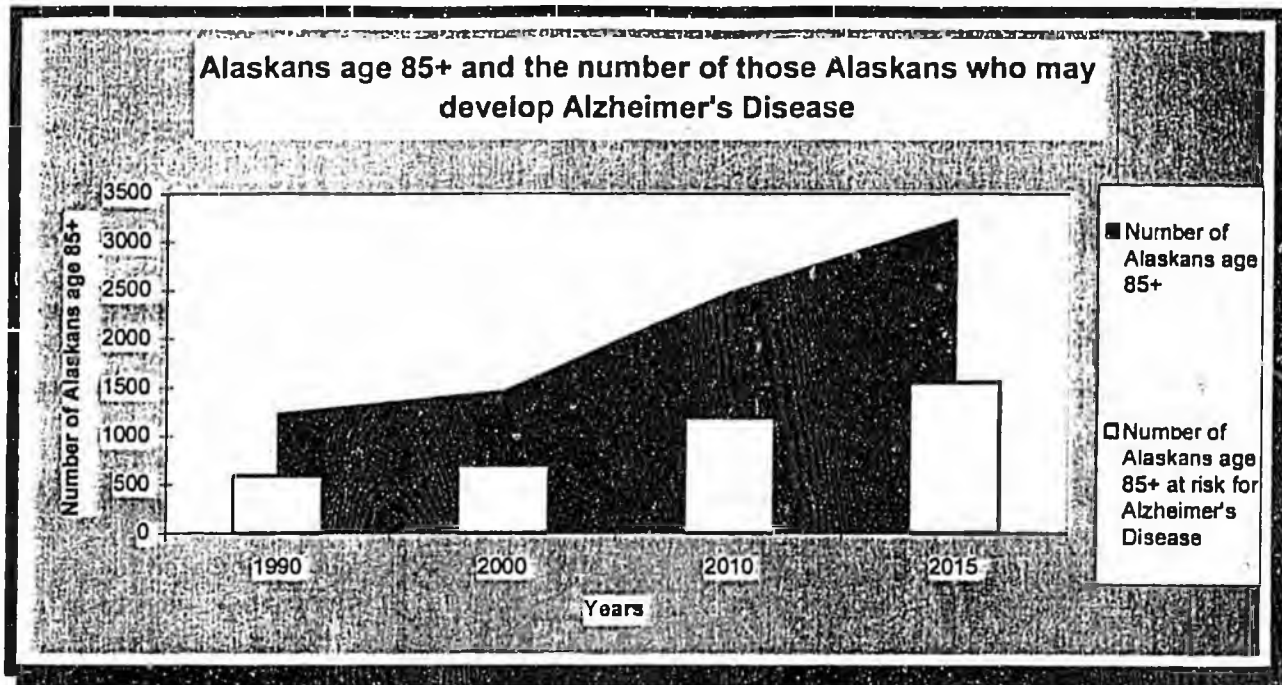
THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services
Department of Education
State of Alaska

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Generations of sharing



Meet Martha Sam (right), and her 91 year old mom, Lily Northway (center), members of the "Sandwich Generation." Betty Denny (left), is the Project Director of the Upper Tanana Development Corporation (UTDC) Elders Program, who brings home-delivered meals to Lily when she can't make it to the senior center in Tok.

Lily, who is 91 years old, has always lived in Northway, which is nestled in the Alaska Range half-way between the city of Tok and the Canadian border. The village is named for her late-husband's family. With a total population of less than 500 people, there are five generations of Northways represented in the village now.

Walter, who passed-on recently at the age of 114 years, and Lily have lived with Martha for too many years. While Martha has helped care for them, she also raised nine children, participated in lives many more grandchildren and worked full-time driving the UTDC Senior Citizens van.

The "Sandwich Generation" is a term recently coined to describe children like Martha who actively care for their children (one grandson still lives with her), and parents at the same time.

As Alaska's elder population reaches the mark of 85+ years, Martha will have lots of company. Younger elders must find ways to balance the needs of their children with those of their parents.

How to inform your community of senior issues:

- ◆ Use stories, figures and charts from "Alaskan Seniors: Living Longer, Growing Stronger" in your agency newsletter. To report a local slant on the issues contact the director of your local senior center and the nearest city Planning Department.
- ◆ A press kit containing the information contained in "Alaskan Seniors: Living Longer, Growing Stronger," has been distributed to radio, television and print media across the state. To initiate a story in your area, contact the media and refer to this information packet.
- ◆ Write or speak to community groups about the growth of the senior population and the impact this growth makes in your community. You are welcome to use and distribute any of the information you have found within this information packet.

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FAX-Back... to...1-907-465-4716

We will be pleased to have you join us with future monthly issues, each highlighting a different aspect of *Alaskan Seniors: Living Longer, Growing Stronger*. To make these issues informative and useful, please take a few moments to let us know how we might better meet your needs.

1. Did you use the information contained in this issue? YES NO If yes, how?

Did you pass other information along to seniors? YES NO If yes, what & how?

2. Did you receive any inquiries from the media as the result of Media packets distributed by ACoA? YES NO

Did you hear or read any stories about this month's topic by any media? If yes, where?
YES NO

3. Did you initiate local media contacts as the result of this issue? If yes please indicate whether you contacted print, radio or TV.

4. Would you like to use Internet Web-site to receive monthly information packets?
YES NO

Would you be interested in receiving future issues by email or FAX? If yes please give FAX number and/or email address:

If you have received this by FAX, were the graphics clear enough to reproduce?

Do you have a story idea or a person to contact for a story, for an upcoming issue of "Living Longer, Growing Stronger" (see the topics for upcoming issues elsewhere in this issue)? Please include your phone number.

5. What can we do to improve this information packet to make it more usable for you?

FAX your response to: 1-907-465-4716 email to: Barbara_Knapp@ADMIN.state.ak.us
or mail to: ACoA, PO Box 110209, Juneau, AK 99811-0209



Official Business

Alaska State Senate

Senate Finance Committee

Mail Stop 3100
State Capitol
Juneau, Alaska 99801-1182

SPONSOR STATEMENT

SCR-11

BY: SENATOR BERT SHARP

AS ALASKA'S SENIOR COMMUNITY GROWS, IT IS NECESSARY THAT WE PLAN FOR THE LONG-TERM CARE AND NEEDS OF THESE CITIZENS.

WHILE IT IS THE DESIRABLE GOAL OF MOST FAMILIES TO PROVIDE HOME CARE FOR THEIR ELDERLY PARENTS, THE REALTY IS THAT MOST WILL LIVE IN A LONG-TERM CARE FACILITY. EITHER WAY, THE COSTS OF PROVIDING LONG-TERM CARE IS BECOMING INSURMOUNTABLE TO THE STATE AND TO OUR PRIVATE CITIZENS.

IN AN EFFORT TO ASSURE OUR SENIOR CITIZENS ARE GETTING THE BEST CARE POSSIBLE, THE LEGISLATURE, IN 1996, ESTABLISHED A WORKING GROUP TO ANALYZE LONG-TERM CARE SERVICES AVAILABLE IN THE STATE AND THEIR PROJECTED COSTS.

SCR-11 WILL CREATE A LONG-TERM CARE TASK FORCE. THEIR MISSION IS TO REVIEW THE FINDINGS OF THE WORKING GROUP AND TO DEVELOP AN EQUITABLE PLAN FOR PROVIDING AN ACTUARIALLY SOUND AND AFFORDABLE LONG-TERM CARE FOR ALL OF ALASKA'S SENIOR CITIZENS .

I URGE YOUR SUPPORT IN PASSING THIS VERY IMPORTANT AND NECESSARY RESOLUTION. THANK YOU.

Alaska State Legislature

SENATOR
BERT SHARP

DISTRICT P

CO-CHAIRMAN
SENATE FINANCE COMMITTEE

MEMBER
RESOURCE COMMITTEE



Senate

FAIRBANKS
DENALI BANK BUILDING
119 N. CUSHMAN, SUITE 201
FAIRBANKS, ALASKA 99701
(907) 452-7885/7886
FAX (907) 456-4221

SESSION ADDRESS:
STATE CAPITOL, ROOM 516
JUNEAU, ALASKA 99801-1182
(907) 465-3004/4921
FAX (907) 465-2070

MEMORANDUM

TO: Senator Gary Wilken, Chair
Senate HESS Committee

FROM: Senator Bert Sharp, Co-chair
Senator Finance Committee

A handwritten signature in black ink, appearing to read "B Sharp".

SUBJ: Hearing Request

DATE: February 18, 1998

I am requesting a hearing on SCR-11, "A Resolution creating the Long-Term Task Force," at your earliest convenience.

I would like to add that a technical amendment is required on page 3 lines 14, 17, 20 and 21 deleting the words Second and Twentieth and replacing them with the words First and Twenty-first. Thank you.



REPRESENTING
GOLDEN HEART
OF ALASKA



Alaska Chapter

January 31, 1998

Someone to Stand by You

Anchorage Services
240 E. Tudor Road
Suite 110
Anchorage, AK 99503
(907) 561-3313
FAX: (907) 561-3315
Toll Free in Alaska
(800) 478-1080

Fairbanks Services
P.O. Box 12791
Fairbanks, AK 99707
(907) 452-2277

Juneau/Southeast
Services
3200 Hospital Drive
Suite 201
Juneau, AK 99801
(907) 586-6044

Caregiver
Information
System
(907) 561-3322
Toll Free in Alaska
(800) 478-2022

Senator Bert Sharp
State Capitol
Room 516
Juneau, AK. 99801-1182

Dear Senator Sharp;

I am writing this letter as the Public Policy Chair of the Alzheimer's Association Alaska Chapter and as a private citizen with parents who reside in a long term care facility. We would like to state our support of senate concurrent resolution 11, creating the Long-Term Care Task Force. It is our mission at the Alzheimer's Association to provide for all Alaskan's affected by the disease and related disorders, a way to manage with dignity and comfort until we find a cure. While it is our goal and the goal of most families to provide for that care in the private home for as long as possible, it is also a reality that some will live in a long term care facility as my parents are doing.

With the reality of the demographics of baby boomers and the estimated statistics of 6500 Alaskans with ADRD (Alzheimer's disease and related disorders) by the year 2010 (see attachment), it seems obvious this task force is needed in our state. We support having a Long-Term Care Plan in place as soon as possible.

It is obvious from your sponsorship of this resolution, that you and Senator Duncan are friends of the elderly, we look to you both as allies in reaching our goals for maintaining the dignity and comfort of those suffering from ADRD.

Sincerely,

Mary H. Weymiller
Board member
Public Policy Chair
1357 Viewpointe Dr.
Fairbanks, AK 99709-6750
e-mail: weymilln@polarnet.com

Cc: Senator Duncan
Alaska Chapter Alzheimer's Assoc.

Alzheimer's Disease and Related Disorders Association, Inc.

cc:Mail for: Senator Bert Sharp

Subject: <No subject>

From: fbappel@eagle.ptialaska.net (Frank Appel) at CC2MHS1 02/18/98 2:15 PM

To: Senator Bert Sharp at LAA_SSHA

Dear Senator Sharp:

I support Senate Concurrent Resolution 11 to create a Long-Term Care Task Force. Alaska has a growing community of seniors. It is important that we plan for the long-term care needs of these individuals.

Thank you,

Frank B. Appel

ROBERT L. HUFMAN

1018 Galena Street - Fairbanks, AK 99709-4826

(907) 474-0549

February 17, 1997.....VIA FAX 465-2070

Senator Bert Sharp
Alaska State Legislature
State Capitol Building #514
Juneau, AK 99801-1182

Dear Bert:

I appreciate receiving a draft copy of the Senate resolution concerning the proposed Long Term Care Task Force. It looks good to me and is the first step towards what will hopefully evolve into a long term care program for Pioneer Home residents and other seniors.

I requested Joe Alter to contact your office and Senator Duncan with any suggestions he may have as chairman of the Pioneer Home Advisory Board.

Thanks and best wishes,



Bob Huffman

TONY KNOWLES, GOVERNOR

STATE INDEPENDENT LIVING COUNCIL

March 3, 1997

Senator Bert Sharp
State Capitol
Juneau, AK 99801

1016 West 6th Ave, Suite 205
Anchorage, Alaska 99501-1963
Phone: V/TTY (907) 269-3571
Message TTY: (907) 269-3635
Fax: (907) 269-3571 3633
Toll Free: 1-888-330-6488

Dear Senator Sharp:

The State Independent Living Council is in support of Senate Concurrent Resolution #11, "Creating a Long-Term Care Task Force". As a council representing the interests of persons with disabilities, especially those persons with disabilities being housed in nursing homes against their will, we supported the effort to place a moratorium on the building of any more nursing home beds two years ago and the establishment of the working group charged with providing a report on long term care. We have reviewed that report and are anxious to begin working on some needed changes in our long term care system.

We understand the need of establishing a Long-Term Care Task Force to further define the State's solution. However, we also feel that our brothers and sisters with disabilities living in nursing homes today, in which there are dozens, would be horrified to see the State embark on yet another study to investigate the problem and define the solution. Our friends want out now, and the State of Alaska has been "foot dragging" on this issue for much too long.

*Therefore, we suggest passing this resolution with an added continued moratorium on any more nursing home beds while the state continues to "study" the problem. (In Vermont they did something similar, but put in benchmarks for decreases in long-term care beds). We also suggest the Task Force be charged with interviewing all persons with disabilities living in nursing homes currently, and that a plan of release into community based, independent living situations be developed for each and every person wishing to make this transition. This, in itself, would do more to push the long-term care system into a new and better mode of thinking. The SILC, with our partner Centers for Independent Living around the State, would welcome the opportunity to work cooperatively on this endeavor with this Task Force. Furthermore, *the SILC would also welcome the opportunity to recommend a member to serve on this Task Force.**

Thank you and should you have any questions, please do not hesitate to call me at 269-3571.

Sincerely,



Patrick Reinhart
Executive Director

CC. Senator Gary Wilken, Chair, Senate HESS
Members of Senate HESS Committee



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Health & Social Services

Committee Name

Committee on SCR 11 "creating a long-term care task force" Dated 3/2/98

Bill Subject

I am testifying on behalf of myself and as a board member of the Alzheimer's Association. We are in favor of SCR 11.

My mother and two of her siblings have Alzheimer's. When the time came in my mother's life for us to seek help outside our family, we were forced to place her in a nursing home out of Alaska. We tried first to look for care my father could afford by visiting assisted living homes. Her level of Alzheimer's was more advanced than they were equipped to handle. The cost of private nursing homes in Alaska was above my father's means and the pioneer homes were not available. We placed Mom in a home in Colorado, which was the first time she had lived outside Alaska. This came at a time when she needed her family the most and we needed reassurance she was receiving the best care. As a life long Alaskan she lost her longevity bonus and permanent dividend through no fault of her own. Ours is just one story in the lives of many Alaskans who are struggling with the high cost of care in our state.

Based on the Ladd Report March 1996, LONG-TERM CARE IN ALASKA:

Recommendations for Reform, there are two costs in nursing homes that far exceed those of the lower 48, they are property and administration. We need to find the reasons for this and bring them more into line if possible. It is predicted with the high growth rate of the elderly, by the year 2010 there will be 6000 Alaskans with Alzheimer's and related dementia. We need to find a way to increase funding for home and community based care as this is the most cost effective in the long run and the preferred way of life for most Alzheimer's patients and their caregivers. We need to increase the number of assisted living homes and be able to regulate the level of care received in these homes. Nursing homes should be used only for those with extensive medical problems needing skilled nursing care.

We encourage you to pass SCR 11 to help resolve the problems of long-term health care in Alaska so aging Alaskans can continue to live with dignity and peace of mind.

Thank you for your time.

SIGNED:

Mary H. Deemiller

Testifier

Alzheimer's Assoc. Ak Chapter & myself

Representing

1357 Viewpoint Dr Fairbanks AK 99709

Address / Phone Number

907-479-4395



ALASKA STATE LEGISLATIVE COMMITTEE

LONG-TERM CARE
POSITION PAPER
1998

AARP POSITION:

Advocate for a state long-term care plan which provides quality home and community-based care that promotes independence in the least restrictive setting necessary.

DISCUSSION:

State law should be established which address accessibility, quality, affordability and safety. The State Long-Term Care system should:

- Respond quickly to Alaskans in need of home and community-based needs;
- Maintain and expand affordable home and community-based services as needed;
- Preserve the integrity, independence and safety of individuals and their families;
- Explore public/private options for affordable long-term care insurance;
- Protect Alaskans from fraud and abuse in the long-term care delivery system;
- Promote a transportation system which supports independence and access to community-based services; and
- Strengthen and expand the State Long-Term Care Ombudsman Program.

For further information, please contact:

Dan Keck, Chair
State Legislative Committee
PO Box 938
Sitka, AK 99835-0938
(907) 747-3908
(907) 747-3908 Fax

Peggy Mulligan
CCTF Coordinator
PO Box 240335
Douglas, AK 99824-0335
(907) 364-3144

(Over, please)

Robert Venhaus, Chair
Long-Term Care Subcommittee
7930 Northwind Avenue
Anchorage, AK 99504-4137
(907) 333-0791

West Region Office
9750 Third Avenue NE
Seattle, WA 98115
(206) 526-7918
(206) 513-8138 **Fax**

Adopted: 10/31/97

SCR

14

SENATE COMMITTEE REFERRAL
First Committee of Referral

DATE: 4/25/97

FURTHER: Finance

Date of 5-Day Notice: 4/25/97
 (in accordance with Uniform Rule 23)

DATE TURNED
 IN TO OFFICE: 2/17/98

24-hr rule in effect
 HESS Committee considered

SENATE CONCURRENT RESOLUTION NO. 14

Establishing the Alaska Task Force on Parity for Mental Health.

and recommends:

- be replaced with _____ CS SCR 14 (HES)
- adopt previous _____ CS _____
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to the _____ Committee

- Senate Bill:**
- same title
 - new title
- House Bill:**
- same title
 - technical title
 - new: SCR# _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>Kevin J. Sullivan</i>	<input checked="" type="checkbox"/>	<i>Lynda Olson</i>	<input checked="" type="checkbox"/>		
CHAIR: <i>G. Weir</i>	<input checked="" type="checkbox"/>	CHAIR:			

NEW FISCAL NOTE(S):

Department	Date	Zero	Fiscal
Senate HESS (applies to CS)	1/29/98	<input checked="" type="checkbox"/>	

PREVIOUS FISCAL NOTE(S):*

Department	Date	Zero	Fiscal

APPROPRIATION -- no fiscal note

*include fiscal notes accompanying Governor's bill

FISCAL NOTE

STATE OF ALASKA
1997 LEGISLATIVE SESSION

BILL NO. SCR 14

Revision Date _____ Dept. Affected _____
 Title Establishing the Alaska Task Force on Parity BRU _____
for Mental Health Component _____
 Sponsor Senate HESS Committee _____
 Requester Senate HESS Committee Component Serial No. _____

Expenditures/Revenues (Thousands of Dollars)

OPERATING EXPENDITURES	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
CHANGE IN REVENUES []						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
1091 Designated Program Receipts						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY97) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

There will be no impact to the General Fund.

Prepared by Gary Wilken, State Senator Phone 465-3709
 Division Chairman, Health, Education & Social Services Committee Date 1/29/98
 Approved by *Gary Wilken* Date 1/29/98
 Agency _____

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

For further distribution information, call the Governor's Legislative Office

CS FOR SENATE CONCURRENT RESOLUTION NO. 14(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - FIRST SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

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

A RESOLUTION

1 Establishing the Alaska Task Force on Parity for Mental Health.

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

3 WHEREAS mental health disorders cost the American economy \$147,800,000,000 in
4 1990 in lost productivity, absenteeism, disability, and early death; and

5 WHEREAS the Alaska Mental Health Board estimates there are over 31,000 children,
6 youth, and adults in the state who experience serious mental illnesses and emotional disorders;
7 many of these Alaskans require and seek mental health services through private insurance that
8 is inadequate in scope and coverage of services required; and

9 WHEREAS the Congress passed the Mental Health Parity Act of 1996 that does
10 address parity for lifetime benefits and annual reimbursement limits for mental health services,
11 but does not address differentiation between mental and physical illnesses with respect to co-
12 payments, deductibles, and benefit design; and

13 WHEREAS, currently, 11 other states have established laws addressing mental health
14 parity in insurance practices, and 35 other states are now considering legislation;

15 BE IT RESOLVED by the Alaska State Legislature that the Alaska Task Force on
16 Parity for Mental Health is established for the purpose of studying

17 (1) discrimination in health insurance policies against persons with mental

1 disorders;

2 (2) costs of mental health coverage in relation to other health care insurance,
3 with special emphasis on parity, and the extent of such coverage, including deductibles and
4 co-payments, disorders and conditions to be covered, and other pertinent issues; and

5 (3) unmet mental health needs in the state and the feasibility of implementing
6 any recommendations of the task force through legislation; and be it

7 **FURTHER RESOLVED** that the task force shall be composed of 12 members, as
8 follows:

9 (1) two members of the Senate appointed by the President of the Senate, one
10 member shall be a member of the majority and one member shall be a member of the
11 minority;

12 (2) two members of the House of Representatives appointed by the Speaker
13 of the House, one member shall be a member of the majority and one member shall be a
14 member of the minority;

15 (3) the commissioner of health and social services, or a designee;

16 (4) one member representing the Alaska Mental Health Board appointed by the
17 Alaska Mental Health Board;

18 (5) one member appointed by the Advisory Board on Alcoholism and Drug
19 Abuse;

20 (6) two members representing the insurance industry appointed jointly by the
21 President of the Senate and the Speaker of the House;

22 (7) three members representing mental health and chemically dependent
23 consumers, community based mental health and chemical dependency programs or agencies,
24 or health care providers, appointed jointly by the President of the Senate and the Speaker of
25 the House; and be it

26 **FURTHER RESOLVED** that no general fund money shall be expended to support
27 the task force; and be it

28 **FURTHER RESOLVED** that a simple majority of the members of the task force shall
29 constitute a quorum for the transaction of business, and all actions of the task force shall
30 require the affirmative vote of a majority of the members present; and be it

31 **FURTHER RESOLVED** that the task force may conduct its work during the

1 legislative session and the interim between sessions and may conduct public hearings to
2 receive testimony about issues relative to parity for mental health; and be it

3 **FURTHER RESOLVED** that the task force shall provide to the Governor, the
4 Speaker of the House of Representatives, and the President of the Senate a report of its
5 findings and recommendations on these matters not later than January 1, 1998; and be it

6 **FURTHER RESOLVED** that the task force is terminated at 11:59 p.m. on
7 February 28, 1998.

CS FOR SENATE CONCURRENT RESOLUTION NO. 14(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

**Offered:
Referred:**

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

A RESOLUTION

1 **Establishing the Alaska Task Force on Parity for Mental Health.**

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

3 **WHEREAS** persons in Alaska with mental health disorders and their families face
4 disparity in the adequacy, scope, and coverage of private health insurance that they need; and

5 **WHEREAS** mental health disorders cost the American economy \$147,800,000,000 in
6 1990 in lost productivity, absenteeism, disability, and early death; and

7 **WHEREAS** other states that have adopted insurance parity laws for mental disorders
8 have demonstrated that costs of parity have been far less than projected and that savings to
9 the public through decreased costs of Medicaid, Medicare, and other programs have far
10 outweighed the additional costs; and

11 **WHEREAS** the Alaska Mental Health Board estimates there are over 44,000 children,
12 youth, and adults in the state who experience serious mental illnesses and emotional disorders;
13 and

14 **WHEREAS** the Congress passed the Mental Health Parity Act of 1996 that does
15 address parity for lifetime benefits and annual reimbursement limits for mental health services,
16 but does not address differentiation between mental and physical illnesses with respect to co-
17 payments, deductibles, and benefit design; and

1 **WHEREAS** 15 other states have established laws addressing mental health parity in
2 insurance practices, and 25 other states introduced bills on the subject in 1997;

3 **BE IT RESOLVED** by the Alaska State Legislature that the Alaska Task Force on
4 Parity for Mental Health is established for the purpose of studying

5 (1) discrimination in health insurance policies against persons with mental
6 disorders, including chemical dependency disorders;

7 (2) costs of mental health coverage in relation to other health care insurance,
8 with special emphasis on parity, and the extent of such coverage, including deductibles and
9 co-payments, disorders and conditions to be covered, and other pertinent issues; and

10 (3) unmet mental health needs in the state and the feasibility of implementing
11 any recommendations of the task force through legislation; and be it

12 **FURTHER RESOLVED** that the task force shall be composed of 13 members, as
13 follows:

14 (1) two members of the Senate appointed by the President of the Senate; one
15 member shall be a member of the majority, and one member shall be a member of the
16 minority;

17 (2) two members of the House of Representatives appointed by the Speaker
18 of the House of Representatives; one member shall be a member of the majority, and one
19 member shall be a member of the minority;

20 (3) the commissioner of health and social services, or a designee;

21 (4) one member representing the Alaska Mental Health Board appointed by the
22 Alaska Mental Health Board;

23 (5) one member representing the Advisory Board on Alcoholism and Drug
24 Abuse appointed by the Advisory Board on Alcoholism and Drug Abuse;

25 (6) two members representing the insurance industry appointed by the President
26 of the Senate and the Speaker of the House of Representatives; one member may be the
27 director of insurance;

28 (7) two members representing mental health consumers and community-based
29 mental health providers appointed by the President of the Senate and the Speaker of the House
30 of Representatives; one member shall be a consumer, and one member shall be a provider;

31 (8) two members representing chemically dependent consumers and

1 community-based chemical dependency providers appointed by the President of the Senate and
2 the Speaker of the House of Representatives; one member shall be a consumer, and one
3 member shall be a provider; and be it

4 **FURTHER RESOLVED** that no general fund money shall be expended to support
5 the task force; and be it

6 **FURTHER RESOLVED** that a simple majority of the members of the task force shall
7 constitute a quorum for the transaction of business, and all actions of the task force shall
8 require the affirmative vote of a majority of the members present; and be it

9 **FURTHER RESOLVED** that the task force may conduct its work during the
10 legislative session and the interim between sessions and may conduct public hearings to
11 receive testimony about issues relative to parity for mental health; and be it

12 **FURTHER RESOLVED** that the task force shall provide to the Speaker of the House
13 of Representatives, the President of the Senate, and the Governor a report of its findings and
14 recommendations on these matters not later than January 1, 1999; and be it

15 **FURTHER RESOLVED** that the task force is terminated at 11:59 p.m. on
16 February 28, 1999.

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Ford
2/3/98

CS FOR SENATE CONCURRENT RESOLUTION NO. 14(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

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

A RESOLUTION

1 **Establishing the Alaska Task Force on Parity for Mental Health.**

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

3 **WHEREAS** persons in Alaska with mental health disorders and their families face
4 disparity in the adequacy, scope, and coverage of private health insurance that they need; and

5 **WHEREAS** it annually costs the state at least \$432,072,000 to treat mental illness and
6 substance abuse; and

7 **WHEREAS** other states that have adopted insurance parity laws for mental disorders
8 have demonstrated that costs of parity have been far less than projected and that savings to
9 the public through decreased costs of Medicaid, Medicare, and other programs have far
10 outweighed the additional costs; and

11 **WHEREAS** the Alaska Mental Health Board estimates there are over 44,000 children,
12 youth, and adults in the state who experience serious mental illnesses and emotional disorders;
13 and

14 **WHEREAS** the Congress passed the Mental Health Parity Act of 1996 that does
15 address parity for lifetime benefits and annual reimbursement limits for mental health services,
16 but does not address differentiation between mental and physical illnesses with respect to co-
17 payments, deductibles, and benefit design; and

1 **WHEREAS** 15 other states have established laws addressing mental health parity in
2 insurance practices, and 25 other states introduced bills on the subject in 1997;

3 **BE IT RESOLVED** by the Alaska State Legislature that the Alaska Task Force on
4 Parity for Mental Health is established for the purpose of studying

5 (1) discrimination in health insurance policies against persons with mental
6 disorders, including chemical dependency disorders;

7 (2) costs of mental health coverage in relation to other health care insurance,
8 with special emphasis on parity, and the extent of such coverage, including deductibles and
9 co-payments, disorders and conditions to be covered, and other pertinent issues;

10 (3) unmet mental health needs in the state and the feasibility of implementing
11 any recommendations of the task force through legislation; and

12 (4) the positive and negative effects on mental health consumers if parity for
13 mental health coverage is mandated in Alaska; and be it

14 **FURTHER RESOLVED** that the task force shall be composed of 13 members, as
15 follows:

16 (1) two members of the Senate appointed by the President of the Senate; one
17 member shall be a member of the majority, and one member shall be a member of the
18 minority;

19 (2) two members of the House of Representatives appointed by the Speaker
20 of the House of Representatives; one member shall be a member of the majority, and one
21 member shall be a member of the minority;

22 (3) the commissioner of health and social services, or a designee;

23 (4) one member representing the Alaska Mental Health Board appointed by the
24 Alaska Mental Health Board;

25 (5) one member representing the Advisory Board on Alcoholism and Drug
26 Abuse appointed by the Advisory Board on Alcoholism and Drug Abuse;

27 (6) two members representing the insurance industry appointed by the President
28 of the Senate and the Speaker of the House of Representatives; one member may be the
29 director of insurance;

30 (7) two members representing mental health consumers and community-based
31 mental health providers appointed by the President of the Senate and the Speaker of the House

1 of Representatives; one member shall be a consumer, and one member shall be a provider;
2 (8) two members representing chemically dependent consumers and
3 community-based chemical dependency providers appointed by the President of the Senate and
4 the Speaker of the House of Representatives; one member shall be a consumer, and one
5 member shall be a provider; and be it

6 **FURTHER RESOLVED** that no general fund money shall be expended to support
7 the task force; and be it

8 **FURTHER RESOLVED** that a simple majority of the members of the task force shall
9 constitute a quorum for the transaction of business, and all actions of the task force shall
10 require the affirmative vote of a majority of the members present; and be it

11 **FURTHER RESOLVED** that the task force may conduct its work during the
12 legislative session and the interim between sessions, may use the teleconference network, and
13 may conduct public hearings to receive testimony about issues relative to parity for mental
14 health; and be it

15 **FURTHER RESOLVED** that the task force shall provide to the Speaker of the House
16 of Representatives, the President of the Senate, and the Governor a report of its findings and
17 recommendations on these matters not later than January 1, 1999; and be it

18 **FURTHER RESOLVED** that the task force is terminated at 11:59 p.m. on
19 February 28, 1999.