

ALASKA LEGISLATURE COMMITTEE FILES 1997-1998 00/2

9550 SENATE HEALTH EDUCATION & SOCIAL SERVICES

- 1 (13) [(14)] targeted case management services;
- 2 (14) midwife services:
- 3 (15) rehabilitative services for substance abusers and emotionally
- 4 disturbed or chronically mentally ill adults;
- 5 (16) clinic services;
- 6 (17) physical therapy;
- 7 (18) personal care services in a recipient's home;
- 8 (19) prescribed drugs;
- 9 (20) hospice care;
- 10 (21) long-term care noninstitutional services;
- 11 (22) inpatient psychiatric facility services;
- 12 (23) intermediate care facility services for the mentally retarded;
- 13 (24) intermediate care facility services;
- 14 (25) individuals described in AS 47.07.020(b)(11);
- 15 (26) individuals under age 21 who are not eligible for benefits under
- 16 the federal program designated as the successor to the aid to families with dependent
- 17 children program because they are not deprived of one or more of their natural or
- 18 adoptive parents;
- 19 (27) skilled nursing facility services for persons under age 21;
- 20 (28) aged, blind, and disabled individuals who, because they do not
- 21 meet the income requirements, do not receive supplemental security income under Title
- 22 XVI of the Social Security Act, but who are eligible, or would be eligible if they were
- 23 not in a skilled nursing facility or intermediate care facility, to receive an optional state
- 24 supplementary payment;
- 25 (29) individuals in a hospital, skilled nursing facility, or intermediate
- 26 care facility whose income while in the facility does not exceed 300 percent of the
- 27 supplemental security income benefit rate under Title XVI of the Social Security Act,
- 28 but who, because of income, are not eligible for the optional state supplementary
- 29 payment;
- 30 (30) individuals under age 21 under supervision of the department for
- 31 whom maintenance is being paid in whole or in part from public money and who are

1 in foster homes or private child-care institutions;

2 (31) individuals under age 21 who the department has determined
3 cannot be placed for adoption without medical assistance because of a special need for
4 medical or rehabilitative care and who the department has determined are hard-to-place
5 children eligible for subsidy under AS 25.23.190 - 25.23.220;

6 (32) individuals who are eligible under AS 47.07.020(b)(12).

7 * Sec. 3. AS 47.07.900(15) is amended to read:

8 (15) "personal care services in a recipient's home" means services
9 authorized under a service plan [PRESCRIBED BY A PHYSICIAN] in accordance
10 with applicable federal and state law [THE RECIPIENT'S PLAN OF TREATMENT
11 AND PROVIDED BY AN INDIVIDUAL WHO IS

12 (A) QUALIFIED TO PROVIDE THE SERVICES;

13 (B) SUPERVISED BY A REGISTERED NURSE; AND

14 (C) NOT A MEMBER OF THE RECIPIENT'S FAMILY];

15 * Sec. 4. TRANSITIONAL PROVISION. Notwithstanding AS 47.07.020(b)(12), added
16 by sec. 1 of this Act, an individual described in that provision is eligible for medical
17 assistance under AS 47.07 without the payment of a premium or other cost-sharing charges
18 for the first two months of the individual's receipt of assistance under AS 47.07.020(b)(12).
19 Beginning in the third month of the individual's receipt of assistance under
20 AS 47.07.020(b)(12), the individual shall pay one-twelfth of an annual premium that is
21 determined by applying a percentage to the annual net income of the individual's family. The
22 applicable percentage, Y, shall be calculated according to the formula of $Y = (X-100)/15 -$
23 $0.75(N-1)$, where X is the annual net income of the individual's family expressed as a
24 percentage of the official federal poverty line for a family of the size involved and N is the
25 number of persons in the individual's family; however, an individual is not required to pay
26 a premium under this section if the individual's family has a net income that is less than the
27 applicable federal poverty line for a family of the size involved or if the value of Y calculated
28 under this section is a negative number. The premium required under this section is payable
29 until the Department of Health and Social Services, by regulation, establishes another system
30 for setting and collecting a premium or other cost-sharing charges for persons who receive
31 medical assistance because they are eligible under AS 47.07.020(b)(12), as enacted by sec. 1

1 of this Act. For purposes of this section, the annual net income of the individual's family
2 shall be determined under applicable federal regulations and guidelines.

3 * Sec. 5. REGULATIONS. The Department of Health and Social Services shall adopt
4 regulations establishing the sliding fee scale for premiums or other cost-sharing charges
5 described in this Act by July 1, 1999.

SENATE CS FOR CS FOR HOUSE BILL NO. 459(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): HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 "An Act establishing new eligibility for medical assistance for certain disabled
2 persons and giving their eligibility for services the highest priority among optional
3 services and groups under the medical assistance program; amending the definition
4 of 'personal care services in a recipient's home' as used in the medical
5 assistance program; moving midwife services from being the first to being the
6 14th service eliminated under the medical assistance program when there is
7 insufficient funding; and adjusting the priority of optional services and optional
8 eligible groups under the medical assistance program in order to reflect the new
9 priorities given to the newly-eligible disabled persons and to midwife services but
10 without otherwise changing the relative order of the other optional services and
11 optional groups."

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

1 * Section 1. AS 47.07.020(b) is amended by adding a new paragraph to read:

2 (12) disabled persons, as described in 42 U.S.C.
3 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under
4 applicable federal regulations or guidelines, is less than 250 percent of the official
5 poverty line applicable to a family of that size according to the federal Office of
6 Management and Budget, and who, but for earnings in excess of the limit established
7 under 42 U.S.C. 1396d(q)(2)(B), would be considered to be individuals with respect
8 to whom a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c;
9 a person eligible for assistance under this paragraph who is not eligible under another
10 provision of this section shall pay a premium or other cost-sharing charges according
11 to a sliding fee scale that is based on income as established by the department in
12 regulations.

13 * Sec. 2. AS 47.07.035 is amended to read:

14 **Sec. 47.07.035. Priority of medical assistance.** If the department finds that
15 the cost of medical assistance for all persons eligible under this chapter will exceed
16 the amount allocated in the state budget for that assistance for the fiscal year, the
17 department shall eliminate coverage for optional medical services and optionally
18 eligible groups of individuals in the following order:

- 19 (1) [MIDWIFE SERVICES;
20 (2)] clinical social workers' services;
21 (2) [(3)] psychologists' services;
22 (3) [(4)] chiropractic services;
23 (4) [(5)] advanced nurse practitioner services;
24 (5) [(6)] adult dental services;
25 (6) [(7)] emergency hospital services;
26 (7) [(8)] treatment of speech, hearing, and language disorders;
27 (8) [(9)] optometrists' services and eyeglasses;
28 (9) [(10)] occupational therapy;
29 (10) [(11)] mammography screening;
30 (11) [(12)] prosthetic devices;
31 (12) [(13)] medical supplies and equipment;

- 1 (13) [(14)] targeted case management services;
- 2 (14) midwife services;
- 3 (15) rehabilitative services for substance abusers and emotionally
- 4 disturbed or chronically mentally ill adults;
- 5 (16) clinic services;
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- 8 (19) prescribed drugs;
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- 17 children program because they are not deprived of one or more of their natural or
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- 21 meet the income requirements, do not receive supplemental security income under Title
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- 23 not in a skilled nursing facility or intermediate care facility, to receive an optional state
- 24 supplementary payment;
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22 applicable percentage, Y, shall be calculated according to the formula of $Y = (X-100)/15 -$
23 $0.75(N-1)$, where X is the annual net income of the individual's family expressed as a
24 percentage of the official federal poverty line for a family of the size involved and N is the
25 number of persons in the individual's family; however, an individual is not required to pay
26 a premium under this section if the individual's family has a net income that is less than the
27 applicable federal poverty line for a family of the size involved or if the value of Y calculated
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30 for setting and collecting a premium or other cost-sharing charges for persons who receive
31 medical assistance because they are eligible under AS 47.07.020(b)(12), as enacted by sec. 1

1 of this Act. For purposes of this section, the annual net income of the individual's family
2 shall be determined under applicable federal regulations and guidelines.

3 * Sec. 5. REGULATIONS. The Department of Health and Social Services shall adopt
4 regulations establishing the sliding fee scale for premiums or other cost-sharing charges
5 described in this Act by July 1, 1999.

Fiscal Note Summary for HB 459

The Federal Balanced Budget Act of 1997 (P.L. 105-33) established a new optional Medicaid eligibility category for disabled persons who would be eligible for SSI and Medicaid, except that their earned income exceeds the limits for SSI and their family's earned income is below 250% of the federal poverty level for Alaska. States may impose a requirement that disabled workers pay a "buy-in" charge. This bill would elect this optional eligibility category for Alaska.

We believe that the only individuals who will take advantage of this new eligibility category will be existing SSI or APA applicants who would otherwise lose Medicaid because of their own increased earnings. We do not anticipate individuals using this new eligibility category to access Medicaid for the first time. Consequently, this option will not result in an increase in new Medicaid cases, but will only have the effect of extending the Medicaid eligibility of existing recipients for about one year.

Some who return to work will be able to access employer-based private health insurance.

The cost of providing additional Medicaid expenditures under this bill is more than offset by the savings incurred when individuals who return to work or extend their hours will not longer need (or qualify for) Adult Public Assistance cash payments. Nominal revenue would be received through the collection of "buy-in" charges.

See fiscal notes for more explanation.

COST/SAVINGS SUMMARY	FY99	FY00	FY01	FY02	FY03	FY04
Continued Medicaid	83.5	283.4	242.3	241.6	240.5	239.2
Computer Programming	4.0	0.0	0.0	0.0	0.0	0.0
Savings from APA reductions	(33.0)	(190.5)	(311.0)	(427.7)	(540.4)	(649.3)
Net Program Expenditures	54.5	92.9	(68.7)	(188.1)	(299.9)	(410.1)
Less Revenue from Buy-in Charge	(3.1)	(10.1)	(8.4)	(8.1)	(7.9)	(7.5)
NET COST/SAVINGS	51.4	82.8	(77.1)	(194.2)	(307.8)	(417.6)

FUNDING SOURCES	FY99	FY00	FY01	FY02	FY03	FY04
Federal Receipts	52.0	169.4	144.8	144.5	143.8	143.1
GF Match	32.4	103.9	89.1	89.0	88.8	88.6
GF	(33.0)	(190.5)	(311.0)	(427.7)	(540.4)	(649.3)
GF/Program Receipts	3.1	10.1	8.4	8.1	7.9	7.5
TOTAL	54.5	92.9	(68.7)	(186.1)	(299.9)	(410.1)

ANALYSIS OF CSHB 459 (FIN)

Introduction

Disabled persons seeking to re-enter the work force sometimes face a hurdle to re-employment. Those who have high monthly medical costs, or are medically fragile, need adequate medical insurance to pay their medical bills, and to provide a safety net if their medical condition worsens while they are employed. Many disabled persons are prevented by their disability from engaging in the same type of job as they did before becoming disabled. Typically, on re-entry to the work force, they may be compelled to choose low-skill, entry-level positions or part-time employment. Characteristic of these types of jobs is low pay and inadequate health insurance benefits, or no health insurance at all.

Federal law permits certain recipients of Supplemental Security Income (SSI) to continue to receive Medicaid after they have gone back to work, if they can demonstrate (1) that their earnings are insufficient to provide the reasonable equivalent of Medicaid, and (2) that termination of Medicaid benefits would seriously inhibit their ability to continue employment. This program is referred to as the Section 1619 program, in reference to the section of the Social Security Act that provides the benefit. The statute creating the program is codified at 42 United States Code § 1382h.

Section 4733 of the Balanced Budget Act of 1997 permits states to exercise the option to expand the class of disabled person who can work while continuing to receive Medicaid. This section permits a state to provide Medicaid to disabled individuals so long as their family income does not exceed 250% of the federal poverty thresholds, and so long as they contribute towards the Medicaid program by paying premiums or charges on a sliding scale according to their income. The federal act gives the State discretion to determine the sliding scale.

CSHB 459 if adopted would exercise the option of Section 4733 of Public Law No. 105-33.

Midwife services are currently first in the list of optional medical services and optionally eligible groups for elimination of coverage during periods of shortage of Medicaid funding. Moving midwife services to a lower position on the eligibility list will increase competition among providers for birthing and related services, thereby lowering overall Medicaid costs. CSHB 459 moves midwife services from first to fifteenth on the priority list, but does not otherwise change the relative order of other optional services and optional eligibility groups.

Sectional Analysis

Section 1: Under state law, addition of further categories of persons eligible for Medicaid may occur only by legislative revision of AS 47.07.020. See AS 47.07.020(d). This section of the bill amends AS 47.07.020(b) to add disabled workers, subject to the eligibility criteria, to the list of persons who may receive Medicaid.

Section 2: Because of limits in appropriations from year to year, the Legislature is not able to fund all services for all persons who may be eligible for medical assistance, including Medicaid. It is necessary to create a priority in allocation of appropriated funds to guide the Department of Health and Social Services (Department). AS 47.07.035 establishes a priority list for optional medical services and eligibility groups. This section of the bill amends AS 47.07.035 to place the category of disabled workers eligible for benefits under the bill thirty-second on the priority list, meaning that disabled workers would be the last to lose Medicaid benefits during periods of limited funding. This section also moves midwife services from first on the priority list, to fifteenth, while not changing the relative order of other optional services and optional groups.

Section 3: This section revises a definition regarding personal care services to give more flexibility in the way that these services may be delivered to a disabled person. This modification will help make personal care service delivery more efficient and expand the employment opportunities for disabled persons.

Section 4: This section contains a transitional provision that directs the Department to provide this benefit to disabled workers immediately upon the effective date that the bill becomes law prior to the adoption of regulations to implement the act.

Section 5: This section directs the Department to adopt regulations to implement the option, with a deadline for adoption of regulations of July 1, 1999. Because the Department's regulations are to provide a sliding fee scale that is reflective of need, workers who receive health insurance benefits from a private insurance program might reasonably be required to demonstrate their need for additional coverage under the Medicaid program. For example, a new employee with a probationary period before private health insurance benefits begin, who also must satisfy a one-year period of non-coverage for a pre-existing medical condition, would benefit from receiving Medicaid coverage under the bill until his or her private medical insurance began to apply. The bill gives the Department discretion in establishing this program to adopt regulations that are reflective of need, subject however that the regulations should not be so restrictive as to frustrate the purpose for which the option is provided. Thus a worker should not be made ineligible for the benefit just because the worker has health insurance through employment, if the worker can demonstrate need because of limitations or exemptions in the private insurance policy, unusually high regular medical expenses or other inadequacy in the private health insurance benefits received.



April 3, 1998

By hand delivery

Hon. Gary Wilken
Chair, Health, Education and Social Services Committee
Alaska State Senate
State Capitol, Room 510
Juneau, AK 99801

Re: SB 253/HB 459: Medicaid Buy-in for Disabled Workers

Dear Senator Wilken:

This will respond to some of the issues raised during the hearing on April 1 regarding draft "E" adopted by the Senate HESS committee as a working draft in lieu of the original SB 253.

Transition

Concern was expressed about whether it was appropriate to permit disabled persons to receive Medicaid at no cost under the bill during the transition period when regulations are being prepared.

After consulting with the Department, I have prepared language which would require a buy-in charge to be applied during the transition period based on a non-regressive formula that would result in a payment of zero, for a single person, if the person's income is equal to the Federal poverty threshold, and up to 10% of income if a person income is 250% of the federal poverty threshold. Note that the proposed language is in terms of net (after-tax) income, not gross income.

This proposed fee scale is represented by the following formula:

$$Y = [(X - 100) \div 15] - [(0.75)(N-1)]$$

where: Y = premium (expressed as a percentage of income),
X = family income (expressed as a percentage of the federal poverty level) =
(family income) ÷ (federal poverty level for the applicable family), and
N = the number of persons in the family involved

MEMBER OF THE
NATIONAL
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PROTECTION &
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SYSTEMS

Hon. Gary Wilken, Alaska State Senate

Re: SB 253/HB 459: Medicaid Buy-in for Disabled Workers

April 3, 1998

Page 2

To avoid penalizing disabled persons with families, I have included a factor which decreases the premium (expressed as a percentage of income) with family size. Since this premium is buying Medicaid only for one person, it does not seem fair to expect a person with a disability living in a family to pay a much larger premium for this health insurance than a single individual. On the other hand, persons in larger families can live more efficiently than a single person. To resolve these two competing ideas, I have developed a "family factor" $[0.75(N-1)]$ that reduces the percentage of income to be paid as a premium. However, as shown in the spreadsheet, at the threshold income levels a person in a family still ends up paying a higher premium than a single individual, it is just at a lower rate of overall family income.

Application of the formula is represented in the attached spreadsheet and graph. The spreadsheet shows the maximum annual and monthly premiums, both as a percent of income and in dollar figures, at the threshold of eligibility. The graph shows the change in percentage of family income to be paid as a premium, as a function of family income relative to the federal poverty levels. Each line represents a different fee scale based on the size of the family (N). Note that under this proposed formula, some families with lower incomes would pay no premium even though their family income is above the federal poverty line. I do not have the mathematical ability to come up with a "family factor" that makes these lines converge to zero at 100% of the poverty line.

It is my personal estimation that this formula would roughly effectuate the intent of the Balanced Budget Act of 1997, which was to remove a current impediment to re-employment of disabled persons, with a reasonable contribution to the program by those who would benefit.

However, I urge the committee to refrain from adopting a particular premium scale as a permanent part of the legislation, since any premium formula may need adjustment in final regulations. In fact, I would advocate for a "family factor" that is logarithmic rather than linear; it is beyond my rusty mathematical abilities to come up with one.

I think it is better for the Department to have the discretion to set a fee scale by regulation, and if in future years the Department errs in setting a fee scale either too high or too low, the problem can be addressed by revision of the regulation or further legislative action.

Definition of disability

Committee members expressed concern that the term "disability" was not defined in the bill. It is important to understand that the category of persons eligible under this Medicaid option is controlled by the federal law that creates the option. That definition is more restrictive than, for example, the definitions used for determining the scope of rights under the federal Americans with Disabilities Act.

The option is quite specific about the population of persons who would be eligible. Those eligible are:

“all individuals ...who are in families whose income is less than 250 percent of the income official poverty line ... applicable to the family of the size involved, and who but for earnings in excess of the limit established under [42 U.S.C.] section 1396d(q)(2)B) ..., would be considered to be receiving supplemental security income ...”¹

In short, to be eligible for this program, a person must be able to demonstrate disability sufficient to satisfy criteria for receiving SSI benefits (whether or not the person is actually receiving those benefits).

A federal Health Care Financing Administration (HCFA) letter explaining the new buy-in option explains the second criterion:

“Assuming the individual has met the gross income test,² the second step is a determination of whether he or she meets the disability, assets, and unearned income standards to receive an SSI benefit.... SSI methodologies are used in making this determination except that all earned income received by the individual is disregarded.”³

The SSI disability methodologies are quite complex, involving application of many separate Social Security statutes and regulations, and are not susceptible to an easy and simple distillation. I caution the committee against venturing into this field, because a definition that is too broad would conflict with federal law and risk HCFA disapproval of implementation of the option. A definition that is too narrow would risk legal challenge by a person claiming to have been wrongfully excluded by the definition. Truly, it is not necessary for the state to define disability in this legislation, since disability for purposes of eligibility is defined by federal law and regulations.

¹ 42 U.S.C.A. § 1396a(a)(10)(A)(ii)(XIII) (Supp. Nov. 1997)(copy attached).

² A subsequent HCFA interpretive letter has pointed out that the appropriate test of eligibility looks at *net* income, not *gross* income. S.K. Richardson, Dir., Center for Medicaid and State Operations, Health Care Financing Administration, to State Medicaid Directors (Mar. 9, 1998), *published at* <http://www.hcfa.gov/mediucaid/bba4733.htm> (Apr. 2, 1998)

³ S.K. Richardson, Dir. Center for Medicaid and State Operations, Health Care Financing Administration, to State Medicaid Directors (Nov. 24, 1997), at page 2-3, *published at* <http://www.hcfa.gov/mediucaid/bbawkdis.htm> (Apr. 2, 1998).

If the committee still wishes to adopt a definition of disability, I have provided one attached to this letter that is consonant with the guidance of the HCFA.

Fiscal impact

Sen. Wilken correctly noted that the fiscal notes for CSHB 459 (FIN) (which is the identical bill for the working draft "E") calculate a cumulative savings in Adult Public Assistance monies, but project non-cumulative Medicaid expenses. I have urged the Department to further explain why the fiscal notes take this approach, but I have also discussed this issue with Department personnel, and this is my best layman's explanation of what I have been told.

Savings are accumulated because for each year that the program is implemented, it is expected that persons who are enabled to go back to work because of this bill will *not* be receiving Adult Public Assistance benefits. Thus in the first year, 17 people are projected to go back to work. In the second year, 28 additional people are projected to go back to work, which when added to the first year's, means a total of 45 people are projected to be taken off the Adult Public Assistance rolls as a result of the bill. During FY 2001, 31 additional people are projected to be removed from the APA rolls, meaning a total of 80 persons are projected to be removed from APA rolls as a result of the bill, and so on for each of the projected years. Without having removed these persons from the APA rolls, it is presumed these disabled persons would have continued to draw APA. By removing them, savings is realized during each year they have been successfully employed as a result of this bill.

Savings per person is based on an average monthly APA benefit of \$324 per person, which when calculated on a yearly basis results in the projected savings. See Fiscal Note for CSHB 459 (HES), Dept. of Health and Social Services, Public Assistance BRU, Adult Public Assistance Component (Fiscal Note No. 2, dated March 2, 1998), at page 2.

Expenses are calculated differently, based on the assumption that the bill will primarily help persons who are currently not working. The bill is focused on a population of people who are currently receiving Adult Public Assistance, and therefore Medicaid. This population of persons is *therefore already presenting a Medicaid expense to the state*. The continued use of Medicaid by this population will not result in an additional expense as a result of the bill – if they had not worked, and stayed on Adult Public Assistance, they would continue to receive Medicaid.

Other assumptions of the fiscal note for expenses are that: (1) persons who benefit from the buy-in option are persons who are ready to go to work or to increase their hours of work, but who have not done so in order to continue the availability of public health coverage to meet their medical needs; (2) that persons who benefit from the buy-in option will be eligible for this

Hon. Gary Wilken, Alaska State Senate
Re: SB 253/HB 459: Medicaid Buy-in for Disabled Workers
April 3, 1998
Page 5

benefit, on average, for one year before their private health insurance benefits or earnings make them ineligible for the program; (3) that 25% of the eligible population will immediately gain access to private health insurance rendering them ineligible for this benefit. See, e.g., Fiscal Note for CSHB 459 (HES), Dept. of Health and Social Services, Medical Assistance BRU, Medicaid Facilities Component (Fiscal Note No. 1, dated Mar. 2, 1998), at page 2.

Thus, unlike the savings which are expected to accumulate as the program is implemented, the expenses are not projected to accumulate because this program is expected to provide a bridge between dependence on public benefits and employment with private health insurance.

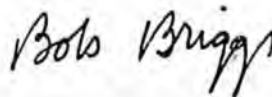
Revision of definition of PCA services

The current definition of personal care attendant (PCA) services in AS 47.07.900(15) should be revised to be consistent with federal law on the subject. Section 3 of the working draft does this.

Currently, AS 47.07.900(15) requires that PCA services must be prescribed by a physician and supervised by a nurse. These criteria are not required by federal law, and we believe unnecessarily increase the Medicaid costs for these PCA services. The current language of the bill would delete the requirement of a physician's prescription for a PCA plan and would delete the requirement that all PCA services in all cases be supervised by a nurse. That is not to say that some PCA services should not be supervised by a nurse, but we believe the Department can by regulation specify those situations where nursing supervision is appropriately required.

I hope that this clarifies the issues regarding the working draft/HB 459, and will be happy to discuss this with yourself, members of the committee, and your staff.

Very truly yours,



Robert B. Briggs
Staff attorney

Encls.

Hon. Gary Wilken, Alaska State Senate
Re: SB 253/HB 459: Medicaid Buy-in for Disabled Workers
April 3, 1998
Page 6

cc: (w/ encls.)

Hon. Loren Lemman
Hon. Lyda Green
Hon. Jerry Ward
Hon. Johnny Ellis
Hon. Con Bunde

cc: (w/o encls.)

Jim Parker, DLC - Anchorage
Dawn Pederson

PROPOSED TRANSITION PREMIUMS
(maximum premiums at threshold of eligibility)

<u>Family Size (N)</u>	<u>Percent of Income</u>	<u>Eligibility Threshold</u>	<u>Annual Premium</u>	<u>Monthly Premium</u>
1	10.0	\$25,175	\$2,518	\$210
2	9.3	\$33,925	\$3,138	\$262
3	8.5	\$42,675	\$3,627	\$302
4	7.8	\$51,425	\$3,985	\$332
5	7.0	\$60,175	\$4,212	\$351
6	6.3	\$68,925	\$4,308	\$359
7	5.5	\$77,675	\$4,272	\$356
8	4.8	\$86,425	\$4,105	\$342

Formula: $Y = [(X-100)/15] - [(0.75)(N-1)]$, where:

Y= annual premium as percent of income;

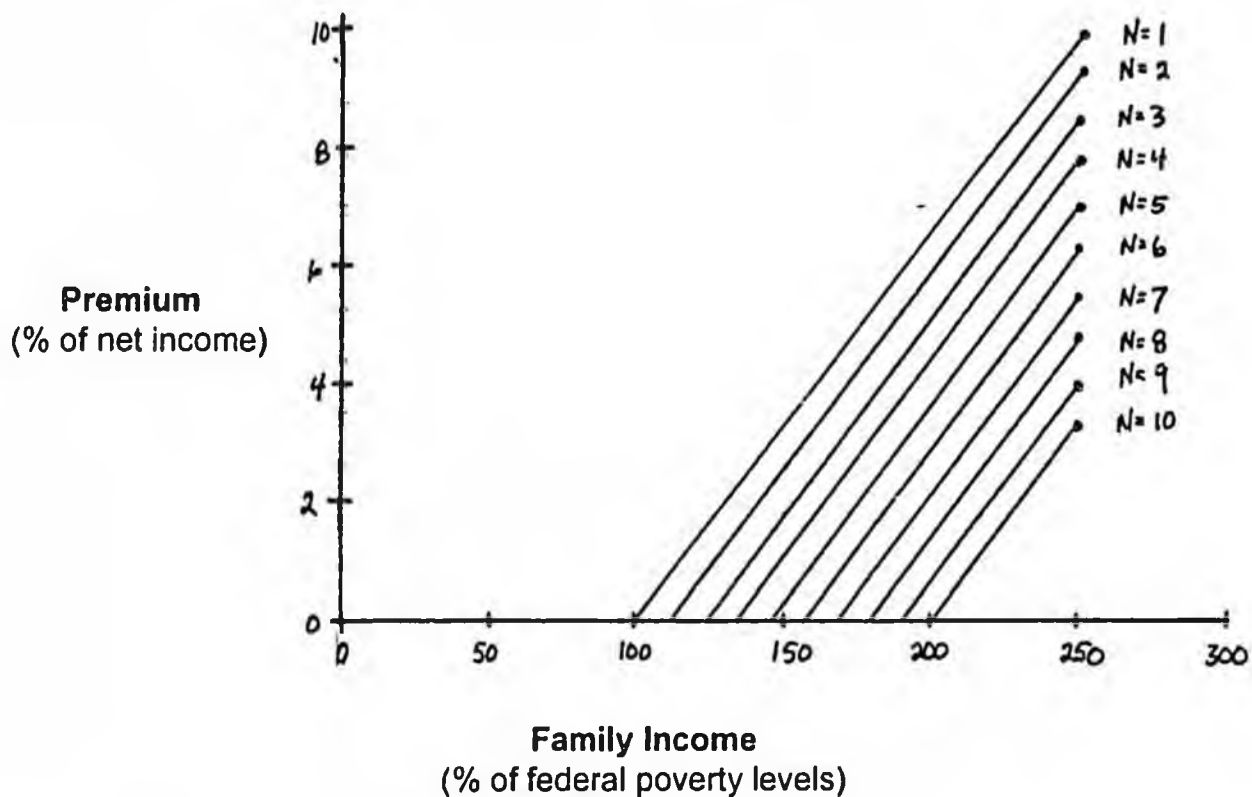
X=income as percent of federal poverty levels; and

N= family size

April 3, 1998

April 3, 1998

Medicaid Buy-in: Proposed Transition Premiums (premium as a function of family income)



Formula: $Y = [(X - 100) \div 15] - [(0.75)(N-1)]$, where:

Y = annual premium (expressed as a percentage of income),

X = family income (expressed as a percentage of the federal poverty level) = (family income) \div (federal poverty level for the applicable family), and

N = the number of persons in the family involved

AMENDMENT

OFFERED IN THE SENATE

TO: SB 253, Work Draft "E"

1 Page 4, line 3, insert the following and renumber subsequent sections accordingly:

2 **Sec. 4. As used in this Act, "disability" means that a person meets the disability.

3 assets, and unearned income standards to receive a federal Supplemental Security Income

4 benefit under applicable federal laws and regulations, without regard to

5 (1) earned income received by the individual;

6 (2) whether the individual is receiving a federal Supplemental Security Income

7 benefit at the time of application; or

8 (3) whether the individual has ever received a federal Supplemental Security

9 Income benefit."

10

Provided by Robert Briggs

HB 459: Calculation of Threshold for Eligibility

<u>Size of Family Unit</u>	<u>Alaska Poverty Guideline (1998)*</u>	<u>250% of 1998 Guideline</u>
1	\$ 10,070	\$ 25,175
2	13,570	33,925
3	17,070	42,675
4	20,570	51,425
5	24,070	60,175
6	27,570	68,925
7	31,070	77,675
8	34,570	86,425
For each additional person. add:	3,500	8,750

* Source: 63 Federal Register, pages 9235-9238 (Feb. 24, 1998), reprinted in U.S. DHHS, *The 1998 HHS Poverty Guidelines*, [Http://aspe.os.dhhs.gov/poverty/98poverty.htm](http://aspe.os.dhhs.gov/poverty/98poverty.htm) (Mar. 10, 1998)

THE 1998 HHS POVERTY GUIDELINES

One Version of the [U.S.] Federal Poverty Measure

There are two slightly different versions of the federal poverty measure:

- the poverty thresholds, and
- the poverty guidelines.

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau** (although they were originally developed by Mollie Orshansky of the Social Security Administration). The thresholds are used mainly for **statistical purposes**--for instance, preparing estimates of the number of Americans in poverty each year.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the *Federal Register* by the **Department of Health and Human Services (HHS)**. The guidelines are a simplification of the poverty thresholds for use for **administrative purposes**--for instance, determining financial eligibility for certain federal programs. (The full text of the *Federal Register* notice with the 1998 poverty guidelines is [available here](#).)

1998 HHS Poverty Guidelines

Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 8,050	\$10,070	\$ 9,260
2	10,850	13,570	12,480
3	13,650	17,070	15,700
4	16,450	20,570	18,920
5	19,250	24,070	22,140
6	22,050	27,570	25,360
7	24,850	31,070	28,580
8	27,650	34,570	31,800
For each additional person, add	2,800	3,500	3,220

SOURCE: *Federal Register*, Vol. 63, No. 36, February 24, 1998, pp. 9235-9238.

(The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds--the original version of the poverty measure--have never had separate figures for Alaska and Hawaii.)

Programs using the guidelines (or percentage multiples of the guidelines--for instance, 130 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Program, and the Low-Income Home Energy Assistance Program. Note that in general, public assistance programs (Aid to Families with Dependent Children and its block grant successor, and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility.

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in February 1998 are designated the 1998 poverty guidelines.

issued. For instance, the guidelines issued in February 1998 are designated the 1998 poverty guidelines. However, the 1998 HHS poverty guidelines only reflect price changes through calendar year 1997; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 1997. (The 1997 thresholds will be issued in final form about September or October 1998; a preliminary version of the 1997 thresholds is now available from the Census Bureau.)

The poverty guidelines are sometimes loosely referred to as the "federal poverty level," but that term is ambiguous, and should be avoided in situations (e.g., legislative or administrative) where precision is important.

Poverty guidelines for recent years for the 48 contiguous states and the District of Columbia can be calculated by addition using the figures shown below:

Year	First Person	Each Additional Person	(Four-Person Family)
1985	\$5,250	\$1,800	(\$10,650)
1986	5,360	1,880	(11,000)
1987	5,500	1,900	(11,200)
1988	5,770	1,960	(11,650)
1989*	5,980	2,040	(12,100)
1990*	6,280	2,140	(12,700)
1991	6,620	2,260	(13,400)
1992	6,810	2,380	(13,950)
1993	6,970	2,460	(14,350)
1994	7,360	2,480	(14,800)
1995	7,470	2,560	(15,150)
1996	7,740	2,620	(15,600)
1997	7,890	2,720	(16,050)
1998	8,050	2,800	(16,450)

(However, note that this simple calculation procedure does NOT reflect the procedure by which the poverty thresholds were originally developed or the procedure by which the poverty guidelines are calculated from the poverty thresholds each year.)

* Note that 1989 and 1990 poverty guidelines figures should NOT be used in connection with determining poverty population figures from 1990 Decennial Census data. Poverty population figures are calculated using the Census Bureau poverty thresholds, not the poverty guidelines.

Poverty guidelines for the years shown above can be found in the *Federal Register* as follows:

- 1985--Vol. 50, No. 46, March 8, 1985, pp. 9517-9518
- 1986--Vol. 51, No. 28, February 11, 1986, pp. 5105-5106
- 1987--Vol. 52, No. 34, February 20, 1987, pp. 5340-5341
- 1988--Vol. 53, No. 29, February 12, 1988, pp. 4213-4214
- 1989--Vol. 54, No. 31, February 16, 1989, pp. 7097-7098
- 1990--Vol. 55, No. 33, February 16, 1990, pp. 5664-5666
- 1991--Vol. 56, No. 34, February 20, 1991, pp. 6589-6861
- 1992--Vol. 57, No. 31, February 14, 1992, pp. 5455-5457
- 1993--Vol. 58, No. 28, February 12, 1993, pp. 8287-8289
- 1994--Vol. 59, No. 28, February 10, 1994, pp. 6277-6278
- 1995--Vol. 60, No. 27, February 9, 1995, pp. 7772-7774
- 1996--Vol. 61, No. 43, March 4, 1996, pp. 8286-8288
- 1997--Vol. 62, No. 46, March 10, 1997, pp. 10856-10859
- 1998--Vol. 63, No. 36, February 24, 1998, pp. 9235-9238

[Click here](#) to go to the page of Information Contacts and References on the Poverty Guidelines, the Poverty Thresholds, and the Development and History of U.S. Poverty Lines.

[Click here](#) to return to the main Poverty Guidelines, Research and Measurement page.

BBA 1997	Medicare	Medicaid	Help	Feedback	Search	FAQs
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March 9, 1998

Dear State Medicaid Director:

This letter is one of a series that provides guidance on the implementation of the Balanced Budget Act.

We are writing to alert you to a change in policy on section 4733 of the Balanced Budget Act of 1997 (BBA) from that set forth in our State Medicaid Director letter dated November 24, 1997. Section 4733 created an optional categorically needy group designed to provide Medicaid eligibility to disabled working individuals who, because of relatively high earnings, cannot qualify for Medicaid under one of the other statutory provisions under which disabled working individuals may be eligible for medical assistance.

In an enclosure to the November 24 letter, we described a two-step eligibility process consisting of a family income test of 250 percent of the Federal poverty level, followed by an individual eligibility determination. The family income test required that the family's gross income, essentially without deductions or exemptions, be compared to 250 percent of the poverty level for a family of the size involved.

Since release of the November 24 letter, concerns have been raised about the use of the family's gross income for the family income test. The primary objection is that using the family's gross income limits the amount of income individuals could have and still qualify for eligibility under this group to a point where, in approximately half the States, the income standard under section 4733 is lower than the income standard under section 1619(b) of the Act.

In view of these concerns, and after careful consideration of the options available, we have decided to change our policy on the family income test. Instead of using the family's gross income, States wishing to cover this group should measure the family's net income against the 250 percent family income standard. The family's net income is determined by applying all appropriate SSI income disregards, including the earned income disregard, to the family's total income. The result, i.e., the family's net income, is then compared to the 250 percent income standard.

Use of the family's net, rather than gross, income will have the affect of greatly increasing the amount of income a disabled individual can have and still qualify for eligibility under this group. This in turn will enable States to provide Medicaid to a greater number of disabled individuals, who without such coverage might not be able to work.

The revised enclosure explains use of the net, rather than gross, family income test. It also provides information, which was not included in the earlier version, on use of section 1902(r)(2) more liberal methodologies, as well as use of more restrictive policies in 209(b) States. We also make it clear that the SSI income standard, which is used to determine the individual's eligibility following the family net income test, includes optional State supplementary payments. Finally, the revised enclosure discusses the use of substantial gainful activity (SGA) as a criterion in determining eligibility under this group.

We apologize for any inconvenience issuance of our previous policy may have caused. Any questions about this provision or this letter should be directed to Roy Trudel of my staff at (410) 786-3417.

Sincerely,

/s/

Sally K. Richardson
 Director
 Center for Medicaid and State Operations

Provided by Robert Briggs

Enclosure

cc:

All HCFA Regional Administrators
All HCFA Associate Regional Administrators for Medicaid and State Operations
Lee Partridge - American Public Welfare Association
Joy Wilson - National Conference of State Legislatures
Jennifer Baxendell - National Governors' Association
HCFA Press Office

Enclosure

Determining Eligibility for Individuals Under Section 4733 of BBA

The eligibility determination for individuals in this group is essentially a sequential two-step process.

1. The first step is a net income test, based on the family's combined income, including all earnings. (A family can also be just one individual; i.e., a family of one.) The family's net combined income must be less than 250 percent of the federal poverty level for a family of the size involved. Family income is determined by applying all appropriate SSI disregards and exemptions, including the earned income disregard, to the family's total income. If the family's income, after all deductions and exemptions have been applied, is equal to or exceeds 250 percent of the appropriate poverty level, the individual is not eligible for Medicaid under this provision.

It is up to the State to determine what constitutes a "family" in the context of this provision. As one example, a State could choose to consider a disabled adult living with his or her parents as a family of one for purposes of meeting the 250 percent family income standard.

2. Assuming the individual has met the net family income test, the second step is a determination of whether he or she meets the disability, assets, and unearned income standards to receive an SSI benefit. Income of other family members used in Step 1 is not included (unless the individual has an ineligible spouse whose income is subject to the SSI deeming rules). To be eligible under this provision, the individual must meet all SSI eligibility criteria (including categorical requirements).

SSI methodologies are used in making this determination except that all earned income received by the individual is disregarded. The individual's countable unearned income (e.g., title II disability benefits) must be less than the SSI income standard (in 1998, \$494 for an individual), or the standard for optional State supplementary payments (SSP) if the State makes such payments. If unearned income equals or exceeds the SSI/SSP income standard, the individual is not eligible for Medicaid under this provision.

The individual's countable resources must be equal to or less than the SSI resource standard (\$2,000 for an individual).

Under section 1902(r)(2) of the Act, States may use more liberal income and resource methodologies than are used by the SSI program in determining eligibility for this group. Also, 209(b) States may, but are not required to, apply their more restrictive eligibility policies in determining eligibility for this group.

There is no requirement that the individual must at one time have been an SSI recipient to be eligible under this provision. However, if the individual was not an SSI recipient, you must do a disability determination to ensure that the individual would meet the eligibility requirements for SSI. A disability determination for an individual who was not previously an SSI recipient should not consider whether the individual engaged in substantial gainful activity (SGA), since use of SGA as an eligibility criterion would in almost all instances result in the individual not being

eligible under this group, effectively negating the intent of this provision.



[Return to Medicaid Policies Under the Balanced Budget Act of 1997 Page](#)

Last updated March 10, 1998

HCFA	Medicare	Medicaid	Help	Feedback	Search	FAQs
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November 24, 1997

Dear State Medicaid Director:

This letter is one of a series that provides guidance on the implementation of the Balanced Budget Act.

We are writing to provide you information on section 4733 of the Balanced Budget Act of 1997 (BBA), which is designed to provide Medicaid eligibility to disabled working individuals who, because of relatively high earnings, cannot qualify for Medicaid under one of the other statutory provisions under which disabled working individuals may be eligible for medical assistance.

While Medicaid is designed primarily to cover individuals with limited income and resources, current law provides for continued Medicaid coverage for working disabled individuals with incomes above the normal income standards. Specifically, under

Section 1619(a) of the Social Security Act, individuals can continue to receive Supplemental Security Income (SSI) and Medicaid even if their earned income exceeds the "substantial gainful activity" (SGA) limit of \$500 a month; and

Sections 1619(b) and 1905(q) of the Social Security Act, individuals whose earned income exceeds the maximum amount that will permit payment of an SSI benefit can still receive Medicaid (but not SSI) if they continue to be disabled, meet all other non-disability SSI requirements except for earned income, need Medicaid to continue working, and do not have sufficient income to replace the value of the SSI benefits and the Medicaid benefits they would lose. The amount of income this represents varies from State to State and year to year, but is much higher than the income standards normally applied to Medicaid. The range is from about \$12,000 to over \$32,000 a year. However, individualized calculations can be made in certain instances.

While many persons with disabilities fall within the income levels for eligibility under one of the programs described above, more persons with disabilities may increase their earnings or consider returning to work if they are assured of continued Medicaid coverage beyond the 1619(b) maximums. Because they are disabled and usually have high medical expenses, and often use long-term support services available under Medicaid, they often do not have access to private health insurance coverage, whether through an employer or direct purchase from an insurer. Without access to private health insurance or Medicaid, these individuals, who are estimated to number very few, often cannot afford to pay for their medical care. Under this circumstance, their only alternative may be to stop working, or reduce their work effort, thus reducing their income to a point where they again become eligible for Medicaid.

Section 4733 of BBA allows States to provide Medicaid to these individuals by creating a new optional categorically needy eligibility group. If a State chooses to cover this group, individuals can become eligible for Medicaid if:

they are in a family whose income is less than 250 percent of the federal poverty level for a family of the size involved; and
except for their earned income, they would be considered to be receiving SSI benefits.

Section 4733 also provides that States can require individuals to pay such premiums or other cost-sharing charges, set on a sliding scale based on income, as the State may determine. The amount of the premium or other cost-sharing to be paid, if any, is entirely within each State's discretion. Section 4733 does not require a premium or cost-sharing charges.

This provision is now in effect. We are developing a State Medicaid Manual instruction related to coverage of this group. States wishing to cover this group should submit a Medicaid State Plan

Provided by Robert Briggs

amendment so indicating to their HCFA Regional Office. The amendment should indicate that the State covers this optional categorically needy group and the effective date of the amendment, and should include information on the premiums and cost-sharing charges the State plans to impose.

Enclosed is an explanation of how eligibility is determined for this group.

Any questions about this provision or this letter should be directed to Roy Trudel of my staff at (410) 786-3417.

Sincerely, Sally K. Richardson
Director
Center for Medicaid and State Operations

Enclosure

cc:
All HCFA Regional Administrators

All HCFA Associate Regional Administrators for Medicaid and State Operations

Lee Partridge
American Public Welfare Association

Joy Wilson
National Conference of State Legislatures

Jennifer Baxendell
National Governors' Association

bcc:
CMSO Senior Staff

NOTE: The Policy Described Below Has Been Changed - See the SMD Letter Dated March 9, 1998

Enclosure

Determining Eligibility for Individuals Under Section 4733 of BBA

The eligibility determination for individuals in this group is essentially a sequential two-step process.

1. The first step is a gross income test, based on the family's total combined income, including all earnings. The family's total combined income must be less than 250 percent of the federal poverty level for a family of the size involved. Family income is determined without deductions or exemptions, except for types of income generally excluded under laws other than the Social Security Act; e.g., Agent Orange payments, certain reparations payments, various payments to Native Americans, etc. If the family's income is equal to or exceeds 250 percent of the appropriate poverty level, the individual is not eligible for Medicaid under this provision.

It is up to the State to determine what constitutes a "family" in the context of this provision.

2. Assuming the individual has met the gross income test, the second step is a determination of whether he or she meets the disability, assets, and unearned income standards to receive an SSI benefit. Income of other family members used in Step 1 is not included (unless the individual has an ineligible spouse whose income is subject to the SSI deeming rules). To be eligible under this provision, the individual must meet all SSI eligibility criteria (including categorical requirements).

SSI methodologies are used in making this determination except that all earned income received by the individual is disregarded. The individual's countable unearned income (e.g., title II disability benefits) must be less than the SSI income standard (in 1997, \$484 for an individual). If unearned income equals or exceeds the SSI income standard, the individual is not eligible for Medicaid under this provision.

The individual's countable resources must be equal to or less than the SSI resource standard (\$2,000 for an individual).

There is no requirement that the individual must at one time have been an SSI recipient to be eligible under this provision. However, if the individual was not an SSI recipient, you must do a disability determination to ensure that the individual would meet the eligibility requirements for SSI.



[Return to Medicaid Policies Under the Balanced Budget Act of 1997 Page](#)

Last updated March 10, 1998

	Medicare	Medicaid	Help	Feedback	Search	FAQs
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UNITED STATES CODE ANNOTATED

November 1997
Pamphlet Number 4A
Titles 28 to End

Supplementing 1997 Pocket Parts
and U.S.C.A. Pamphlets Numbered 1, 2, and 3

LAWS

July 3, 1997 to August 13, 1997
Public Laws 105-23 to 105-41

Executive Orders
Rules and Regulations

Tables and Index

Titles 1 to 27 are contained
in Pamphlet No. 4

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Provided by Robert Briggs

expanded without there being a cost to such health care program or to the Federal Government;

(B) whether to extend the demonstration project or make the project permanent; and

(C) whether the terms and conditions of the project should be continued (or modified) if the project is extended or expanded.

(Aug. 14, 1935, c. 531, Title XVIII, § 896, as added Aug. 5, 1997, Pub.L. 105-33, Title IV, § 4016(a), 111 Stat. 337.)

HISTORICAL AND STATUTORY NOTES

Revision Notes and Legislative Reports

1997 Acts, House Report No. 106-149, House Conference Report No. 106-217, and Statement by President, see 1997 U.S. Code Cong. and Adm. News, p. —

Implementation Plan For Veterans Subvention

Section 4016(b) of Pub.L. 105-33 provided that: "Not later than 12 months after the start of the demonstration project, the Secretary of Health and Human Ser-

vice and the Secretary of Veterans Affairs shall jointly submit to Congress a detailed implementation plan for a subvention demonstration project (that follows the model of the demonstration project conducted under section 1896 of the Social Security Act (as added by subsection (a)) [this section] to begin in 1999 for veterans (as defined in section 101 of title 38, United States Code) that are eligible for benefits under title XVIII of the Social Security Act [this subchapter]."

SUBCHAPTER XIX—GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS

§ 1396a. State plans for medical assistance

(a) Contents

A State plan for medical assistance must—

(1) provide that it shall be in effect in all political subdivisions of the State, and, if administered by them, be mandatory upon them;

(2) provide for financial participation by the State equal to not less than 40 per centum of the non-Federal share of the expenditures under the plan with respect to which payments under section 1396b of this title are authorized by this subchapter; and, effective July 1, 1969, provide for financial participation by the State equal to all of such non-Federal share or provide for distribution of funds from Federal or State sources, for carrying out the State plan, on an equalization or other basis which will assure that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan;

(3) provide for granting an opportunity for a fair hearing before the State agency to any individual whose claim for medical assistance under the plan is denied or is not acted upon with reasonable promptness:

(See 1997 Pamphlet No. 2 for text of (3))

(5) either provide for the establishment or designation of a single State agency to administer or to supervise the administration of the plan; or provide for the establishment or designation of a single State agency to administer or to supervise the administration of the plan, except that the determination of eligibility for medical assistance under the plan shall be made by the State or local agency administering the State plan approved under subchapter I or XVI of this chapter (insofar as it relates to the aged) if the State is eligible to participate in the State plan program established under subchapter XVI of this chapter, or by the agency or agencies administering the supplemental security income program established under subchapter XVI or the State plan approved under part A of subchapter IV of this chapter if the State is not eligible to participate in the State plan program established under subchapter XVI of this chapter;

(6) provide that the State agency will make such reports, in such form and containing such information, as the Secretary may from time to time require, and comply with such provisions as the Secretary may from time to time find necessary to assure the correctness and verification of such reports;

(7) provide safeguards which restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan;

(8) provide that all individuals wishing to make application for medical assistance under the plan shall have opportunity to do so, and that such assistance shall be furnished with reasonable promptness to all eligible individuals;

(9) provide—

(A) that the State health agency, or other appropriate State medical agency (whichever is utilized by the Secretary for the purpose specified in the first sentence of section 1396aa(a) of this title), shall be responsible for establishing and maintaining health standards for private

or public institutions in which recipients of medical assistance under the plan may receive care or services,

(B) for the establishment or designation of a State authority or authorities which shall be responsible for establishing and maintaining standards, other than those relating to health, for such institutions, and

(C) that any laboratory services paid for under such plan must be provided by a laboratory which meets the applicable requirements of section 1396x(e)(9) of this title or paragraphs (16) and (17)¹ of section 1396x(a) of this title, or, in the case of a laboratory which is in a rural health clinic, of section 1396x(aa)(2)(G) of this title;

(10) provide—

(A) for making medical assistance available, including at least the care and services listed in paragraphs (1) through (5), (17) and (21) of section 1396d(a) of this title, to—

(i) all individuals—

(I) who are receiving aid or assistance under any plan of the State approved under subchapter I, X, XIV, or XVI of this chapter, or part A or part E of subchapter IV of this chapter (including individuals eligible under this subchapter by reason of section 602(a)(37), 606(h), or 673(b) of this title, or considered by the State to be receiving such aid as authorized under section 682(e)(6) of this title),

(II) with respect to whom supplemental security income benefits are being paid under subchapter XVI of this chapter (or were being paid as of the date of the enactment of section 211(a) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193)) and would continue to be paid but for the enactment of that section or who are qualified severely impaired individuals (as defined in section 1396d(q) of this title),

(III) who are qualified pregnant women or children as defined in section 1396d(n) of this title,

(IV) who are described in subparagraph (A) or (B) of subsection (l)(1) of this section and whose family income does not exceed the minimum income level the State is required to establish under subsection (l)(2)(A) of this section for such a family;¹

(V) who are qualified family members as defined in section 1396d(m)(1) of this title;¹

(VI) who are described in subparagraph (C) of subsection (l)(1) of this section and whose family income does not exceed the income level the State is required to establish under subsection (l)(2)(B) of this section for such a family, or

(VII) who are described in subparagraph (D) of subsection (l)(1) of this section and whose family income does not exceed the income level the State is required to establish under subsection (l)(2)(C) of this section for such a family;

(ii) at the option of the State, to any group or groups of individuals described in section 1396d(a) of this title (or, in the case of individuals described in section 1396d(a)(1) of this title, to any reasonable categories of such individuals) who are not individuals described in clause (i) of this subparagraph but—

(I) who meet the income and resources requirements of the appropriate State plan described in clause (i) or the supplemental security income program (as the case may be),

(II) who would meet the income and resources requirements of the appropriate State plan described in clause (i) if their work-related child care costs were paid from their earnings rather than by a State agency as a service expenditure,

(III) who would be eligible to receive aid under the appropriate State plan described in clause (i) if coverage under such plan was as broad as allowed under Federal law,

(IV) with respect to whom there is being paid, or who are eligible, or would be eligible if they were not in a medical institution, to have paid with respect to them, aid or assistance under the appropriate State plan described in clause (i), supplemental security income benefits under subchapter XVI of this chapter, or a State supplementary payment;¹

(V) who are in a medical institution for a period of not less than 30 consecutive days (with eligibility by reason of this subclause beginning on the first day of such period), who meet the resource requirements of the appropriate State plan described in clause (i) or the supplemental security income program, and whose income does not exceed a separate income standard established by the State which is consistent with the limit established under section 1396b(f)(4)(C) of this title,

(VI) who would be eligible under the State plan under this subchapter if they were in a medical institution, with respect to whom there has been a determination that but for the provision of home or community-based services described in subsection (c), (d), or (e) of section 1396n of this title they would require the level of care provided in a hospital, nursing facility or intermediate care facility for the mentally retarded the cost of which could be reimbursed under the State plan, and who will receive home or community-based services pursuant to a waiver granted by the Secretary under subsection (c), (d), or (e) of section 1396n of this title.

(VII) who would be eligible under the State plan under this subchapter if they were in a medical institution, who are terminally ill, and who will receive hospice care pursuant to a voluntary election described in section 1396d(o) of this title;¹

(VIII) who is a child described in section 1396d(a)(i) of this title—

(aa) for whom there is in effect an adoption assistance agreement (other than an agreement under part E of subchapter IV of this chapter) between the State and an adoptive parent or parents.

(bb) who the State agency responsible for adoption assistance has determined cannot be placed with adoptive parents without medical assistance because such child has special needs for medical or rehabilitative care, and

(cc) who was eligible for medical assistance under the State plan prior to the adoption assistance agreement being entered into, or who would have been eligible for medical assistance at such time if the eligibility standards and methodologies of the State's foster care program under part E of subchapter IV of this chapter were applied rather than the eligibility standards and methodologies of the State's aid to families with dependent children program under part A of subchapter IV of this chapter;¹

(IX) who are described in subsection (l)(1) of this section and are not described in clause (l)(IV), clause (i)(VI), or clause (i)(VII);¹

(X) who are described in subsection (m)(1) of this section;¹

(XI) who receive only an optional State supplementary payment based on need and paid on a regular basis equal to the difference between the individual's countable income and the income standard used to determine eligibility for such supplementary payment (with countable income being the income remaining after deductions as established by the State pursuant to standards that may be more restrictive than the standards for supplementary security income benefits under subchapter XVI of this chapter), which are available to all individuals in the State (but which may be based on different income standards by political subdivision according to cost of living differences), and which are paid by a State that does not have an agreement with the Commissioner of Social Security under section 1382e or 1383c of this title;

(XII) who are described in subsection (z)(1) of this section (relating to certain TB-infected individuals);

(XIII) who are in families whose income is less than 250 percent of the income official poverty line (as defined by the Office of Management and Budget, and revised annually in accordance with section 9902(2) of this title) applicable to a family of the size involved, and who but for earnings in excess of the limit established under section 1396d(q)(2)(B) of this title, would be considered to be receiving supplemental security income (subject, notwithstanding section 1396o of this title, to payment of premiums or other cost-sharing charges (set on a sliding scale based on income) that the State may determine); or

(XIV) who are optional targeted low-income children described in section 1396d(u)(2)(C) of this title;¹

(B) that the medical assistance made available to any individual described in subparagraph (A)—

(i) shall not be less in amount, duration, or scope than the medical assistance made available to any other such individual, and

(ii) shall not be less in amount, duration, or scope than the medical assistance made available to individuals not described in subparagraph (A);

(C) that if medical assistance is included for any group of individuals described in section 1396d(a) of this title who are not described in subparagraph (A) or (E), then—

(i) the plan must include a description of (I) the criteria for determining eligibility of individuals in the group for such medical assistance, (II) the amount, duration, and scope of medical assistance made available to individuals in the group, and (III) the single

standard to be employed in determining income and resource eligibility for all such groups, and the methodology to be employed in determining such eligibility, which shall be no more restrictive than the methodology which would be employed under the supplemental security income program in the case of groups consisting of aged, blind, or disabled individuals in a State in which such program is in effect, and which shall be no more restrictive than the methodology which would be employed under the appropriate State plan (described in subparagraph (A)(i)) to which such group is most closely categorically related in the case of other groups;

(ii) the plan must make available medical assistance—

(I) to individuals under the age of 18 who (but for income and resources) would be eligible for medical assistance as an individual described in subparagraph (A)(i), and

(II) to pregnant women, during the course of their pregnancy, who (but for income and resources) would be eligible for medical assistance as an individual described in subparagraph (A);

(iii) such medical assistance must include (I) with respect to children under 18 and individuals entitled to institutional services, ambulatory services, and (II) with respect to pregnant women, prenatal care and delivery services; and

(iv) if such medical assistance includes services in institutions for mental diseases or in an intermediate care facility for the mentally retarded (or both) for any such group, it also must include for all groups covered at least the care and services listed in paragraphs (1) through (6) and (17) of section 1396d(a) of this title or the care and services listed in any 7 of the paragraphs numbered (1) through (24) of such section;

(D) for the inclusion of home health services for any individual who, under the State plan, is entitled to nursing facility services; and

(E)(i) for making medical assistance available for medicare cost-sharing (as defined in section 1396d(p)(3) of this title) for qualified medicare beneficiaries described in section 1396d(p)(1) of this title;

(ii) for making medical assistance available for payment of medicare cost-sharing described in section 1396d(p)(3)(A)(i) of this title for qualified disabled and working individuals described in section 1396d(a) of this title;

(iii) for making medical assistance available for medicare cost sharing described in section 1396d(p)(3)(A)(ii) of this title subject to section 1396d(p)(4) of this title, for individuals who would be qualified medicare beneficiaries described in section 1396d(p)(1) of this title but for the fact that their income exceeds the income level established by the State under section 1396d(p)(2) of this title but is less than 110 percent in 1993 and 1994, and 120 percent in 1995 and years thereafter of the official poverty line (referred to in such section) for a family of the size involved; and

(iv) subject to sections 1396u-3 and 1396d(p)(4) of this title, for making medical assistance available (but only for premiums payable with respect to months during the period beginning with January 1998, and ending with December 2002)—

(I) for medicare cost-sharing described in section 1396d(p)(3)(A)(ii) of this title for individuals who would be qualified medicare beneficiaries described in section 1396d(p)(1) of this title but for the fact that their income exceeds the income level established by the State under section 1396d(p)(2) of this title and is at least 120 percent but less than 135 percent, of the official poverty line (referred to in such section) for a family of the size involved and who are not otherwise eligible for medical assistance under the State plan, and

(II) for the portion of medicare cost-sharing described in section 1396d(p)(3)(A)(ii) of this title that is attributable to the operation of the amendments made by (and subsection (e)(3) of) section 4611 of the Balanced Budget Act of 1997 for individuals who would be described in subclause (I) if "135 percent" and "175 percent" were substituted for "120 percent" and "135 percent" respectively; and

(F) at the option of a State, for making medical assistance available for COBRA premiums (as defined in subsection (u)(2) of this section) for qualified COBRA continuation beneficiaries described in subsection (u)(1) of this section;

except that (i) the making available of the services described in paragraph (4), (14), or (16) of section 1396d(a) of this title to individuals meeting the age requirements prescribed therein shall not, by reason of this paragraph (10), require the making available of any such services, or the making available of such services of the same amount, duration, and scope, to individuals of any other ages, (ii) the making available of supplementary medical insurance benefits under part B of subchapter XVIII of this chapter to individuals eligible therefor (either pursuant to an agreement entered into under section 1396v of this title or by reason of the payment of premiums under such

HCR

18

SENATE COMMITTEE REPORT

DATE: 5/5/97

FURTHER:

DATE TURNED IN TO OFFICE: 5/7/97

HESS Committee considered HOUSE CONCURRENT RESOLUTION NO. 18

Declaring 1997 to be observed as the 80th Anniversary of the University of Alaska Fairbanks and recognizing the vital role played by the University of Alaska Fairbanks.

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 change
- | new: SCR* _____

SIGNING: <u>DO PASS</u>	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>[Signature]</i>	✓				
<i>Loren D. Leman</i>	✓				
<i>Lynne Greer</i>	✓				
CHAIR: <i>Gordon Uebel</i>	✓				

NEW FISCAL NOTE(S):

Department Date Zero Fiscal

Leg. Affairs	4/25/97	p		

PREVIOUS FISCAL NOTE(S):*

Department Date Zero Fiscal

| APPROPRIATION -- no fiscal note

*Include fiscal notes accompanying Governor's bill



NEWS FAX RELEASE

University Relations • 202 Eielson • Fairbanks, Alaska • 907-75-7520 • (907) 474-7581 • Fax (907) 474-8492

UAF CELEBRATES 80TH ANNIVERSARY THIS YEAR

FOR IMMEDIATE RELEASE
March 28, 1997

Fairbanks, Alaska — The bill to accept a federal land grant to create a university in Alaska was introduced in the Territorial Legislature 80 years ago in March. Two months later, after rigorous debate, the bill passed.

On May 3, 1917, with a stroke of his pen, Alaska Territorial Gov. John Strong signed the bill to create the Alaska Agricultural College and School of Mines, known today as the University of Alaska Fairbanks.

Throughout this year, UAF will celebrate 80 years of progress in higher education. In the eight decades since its founding, UAF has played a major role in the economic development, growth and diversification of Alaska, from territorial days to statehood and now into the 21st century.

Today UAF serves 113 communities statewide through its education, public service and research activities, and is the only university in Alaska offering degrees at the Ph.D. level.

Back in 1915, the U.S. Congress provided a land grant of approximately 250,000 acres to the Territory of Alaska for a college in Fairbanks. An additional 100,000 acres was granted by Congress in 1929, but under the Statehood Act all rights to the additional land were extinguished, as were the rights to receive 150,000 acres of unsurveyed sections of the Tanana Valley.

- more -

UAF is Alaska's only land-grant college, but today its acreage is one the smallest of any land-grant universities in the nation. Of the nearly 350,000 acres originally earmarked by Congress for America's Farthest North College, only 100,000 acres remain.

Alaskans lobbied for a college in the territory believing that the scientific methods developed at the institution would help stabilize the frontier's gold-based, boom-bust economy.

On a hill overlooking Fairbanks, volunteers cleared a roadway to the area where spectators witnessed the laying of the cornerstone for the college on July 4, 1915.

Meeting in 1919, the Territorial Legislature failed to make an appropriation for the college, so the AACSM didn't receive any money until the next session, in 1921.

That year, Charles Bunnell was selected as the university's first president and campus construction began. When it finally opened its doors in 1922, the Alaska Agricultural College and School of Mines had six students, six faculty and one administrator. At the end of that school year, 14 regular students were attending. Only five courses were offered — agriculture, general science, engineering, home economics and mining engineering.

In 1935 the name of the Alaska Agricultural College and School of Mines was changed to the University of Alaska to reflect the institution's growing statewide population and influence on statewide affairs.

By 1940 a record enrollment of 310 fulltime students was almost too much for the campus to handle. The campus consisted of three residence halls, a library/gymnasium, a new power plant and the Eielson Building.

Although wartime enrollment plummeted to 50 students, Congress in 1946, established the Geophysical Institute at UAF. The GI has since earned

an international reputation, and is the only research and academic center for geophysics in the U.S. focusing on high-latitude geophysical phenomena.

During the 1950s and 1960s, the university began offering its programs to all regions of Alaska and established itself as a community partner.

When the Chena River flooded downtown Fairbanks in August 1967, residents sought refuge at UAF, which was soon dubbed "evacuation city." Shelter, food and medical attention were provided at residence halls, the gymnasium and in classrooms. The campus community of 700 swelled into a small city of 7,000 people.

The 1970s were a time of expansion. In 1975, the statewide system of the University of Alaska was established, but rock-bottom oil prices in the mid-1980s led to the restructuring of the system. Administration was streamlined and the state's four-year institutions in Anchorage, Fairbanks and Juneau were given responsibility for former community college missions. UAF's branch campuses are located in Bethel, Dillingham, Kotzebue, Nome and the Interior.

Throughout the 1990s, UAF developed a number of initiatives to address continued deficits to its budget, including downsizing of administration and elimination of programs.

In 1992, the university began closing its doors over winter break and asked its employees to take leave without pay during that time to help defray budget shortfalls. A successful \$13 million private fund-raising effort that year was the first-ever launched by the university.

As UAF prepares for the 21st century, the institution is building on 80 years of traditions to maintain its national stature as a top research and teaching university. With an emphasis on high latitudes, UAF continues to provide information on issues of national and international concern.

CONTACT: UAF Public Information Officer Debra Damron, (907) 474-7122.

UAF News releases available electronically at:
<http://www.uaf.edu/univrel/media/index.html>

FISCAL NOTE

STATE OF ALASKA
1997 LEGISLATIVE SESSION

NO. _____ No. 1
BILL VERSION: Bill Version: HCR 18
PUBLISH DATE: (H) Publish Date: 4/30/97

Revision Date: _____
Title: Declaring 1997 to be observed as the
80th Anniversary of the University of Alaska Fairbanks...
Sponsor: Representative Davies
Requestor: House HESS

Department Affected: Legislative Affairs Agency
BRU: All
Component: All

COMPONENT SERIAL NO:

Expenditures/Revenues: (Thousands of Dollars)

OPERATING	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	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	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
---------------------	---	---	---	---	---	---

FUNDING: (Thousands of Dollars)

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

POSITIONS:

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

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary)

Zero fiscal impact.

Prepared By: Karla Schofield, Deputy Director
Division: Administrative Services

Karla Schofield

Phone: 465-3852

Date: 4/25/97

Approved By: Pamela A. Varni, Executive Director
Agency: Legislative Affairs Agency

Pamela A. Varni

Date: 4/25/97

HCR

19

DATE: 5/8/97

FURTHER:

DATE TURNED IN TO OFFICE: 3/5/98

HESS Committee considered

HOUSE CONCURRENT RESOLUTION NO. 19

Relating to the Alaska Council of Deaf, Hard of Hearing, and Deaf/Blind.

and recommends:

- be replaced with S CS HCR 19 (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 change
 - new: SCR#

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>Loren A. Jensen</i>	✓				
<i>Lylee Olsen</i>	✓				
CHAIR: <i>Constance</i>	✓	CHAIR:			

NEW FISCAL NOTE(S):

Department	Date	Zero	Fiscal
<i>Leg Affairs Agency</i>	<i>2/3/98</i>	✓	

PREVIOUS FISCAL NOTE(S):*

Department	Date	Zero	Fiscal
<i>Leg Affairs Agency</i>	<i>4/25/97</i>	✓	

APPROPRIATION -- no fiscal note

*include fiscal notes accompanying Governor's bill

FISCAL NOTE

STATE OF ALASKA
1998 LEGISLATIVE SESSION

NO. _____
BILL VERSION: HCR19
PUBLISH DATE: _____

Revision Date: _____
Title: "Relating to the Alaska Council of the Deaf, Hard of Hearing, and Deaf/Blind."
Sponsor: Representative Bunde
Requestor: Senate HESS

Department Affected: Legislative Affairs Agency
BRU: All
Component: All

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	0	0	0	0	0	0
CONTRACTUAL	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	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	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER FUND SOURCE						
TOTAL	0	0	0	0	0	0

POSITIONS:

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

Estimate of current year impact: _____

ANALYSIS: (Attach a separate page if necessary)

Zero fiscal impact to the Legislative Affairs Agency.

Prepared By: Karla Schofield, Deputy Director *Karla Schofield* Phone: 465-3852
Division: Administrative Services Date: 2/3/98

Approved By: Pamela A. Varni, Executive Director *Pamela Varni*
Agency: Legislative Affairs Agency Date: 2/3/98

Distribution (by preparer): Leg. Finance, Legislative Sponsor, Requestor, OMB, Gov. , & Impacted Agency(ies).

SENATE CS FOR HOUSE CONCURRENT RESOLUTION NO. 19()

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY

**Offered:
Referred:**

Sponsor(s): REPRESENTATIVES BUNDE, Brice, Berkowitz, Dyson, Croft, Rokeberg, James, Ryan, Kemplen

A RESOLUTION

1 Relating to the Alaska Deaf, Hard of Hearing, and Deafblind Council.

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

3 WHEREAS Alaska has a long-standing commitment to serving its disabled citizens,
4 including the deaf, hard of hearing, and deafblind; and

5 WHEREAS, based on national average rates, Alaska's population probably includes
6 approximately 60,000 people who have hearing loss ranging from mild to severe; and

7 WHEREAS Alaska lifestyles include many activities that can cause hearing
**8 impairment, including travel by air and operation of four-wheelers, chain saws, snow
9 machines, and other equipment; and**

10 WHEREAS, although the hearing impaired represent the largest disability group in the
11 United States, they are one of the most misunderstood and least served disability groups; and

12 WHEREAS the deaf, hard of hearing, and deafblind require many types of services,
**13 including rehabilitation, education, deaf interpretation, independent living, correctional, and
14 mental health services; and**

15 WHEREAS many deaf, hard of hearing, and deafblind Alaskans experience drug and
**16 alcohol problems and live in communities with limited or no access to appropriate services;
17 and**

1 **WHEREAS** the several agencies, offices, and councils that provide services to the
2 deaf, hard of hearing, and deafblind often develop policies and programs without adequate
3 input from professional providers of these services or their consumers; and

4 **WHEREAS** coordination of services for this disability group could result in more
5 efficient and effective service delivery; and

6 **WHEREAS** the Alaska Deaf, Hard of Hearing, and Deafblind Council (ADC) has been
7 operating unofficially for several years as a referral center and clearinghouse of information
8 for the deaf, hard of hearing, and deafblind; and

9 **WHEREAS** several agencies that provide services to Alaska's deaf, hard of hearing,
10 and deafblind residents have expressed willingness to expand their financial support of the
11 ADC in order to extend its effectiveness; and

12 **WHEREAS** the ADC has obtained a business license ^{ADO} and is working to obtain tax-
13 ~~exempt status in the State of Alaska and to achieve certification as a nonprofit organization~~
14 ~~under sec. 501(c)(3) of the federal tax code; and~~

15 **WHEREAS** additional visibility in the community of the deaf, hard of hearing, and
16 deafblind, and the providers of professional services to these consumers, would help the ADC
17 attract additional funding through grants, private fund raising, and donations; and

18 **WHEREAS** operation of the ADC does not require, nor is expected to require, funding
19 from state government;

20 **BE IT RESOLVED** that the Alaska State Legislature recognizes the Alaska Deaf,
21 Hard of Hearing, and Deafblind Council (ADC) as a statewide information clearinghouse and
22 services referral center for issues affecting the deaf, hard of hearing, and deafblind; and be it

23 **FURTHER RESOLVED** that private citizens, state agencies, schools, social service
24 providers, private foundations, and all other parties who deal with the deaf, hard of hearing,
25 and deafblind are encouraged to support the ADC and to use its services whenever
26 appropriate.

27 **A COPY** of this resolution shall be sent to the Alaska Deaf, Hard of Hearing, and
28 Deafblind Council, 731 Gambell, Suite 200, Anchorage, AK 99501-3754.

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

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

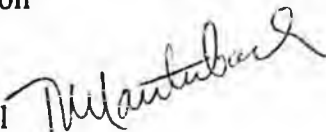
130 Seward Street, Suite 409
Juneau, Alaska 99801-2105

MEMORANDUM

February 5, 1998

SUBJECT: Title change for a concurrent resolution

TO: Senator Gary Wilken, Chair
Health, Education and Social Services Committee
Attn: Sheila Peterson

FROM: Terri Lauterbach
Legislative Counsel 

You have asked whether the Senate may, without passing a special "title change" resolution, change the title of a concurrent resolution that originated in the House.

It is our opinion that the rules prohibiting a change in title of a bill by the second house after the bill is passed by the house of origin do not apply to concurrent resolutions. Uniform Rule 24(c), 35, 41, and 42, addressing the title change question, each apply specifically to bills and do not mention resolutions. Rule 49(a)(3) sets out the method for adopting a concurrent resolution and does not require the formalities used in adopting a bill. Because the rules dealing with title changes specifically apply to bills and because a concurrent resolution is not treated like a bill under the Uniform Rules, the rules dealing with title changes do not apply to concurrent resolutions.

On the other hand, a joint resolution is ". . . treated in all respects as a bill . . ." under Uniform Rule 49(5), so the rules dealing with title changes do apply to joint resolutions. In order to change the title of a joint resolution those rules would need to be suspended, just as is done in the case of a bill.

TML:jdr
98-068.jdr

Version Submitted

SENATE CS FOR HOUSE CONCURRENT RESOLUTION NO. 19(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTIETH LEGISLATURE - SECOND SESSION

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVES BUNDE, Brice, Berkowitz, Dyson, Croft, Rokeberg, James, Ryan, Kemplen

A RESOLUTION

1 Relating to the Alaska Deaf, Hard of Hearing, and Deafblind Council.

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

3 WHEREAS Alaska has a long-standing commitment to serving its disabled citizens,
4 including the deaf, hard of hearing, and deafblind; and

5 WHEREAS, based on national average rates, Alaska's population probably includes
6 approximately 60,000 people who have hearing loss ranging from mild to severe; and

7 WHEREAS Alaska lifestyles include many activities that can cause hearing
8 impairment, including travel by air and operation of four-wheelers, chain saws, snow
9 machines, and other equipment; and

10 WHEREAS, although the hearing impaired represent the largest disability group in the
11 United States, they are one of the most misunderstood and least served disability groups; and

12 WHEREAS the deaf, hard of hearing, and deafblind require many types of services,
13 including rehabilitation, education, deaf interpretation, independent living, correctional, and
14 mental health services; and

15 WHEREAS many deaf, hard of hearing, and deafblind Alaskans experience drug and
16 alcohol problems and live in communities with limited or no access to appropriate services;

17 and

Evidently the national average, ^{of those} who have a hearing loss is approximately 10%. SCS HCR 19(HES)

1 **WHEREAS** the several agencies, offices, and councils that provide services to the
2 deaf, hard of hearing, and deafblind often develop policies and programs without adequate
3 input from professional providers of these services or their consumers; and

4 **WHEREAS** coordination of services for this disability group could result in more
5 efficient and effective service delivery; and

The Council
name
was
changed.

6 **WHEREAS** the Alaska Deaf, Hard of Hearing, and Deafblind Council (ADC) has been
7 operating unofficially for several years as a referral center and clearinghouse of information
8 for the deaf, hard of hearing, and deafblind; and

9 **WHEREAS** several agencies that provide services to Alaska's deaf, hard of hearing,
10 and deafblind residents have expressed willingness to expand their financial support of the
11 ADC in order to extend its effectiveness; and

This past year the Council
obtain the

12 **WHEREAS** the ADC has obtained a business license and certification as a nonprofit license
13 organization under sec. 501(c)(3) of the federal tax code; and

14 **WHEREAS** additional visibility in the community of the deaf, hard of hearing, and
15 deafblind, and the providers of professional services to these consumers, would help the ADC
16 attract additional funding through grants, private fund raising, and donations; and

17 **WHEREAS** operation of the ADC does not require, nor is expected to require, funding
18 from state government;

19 **BE IT RESOLVED** that the Alaska State Legislature recognizes the Alaska Deaf,
20 Hard of Hearing, and Deafblind Council (ADC) as a statewide information clearinghouse and
21 services referral center for issues affecting the deaf, hard of hearing, and deafblind; and be it

22 **FURTHER RESOLVED** that private citizens, state agencies, schools, social service
23 providers, private foundations, and all other parties who deal with the deaf, hard of hearing,
24 and deafblind are encouraged to support the ADC and to use its services whenever
25 appropriate.

26 A COPY of this resolution shall be sent to the Alaska Deaf, Hard of Hearing, and
27 Deafblind Council, 731 Gambell, Suite 200, Anchorage, AK 99501-3754.

Alaska State Legislature

CHAIR
HOUSE HEALTH, EDUCATION
& SOCIAL SERVICES COMMITTEE

VICE-CHAIR
HOUSE JUDICIARY COMMITTEE

MEMBER
LEGISLATIVE BUDGET & AUDIT COMMITTEE
HOUSE SPECIAL COMMITTEE ON OIL & GAS
SELECT COMMITTEE ON LEGISLATIVE ETHICS



REPRESENTATIVE CON BUNDE

District 18

DURING SESSION
STATE CAPITOL, ROOM 104
JUNEAU, AK 99801-1182
(907) 465-4843 (800) 892-4843

DURING INTERIM
716 W. FOURTH AVE.
ANCHORAGE, AK 99501-2133
(907) 258-8168

E-MAIL
Representative_Con_Bundo@legis.state.ak.us

SPONSOR STATEMENT House Concurrent Resolution 19

HCR 19 is designed to offer recognition and encouragement to a volunteer, non-profit organization dedicated to improving the quality of services available to assist Alaska's deaf, hard-of-hearing and deafblind citizens.

The Alaska Deaf, Hard of Hearing, and Deafblind Council has already operated for three years. Its members are drawn from several non-profit organizations operating in Southeast, Interior and Southcentral Alaska, and from representatives of state councils dealing with this community.

They established this Council to address the need for a central clearinghouse of information on the services available to and needed by the community of deaf, hard-of-hearing and deafblind Alaskans. The Council is not so much a warehouse providing services, as a library and forum where information about these services is available for consumers and providers to share.

While many individuals, agencies and institutions serving this community have good intentions, they are hampered by their isolation from the large body of knowledge on deaf, hard of hearing and deafblind issues available elsewhere.

The deaf, hard of hearing and deaf-blind comprise a distinct cultural and linguistic minority, different from the mainstream linguistic and cultural population. Resources for these Alaskans are limited and fragmented. Qualified professionals are rare. Standards of performance do not exist for most of those attempting to provide human services to them.

Up to 60,000 Alaskans have some kind of hearing loss. While some hearing loss is caused by the effects of snowmachines, chainsaws or industrial noise, most deafness in Alaska is rooted in genetics, or in the effects of childhood ear infections.

At least 40 states have recognized councils, commissions or task forces relating to the deaf. This resolution will provide the Alaska Council the increased prominence in our state that will encourage various individuals, organizations and agencies to utilize its services. It will also encourage non-profits to continue offering this Council their financial and organizational support.

It is important to note several things this resolution does not do. It does not create any new state council, agency, or panel. It does not establish this Council as the sole voice of the Alaska's deaf, hard of hearing and deaf/blind. It does not bar any other organization from providing any services it might want to provide to any or all elements of this community. And, significantly, it does not cost the state a penny.

I encourage you to support this resolution to recognize and encourage the Alaska Deaf, Hard of Hearing, and Deafblind Council to continue its work, sharing information and fostering understanding to improve the quality of services available to these Alaskans.

Provided by



TONY KNOWLES, GOVERNOR
State of Alaska

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

P.O. Box 240249 • Anchorage, Alaska 99524-0249 • Phone: 907-269-8990 • Fax: 907-269-8995

April 28, 1997

Representative Con Bunde
Alaska State Legislature
State Capitol (MS 3100)
Juneau, Alaska 99801 - 1182

Dear Representative Bunde:

SUBJECT: Support for HCR 19

The Governor's Council on Disabilities and Special Education (Council) supports the passage of HCR 19. We are pleased that the State Legislature recognizes the concerns of Alaskans who are deaf or hard of hearing.

Under state law, the Council has a responsibility to plan, evaluate, and promote services for people with developmental disabilities who are deaf. However, many people who are deaf or hard of hearing may not have a developmental disability.

Should HCR 19 pass, we will be pleased to work with the Alaska Council of Deaf, Hard of Hearing, and Deaf/Blind (ACDHHDB) on matters of public policy that affect people who are deaf or hard of hearing. An organization such as the ACDHHDB that works to resolve differences among the leadership in the deaf community and that will continue to focus on strategies to meet the needs of people who are deaf can play an important role in public policy.

Quite frankly, we all know how important it is to gain efficiencies in state operations and improve cooperation among local organizations. However, the legislature must go beyond this resolution and support people who are deaf by adequately appropriating funds for the hearing services such as those provided by Medicaid, special education, or through the Division of Vocational Rehabilitation.

Again, thank you for recognizing a group of hard working Alaskans who attempt to work collaboratively to improve the lives of others. If you have any questions, please call the Council's Executive Director, David Maltman, at 907 269 8990.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Dodge".

Nancy Dodge
Chairperson



Rep. Con Bunde, Chair
 HESS Committee
 State Capitol
 Juneau, AK 99801-1182

Dear Representative Bunde,

The Board of Directors for the Alaska Center for Blind and Deaf Adults want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

This council is of great significance to our consumers since it will represent the voice of the communities for the Deaf, Hard-of-Hearing, and Deaf-Blind citizens of Alaska. The council will provide vital information concerning issues and statistics of our population. This council is of no expense to the state government since the agencies serving these individuals share the costs to operate the council.

Thank you for your support.

Sincerely,

Jeri Powers
 Secretary/Treasurer
 AkCBDA Board of Directors

AGENCY BUSINESS OFFICE

731 Gambell, Suite 200
 Anchorage, AK 99501-3754
 (907) 276-3456 Voice
 (907) 258-2232 TTY
 (907) 279-0341 FAX

CENTER FOR BLIND ADULTS

3903 Taft Drive
 Anchorage, AK 99517-3069
 (907) 248-7770 Voice
 (907) 248-7517 FAX
 (800) 770-7517 AK

CENTER FOR DEAF ADULTS

731 Gambell, Suite 200
 Anchorage, AK 99501-3754
 (907) 276-3456 Voice
 (907) 258-2232 TTY
 (907) 279-0341 FAX
 (800) 770-3456 AK

INTERPRETER REFERRAL LINE

731 Gambell, Suite 200
 Anchorage, AK 99501-3754
 (907) 277-3323 Voice
 (907) 277-0135 TTY
 (907) 279-0341 FAX



April 29, 1997

To: House HESS Committee Members (C. Bunde, Chair)

Subject: House Concurrent Resolution 19

As Executive Director of Southeast Alaska Independent Living, I am writing this letter to both support the intentions of the above-referenced Concurrent Resolution and to encourage the House HESS Committee to recommend adoption of the resolutions as written.

This resolution will, for the first time, officially recognize the unique and specialized needs of a significant portion of Alaska's disabled population who are deaf, hard of hearing, or deaf/blind. Information available from the Alaska Department of Education documents significant numbers of children with hearing disabilities (including children who are both deaf and blind) who will benefit from adoption of these resolutions. In addition, as the population of Alaska ages, significant hearing loss, sometimes combined with vision loss, can and does occur. This results in greater numbers of people who experience hearing disabilities and consequently require many types of specialized services such as: vocational, rehabilitative, educational, communication, independent living, correctional, substance abuse, and mental health.

The Alaska Council of Deaf, Hard of Hearing, and Deaf/Blind is willing to provide services as a referral center and clearinghouse of information for and about the deaf, hard of hearing, and deaf/blind, and **does not require or expect to require funding from state government**. It is clear that coordination of services for the designated disability groups will result in more efficient and effective service delivery statewide, ensuring accurate facilitation of policy and program development.

April 28, 1997

Adoption of the resolution can have only positive results.

Legislative encouragement of private citizens, state agencies, schools, social service providers, private foundations and all other parties working with or providing services to the deaf, hard of hearing, and/or deaf/blind to support the ACDHHDB and to use its services whenever appropriate will certainly be a significant milestone. It is also notable that other agencies, offices, and councils that provide services to the deaf, hard of hearing, and deaf/blind support this resolution. SAIL is one example; SAIL staff provide independent living services to people with disabilities throughout its service area. SAIL demonstrates consumer-driven and consumer-focused programs for people from all disability groups, some of whom are deaf, hard of hearing, and deaf/blind. This consumer-focused orientation is the exception, however, rather than the rule in organizational service delivery statewide. Adoption of the resolution will encourage and redirect service agencies and other service providers to available resources from consumers and professionals who can insure that service delivery recipients have their needs met on an ongoing basis.

Your conscientious actions toward adoption of this resolution are greatly appreciated.

Sincerely,



Constance E. Anderson
Executive Director



DEAF COMMUNITY SERVICES

Serving individuals and families throughout Alaska

February 27, 1997

Representative Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative Con Bunde,

We want to express our deep appreciation and support for the resolution which we discussed with you during our visits in Juneau on February 12th, 1997. This resolution will establish the recognition of the Alaska Deaf, Hard of Hearing, and Deaf/Blind Council, (ADC) as a statewide advisory council which will function to coordinate services and identify needs and funding at the national level.

This council is of great importance to individuals who are Deaf, Deaf/Blind or Hard of Hearing. It will represent the one voice of a community of diverse individuals and professionals who are most familiar with and qualified to provide vital services and information concerning issues about our population. The state will bear no expense, as the agencies involved in these services already share the cost of operating this Council. Too often decisions and policies regarding services for Deaf, Deaf/Blind and Hard of Hearing people are made by administrators and state employees who have little knowledge or training in this very specific field. We, as concerned citizens living in the state of Alaska, urge your support and prompt development of this resolution. We will be more than eager to assist you in any way we can to facilitate this process.

With Sincerest Gratitude,

A handwritten signature in cursive script, appearing to read "Daniel A. LaBrosse".

Daniel A. LaBrosse
Executive Director

Technology Connection • Interpreter Referral • Independent Living

475 Hall Street, Fairbanks, Alaska 99701-4969

(907) 456-5913 voice — (907) 451-4889 TTY

Fax 456-2604 — 1 (800) 847-0939

661411

ALASKA REGISTRY OF INTERPRETERS FOR THE DEAF

P.O. Box 202010
Anchorage, AK 99520-2010

April 29, 1997

Representative Con Bunde
Hess Committee
State Capital
Juneau, AK 99801-1182

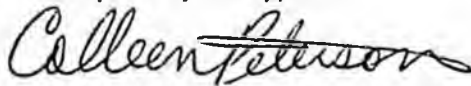
Dear Representative Bunde.

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard of Hearing, and Deaf Blind council (ADC) as a statewide advisory council.

This council is of great significance to individuals like our organization since it will represent the voice of the communities for the Deaf, Hard of Hearing, and Deaf Blind citizens of Alaska. The council will provide vital information concerning issues and statistics of our population.

This council is of no expense to the state government being that the agencies serving these individuals share the costs to operate the council. I am a concerned citizen living in the state of Alaska, one of manyicipating the prompt adoption of this resolution.

Thank you for your support.



Colleen Peterson
AK RID President

April 30, 1997

Representative Con Bunde
House HFSS Committee
State Capitol
Juneau, AK 99801

Dear Representative Con Bunde:

I'm writing this letter in support of House Concurrent Resolution 19, which will be discussed by the House HFSS Committee on April 30th. I would like to support the resolution that you are currently sponsoring, recognizing the Alaska Council of Deaf, Hard of Hearing and Deaf/Blind, as a statewide organization.

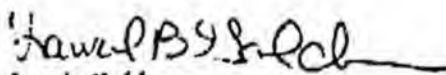
As a service provider for the deaf, hard of hearing, and deaf blind population here in Alaska, I have hands on experience with these disabilities and have a good understanding of the significance of having centralized representation. Alaska has such a large expanse that services sometimes become fragmented in their delivery to those most in need of services. The Council will not only provide information on vital issues, but will also represent a voice of the communities for the deaf, hard of hearing and deaf blind citizens of our state.

The Council is not asking for financial support from the state government. The Council is only asking for the Alaska State Legislature to give recognition to the Council as a centralized information and service referral center for issues affecting the deaf, hard of hearing and deaf blind Alaskans.

As a concerned citizen of Alaska, I hope you will give this resolution serious consideration and adopt this resolution during this legislative session.

Thank you for your support

Sincerely,



Laurie Goldman
16475-A Lena Loop
Juneau, Alaska 99801

THE ALASKA COUNCIL OF DEAF, HARD OF HEARING, AND DEAF/BLIND

**731 GAMBELL, SUITE 200
ANCHORAGE, AK 99501-3754
907 -276-3456 (VOICE)
907 -277-2232 (TTY)**

February 3, 1997

Representative Con Bunde
716 West 4th Ave.
Anchorage, AK 99501-2133

Re: Legislative recognition for the establishment of the Alaska Council of Deaf, Hard of Hearing, and Deaf Blind (ACDHHDB).

Dear Representative Bunde:

On December 19, 1996 we met with your legislative aid, Dan Saddler. At that time we were to meet with you but Mr. Saddler stated you had a conflict and could not be present. We would like to thank Mr. Saddler for taking the time to meet with us. Mr. Saddler asked us to write a letter to you outlining our issues and why we are requesting your support and assistance.

The ACDHHDB has been operating unofficially for over two years on a statewide basis. We have come together because we would like to assist any organization statewide in developing and or defining services for Deaf, Hard of Hearing, and Deaf Blind Alaskans. Over the years, many policies and procedures for the Deaf, Hard of Hearing, and Deaf Blind have been developed without any statewide input from professionals and or consumers. This has resulted in fragmented and uncoordinated services for these disability groups. The uniqueness of these populations are often not understood, and the professional skills required to meet these populations are often not adequate.

Of the three disability groups identified above Deaf and Deaf Blind people constitute a linguistic and cultural minority distinct from the mainstream linguistic and cultural population. Deaf have a unique language that is actually considered a foreign language requirement with some universities. Many organizations referred to hearing loss as a Hearing Impairment. With this in mind much research has been done to document that the number one disability group in America today is Hearing Impairments. However it is one of the most misunderstood disability groups and one of the least served.

Resources for these disability groups are limited and fragmented. Qualified professionals capable of serving these disability groups are rare and/or underfunded. Standards of performance do not exist for most providers attempting to serve these disability groups within the human service delivery system. Deaf and or Hard of Hearing trained Professionals are rarely hired to

serve Deaf and Hard of Hearing consumers. A large percentage of Deaf and Hard of Hearing consumers experience drug and alcohol problems and services to address this are marginal and or incorrect. Natives who experience these disabilities in rural Alaska receive little to no services and/or have no idea where to go. Professionals in the rural community are not familiar with the services needed to address these disability groups. Persons experiencing a hearing loss is the fastest growing group of persons experiencing disability and they receive minimum services. Because of all these concerns the ACDHHDB was unfocally developed. Many professionals from an assortment of agencies have attended this Council. Representatives from non profit organizations in Southeast, the Interior, and Southcentral have participated in this group as well as consumers who experience Deafness, Hearing loss, and/or Deaf Blindness. State professionals have participated as well. Many ideas have been discussed and suggestions have been made. One thing for sure many members/participants know that legislative funding for services is next to impossible. That is why we want to seek out our own funding through grants, fund raisers, and donations.

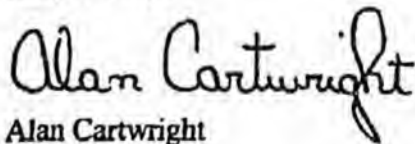
Ideas that have been discussed and will be pursued to improve services are similar in other states. We have identified at least 40 states that have recognized councils/commissions/taskforces and some are funded through their state governments. These are just some ideas that need to be addressed if and when we are given legislative recognition:

1. Deaf people who use American Sign Language (ASL) be recognized as a cultural minority with the same privileges, rights, authorities and responsibilities as other cultural and linguistic minorities.
2. Agencies statewide be encouraged to hire competent and qualified professionals serving Deaf, hard of hearing, and deaf blind. Also, agencies will be encourage to hire people with disabilities who have the necessary qualifications.
3. Services for Alcohol and Drug treatment outpatient and inpatient programs be improved along with the employment of qualified professionals skilled in ASL.
4. The formal establishment of a "Information and Referral" center staffed by qualified professionals skilled in deafness, hard of hearing, and deaf blind.
5. Support be given for the development of standards of care for professional service providers serving deaf, hard of hearing , and deaf blind clientele. Areas of competence for which standards must be developed include: socio-cultural aspects of deafness, American Sign Language fluency and competency, rehabilitation services, ASL interpreting, deaf education, residential services, alcohol and substance abuse, crisis intervention, knowledge of community resources, confidentiality and ethical behavior, continuing professional training and development of hearing loss prevention.

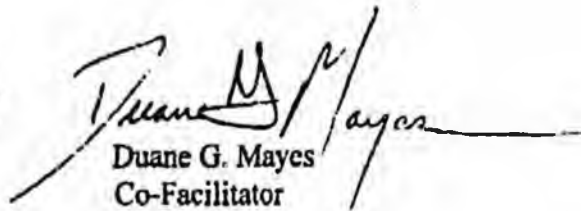
6. Establish a formal licencing procedure through the Division of Occupational Licencing for providers of professional services to deaf, hard of hearing, and deaf blind people in the following areas: Psychiatry, Clinical Psychology, General Counseling, Academic Counseling, Family Therapy, Vocational Rehabilitation and ASL interpreting.

We believe that most of the above can be accomplished through the establishment of the ACDHHDB. We believe it can be done without funding from legislation. However it cannot be done unless the Alaska Legislation gives us the formal recognition we need to work with the variety of agencies statewide. Many members/participants have been and are willing to continue with this cause at their own personal expense because it is long over due. Too much suffering and oppression has occurred and it is time to put a stop to it.

Respectfully:



Alan Cartwright
Co-Facilitator
Center for Deaf Adults



Duane G. Mayes
Co-Facilitator

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

This council is of great significance to individuals like myself since it will represent the voice of the communities for the Deaf, Hard-of-Hearing, and Deaf-Blind citizens of Alaska. The council will provide vital information concerning issues and statistics of our population.

This council is of no expense to the state government being that agencies serving these individuals share the costs to operate the council. I am a concerned citizen living in the state of Alaska, one of many anticipating the prompt adoption of this resolution.

Thank you for your support.



Keith Wann
AKRID Secretary

INTERPRETOR REFERRAL LINE

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

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Thank you for your support.

Alan Slagle
(SISTER, MOTHER ARE DEAF.)

Alan Slagle

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

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Thank you for your support.

A handwritten signature in cursive script, appearing to read "Deann Thorn".

337-5299 (TTY)

Deann Thorn

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

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Thank you for your support.

Elizabeth Yager

337-3024 (TTY)

Elizabeth Yager

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

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Thank you for your support.

Michael DeLucino
3733 ENCORE Cir.
Anchorage, AK

99507

344-9038 (TDD)

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

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Thank you for your support.

Mary R. Bartels
1711 Lore Rd #214
Anch. Ak. 99507
344-6324

Mary Bartels

March 4, 1997
2921 Hogan Bay Circle
Anchorage, Alaska 99515

Senator Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Senator,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard of Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

This council is of great significance for it will represent the voice of the communities for the Deaf, Hard of Hearing and Deaf-Blind citizens of Alaska. The council will provide vital information concerning issues and statistics of this population.

I have a Masters Degree in Deaf Education and have worked in the field in Alaska since 1980. Throughout the years I have seen the great need for a collaborative effort and a state-wide advisory panel. The needs are great. We have not nearly approximated addressing the needs of individuals with these disabilities. An advisory council can begin work on the myriad of issues that face our state concerning the citizens in these three disability groups.

This council is of no expense to the state government being that agencies serving these individuals share the costs to operate the council. Thank you for working toward prompt adoption of this resolution.

Sincerely,

Anna Mayra
Anna Mayra

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

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Thank you for your support.

Jacqui Harris

*Interpreter for the Deaf
Anchorage School Dist.*

1410 Tuplin Anchorage 99509

907-338-1324

Lynne
FYI

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

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Thank you for your support.

Raguel Bowen

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

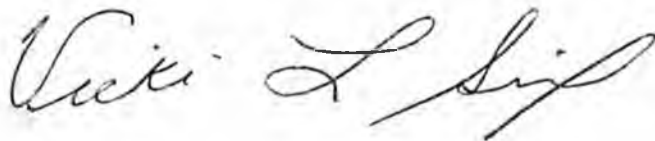
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Thank you for your support.



Robert L. Six
Vicki L. Six
Box 52184
Big Lake, AK

Robert L. Six
Vicki L. Six
Box 521847
Big Lake, AK 99652

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

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Thank you for your support.

Linda Suter
Linda Suter
Interpreter Referral Specialist
AK. Center for Blind and Deaf Adults
731 Gambell, Suite 200
Anchorage, AK. 99501-3754
(907) 277-3323

February 26, 1997

Representative Con Bunde, Chair
H.E.S.S. Committee
State Capitol
Juneau, Alaska 99801-1182

Dear Rep. Con Bunde,

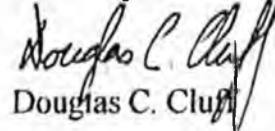
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Thank you for your support.

Sincerely,


Douglas C. Cluff

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

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Thank you for your support.

Julie A. Dwan

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

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This council is of no expense to the state government being that agencies serving these individuals share the costs to operate the council. I am a concerned citizen living in the state of Alaska, one of many anticipating the prompt adoption of this resolution.

Thank you for your support.

A handwritten signature in cursive script, reading "Merrill F. Holloway". The signature is written in dark ink and features a long, sweeping horizontal flourish that extends to the right.



DEAF COMMUNITY SERVICES

Serving Individuals and families throughout Alaska

February 27, 1997

Senator Gary Wilkins, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Representative Con Bonde, Chair
HESS Committee

Dear Senator Wilkins and Representative Bonde,

We want to express our deep appreciation and support for the resolution which we discussed with you during our visits in Juneau on February 12th, 1997. This resolution will establish the recognition of the Alaska Deaf, Hard of Hearing, and Deaf/Blind Council, (ADC) as a statewide advisory council which will function to coordinate services and identify needs and funding at the national level.

This council is of great importance to individuals who are Deaf, Deaf/Blind or Hard of Hearing since it will represent the one voice of a community of diverse individuals and professionals who are most familiar with and qualified to provide vital services and information concerning issues about our population. The state will bear no expense as the agencies involved in these services already share the cost of operating this council. Too often decisions and policies regarding services for Deaf, Deaf/Blind and Hard of Hearing people are made by administrators and state employees who have little knowledge or training in this very specific field. We as concerned citizens living in the state of Alaska urge your support and prompt development of this resolution. We will be more than eager to assist you in any way we can to facilitate this process.

With Sincerest Gratitude,

Daniel A. LaBrosse, Executive Director

And others concerned with the welfare of all Deaf, Deaf/Blind and Hard of Hearing people in Alaska:

Magdalena H. Mator
Jose L. Silva
Mary Cecelia Davis
Victor Martin
Eugene Edwin

Post-it* Fax Note	7671	Date	2/27/97	# of pages	1
To	Alan Cartwright	From	Dan LaBrosse		
Co./Dept.	CDA	Co.	DCS		
Phone #	276 3456	Phone #	456 5913		
Fax #	279 0341	Fax #	456 2604		

Technology Connection • Interpreter Referral • Independent Living

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Fax 456-2604 — 1 (800) 847-0939

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

I want to support the resolution that you are planning to sponsor recognizing the Alaska Deaf, Hard-of-Hearing, and Deaf-Blind Council (ADC) as a statewide advisory council.

This council is of great significance to individuals like myself since it will represent the voice of the communities for the Deaf, Hard-of-Hearing, and Deaf-Blind citizens of Alaska. The council will provide vital information concerning issues and statistics of our population.

This council is of no expense to the state government being that agencies serving these individuals share the costs to operate the council. I am a concerned citizen living in the state of Alaska, one of many anticipating the prompt adoption of this resolution.

Thank you for your support.

Stephen J. Cannon
5411 Mockingbird Dr. #314
Anchorage, AK. 99507
Ph. (907) 561-7563

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

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Thank you for your support.

Richard K. Crawford
Richard K. Crawford
6616 Roundtree Tr.
Sitka, AK 99801

"THE JAMMER" OWNER
(907) 543-0900 TTY

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

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Thank you for your support.

Kathy Allen

KATHY ALLEN
PO Box 111248
Anchorage AK
99511

"The Jammer" Electronics for Hearing Loss
Sales Representative
(907) 563-0909 TTY

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

2/22/97

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Thank you for your support.

Karen S. Willa
INTERPRETER/TUTOR

KAREN S. WILLA
ALTERNATIVE CAREER EDUCATION PROGRAM
2650 E. NORTHERN LIGHTS BLVD.
ANCHORAGE, AK 99508-4170

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

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Marcia Ellingboe
HOH T/A

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

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Thank you for your support.

Steve Johnson

1350 W. 72nd circle

Anch, Ak 99518

344-5094 (TDD)

Civilian Employee

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

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Janelle Jordan

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

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Thank you for your support.

(11) Susan Motylinski
1350 W. 72nd Cir.
Anchorage, AK 99518
907-344-5094 TDD/FAX

Deaf. Education Teacher

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

Dear Representative,

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Thank you for your support.

Anissa Haywood
Teacher - 4th, 5th, 6th grade
Alaska State School for Deaf and Hard of Hearing
4420 E. 20th St.
Anchorage, AK 99508
337-2525

Rep. Con Bunde, Chair
HESS Committee
State Capitol
Juneau, AK 99801-1182

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Thank you for your support.

Angela Morgan
Teacher of HOH