

**ALASKA LEGISLATURE COMMITTEE FILES 1999-2000**

**9817 HOUSE HEALTH EDUCATION & SOCIAL SERVICES**

**Subject:** FW: HB260  
**Date:** Fri, 4 Feb 2000 15:46:45 -0900  
**From:** Wasilla Wic <wic@alaska.com>  
**Organization:** Valley Women's Resource Center  
**To:** "Representative\_Fred\_Dyson@legis.state.ak.us" <Representative\_Fred\_Dyson@legis.stat

February 4, 2000

Representative Dyson,

I am writing in opposition to HB 260. I understand this would have the effect of eliminating the Denali KidCare Program. I manage the WIC program for the Mat-Su Valley and our clinic sees individuals on a daily basis who, without this program, would have no access to health insurance. One of my staff just came in contact with a woman last week who was unable to get medicine for a condition her child was suffering from because the child had no health coverage of any kind.

If we are going to protect and promote the health of anyone in this state, it should certainly be the children, who are our future. Prevention costs less than the cure. I would ask you to stand in opposition to HB 260.

Thank you for your time.

Sincerely,

Heather Hart, MS, RD  
VWRC WIC Coordinator  
(907) 376-4080  
wic@alaska.com

**Subject: HB 260**

**Date: Fri, 04 Feb 2000 15:34:27 -0900**

**From: Laura White <laura.white@pupkus.searhc.org>**

**To: Representative\_Fred\_Dyson@legis.state.ak.us**

Representative Dyson:

I oppose HB 260 and I urge you to please oppose the bill. Health care insurance coverage is vital to the well being of Alaska's children and if HB 260 was passed, Alaska would be the only state or territory in the country without a state sponsored child insurance program. This program helps working families who work in jobs with no benefits to provide health care for their children. Thank you very much for your time and consideration.

Laura White, RD  
SEARHC WIC Program

**Subject: FW: House Bill 260**

**Date: Sat, 5 Feb 2000 13:09:10 -0900**

**From: "Wheeler, Heather M." <WheelerHM@ci.anchorage.ak.us>**

**To: "'Rep Fred Dyson - ER'" <Representative\_Fred\_Dyson@legis.state.ak.us>**

**CC: "'Rep Allen Kemplan - Anc'" <Representative\_Allen\_Kemplan@legis.state.ak.us>**

> I am the Program Manager for the WIC Program (Supplemental Nutrition  
> Program for Women, Infants, and Children) at the Municipality of Anchorage  
> (MOA) and I am opposed to House Bill 260.  
> I have seen first hand what a positive impact the state sponsored  
> child insurance program (Denali Kid Care) has had on many families  
> throughout the State of Alaska, particularly Anchorage . Health care  
> insurance coverage is vital for the wellbeing of Alaska's children. Many  
> of clients served at the MOA WIC program would not have any health care  
> insurance if it was not for the Denali Kid Care program. If HB260 is  
> passed, Alaska would be the only state or territory in the country without  
> a state sponsored child insurance program. Is that what we want for the  
> future leaders of our state? To go without the vital health insurance that  
> is needed during their growing and developing years?  
> Denali Kid Care coverage for our future leaders is cost effective -  
> only \$472 per year, per child in state funds. Eliminating the program  
> would result in a huge loss of federal funds for health care - seventy-two  
> cents of every dollar spent on Denali Kid Care is federal funds.  
> Denali Kid care helps working families who work on jobs with no  
> benefits to provide health care for their children. It also helps families  
> who are moving off welfare because they can still provide for their  
> children's health care needs.  
> Denali Kid Care also covers prenatal appointments for pregnant  
> women. Prenatal appointments are vital to ensure a health start for  
> Alaskan children.  
> Why would we want to take that away from Alaska families? This seems  
> like a step backwards not forward! I am asking you to please re-think your  
> decision to rollback the eligibility guidelines from 200% poverty to 100%  
> for the Denali Kid Care program. This will have a tremendous effect on the  
> health and well-being of all children in Alaska, including Anchorage!

**Subject: HB 260 - Denali KidCare**

**Date: Sun, 06 Feb 2000 23:12:49 -0900**

**From: "3 J's & 1 K" <brand@alaska.net>**

**To: Representative\_Fred\_Dyson@legis.state.ak.us, Representative\_John\_Coghill@legis.state.ak.us,  
Representative\_Allen\_Kemplen@legis.state.ak.us,  
Representative\_Joe\_Green@legis.state.ak.us, Representative\_Tom\_Brice@legis.state.ak.us,  
Representative\_Carl\_Morgan@legis.state.ak.us,  
Representative\_Jim\_Whitaker@legis.state.ak.us**

Dear Representatives Dyson and Coghill;

I am writing as both a private pediatrician (in Alaska for eighteen years) and as the President of the Alaska Chapter of the American Academy of Pediatrics. I want to emphasize to you how important the Denali KidCare program is.

Denali KidCare covers working people who don't have insurance through their employers or cannot afford to add their families to their employer's insurance policy. With more and more jobs in Alaska being in the service sector, therefore lower paying, many heads of families cannot afford "traditional" insurance.

One of the goals of welfare reform is to get people back to work, however one of the consequences of this is losing medical coverage (Medicaid) for their children. Eliminating this program makes going back to work a hardship, not an admirable goal. Denali KidCare enables people to return to work and be secure that their children's medical needs will be met.

Private insurance companies do not want to write individual or small group policies, and Alaska's job market is mainly made up of small companies. I have a family of four, and my premium is over \$5,000 per year for a \$1,000 deductible major medical plan. At 200% of the federal poverty line, a family of four would need to spend 15% of their gross income to afford this same insurance, making insurance unattainable for the families Denali KidCare is designed to help.

Spending \$2.8 million of state money will be matched by \$5.4 million in federal funds for a total of \$8.2 million worth of health care for the children in our State. Children who would otherwise have no health coverage. Isn't this one of the best uses for State money?

I strongly urge you to support Denali KidCare. Thank you.

Respectfully,

Jeff Brand, M.D.  
264-1457  
284 DeBarr Rd. Ste 32  
Anchorage, AK 99508 or

11723 Old Glenn Hwy. Ste. 113  
Eagle River, AK 99577  
694-1457.

**Subject: Denali KidCare Program**

**Date:** Sat, 5 Feb 2000 20:53:25 -0900

**From:** "John & Deborah Bennett" <[jbennett@ideafamilies.org](mailto:jbennett@ideafamilies.org)>

**To:** "John D. Bennett" <[jbennett@ideafamilies.org](mailto:jbennett@ideafamilies.org)>

You've taken the jihad to far. Lets start running the government for the benefit of it's people. I hope you're never in a position that makes you base the decision to seek medical attention for a loved one on the ability to pay. Keep in mind that not everyone was privileged to be born into a well-to-do family. The Denali KidCare Program is a keeper. **Tax me.** I will help to pay. Please institute an income tax and a fuel tax.

John & Deborah Bennett  
1479 Farmers Loop Road  
Fairbanks, Alaska  
[jbennett@ideafamilies.org](mailto:jbennett@ideafamilies.org)

**Subject: I support Denali Kid Care**

**Date:** Mon, 07 Feb 2000 11:47:26 -0900

**From:** jdewey@avcp.org (Joan Dewey)

**To:** Representative\_John\_Coghill@legis.state.ak.us, Representative\_Fred\_Dyson@legis.state.ak.us

**CC:** Representative\_Mary\_Kapsner@legis.state.ak.us

The DENALI KID CARE program is a progressive program that holds promise of a better future for all Alaskan families. I believe a program such as DENALI KID CARE which promotes family wellness and makes services attainable and accessible for more families is a benefit and an ultimate cost savings to all Alaskan families. This program is an investment in our "at risk" families--families who may not have other means to access preventive and healthy family services. Please do not allow this important program to be discontinued. We simply cannot afford to do things the same way as before!

Quyana, Joan Dewey  
Bethel, AK

**Subject: HB260**

**Date:** Mon, 07 Feb 2000 13:55:14 -0800

**From:** Donna\_Chris@ykhc.org (Donna Chris)

**To:** Representative\_Fred\_Dyson@legis.state.ak.us, Representative\_Joe\_Green@legis.state.ak.us,  
Representative\_Carl\_Morgan@legis.state.ak.us,  
Representative\_Jim\_Whitaker@legis.state.ak.us, Representative\_Tom\_Brice@legis.state.ak.us,  
representative\_allen\_kemplin@legis.state.ak.us

As a nurse, I am in the position of seeing how Denali Kid Care is helping families who want to work. It allows parents to work even though the jobs available do not provide health insurance.

A recent case comes to mind. A little baby was diagnosed with ventricular septal defect, a life threatening condition. It appeared suddenly at 7 weeks of age and put the baby into congestive heart failure. The mother was employed and covered by insurance and was still on maternity leave. The father was employed but was not covered by insurance. While both were drawing salary, they made just above 200% of the poverty level. They made enough to live.

After the baby was diagnosed, she required hospitalization. The mother was unable to work because she had to stay with the baby in the hospital. Her maternity benefits ran out-and because she was unable to work, her insurance was stopped. The coverage stopped on 1/31.

The baby had to have open heart surgery in Portland on 2/2. Denali Kid care was able to provide coverage for this working family. The baby has had her surgery and is doing great. The parents will be back to work soon and mom will be back on her insurance coverage.

I'm telling you about this child because it shows that Denali Kid care is not promoting a welfare system but is providing support when needed. It allows working families to continue working, and for children to grow up healthy and without residual complications caused by delay in treatment.

I am especially grateful for Denali Kid Care because this child is my granddaughter.

Please rethink your stand on HB 260.

**Subject: Oppose HB 260**

**Date: Mon, 7 Feb 2000 13:51:37 -0900**

**From: "Kendall Thomas" <kjthomas@alaska.net>**

**To: <Representative\_Fred\_Dyson@Legis.state.ak.us>**

Dear Representative Dyson,

Please vote against House Bill 260. It is shortsighted and will cause great hardship to many Alaskan families.

John & Kendall Thomas

Laura Adams 907-345-4477

Laura called to express her opposition to HB 260. She is a Mental Health Clinician.

PHONE CALL

FOR	- FESA -	DATE	1/31	TIME		A.M.	
M	Gerald Dubois					P.M.	
OF	345-2184						PHONED
PHONE	<input type="checkbox"/> FAX <input type="checkbox"/> MOBILE						RETURNED YOUR CALL
MESSAGE	HB 260 against Bill						PLEASE CALL
							WILL CALL AGAIN
							CAME TO SEE YOU

PHONE CALL

FOR		DATE	1/27	TIME	12 <sup>15</sup>	A.M.	
M	CRYSTAL CHAPMAN					P.M.	
OF	349-0613						PHONED
PHONE	<input type="checkbox"/> FAX <input type="checkbox"/> MOBILE						RETURNED YOUR CALL
MESSAGE	Opion: Do not cut Dental Kid Care						PLEASE CALL
							WILL CALL AGAIN
							CAME TO SEE YOU

PHONE CALL

FOR		DATE	1/31	TIME	5 <sup>30</sup>	A.M.	
M	Doile Lisa					P.M.	
OF	227-1330						PHONED
PHONE	<input type="checkbox"/> FAX <input type="checkbox"/> MOBILE						RETURNED YOUR CALL
MESSAGE	Oppose HB260 Bal. to be desired to be killed -						PLEASE CALL
							WILL CALL AGAIN
							CAME TO SEE YOU
							WANTS TO SEE YOU

SIGNED Office DEPOT Item OD1154

PHONE CALL

FOR		DATE	1/27	TIME	2	A.M.	
M	Bennidet Pam					P.M.	
OF	Tell Anon -						PHONED
PHONE	<input type="checkbox"/> FAX <input type="checkbox"/> MOBILE						RETURNED YOUR CALL
MESSAGE	Oppose HB260						PLEASE CALL
							WILL CALL AGAIN
							CAME TO SEE YOU
							WANTS TO SEE YOU

SIGNED Office DEPOT Item OD1154

PHONE CALL

FOR Pers DATE 2/7 TIME \_\_\_\_\_ A.M. P.M.

M. Bill Chandler

OF (Doctor) PHONED

PHONE  FAX  MOBILE 903-257-4600 RETURNED YOUR CALL

MESSAGE Oppose HB 260 PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED \_\_\_\_\_ Office DEPOT Item OD1154

PHONE CALL

FOR \_\_\_\_\_ DATE 1/27 TIME 10:00 A.M. P.M.

M. Caladriel Coker

OF \_\_\_\_\_ PHONED

PHONE  FAX  MOBILE \_\_\_\_\_ RETURNED YOUR CALL

MESSAGE Oppose cutting funds to HB 260 PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED \_\_\_\_\_ Office DEPOT Item OD1154

FOR \_\_\_\_\_ DATE 2/4 TIME \_\_\_\_\_ A.M. P.M.

M. Linda Corbett

OF \_\_\_\_\_ PHONED

PHONE  FAX  MOBILE 742-8300 RETURNED YOUR CALL

MESSAGE Nurse - Supports Dementia Care PLEASE CALL

Would be a bad thing to change

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED \_\_\_\_\_ Office DEPOT Item OD1154

PHONE CALL

FOR \_\_\_\_\_ DATE 2/7 TIME 10:00 A.M. P.M.

M. Scott Wheat

OF Home PHONED

PHONE  FAX  MOBILE \_\_\_\_\_ RETURNED YOUR CALL

MESSAGE Oppose HB 260 PLEASE CALL

WILL CALL AGAIN

CAME TO SEE YOU

WANTS TO SEE YOU

SIGNED \_\_\_\_\_ Office DEPOT Item OD1154

February 8, 2000

To: HESS Committee  
Chair, HESS Committee – Fred Dyson  
From: Stephanie Wheeler  
Director, Emergency Outreach & Supportive Services  
Catholic Social Services  
Sub: Denali Kid Care  
HB 260

Thank you for the opportunity to allow us to share our concerns with you about the recently introduced HB 260. It is evident by the number of Alaskan families who are currently enrolled in the Denali Kid Care program that this is a much-needed program for children and pregnant women.

Last year, Catholic Social Services provided services to over 165,000 individuals. These individuals and/or families representative of our programs include pregnant women and their families, low-income families, families who are working, homeless families, adoptive families and refugees. On behalf of the individuals we work with, I urge you to reconsider amending this bill. It is primarily those working or low-income families with children who fall in this precise category that need a comprehensive health plan.

Often times these families health needs go unmet because they are not Medicaid eligible or they cannot afford adequate health care. Many families who do work, and are being paid over the minimum wage still cannot afford the health insurance that companies are currently offering. Health care is expensive and non-affordable. A lot of individuals would not be able to pay outright for health care costs. And because health insurance is increasing to meet the ever-escalating costs of health care, many families cannot afford health insurance. For instance, a single mother with four children who is currently enrolled in the DKC program cannot afford the health insurance plan for her children that is offered through her employer, which is approximately \$500 per month. She currently makes \$12 an hour. One paycheck (after taxes) is approximately \$760. She gets paid twice a month. Rent and utilities alone will take care of one full paycheck. What does that leave the other paycheck for? - food, childcare, transportation and other miscellaneous expenses. It is quite clear that she cannot afford the health insurance plan offered by her employer. Additionally, some employers may not offer a health care plan for families.

People need health insurance, particularly as they move from welfare to work and continue to progress toward self-sufficiency. For people with chronic health conditions, disabilities and mental illnesses, adequate health care coverage is critical. Having adequate medical coverage can mean a world of difference for individuals who need medication that is also costly. Without adequate health coverage, former welfare

recipients, particularly those with poor health, chronic medical conditions and disabilities, may be forced to return to welfare in order to meet their medical needs. Concern for health care benefits prompt many welfare recipients to continue receiving public assistance and acts as a disincentive to seeking employment.

Many families who are on public assistance will be working within the next three years. Transitioning from welfare to work is often difficult within itself. Having insurance coverage for health care is a must for these families in order to make this transition successful. Health insurance is viewed by many clients and staff as one of the most important benefits to working – but generally covers only the employee. Adding family members is a prohibitive expense.

Many families who exit welfare for work will not obtain jobs that offer employer-sponsored health insurance as a benefit. If private and affordable health coverage were extended to more families on public assistance, many more families would currently be employed.

Please consider exploring other options like a co-payment plan, minimal monthly fee, or sliding scale to help individuals pay for this affordable health plan rather than omitting it altogether. I would really encourage you to listen to the thousands of children that have been privileged to use this coverage and their parents who have had no other options for health coverage. Help us continue on the road to success. Help us educate doctors and other health providers about the importance of this health plan for children and pregnant women. There is indeed a gap in rendering affordable health insurance. With DKC, that gap has narrowed. Let's look for additional ways to bridge or close the gap like exploring medical coverage for single individuals who do not have or cannot afford health care.

If you have any questions or comments, please feel free to contact me at 276-3046 or email me at [Wheelerst@ci.anchorage.ak.us](mailto:Wheelerst@ci.anchorage.ak.us).

Thank you for your time!

Testimony re: HB 260  
before  
House HESS Committee - February 8, 2000

Mr. Chairman, members of the Committee. My name is Wilson Justin. I am the Health Director for the Mt. Sanford Tribal Consortium and a member of the Alaska Native Health Board. The Alaska Native Health Board appreciates the opportunity to provide testimony regarding HB 260. We urge that you do not move this measure.

The bill will result in 6,696 children and 780 pregnant women losing access to Medicaid. If Medicaid is lost, most of these children will receive health care only after they are sick, and, all too often, only when the child is brought to a hospital emergency room. Such care is most expensive in dollars and loss of quality of life. Follow-up is lost; prevention does not occur. School days are missed and parents miss work to care for their sick children.

I know that some of you are wondering why the Alaska Native Health Board cares about this issue since our member health providers receive funding from IHS.

First, as health care providers we cannot sit quietly by while any child loses access to health care. It is not good for our communities or our State.

Secondly, the assumption that Native children and families are unaffected is simply wrong. The IHS direct appropriations, based on recent Federal studies, provide only about 25 percent of needed funds to provide care for Alaska Natives and American Indians.

Congress relies on the Medicaid program to supplement the IHS direct appropriations. It authorizes the State to recover 100% of its Medicaid payments to IHS and tribal health providers. However, payment is only made for services to eligible children. If this bill is enacted into law, no reimbursement will be available for the services we provide to approximately 2,200 Alaska Native children whose family income is between 100% and 200% of poverty. This means that our very limited direct funding is stretched even more thinly. Village visits by health professions will diminish, more children will become ill unnecessarily, and resources will be diverted from prevention to acute care. This is the poorest use of limited resources, ~~but inevitably is necessary~~

~~As Administrator~~

**We know that State resources are limited, however this is not where cuts should occur. This cut will make Alaska the only State in the United States that is not implementing the Federal Children's Health Insurance program. It will reduce Federal spending in Alaska by more than \$7 million dollars in the first year and \$12 million dollars in the second year. It will lead to increased uncompensated emergency room costs. Most important, it will lead to increased preventable health problems and inevitably to some preventable deaths.**

**We urge each of you to cast your vote in support of Alaska's most valuable natural resource, our children; vote "do not pass" on HB 260.**

**Lil'Kritters DayCare & School**  
**P.O. Box 2443**  
**Seward, Alaska 99664**  
**(907)224-5400**  
**(907)224-5687 Fax**

February 8, 2000

To Whom It May Concern;

Rep. John Coghill's proposal to cut the rolls of the state's Denali KidCare program would be taking a giant step backwards in meeting the health care needs of Alaskan children and pregnant women.

Denali KidCare is largely funded by the Federal Government. Similar programs are available in all 49 other states. This program was designed with higher income levels to help meet the needs of working parents but for those who are still unable to afford Health Insurance.

As a child care provider I have seen many children who have not received the health care that they should receive. Dental needs especially seem to suffer as do routine health checkups. I have referred many parents to this program and I have stated many times that the Denali KidCare program is the best thing to ever have been made available for Alaska's Youth. Many a young child would not have his or her health care needs met without this program. We need to take care of Alaska's Youth. Do not allow this program to be cut in any way!

Sincerely,



Marsha Ambacher

02/08/00 TUE 14:47 FAX 9072245067

My husband and I are both full-time employees but neither of us have any type of health insurance benefits. Denali-Kid Care was an answer to prayer for me and my family! Shortly after we had been approved for Denali-Kid Care my son had to have a surgery, one that I would not have been able to pay for. I was so thankful that we had coverage for him! Being the mother of your children, I appreciate all the vision & dental care also. While early detection/prevention provisions save money in the long run but I would be unable to give my children these luxuries on my own.

As a childcare provider I am also fully aware that I am only one of many parents who are also in the same situation! Please, don't take Denali Kid Care away from my children and the other many children of Alaska who need this program!

Sincerely,

Amy Cineruski

Melanie Hauze  
P.O. Box 1277  
Seward, AK 99664

To Whom It May Concern,

I feel of great importance to speak out on the issue of cutting the income level for Denali Kid Care. I have a 8 month old baby who is on Denali Kid Care and if she got cut off she would not have any medical coverage whatsoever. It really concerns and disappoints me that the income bracket for a 4 person family is now \$40,000.00 a year and will be cut down to \$20,000.00 a year. This is going to rule out a lot of people. Also many people will be struggling due to the fact that they have no insurance plus they will have more expenses. I am 22 years old and I am having a hard enough time already just buying groceries, I have enough bills. But in my opinion living in Alaska is hard enough and very expensive. By the same token this is for the ~~the~~ children. Denali Kid Care is a very good program and has done a lot of good for a lot of people. I am so thankful for it, this has been a God send. I really hope that you at least take this letter into consideration, for the sake of me and other families.

Thankyou!!

Sincerely,

Melanie Hauze



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Hess  
(committee name)  
committee on Bill 260 dated 2/8/2000  
(bill/subject)

I am a single mother working full time ~~worked~~ at a well known financial institution. My salary however is not enough to cover our food ~~and~~ housing and medical bills. If Denali Kid Care is not going to be an option for us, we will be forced to go on public assistance to cover the cost of food & housing. Does that make sense?

Signed: Anastasia N. Schaefer  
(Testifier)

(Representing / Optional)  
P.O. Box 63, Seward, AK 99664  
(Address)  
907-224-8626  
(Phone No.)

Good Afternoon Chair Dyson, members of the Health Education & Social Services Committee.

I am here to testify against HB 260 and would like a few moments to express those concerns.

My name is Norma Perkins and I am a representative from the SouthEast Alaska Regional Health Consortium. My organization is a consortium of 20 tribes from throughout Southeast Alaska. We compact with the federal government to provide Indian Health Services to the Native beneficiaries in Southeast Alaska.

When Denali Kid Care began in March 1999, SEARHC expanded upon the State's efforts in enrollment. We saw an opportunity for native children and pregnant women who fit in this expanded health insurance program to remove any financial barriers from accessing a health care delivery system; especially in hard to reach or rural areas.

SEARHC has quickly completed a comparative analysis of Medicaid patients seen at our Mt. Edgecumbe Hospital facility. We compared March through September 1998 data to similar months in 1999. Pediatric ambulatory visits rose from 393 in 1998 to 2,223 visits in 1999.

The impact was tremendous. Denali Kid Care offers services that SEARHC does not provide. For example, DKC offers travel & lodging for patients who need to be seen by a specialist, dentist, hearing exams, Outpatient Mental Health counseling. It allows pregnant women to come from the villages to the hospital more frequently for prenatal care and counseling to insure a healthy child. It gives women the option to be seen at a hospital where more services are provided than at a village health clinic. Denali Kid Care provides coverage for a new mother up to six weeks after birth in case of complications or request for sterilization. This means for those non native women carrying a native child; aftercare is not an issue. And these newborns can be covered from birth: well baby checks, school physicals, immunizations until he/she reaches the age of 19.

SEARHC beneficiaries enrolled under this program costs the State of Alaska NOTHING! The Federal government matches this funding at the 100% rate for additional Native people covered by Denali Kid Care and served at tribal facilities. As you are aware, one of the benefits for the State to develop its CHIP program was the federal match money and is at very little cost to the State's budget.

SEARHC uses these medicaid funds to help supplement our Indian Health Service compact funds to expand and improve our current health care services. We are not fully funded by the Indian Health Service for our health care delivery system.

We are shocked and surprised of the about-face by legislators for recommending change to such a vital program for our children! It makes good fiscal sense to continue Denali Kid Care and to ensure healthy Alaskan children and pregnant women. Thank you for your time to allow me to express our concerns.

*Morissa Lou Williams*  
329 5th St. Apt. 2 Juneau, Alaska 99801  
(907) 586-1504  
*morissawilliams@hotmail.com*

*Page 1 of 2*

HESS Committee  
February 8, 2000  
Re: Denali KidCare / HB260

Honorable Representatives:

HB260 is asking you to judge some children unworthy of proper medical care. It is based on a false premise: that private sector resources are available for health care for anyone whose income is larger than official poverty-level figures. The reality is that health care is so prohibitively expensive when purchased by individual working families that critical choices are forced on these families which should horrify anyone who cares for the future of our children in Alaska. While the bill may have been introduced with the purpose of introducing an important discussion about health care and resources, the bill itself is not a good bill. It can only do harm to our babies and our children, and that is not something we as voters can permit you as our representatives to allow to happen.

The child whose parent has to choose between paying the rent and seeking health care is a child whose parents are caught in a nightmare. My infant son Noah had no prenatal care until Denali KidCare caught our struggling family as we were going down for the last time. We were the classic "working poor" whose income might not have seemed, on paper, sufficiently poverty level to a political eye, but which in fact was a life of such nightmarish choices every day. Life, for a growing baby, is more than a matter of simply surviving from day to day; it is a matter of actively *thriving* such that the foundation for a healthy, good life is built.

There is no time to delay during a baby's development to debate questions of worthiness or income level. Babies need our full, committed support and nurturing in those critical months as their brains and their organs and all of their tender selves develop rapidly. If you must look at this in terms of dollars and cents, it is clear that children who do not receive the health care and nurturing they need at the beginning eventually "cost" taxpayers much, much more - exponentially so - in learning disabilities, behavioral problems, serious illnesses that could have been prevented, and in many tragic cases, crime. If a few pennies spent now saves a dollar later, why are we hesitating?

72 cents of each dollar spent on Denali KidCare comes from federal funds. This incredibly well administered, economical and excellent insurance costs the state only \$472 per child per year, which represents an quite modest financial investment in the present that will pay enormous dividends in the future by helping assure the health of the child. A healthy child translates into a child who is able to become a healthy member of the community: a good student, a person able to behave well, learn well, and ultimately work well. Do we really need to justify the blessing of the healthy child?

Paychecks may stretch just enough to pay for rent, food, electricity - but rent in what kind of place? What sort of food? Enough electricity to keep a place warm? And what happens when there is tragedy in the family, as there was in ours, and the parents find themselves, at least for the time being, unable to work steadily, and whatever savings exist disappears as fast as a drop of

**CORDOVA  
COMMUNITY  
MEDICAL  
CENTER**



P.O. Box 160 • 602 Chase Ave. • Cordova, Alaska 99574-0160  
Phone: (907) 424-8000 • Fax: (907) 424-8116

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February 8, 1999

Representative Fred Dyson  
State Capitol  
Juneau, Alaska 99801-1182

Dear Representative Dyson:

This is to advise you that Cordova Community Medical Center and the citizens of Cordova do not support the reduction of income eligibility for Denali KidCare from 200% of the Federal poverty level to 100%.

This action would eliminate the Denali Kidcare program and coverage for 6,696 children as well as 780 pregnant women. This action would certainly hurt innocent children and women. The passage of HB 260 will also have a serious impact on small rural hospitals that are already experiencing loss of revenues.

We are requesting that this letter be entered into the record of House Bill 260. Please distribute this letter to other members of the Health, Education and Social Services Committee.

Thank you.

Sincerely,

  
Peter Birkholz, Administrator/CEO  
Cordova Community Medical Center

# CORRECTION

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



Rev. 6/98

Central Microfilm Services  
Department of Education & Early Development  
State of Alaska

*Morissa Lou Williams*  
329 5th St. Apt. 2 Juneau, Alaska 99801  
(907) 586-1504  
*morissawilliams@hotmail.com*

Page 1 of 2

HESS Committee  
February 8, 2000  
Re: Denali KidCare / HB260

Honorable Representatives:

HB260 is asking you to judge some children unworthy of proper medical care. It is based on a false premise: that private sector resources are available for health care for anyone whose income is larger than official poverty-level figures. The reality is that health care is so prohibitively expensive when purchased by individual working families that critical choices are forced on these families which should horrify anyone who cares for the future of our children in Alaska. While the bill may have been introduced with the purpose of introducing an important discussion about health care and resources, the bill itself is not a good bill. It can only do harm to our babies and our children, and that is not something we as voters can permit you as our representatives to allow to happen.

The child whose parent has to choose between paying the rent and seeking health care is a child whose parents are caught in a nightmare. My infant son Noah had no prenatal care until Denali KidCare caught our struggling family as we were going down for the last time. We were the classic "working poor" whose income might not have seemed, on paper, sufficiently poverty level to a political eye, but which in fact was a life of such nightmarish choices every day. Life, for a growing baby, is more than a matter of simply surviving from day to day; it is a matter of actively *thriving* such that the foundation for a healthy, good life is built.

There is no time to delay during a baby's development to debate questions of worthiness or income level. Babies need our full, committed support and nurturing in those critical months as their brains and their organs and all of their tender selves develop rapidly. If you must look at this in terms of dollars and cents, it is clear that children who do not receive the health care and nurturing they need at the beginning eventually "cost" taxpayers much, much more - exponentially so - in learning disabilities, behavioral problems, serious illnesses that could have been prevented, and in many tragic cases, crime. If a few pennies spent now saves a dollar later, why are we hesitating?

72 cents of each dollar spent on Denali KidCare comes from federal funds. This incredibly well administered, economical and excellent insurance costs the state only \$472 per child per year, which represents a quite modest financial investment in the present that will pay enormous dividends in the future by helping assure the health of the child. A healthy child translates into a child who is able to become a healthy member of the community: a good student, a person able to behave well, learn well, and ultimately work well. Do we really need to justify the blessing of the healthy child?

Paychecks may stretch just enough to pay for rent, food, electricity - but rent in what kind of place? What sort of food? Enough electricity to keep a place warm? And what happens when there is tragedy in the family, as there was in ours, and the parents find themselves, at least for the time being, unable to work steadily, and whatever savings exist disappears as fast as a drop of

*Morissa Lou Williams*  
329 5th St. Apt. 2 Juneau, Alaska 99801  
(907) 586-1504  
morissawilliams@hotmail.com

*Page 2 of 2*

HESS Committee  
February 8, 2000  
Re: Denali KidCare / HB260

water in a midday desert? People may consider themselves entirely self-sufficient and independent until a curve ball comes roaring towards them out of the blue, at the same time responsibility comes to rest in their lives. The combination of a child and severe problems or crisis can be overwhelming to the strongest of people.

It is not enough to talk about poverty level versus not-poverty level incomes, because the words do not convey the reality of a life. The working poor are the desperately worried poor - the people whose wages are too small to pay for "luxuries" like trips to the doctor or dentist for check-ups or small illnesses that turn then into large illnesses and swamp the family's resources. The working poor are people who carry so much shame about their financial reality that they often do not seek out or accept help even if it is available.

If Noah is now in a stable home with two loving, truly committed parents it is precisely because we received the support we needed without being turned inside out and judged unworthy by a cold-blooded bureaucracy: Denali KidCare came through not only with speedy health care, but with links to other services that helped us rebuild our lives. We felt so strongly the benefit of being believed in, of being supported as a family, of mattering, that we felt empowered in every other area of our lives. Far from making us more dependent, we have in many ways become, indeed, stronger, more responsible, more resourceful, and more hopeful. Could anyone ask more of a program?

I have my eye on the prize: my child. I love him. I want him to be safe, healthy, and happy and to know he is loved, right now. I know, and you know, that the mamas and papas of this state, each with their own prizes, are going to require complete accountability from you when it comes to these children. We know you love your children, too. Stand by them.

Sincerely,

*Morissa Lou Williams*

**CORDOVA  
COMMUNITY  
MEDICAL  
CENTER**



P.O. Box 160 • 602 Chase Ave. • Cordova, Alaska 99574-0160  
Phone: (907) 424-8000 • Fax: (907) 424-8116

---

February 8, 1999

Representative Fred Dyson  
State Capitol  
Juneau, Alaska 99801-1182

Dear Representative Dyson:

This is to advise you that Cordova Community Medical Center and the citizens of Cordova do not support the reduction of income eligibility for Denali KidCare from 200% of the Federal poverty level to 100%.

This action would eliminate the Denali Kidcare program and coverage for 6,696 children as well as 780 pregnant women. This action would certainly hurt innocent children and women. The passage of HB 260 will also have a serious impact on small rural hospitals that are already experiencing loss of revenues.

We are requesting that this letter be entered into the record of House Bill 260. Please distribute this letter to other members of the Health, Education and Social Services Committee.

Thank you.

Sincerely,

  
Peter Birkholz, Administrator/CEO  
Cordova Community Medical Center

HESS February 8, 2000

HB 260 Testimony of Pamela Guy, Juneau AK

It is impossible for me to pay back for my 2 sons. I am deaf and a single parent. I work for SALE, they don't provide insurance for my kids only for myself.

My salary is not much to cover – costs too much. No expense to pay bills or food.

I would like to see that Denali Kid Care stay on immediately. I don't get Child Support either. I work over 60 hours a week to cover as much as I can, but not cover everything yet. So please stay on – very important to my kids if no insurance no one will give me help for if they get hurt.

Attn: Stephanie  
2267

From Wes, House HESS



# Alaska State Legislature

House Health Ed & Social Svcs. Comm.  
Denali Kid Care Qualifications

Please enter into the record my testimony to the \_\_\_\_\_  
committee name

committee on HB 2100 , dated 2-8-00  
bill/subject

I am a social worker who has lived & worked in Valdez since 1983. I oppose this HB 2100.

① Denali Kid Care has helped many children & their parents in this community. Working families who were over income for medicaid, yet had no health coverage with their employer, struggled over the years to pay healthcare costs & other essential living expenses. Denali Kid Care allowed children to obtain medical care, and without causing more financial strain on the family. Children & their parents were able to obtain medication instead of going without treatment.

② Denali Kid Care has allowed pregnant mothers to obtain prenatal care which is essential to preventing problem pregnancies or births. I work with a young parents support group and parents being able to obtain

Signed: Rose King

Testifier

Private Practitioner & Valdez Coun. Ctr.  
Representing (Optional)

Address

(907) 835-2338

Phone No.

prenatal care early on has been an aide. We are able to encourage & get parents prenatal care within the month instead of 4-5 mos. when ~~most~~ parents would wait due to lack of funds. Early prenatal care helps to educate parents to eat properly and to abstain from unhealthy lifestyles or habits.

⑥ Denali Kid Care also helps families to move off of welfare because health care needs are provided. Families are able to be able to stand on their own with <sup>affordable</sup> expenses with health care expenses being covered by Denali Kid Care.

④ DATA per year per child is an effective means for residents in AK ~~that~~ ~~to~~ ~~benefit~~ ~~maximize~~ of Alaska's children to help insure the well being will result in a elimination of the program for healthcare, huge loss of federal funds (72% for ever \$1 spent on Denali Kid Care)



# Alaska State Legislature

House Health Ed & Social S.  
Comm.  
New Alaska Kid Care Qualifications  
committee name

Please enter into the record my testimony to the

committee on HB 260  
bill/subject

dated 8/8/2000

Its important to working families who don't have benefits to have care for themselves and their children. Its important to help Alaskans off welfare/Atap etc. by giving them steps. If theres no benefits then many people well choose to step back, loose their jobs and get the medical care for their children they need. With help these people - mothers, and Grandmothers - can get off welfare permanently. With out help the hardship would be too great - food would be cut first. Don't we want healthy Alaskan children? Why would we deny health care to children. Thanks.

Signed: Jodeen Hagan  
Testifier

Representing (Optional)  
P.O. Box 2026  
Address  
8353095  
Phone No.

Please enter in the record my testimony to the House Health Education and Social Services Committee on HB 260, dated 02/08/00.

I am adamantly opposed to HB 260. I would hope that this legislature would be able to see that passage of this bill by effectively eliminating Denali Kid Care, would be detrimental to the children of Alaska. Passage of this bill would be short sighted and end up costing our state far more in the long run. Denali Kid Care provides much needed relief to those families who can not afford other insurance or who are not eligible for Medicaid. This provides much needed protection for many of our children. It also allows some parents to move to get off welfare without losing much needed health care. I suggest that before you pass this bill you all give up your health insurance for 1 year.

From Gay Wellman HC60 Box 227A Copper Center, AK 99573

Typed by the Glennallen LIO staff – signature page follows.



# Alaska State Legislature

Please enter into the record my testimony to the House Health committee name  
 committee on HB260 , dated 2/8/00  
 bill/subject

I am adamantly opposed to HB 260. I would hope that this legislature would be able to see that passage of the bill by effectively eliminating Donati Kidcare, would be detrimental to the children of Alaska. Passage of this bill would be short sighted & end up costing our state far more in the long run. Donati Kidcare provides much needed relief to those families who cannot afford other insurance or who are not eligible for Medicaid. This provides much needed protection for many of our children. It also allows some parents to move to get off

Signed: Ray Pitts Williams  
 Testifier

Representing (Optional)  
HC 60 Box 227A, Copper Center  
 Address 99573  
907-822-3418  
 Phone No

wellness without leaving much needed health care.

I suggest that before you pass this bill you all give up your health insurance for 1 year.



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Hess  
(committee name)  
committee on HB 260 dated 2-8-00  
(bill/subject)

Please do not pass this bill. It will deny many children of adequate health care. Nenali Kid Care has been a godsend to the children of Alaska. There is no better thing to invest in than our children. Reducing benefits to Nenali Kid Care will not be a cost-savings in the long term.

Signed: Alexis Landenburger  
(Testifier)

\_\_\_\_\_  
(Representing / Optional)

Box 274 Seward  
(Address)

224 - 5257  
(Phone No.)



# Alaska State Legislature

Please enter into the record my testimony to the H HES committee name

committee on HB 260-Denial Kid Care dated 2-8-00  
bill/subject

As a full-time employee of the State of Alaska, DHSS/DFYS, I recognize the hardship to afford medical coverage. Even with an employer that pays a major portion of the cost, I can barely afford the medical expenses I've incurred in the past year due to several hospitalizations. And I have a full-time job!

Don't take away the only chance for good medical services for children whose parents are working with no health care benefits available to them.

Don't take away the only opportunity some families have to get off of welfare while still providing medical coverage for their children.

Signed: Mary E. McCrossy  
Testifier

Myself & our children  
Representing (Optional)

Box 3196 Valdez AK 99686  
Address

(907) 835-8417  
Phone No.

**URSA MINOR ELEMENTARY SCHOOL**

**FAX COVER SHEET**

**428-1346**

Ursa Minor Fax Number

TO: Fred Dyson

ATTN: \_\_\_\_\_

FROM: Fran Talbott

DATE: 1/31/00

Number of pages including cover sheet: \_\_\_\_\_

Message: \_\_\_\_\_

As an elementary principal in a Title One  
School - I urge you Not to cut  
Denali KidCare. Our students have  
medical needs - some will not recieve  
care without this help.

**Subject:**

**Date:** Wed, 26 Jan 2000 17:21:16 -0500 (EST)

**From:** Phyllis Kiehl <pkiehl@pol.net>

**To:** Representative\_Fred\_Dyson@legis.state.ak.us

As a pediatrician, I am well aware of the positive impact of the Denali KidCare program. I strongly urge you not to pass HB 260.

I have parents in my practice who have refrained both from getting regular well child checks for their children (important for disease prevention and for good health maintenance), and from seeking care when the children are ill, because of financial constraints. Many have been able to come in and get check-ups in the past year since Denali KidCare Insurance became available. Health maintenance visits address healthy lifestyles, prevention of disease-causing conditions; they provide behavioral counseling which can not only benefit some children in fostering emotional healthy growth and self-esteem, but in some cases prevent the perpetuation of behaviors that may otherwise readily lead to child abuse, injury both physical and emotional, and the costs of such behaviors on society (on the part of parents and of the children who grow up to continue unhealthy interactions).

Despite the absurd commentary published in the Anchorage Daily News by former Anchorage mayor (and insurance agent) Tom Fink, many families today just cannot afford to purchase health insurance. And the fact that almost 1/3 of my pediatric practice is made up of patients for whom Medicaid (as Denali Kidcare or the original program) is the primary payer indicates that those numbers are high.

Please continue to fund, and perhaps increase the funding for, Denali KidCare. It is an investment that is more than matched by federal funds, giving us an opportunity to expend little to gain such a great deal in the health of our future.

Thank you for your consideration of these comments.

Phyllis Kiehl, M.D.

**Subject: HB 260****Date:** Tue, 25 Jan 2000 12:02:47 -0900**From:** "Jeri Lanier" <fcsajeri@mosquitonet.com>**To:** "Tom Brice" <Representative\_Tom\_Brice@legis.state.ak.us>,  
"Pete Kelly" <Senator\_Pete\_Kelly@legis.state.ak.us>,  
"Mike Miller" <Senator\_Mike\_Miller@legis.state.ak.us>,  
"John Davies" <Representative\_John\_Davies@legis.state.ak.us>,  
"John Coghill" <Representative\_John\_Coghill@legis.state.ak.us>,  
"Jeannette James" <Representative\_Jeannette\_James@legis.state.ak.us>,  
"Jim Whitaker" <Representative\_Jim\_Whitaker@legis.state.ak.us>,  
"Gene Therriault" <Representative\_Gene\_Therriault@legis.state.ak.us>,  
"Gary Wilken" <Senator\_Gary\_Wilken@legis.state.ak.us>  
**CC:** "Fred Dyson" <Representative\_Fred\_Dyson@legis.state.ak.us>

Dear Senators and Representatives,

I am disappointed to hear that there has been a bill proposed that would affect Denali Kid Care. HB 260 would significantly reduce the number of children eligible for health care in Alaska. When we are finally making great progress in getting families off of welfare and back into productive lives and jobs, this bill comes along that would effectively reduce the number of families that could afford to go back to work.

Just 3 years ago, I was a single parent raising 3 kids on a minimum wage job. I made house payments, kept up with food, utilities and necessities. There was no extra for any luxuries such as doctors bills. I had 2 special needs children. I made \$13.00 a month too much to be eligible for medicaid. I had the choice of being honest and hardworking and making it on my own, or showing my kids the easy way out. I could have reduced the number of hours I worked or lied about a couple of hours a week to receive medicaid. My daughter's psychiatric needs were such that it would take over 1/2 my take home pay weekly on a sliding fee scale. So she did without. Sadly she still needs care, when if she had been able to receive the help she needed then, she would have been much more likely to be a successful adult.

It is a proven fact that if children can receive the help they need at the first opportunity, whether medical or mental health, chances are that it will be much less costly in the long run. Mental Health services are proving to be the focus of many of the Denali Kid Care dollars, but all that tells us is that parents can finally get the help their children need earlier, when it is more cost effective, or finally getting help at all. Many providers will not take private insurance because of the short falls in mental health care parity. The fees on sliding fee scale are definitely a prohibitive factor for a family that is barely making it on lower paying jobs.

Please, consider the ramifications of more expensive, longer term treatment if people lose what has proven to be a very successful program. Let's not be short sighted when it come to the health and well being of children.

Thank you  
Jeri Lanier

**Subject: DO NOT ADOPT HB260**

**Date:** Wed, 26 Jan 2000 16:17:25 -0800

**From:** "MD Christenson" <dr.pinky@hotmail.com>

**Organization:** HotBot Mail (<http://mail.hotbot.com:80>)

**To:** Representative\_Fred\_Dyson@legis.state.ak.us,  
Representative\_John\_Coghill@legis.state.ak.us,  
Representative\_Joe\_Green@legis.state.ak.us,  
Representative\_Carl\_Morgan@legis.state.ak.us,  
Representative\_Jim\_Whitaker@legis.state.ak.us,  
Representative\_Tom\_Brice@legis.state.ak.us,  
representative\_allen\_kemplin@legis.state.ak.us

It is important to maintain the Denali KidCare program.

Normal costs for a hospital birth are high enough, not to mention unexpected complications, which can result in unforeseen medical expenses.

For families without high paying jobs, or health insurance, these costs can be crippling.

The Denali KidCare program is effective in its 3 to 1 leveraging of Federal funds, and prenatal care is the single most cost-effective health care expenditure.

In all good conscience, how could you cut a successful, effective and needed program?

Michael Christenson  
Juneau, Alaska  
907.789.2096

HotBot - Search smarter.  
<http://www.hotbot.com>

**Subject: HB 260**

**Date: Wed, 26 Jan 2000 15:32:59 -0900**

**From: "Phillips, Tammy" <tphillips@alternativesmentalhlth.org>**

**To: "'representative\_Fred\_dyson@legis.state.ak.us'" <Representative\_Fred\_Dyson@legis.state.ak.us>**

I am overwhelmed at the thought of the legislature eliminating the Denali Kid Care Program that is primarily funded by the Federal Government. The Child Health Insurance Program was adopted by Congress to provide health care insurance for uninsured children in America. The other 49 states and territories have adapted this plan and receive Federal monies to support the program.

In Alaska the health care insurance coverage for children is only \$472 per year/per child in state funds. This is very low in comparison to the individual insurance coverage offered by most employers. I work for a non-profit agency and it would cost me \$275 each month to cover one child under my insurance. A McDonald's working parent would not be able to cover this cost and provide housing and food much less maintaining a vehicle if that is the case, entertainment, medical expenses, home repair and upkeep. Please remember as you sit in your legislative sessions that the decisions you make impact people on a personal basis. A family is eligible for ATAP for five years during an entire lifetime. I agree that welfare is not meant to be a lifetime crutch. Denali Kid Care assists families that are in the transition from public assistance to the "working world". The experience I have from listening to families and economic concerns is that families are more willing to go back to work if there are other basic services to assist in the process. An example is the single female raising young children and does not receive child support or other assistance from the father. If this mother is only educated enough to work for minimum wage, what is the incentive? She will have to pay for child care and medical/dental if she is off public assistance but her paycheck does not provide her with any discretionary income for the basic needs of the child. Denali Kid Care fills this hole in assistance and helps to ensure the children of Alaska are provided their basic needs.

I urge you to vote in such a way that Denali Kid Care continues to be funded through the State of Alaska. The Federal government wants this program and I think it would be detrimental to state funding if the State decided to cancel this program.

Sincerely,

Tammy Phillips, BSW  
Care Coordinator Supervisor  
Alternatives Community Mental Health Center

**Subject: HB260**

**Date: Wed, 26 Jan 2000 21:40:36 EST**

**From: DiveNome@aol.com**

**To: Representative\_Fred\_Dyson@legis.state.ak.us**

Dear Representative Dyson:

I want to express my opposition to HB260, which would change the eligibility guidelines for Denali KidCare. As one who works with and provides an array of services to low income children, youth and families, I know that it is very difficult for many Alaskans to provide the needed health insurance for their children. As the Chair of the Alaska Food Coalition, we have seen that, while welfare reform has encouraged many people to successfully find work, these families turn to food banks for additional assistance, and parents are still not able to provide for some of the other basic needs, such as child care and insurance, without programs such as Denali KidCare and the Child Care Assistance Program.

With 72% of the funding for Denali KidCare provided by the federal government, and the cost to the state being only \$472 per year per child, this seems like a program which can effectively meet some of the needs of the most vulnerable Alaska children at a very low cost. This is a small amount to pay for the health of our children and to give babies of pregnant teens a healthy start in life.

Please do not reduce the state budget by taking away basic services designed to improve the health of Alaska's most needy people.

Sincerely,

Douglas McCoy  
Executive Director  
Nome Community Center, Inc.  
PO Box 98  
Nome, AK 99762



# NORTON SOUND HEALTH CORPORATION

P.O. BOX 966  
NOME, ALASKA 99762  
(907) 443-3311

## FAX TRANSMITTAL COVER SHEET

**FROM:** Social Services Dept.  
Norton Sound Health Corp.  
P.O. Box 966  
Nome, AK 99762  
Phone # (907)443-3311  
Or #(907)443-4541  
Fax #(907)443-4546

**TO:** State Representative Fred Oyson  
Chair, HESS Committee,  
State of Alaska, House of Representatives  
State Capitol, Juneau, AK 99801-1182

**FAX:** (907) 465-4587

**DATE:** February 2, 2000

**Number of pages following this one :** 2

**REMARKS:** Thank you for your consideration.

Please call immediately if you get this fax in error. It contains confidential information, protected by law. Thank you.



## **NORTON SOUND HEALTH CORPORATION**

P.O. BOX 966  
NOME, ALASKA 99762  
(907) 443-3311

State Representative Fred Dyson  
Chair, House Committee on Health, Education and Social Services  
State of Alaska  
House of Representatives  
State Capitol  
Interdepartmental Mail Stop 3101  
Juneau, AK 99801-1182

February 2, 2000

Dear Representative Dyson,

### **POSITION STATEMENT OF THE NORTON SOUND HEALTH CORPORATION BOARD OF DIRECTORS**

The Norton Sound Health Corporation is committed to offering quality health care within the Bering Straits region. To that end we offer a wide array of health services, including: acute and emergency care; a large outpatient clinic; dental, audiology, and optometry clinics; a prematernal home, etc. all in Nome, Alaska. The corporation operates health clinics in each of the 15 villages within the region, providing health care to all regional residents. The region has approximately 9400 residents.

As part of our commitment to offer quality health care, we encourage patients to take advantage of whatever health resources they may have at their disposal. That is why we have been so delighted to have another insurance resource for low-income families within the region, namely the Denali KidCare Program. So far, more than 110 families (comprising over 750 family members) have enrolled within the program. We anticipate that as many as 5300 more children and pregnant women from within our region alone may qualify for the program, as they have no health insurance other than that of Indian Health Services.

Norton Sound Health Corporation does not offer all of the services that our patients require. Not all dental, audiology, or vision services, for example, are covered in full through Indian Health Services. Nor are all travel expenses. Denali

KidCare has offered our patients more choices in these areas, and more sources of payment. It can also take time for our patients to see specialists in Anchorage, as the Alaska Native Medical Center can be very busy. Again, with the Denali KidCare program, our patients have more options open to them, and can see private specialists if they so desire.

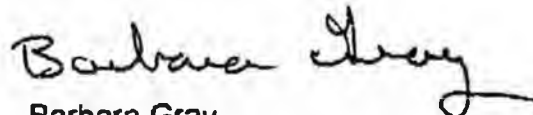
In addition to offering more choices for current patients, the Denali KidCare program will offer more choices to our future patients. It is not anticipated that Indian Health Services budgets will increase, so the availability of another insurance resource for patients in the region is vitally important to maintain our current level of services. In fact, the Norton Sound Health Corporation believes so strongly in this that we have hired a full-time employee whose job duties will solely consist of assisting patients to enroll in whatever insurance resources are available to them, and of publicizing the importance of doing so.

It is the fundamental belief of the Norton Sound Health Corporation Board that preventative medicine is an important factor in providing more beneficial and economical health care to the people of our region. The Denali KidCare Program makes this preventive medicine available to more individuals, and therefore inhibits costly long-term care for those otherwise preventable health conditions in the future.

Under the current system, for those patients that are Indian Health Services beneficiaries, the federal government pays 100% of the costs of the Denali KidCare Program. Thus, most of the patients utilizing this resource from our region are not costing the State of Alaska many more dollars.

We recognize that the State of Alaska is trying to reduce the state budget, but feel that this program is extremely important to the people of this region. The Norton Sound Health Corporation Board of Directors, on behalf of all those that we serve, strongly urges the State of Alaska to continue this fine program. We ask that House Bill 260 not be passed. Thank you for your attention in this matter.

Sincerely,



Barbara Gray  
Chair, Hospital Services Committee  
Norton Sound Health Corporation  
Board of Directors



# Alaska State Legislature

Please enter into the record my testimony to the House HESS  
committee name  
committee on HB 260, dated 12/30/99  
bill/subject

Hi, I am Wanda Katinszky, President of the Alaska Nurses Association. I am here to also represent the Alaska Association of Nurse Anesthetists, Alaska Chapter of the American College of Midwives, and the Alaska Nurse Practitioners Association.

We all stand opposed to House Bill 260. We feel this is a regressive policy which will do irreparable harm to one of Alaska's most vulnerable and valuable resources, our children. Preventative health care saves money for all Alaskans in the long run. Once a health problem becomes emergent, the total cost of care escalates and consumers with insurance and/or the treatment facility and providers must absorb these costs.

Prenatal care is the single most cost-effective health care expenditure, and ensures the best birth outcome for the baby. Lack of adequate prenatal care is a contributing factor to poor birth outcomes. In comparison to the stated figure of \$19M saved by the state by enacting this bill, I remind you that the medical costs of one premature baby can easily exceed a million dollars. Alaskans will absorb those costs if the mother is uninsured.

Denali Kids Care is a wise choice for state expenditures. It benefits not only those families entitled to care, but also the health care providers and institutions which must provide the care regardless of the client's ability to pay. This program must be continued and given adequate time to assess its true costs through accurate measurement tools and gathering appropriate data. We urge you not to turn your backs on Alaska's working families. Thank you.

Signed:

Wanda D. Katinszky

Testifier

(see text)

Representing (Optional)

Address

2931 Legacy Drive Anchorage AK 99516

Phone No.

907-345-3913

Send to  
Every  
House  
member

2-7-2000  
Legislative office page 1 -  
4.P.M

Coghill -  
H.B. 260

F A  
X

Terry Burrell: came to AK. 40 years ago,  
I am Handicapped from polio age 8 - am  
becoming more handicapped by post polio  
syndrome, & in a body cast wheelchair, walker  
or canes assisted, depending on a rare disease.

H.B.  
260

H.B.  
~~224~~  
224

I support HB 260 & Coghill sponsor  
statement. I also support a Statewide  
Health Care Commission to investigate  
health care for Alaskans, all Alaskans,  
I was denied Blue Cross Health care, <sup>where I</sup>  
after post polio syndrome appeared & I <sup>was covered</sup>  
had to change <sup>profession</sup> from Medical Technologist  
to become self employed <sup>in</sup> Real Estate  
limited by my ability of mobility and  
survival of pain. I never accepted welfare  
in any form. I went without heat, food  
& medical until I turned 65. Medicaid  
users have greater access to Doctors  
industry officers because Medicaid pays more  
to their scale, faster & bigger checks  
to the Doctors,; Therefore many Doctors  
refuse new Medicare patients.

TO:

C  
H  
A  
N  
G  
E

Health  
CARE

Industry

are you aware of the Doctors frustration?  
and yet Medicaid patients are scheduled  
as new patients. Why does kid care provide  
Dental - 16%, other 6%, Pharmacy 6%  
and medicare receives none of the above.  
The # 41,700 for four is outlandish - add # costs  
#

REFORM

Terry Burrell

#

Dividend of almost 2,000 per household  
of four, approaches \$ 50,000 per household  
which is middle income of non-welfare working  
households. \$ 41,700 + \$ 8000 =, not to mention  
cost of \$ 8,000 school cost per child in Anchorage.

Anchorage is paying property taxes  
whereas Villages are not. <sup>in</sup> East Anchorage  
is built over by non-tax paying Entities i.e. City,  
University of Alaska, South Central Services,  
Native Hospital, Kid Care, Baptist Temple  
where Provo lives tax free in a million (?)  
Dallas Heide Home - Baptist Church owned.  
Other church members in \$ 200,000 Foxhall homes.

free  
Health care to all  
Natives  
to all  
Native  
Children

Why NOT  
ALL  
ALASKANS  
?

IN  
Vest  
invest

I  
Object  
to  
1 drug,  
3 alcohol  
\$ psychiatric  
care  
Please  
investigate  
\$

added to about Church owned tax free  
properties about 30 in number. (Please correct  
me if not so, or better yet add up the  
multi-millions of non-taxable properties  
cause the middle class working, small  
business owners are buckling under property  
taxes & <sup>taxable</sup> invoices) Would you consider  
Cutting Kid care & sending State Tax relief  
to lower property taxes? also fund HB224  
and give us a chance to study a fair and  
equal way of funding health care to all  
Alaskans. Change 100 to 133% is tolerable  
until Welfare is completely reformed, soon.  
Thank you, Terry Burrell

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# CATHOLIC SOCIAL SERVICES

BEYOND SHELTER  
3710 E. 20TH AVE., SUITE 1  
ANCHORAGE, ALASKA 99508-3418  
807-278-5590

February 8, 2000

To: HESS Committee  
Chair, HESS Committee - Fred Dyson  
From: Stephanie Wheeler  
Director, Emergency Outreach & Supportive Services  
Catholic Social Services  
Sub: Denali Kid Care  
HB 260

Thank you for the opportunity to allow us to share our concerns with you about the recently introduced HB 260. It is evident by the number of Alaskan families who are currently enrolled in the Denali Kid Care program that this is a much-needed program for children and pregnant women.

Last year, Catholic Social Services provided services to over 165,000 individuals. These individuals and/or families representative of our programs include pregnant women and their families, low-income families, families who are working, homeless families, adoptive families and refugees. On behalf of the individuals we work with, I urge you to reconsider amending this bill. It is primarily those working or low-income families with children who fall in this precise category that need a comprehensive health plan.

Often times these families health needs go unmet because they are not Medicaid eligible or they cannot afford adequate health care. Many families who do work, and are being paid over the minimum wage still cannot afford the health insurance that companies are currently offering. Health care is expensive and non-affordable. A lot of individuals would not be able to pay outright for health care costs. And because health insurance is increasing to meet the ever-escalating costs of health care, many families cannot afford health insurance. For instance, a single mother with four children who is currently enrolled in the DKC program cannot afford the health insurance plan for her children that is offered through her employer, which is approximately \$500 per month. She currently makes \$12 an hour. One paycheck (after taxes) is approximately \$760. She gets paid twice a month. Rent and utilities alone will take care of one full paycheck. What does that leave the other paycheck for? - food, childcare, transportation and other miscellaneous expenses. It is quite clear that she cannot afford the health insurance plan offered by her employer. Additionally, some employers may not offer a health care plan for families.

People need health insurance, particularly as they move from welfare to work and continue to progress toward self-sufficiency. For people with chronic health conditions, disabilities and mental illnesses, adequate health care coverage is critical. Having adequate medical coverage can mean a world of difference for individuals who need medication that is also costly. Without adequate health coverage, former welfare

recipients, particularly those with poor health, chronic medical conditions and disabilities, may be forced to return to welfare in order to meet their medical needs. Concern for health care benefits prompt many welfare recipients to continue receiving public assistance and acts as a disincentive to seeking employment.

Many families who are on public assistance will be working within the next three years. Transitioning from welfare to work is often difficult within itself. Having insurance coverage for health care is a must for these families in order to make this transition successful. Health insurance is viewed by many clients and staff as one of the most important benefits to working – but generally covers only the employee. Adding family members is a prohibitive expense.

Many families who exit welfare for work will not obtain jobs that offer employer-sponsored health insurance as a benefit. If private and affordable health coverage were extended to more families on public assistance, many more families would currently be employed.

Please consider exploring other options like a co-payment plan, minimal monthly fee, or sliding scale to help individuals pay for this affordable health plan rather than omitting it altogether. I would really encourage you to listen to the thousands of children that have been privileged to use this coverage and their parents who have had no other options for health coverage. Help us continue on the road to success. Help us educate doctors and other health providers about the importance of this health plan for children and pregnant women. There is indeed a gap in rendering affordable health insurance. With DKC, that gap has narrowed. Let's look for additional ways to bridge or close the gap like exploring medical coverage for single individuals who do not have or cannot afford health care.

Thank you for your time!



# ALASKA STATE LEGISLATURE

HOUSE COMMITTEE ON HEALTH,  
EDUCATION AND SOCIAL SERVICES

Please enter into the record my testimony to the \_\_\_\_\_

Committee on HB 260 Committee Name \_\_\_\_\_  
Subject: HB 260 Bill / Subject \_\_\_\_\_ Dated 2-8-00

My dear elected Representatives,

I am a Mental Health & Substance Abuse professional on the front lines in Interior villages. I get the calls when teens are suicidal, and every once in awhile one of them pulls it off, ripping the fabric of a village apart, sending ripples of depression and despair through several villages, resulting directly in more substance abuse and other forms of abuse and neglect. This year I became aware of Denali KidCare and how to get a kid in a life-threatening crisis on it immediately and into quality, safe treatment. In Allakaket, this resulted in getting a kid the whole village was sure was going to suicide, into treatment and today that kid is doing well in aftercare and in the custody of family. In studies of the cost-effectiveness of quality psychiatric and substance abuse care, it has been shown that this treatment saves every bit as much money as quality med/surg care, preventing costlier problems later. This has resulted in the rise of the Party movement. Quite possibly saving that kid's life has ~~been~~ plenty enough to Allakaket, Alaina, Hughes and Huslia. Why is it important to be the only state without a State Child Insurance Program, a program that brings needed federal money to Alaska? Most jobs in the nine (9) villages I visit have no insurance benefits. Do we want to reinforce working or welfare? I see Fetal Alcohol Syndrome everywhere I go in the Interior; do we want to prevent the pregnant women, some of whom are FAS themselves, that most need health and Dual-Diagnosis substance abuse care in order to prevent this incurable disaster, from the chance to get that care? I urge you to continue this ray of hope. Thank you.

Dennis E. Hojna MSW, LCSW  
Tanana Chiefs Conference  
Yukon Tanana Counseling Services  
Program Director/Clinician

SIGNED:

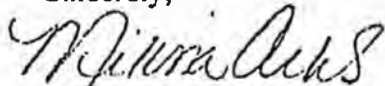
Dennis E. Hojna MSW, LCSW  
Testifier  
Tanana Chiefs Conference / YTCS  
Representing  
1302 21st AVENUE FAIRBANKS, AK  
Address / Phone Number  
99701

(907) 452-8251 x73462

FEB 03 03 102 00 13 11 FAIRBANKS AK FAX NO. 507 450 3540 P. 04

I am writing in response to HB260. I am a full-time working single parent with two wonderful children ages 6 and 9. While I am lucky enough to have employment with health care coverage for my children, and myself being the sole provider for my children is financially difficult. I agree that the absent parent should help provide for my children and I do have a case on file with C.S.E.D. – but they have not been able to collect child support since December 1998. In November of 1999, I took my youngest daughter in the clinic, at that time they stated she just had a virus and I did not have Denali Kid Care. My primary insurance did not cover the visit stating it was a well child visit. One week later, I took her back and another Physician diagnosed her with Pneumonia. In conclusion of 2 office visits, 3 x-rays, blood-work, rental of a Nebulizer Machine and medication. My medical bills for December were over \$800.00. I applied for Denali Kid Care and was approved in December. Had I not been fortunate enough to have this program available to my children, I honestly can say I may not have been able to take my daughter in for the recommended follow up care. 20% co-pay may not seem that much but when it's the difference between paying a medical bill or having groceries it can seem very large. Please do not limit this program to Medicaid precipitants only, the working class is very dependent on it to ensure our children grow up safe, healthy and happy.

Sincerely,



Melissa Ackels  
4753 Princeton Drive  
Fairbanks, Ak 99709

MARSHALL TRADITIONAL COUNCIL  
ROBERTA A. FITKA, ICWA  
P.O. BOX 110  
MARSHALL, ALASKA 99585  
PHONE 1-907-679-6302/FAX 1-907-679-6187

\*\*\*\*\*  
February 8, 2000

RE: DENALI KID CARE

Dear Sir or Madam,

Health care insurance coverage is vital to the well being of Alaska's children. If HB 260 passed, Alaska would be the only state or territory in the country without a state-sponsored child insurance program. Why would the legislators let this happen?

Denali Kid Care coverage for our children is cost effective and eliminating the program would result in a huge loss of federal funds for health care. Denali helps working families who work in jobs with no benefits to provide health care for their children. Denali Kid Care also helps families who are moving off welfare because they can still provide for their children's health care needs. Coverage for pregnant women is important to ensure a health start for Alaskan Children.

Our children are important and so is their health and well being, so why pass this HB 260?

Sincerely,  
*Roberta A. Fitka*  
Roberta A. Fitka,  
ICWA Worker

cc: Rep. Dyson            Rep. Coghil            Rep. Green  
Rep. Morgan            Rep. Whitaker        Rep. Brice  
Rep. Kemplen            Senator Ted Stevens  
Senator Georgianna Lincoln



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House Hess  
Committee Name  
 Committee on Denali Kid Care Dated 2-8-00  
Bill / Subject

On behalf of the City of Anaktuvuk we oppose Bill 260. Denali Kid Care is very helpful. Eliminating this program would be a detriment to our people. Thank you for considering our testimony.

SIGNED: Steve Wells Steve Wells  
Testifier

CITY OF ANAKTUVUK PASS City Clerk  
Representing

Box 21030 907 661-3612  
Address / Phone Number

Post-It™ brand fax transmittal memo 7671		# of pages » 1
To STEVE WELLS	From	FBKS LIO
Co. CITY ANAT ASS	Co.	
Dept.	Phone #	
Fax # 661-3613	Fax #	456-3346



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House HESS  
Committee Name  
 Committee on House HESS / HB 260 Dated \_\_\_\_\_  
Bill / Subject

As a working Alaskan, I resent the implication that "poor people" are ~~are~~ only those without jobs or that changing the definition of poor will increase or decrease the quality of life for families. You are playing with words and ignoring the reality of life. Having a portion of the usual amenities of middle class life does not mean you can provide all the needs of a family especially where routine health care is concerned. I would ask that you reconsider your stance on the eligibility level and retain the current level.

SIGNED:

Velita Murphy  
 Testifier

private citizen  
 Representing

270 Ester Dr. FHO, AK  
 Address / Phone Number

455-9075



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the H+SS  
 Committee on HB 260 Committee Name  
Bill / Subject Dated 2/8/00

I feel this ~~bill~~ bill  
 would severely affect our  
 next generation. I am a mother  
 of three. I feel that you should  
 continue Denali Kid care. The  
 healthier the child, the more  
 prosperous the family. When you  
 cut funding to our kids you  
 hurt our state.

SIGNED: Mona Jones  
 Testifier

Representing

P.O. Box 72722 907-452-2989  
 Address / Phone Number



## ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

*Office of the President*

4141 Ambassador Drive  
Anchorage, Alaska 99508  
Telephone: 907-729-1900  
Facsimile: 907-729-1901

January 24, 2000

Honorable Fred Dyson, Chairman  
House Health Education and Social Services Committee  
Alaska State Legislature  
Juneau, AK 99801-1182

Re: *Opposition to HB260*

Dear Representative Dyson,

The Alaska Native Tribal Health Consortium is a statewide non-profit Alaska Native health services organization based in Anchorage. We are owned by Alaska Native tribes and tribal health organizations from around Alaska, and manage the Alaska Native Medical Center along with a range of community health service programs.

We are writing to express our opposition to HB 260, which would callously eliminate access to essential health care services for approximately 30 percent of Alaska Native children. The bill proposes to lower eligibility from 200 percent of poverty to 100 percent of poverty. The federal government funds Medicaid health coverage for the Alaska Native population. C.H.I.P. (Children's Health Insurance Program) provides access to health care coverage to children of families that are employed but unable to afford insurance. According to the Alaska Department of Labor, Alaska Native children (0-19 years of age) make up 45 percent of the total Alaska Native population.

Based on data from the Indian Health Service, Alaska Native health status is one of the worst in the United States. The Alaska Native sudden infant death syndrome (SIDS) rate is 2.5 times (306.6) the U.S. All Races (120.3) rate. The postneonatal mortality rate for Alaska Natives (6.9) is twice as high as for the U.S. All Races (3.1).

The ability of the Alaska health care system to adequately treat this at-risk population relies on Medicaid funding. The Indian Health Service funding we utilize can only meet a portion of the health care needs of the Native community. The Denali KidCare Program offers a financially responsible avenue to address our health conditions and improve health status. Please consider the extremely adverse consequences to our at-risk children should this bill become law. We must speak for them; they are our future.

Sincerely,

Paul Sherry  
President and CEO

Denali KidCare is a program that went into effect March 1, 1999 to provide health care insurance primarily to uninsured children in working and non-working families and to pregnant women. Funded mainly with federal dollars, this program expanded Medicaid income levels to assure that more Alaskan children receive a healthy start in life.

Denali KidCare takes advantage of enhanced federal funding under the State Child Health Insurance Program (S-CHIP) adopted by Congress in 1997 to provide health care insurance for uninsured children in America. Over 10.5 million children are uninsured in this country, and the number is increasing as employer coverage of dependents becomes less common.

**HB 260, if adopted by the Legislature, will eliminate the Denali KidCare program.**

**Alaska would be the only state or territory without a State Child Health Insurance Program.**

#### WHY COVER HEALTH INSURANCE FOR CHILDREN?

- Health care insurance coverage for children is cheap - \$472 per year, per child in state funds.
- With Denali KidCare, 72 cents of every dollar spent is federal funds; only 28 cents comes from state general funds.
- Services for children enrolled in Denali KidCare who also are eligible for Tribal or Indian Health Service are paid for with 100% federal funds.
- Health care insurance is vital to the wellbeing of Alaska's children.
- Children with health care coverage are more likely to receive well-baby/well-child care, adequate immunizations, and have health care problems discovered early.
- Denali KidCare helps working families who work in jobs with no benefits to provide health care for their children.
- The state used part of the \$30 million savings from the Medicaid federal match rate change to expand coverage for children and pregnant women.
- Program elimination will result in a huge loss of federal funds for health care.

#### WHY COVER HEALTH INSURANCE FOR PREGNANT WOMEN?

- Prenatal care is the single most cost-effective health care expenditure.
- Prenatal care ensures the best birth outcome for the baby.
- Prenatal care is the best method of assuring a healthy start for Alaskan children.

## **I. Helping the working poor—**

**Denali KidCare offers health care coverage for children in families that make too much to be on Medicaid—but not enough to buy health insurance**

1. It is a program for the low-income “working poor”—and meets the basic need for Alaska parents to be able to provide health care for their children while working at a low paying job with no benefits.
2. Denali KidCare provides health insurance coverage for children and teens through age 18 and for pregnant women.
3. To be eligible, the family must meet income and other eligibility guidelines.
4. It is primarily for individuals without health insurance whose income is 200% or below the Federal Poverty Level (FPL) Guidelines.
5. If the family income is quite low, 150% Federal Poverty Level or below, children with other health insurance may be eligible.
6. Children, teens and pregnant women covered by Indian Health Service may also be eligible if they meet income and other eligibility guidelines.

## II. Changing Alaska economy—

**More retail, low paying jobs—a Walmart instead of an ARCO economy— means more parents are unable to provide health insurance coverage for their children.**

1. "According to data published by the U.S. Department of Commerce, Alaska is the only state with real (inflation-adjusted) Gross State Product (GSP) lower in 1997 than it was in 1982."
2. "Alaska has gone from having the highest per capita personal income in the country to a position below the national average."
3. "At the current rate of decline, Alaska's per capita personal income will fall into the lowest 25 percent within 10 years."
4. "Declining real GSP in the face of rising population and labor force means that Alaska has endured a sustained 15 year period of net aggregate disinvestment."
5. "Real wages and real household income have continued to fall."

(Quoted from the *Anchorage Daily News*, "Economic downturn threatens Alaska,, by David Reaume, October 24, 1999.)

### III. Assisting families going from welfare to work—

**Denali KidCare makes it possible for families to get off welfare because with Denali KidCare, they can still provide for their children's health care needs.**

1. State welfare rolls are down to the lowest level in almost a decade. (*Juneau Empire*, November 24, 1999)
  - In April 1994, there were 13,161 Alaskans on temporary assistance cash payments. As of October 1999, that number was down to 7,718 and more than half of these people are working part-time or training for work.
  - From July 1997 to July 1999, more than 4000 Alaska families left welfare for jobs, dropping the welfare caseload to its lowest level since 1991.
  - Of the roughly 7,700 Alaskans currently receiving temporary assistance, more than half are working part-time jobs or participating in job training or education programs.
  - In cash payments alone, the state is projected to have spent some \$47 million less from 1997 through 2000.”
  - Declining welfare rolls have allowed the state to replace state funding for some programs with federal money.
2. “In the past three years, we have moved thousands from welfare to meaningful jobs, cut the welfare caseload by a third, and saved the state millions of dollars in the process.” (Governor Knowles, press release dated November 24, 1999.)
3. Welfare reform in Alaska is working successfully to keep people off welfare and cash assistance.
4. Keeping people off welfare takes money to support services needed by working families—such as health insurance for their children.

(Quoted from the *Juneau Empire*, “Welfare rolls drop by third, by Svend Holst, November 24, 1999 and related press release from governor Knowles.0)



# Alaska State Legislature

Please enter into the record my testimony to the House Health, Education and <sup>Social</sup> Services committee name

committee on HB 260, dated 2/15/00  
bill/subject

I feel that cutting Alaska kid care benefits from the 200% poverty level to 133% level would be completely unfair to the working families that have no access to acceptable health care insurance for their children.

The ones that would suffer would be the children and I feel this is an outrage. These working families are tax payers and deserve access to health insurance for their children. If this program suffers this cut it will force many people with severely ill children to quit their jobs and become dependent not only on Medicaid but on food stamps, job placement, etc.

Health care needs to be accessed from a preventative standpoint as opposed to waiting until the child is so ill they need extended, extensive medical treatment.

Signed: Leslie Underwood Leslie Underwood  
Testifier

Sitka Community Hospital  
Representing (Optional)

209 Miller Ave. Sitka, Alaska 99835  
Address

907 747-3241  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the House HESS  
committee name

committee on HB 260 dated 2/15/2000

I would like to <sup>bill/subject</sup> submit for public record the impact that Denali kid care had on my son's life. During his pre-natal care, and first year of life, the cost of health coverage for he and my wife were impractical. Quite simply, I could not afford to have both on my policy. Denali kid care picked up the slack and did not force my wife and I to make decisions about whether to bring my son to the doctor or not for fear of financial consequences. We were able to get him the immediate medical attention he needed when he needed it instead of sparing the expense until his health deteriorated to a

Signed: [Signature] Stefan Schumacher  
Testifier

Representing (Optional)  
Box 2282 Homer, Ak 99603  
 Address  
(907)255-6950  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Hess  
 committee on HB 260, dated 2/15/00  
bill/subject committee name

Speaking in terms of mental health ~

Denali Kid Care provides a comprehensive approach to health treatment not only of children but also pregnant women. Many problems of the brain occur in-utero.

Schizophrenia may develop as a cause of extreme stress and/or viral infections of the mother. Other in utero damage can be avoided when pregnant women receive adequate health care and nutrition.

Stress ~~for~~ in children because of inadequate health care may also cause problems later in life regarding their mental health.

Thank you for this opportunity.

Signed: Jean M. Steele  
Testifier  
NAMI of Homer  
Representing (Optional)  
P.O. Box 837, Homer 99603  
Address  
235-1081  
Phone No.

point where our hands were forced.

Without Denali Kid Care my son would have had nowhere near the medical attention he needed during his crucial first year.

During the pre-natal period I was working ~~but~~ and making more than the federal poverty level. However, I did not have healthcare coverage for my wife as we were engaged and not yet married. Therefore, Denali Kid Care again came through and allowed us to access the prenatal care that is absolutely essential to the health of every child.

It is worth noting that my son is no longer on Denali Kid Care. He is covered under my employer's plan now. We have a large deductible and forced to decide between going to the doctor or not according to our financial situation. My wife has no coverage at all. We can't afford to pay the premium for both. ~~We~~ We are very grateful to Denali Kid Care for the opportunity it gave my son when he most needed it and we are also grateful we were able to transition from it to our current situation. Denali Kid Care was an absolutely essential part of this young family's beginnings. Without it, my son would not be the healthy boy he is today. I implore you to keep this great program in place. Thank you.

Homer L10

Stefen Schumacher page 2 of 2

Post-it® Fax Note	7671	Date	2/5/00	# of pages	3
To	House HESS	From	HOMER L10		
Co./Dept.		Co.			
Phone #		Phone #	235-7878		
Fax #	465-4587	Fax #			

February 15, 2000

**RE: HB 260 (Denali Kid Care)**

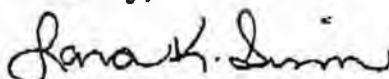
Dear Rep. Coghill and other HESS House Members:

I just learned of the House Bill that would decrease/eliminate the Denali Kid Care Program. I felt that I had to speak out on this issue.

I am the mother of two little girls. I am also the guardian for my two nephews due to my sister's drug dependence. I have private insurance for my daughters, but cannot afford to insure my nephews. I am trying to provide a stable, safe environment for my nephews to feel comfortable after everything they have been through. If the Denali Kid Care Program is eliminated I don't think I would be able to keep them in their current environment. Isn't it cheaper to provide them with Denali rather than paying for them to be in foster care? Foster care would be \$800 per month, and how much is spent on Denali? This elimination does not make any sense to me, if it is funded by federal dollars I don't understand how you can even think about cutting it. Do you representatives that we vote for and put in office not even care about our children? After all, remember that they are our future.

I beg you to please rethink your idea about cutting our children's Denali coverage. This would truly be an injustice to Alaska's best resource, our children.

Sincerely,



Lara K. Sinn  
P.O. Box 3505  
Homer, AK. 99603-3505  
E-Mail: [Edgewater@xyz.net](mailto:Edgewater@xyz.net)

Sinn page 1 of 1



COVER SHEET

Anchorage Legislative Information Office  
Office - (907) 269-0111 Fax - (907) 269-0229

To: (H) HESS

Atten: Rep. Dlyson Fax: 465-4587 Phone: \_\_\_\_\_

From: Anch. LIO Phone: 269-0114

Instructions: Written testimony on HB210

Sent: \_\_\_\_\_ Date: 2/2/00 Time: \_\_\_\_\_

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Number of Pages: \_\_\_\_\_ (counting cover sheet)

Transmitted by: \_\_\_\_\_

Marilyn Walsh Kasmar  
 2608 Nathaniel Court  
 Anchorage, AK 99517

(907) 248-2714

Senate District G, House District 13

Denali KidCare- The Right Thing To Do

Should government be involved in the provision of health care to children? This is the question posed by Rep. John Coghill as he puts Alaska's children's health insurance program on the block in an effort to open the debate about "how far we want to go with socialized medicine." There are good arguments on both sides- they deal with personal philosophies about health care; whether or not health care is a right or a privilege; and philosophies about personal responsibilities. But in the end, for vulnerable children, the answer is yes- government should be involved in ensuring the provision of health care.

Why? Simply put, it takes a village to raise a child. In progressive, civilized societies, the strong protect and care for their vulnerable young. In our imperfect state, a lot of kids and families need a helping hand. Alaska's kids are our greatest resource- ready to be groomed by their parents, teachers and leaders for productive lives. This is difficult to do if they have unmet health care needs; if their teeth are rotten, hurting and unrepaired; or if they are mentally ill. Budgets must not be balanced on the backs of these children, and it is shortsighted to think that doing so will pay off in the future. I have lived in Alaska all of my life, and I plan to be here for the rest of it- I want the kids around me to be strong, healthy, and in good shape to be stewards of the state in the future.

*for a lot of reasons,*

Besides being the civilized, right thing to do, keeping kids healthy makes fiscal sense. Consider the following statistics for children without health insurance:



They are 6 times more likely to go without needed medical care (putting their health at risk); 5 times more likely to use the emergency room as their source of care (thus using the most expensive mode when they do finally get care); and 4 times more likely to have urgent care delayed (resulting in an escalation of the acuity of the health problem, making them much more expensive to care for when they do present for care.)



Children 5 and under without health insurance are 3 times more likely not to receive well-child preventive visits, and are 2 times more likely not to be up to date on immunizations. Women who receive late or no prenatal care are twice as likely to have low-birthweight babies- and babies in a Newborn Intensive Care Unit can cost thousands of dollars a day. In fact, low-birthweight babies account for 10% of all health care costs for children.



Insurance for kids has other impacts. There was \$177 million of uncompensated medical care provided to Alaskans in a recent year. These costs are shifted to the insured in the

*my home*

price paid for health care premiums, and thus is part of those double-digit increases in health insurance premiums that we have seen in the past decade.

One positive by-product of children's health insurance is that when it is provided, the incidence of child abuse and domestic violence in families decreases dramatically- thus saving great amounts of money in the health and judiciary systems. Preventive health care has also been shown to radically decrease emergency room use, at great savings to the health care system and to Joe and Josephine Consumer when these saved costs are not shifted to them.

Yes, it is civilized, right and fiscally smart to provide health insurance to children.

Representative Coghill asks the question "why, in a state where unemployment is 4.7%, are we providing medical assistance to 105,000 Alaskans?" His question assumes that every working Alaskan has enough money to pay for health care out of pocket or has access to health insurance. This is not the case- many Alaskans work for small employers who do not provide health care coverage to employees; others work in several jobs and have inconsistent coverage, if at all. And, because of the spiraling cost of health care, very few people cannot afford to fund even a small portion out of pocket. Low unemployment does not equal access to health care.

*Cheap* That said, costs must be addressed. And, Denali KidCare insurance is cheap to provide. Congress passed the Child Health Insurance Program (CHIP) in the fall of 1997, sending \$40 billion over the next 10 years to states to fund expanding child health programs. Alaska did, through Medicaid, as there are currently no private insurance products specifically for children in Alaska. Doing so costs us approximately \$47 per child per month, and is matched by \$159 in federal dollars. Covering the uninsured Alaskan children living in families earning less than 200% of the federal poverty level (\$33,000/yr for a family of 3) is costing the State of Alaska 28 cents on the dollar.

Denali KidCare is an economic engine. Every \$1 million spent on health care in Alaska generates approximately 23 jobs and adds \$740,000 to Alaska's payrolls.

There are many good reasons to keep this program, and no good reasons to get rid of it- using it as a vehicle to open a debate is not acceptable. If this program is eliminated, Alaska will be the only state or territory in the country without a Child Health Insurance Program. It is an embarrassment to think that we are so little about our kids that this has even been considered.

In the end, providing health insurance is an important and effective investment in our children. In this case, it's cheap too- Alaska pays for 28% of the program- the feds pay the rest. We can pay a little now, or pay a lot later. It doesn't take a rocket scientist to figure this one out.

*Marilyn W. Kasper*



# Alaska State Legislature

Please enter into the record my testimony to the H.F.S.S.  
 committee name  
 committee on HB 260 dated 2/15/00  
 bill/subject

I strongly agree with the critical points raised repeatedly thus far in support of continuing Denali Kid Care. In addition to the practical, "bottom line", common sense reasons for insuring our state's children, I also have great concern for the children, whose mental and emotional needs <sup>(would be ignored)</sup> are ignored without Denali KidCare. In our center alone this year we have seen three youth with homicidal ideations. These youngsters were each involved with 2-4 other youngsters who were not identified. All of these children are involved with alcohol and drug use at a dysfunctional level. With increasing needs in our stressful society and decreasing funds to community mental health centers, we MUST find and

Signed: Virginia B. Rhodes

Testifier

Valdez Counseling Center

Representing (Optional)

P.O. Box 1050, Valdez, Ak 99686

Address

907-835-2838

Phone No

KEEP ways to help families raise healthy children. If

We don't address these issues now, we will all pay for it later with increased crime, divorce, substance abuse and discontent and a decrease in ablo...

o(H) HESS 465-4587  
 on Valdez 40  
 2 pages



# Alaska State Legislature

Please enter into the record my testimony to the House Health Educ. + Soc. Services  
 committee name  
 committee on HB 260: Medical Act dated 2/15/00  
 bill/subject Program Coverage

I strongly object to the amendments of this bill as proposed by Rep. John Coghill. This <sup>original</sup> legislation & the Denali Kid Care Program which was established because of its passing was a "God send" to many Alaska families. Most families who work in our "resource industries" can not afford the staggering costs of health insurance and, in the past, went deep into debt due to medical/dental treatment. The "kid-care" program allowed many of these families to get preventative check-ups for their children, which in turn head off major costs from ~~from~~ diseases, etc, that can be prevented. If you vote to lower the 200% level, you are putting many children's health, education,

Signed: Ruth Knight  
 Testifier

Self, family, concerned health care givers + teachers  
 Representing (Optional)

P.O. Box 3218, Valdez, Ak 99686  
 Address

(907) 835-2085  
 Phone No

→ and welfare in jeopardy. Please let this program continue and let Alaska reap its benefits which will be: less sick days and absenteeism at school/work, healthier, happier & smarter citizens, & eventually cheaper (less expensive) health care. This is a family health issue, not a financial one!!



# Alaska State Legislature

Please enter into the record my testimony to the House Health Education  
 committee name & Social Services  
 committee on HB 260, dated 2/15/00  
 bill/subject

Signed: \_\_\_\_\_  
 Testifier  
 \_\_\_\_\_  
 Representing (Optional)  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Phone No.

- HB-260 MEDICAL ASSISTANCE PROGRAM COVERAGE  
 - HOUSE HEALTH, ED, SOC. SERV. 02/15/00 TUES. 3pm

My name is Sandie Gilbert, Patient Access Manager and Denali Kid Care Coordinator for SouthEast Alaska Regional Health Consortium.

I am submitting my testimony against HB 260.

When Denali Kid Care began in March 1999, SEARHC expanded upon the State's efforts in enrollment. We saw an opportunity for native children and pregnant women who fit in this expanded health insurance program to remove any financial barriers from accessing a health care delivery system; especially in hard to reach or rural areas.

SEARHC has quickly completed a comparative analysis of Medicaid patients seen at our Mt. Edgecumbe Hospital facility. We compared March through September 1998 data to similar months in 1999. Pediatric ambulatory visits rose from 393 in 1998 to 2,223 visits in 1999.

The impact was tremendous. Denali Kid Care offers services that SEARHC does not provide. For example, DKC offers travel & lodging for patients who need to be seen by a specialist, dentist, hearing exams, Outpatient Mental Health counseling. It allows pregnant women to come from the villages to the hospital more frequently for prenatal care and counseling to insure a healthy child. It gives women the option to be seen at a hospital where more services are provided than at a village health clinic. Denali Kid Care provides coverage for a new mother up to six weeks after birth in case of complications or request for sterilization. This means for those non native women carrying a native child; aftercare is not an issue. And these newborns can be covered from birth: well baby checks, school physicals, immunizations until he/she reaches the age of 19.

SEARHC beneficiaries enrolled under this program costs the State of Alaska NOTHING! The Federal government matches this funding at the 100% rate for additional Native people covered by Denali Kid Care and served at tribal facilities. As you are aware, one of the benefits for the State to develop its CHIP program was the federal match money and is at very little cost to the State's budget.

SEARHC uses these medicaid funds to help supplement our Indian Health Service compact funds to expand and improve our current health care services. We are not fully funded by the Indian Health Service for our health care delivery system.

We are shocked and surprised of the about-face by legislators for recommending change to such a vital program for our children! It makes good fiscal sense to continue Denali Kid Care and to ensure healthy Alaskan children and pregnant women.  
 Thank you for your time to allow me to express our concerns.

*Sandie Gilbert*  
 Patient Access Manager / Denali Kid Care Coordinator  
 907-966 8396



STATE  
OF  
ALASKA

Bethel Legislative Information Office  
301 Willow  
PO Box 886  
Bethel, AK 99559

Date 2/15/00  
Number of pages including cover sheet: 5

**FAX**

To: House HESS Committee  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax phone: 465-4587  
CC: \_\_\_\_\_

From: Nelson Davies  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: (907) 543-3541  
Fax phone: (907) 543-3542

REMARKS:  Urgent  For your review  Reply ASAP  Please comment

**Per Your Request:**

*Written Testimony on HB 260*



# STATE of ALASKA

*Bethel Legislative Information Office*

PO Box 886  
Bethel, Alaska 99559  
(907) 543-3541  
Fax- 543-3542

Written Testimony  
for the  
Record:

TCN: 10261

Committee: HNESS

Date: 2/15/00

Bill Number(s): HB 260

Subject(s): Denali Kid Care Qualification

**Please enter my testimony into the record.**

Mary Anaruk  
Testifier's name (s):

YR HC  
Representing (opt.)

Address

Phone

## TESTIMONY

My name is Mary Anaruk, and I am Vice-President for Community Services at the Yukon Kuskokwim Health Corporation here in Bethel. The programs I have responsibility for are by and large all the village based programs here in our region such as the Health Aide program, Substance Abuse Counselors, Home Care Workers, and several other positions.

A few years ago we began to focus on a Well-Child program because access to health care is a major problem for most of our village residents. Our Health Aides receive special training which enable them to do all the examinations and immunizations needed for children. One of our problems has always been enrollment, and getting pregnant women to enroll in Medicaid in order to receive appropriate care. Admittedly many of our village residents qualify for Medicaid but there also is many residents who have low paying jobs with their respective village corporations, school districts or councils who do not qualify for Medicaid and this program has facilitated increased enrollment. The other very positive aspect has been the outreach benefit we've derived from this program. We have seen an increase enrollment under DenaliKid Care of between 4 to 5% over the past year.

One of our more serious concerns in our region is the lack of adequate pre-natal care. I think we can all agree that Prenatal care is the single most cost-effective health care expenditure, ensures the best birth outcome for the baby, and is the best method of assuring a healthy start for the newborn. This has certainly been the trend here with many of the increased enrollees being our pregnant women.

We here in the YK region have long wanted to bring Health Care to as close to where the people live and DenaliKid Care along with our Health Aides being trained for Well-child care has helped to reach more children and provide the preventative care that is needed. From my understanding of data, Health Care insurance coverage for children is cheap. If this is adopted by the legislature it is also my understanding that Alaska would be the only state or territory without a state Child Health Insurance program.

Considering all the well known high statistics around Domestic Violence, Suicides, Child Abuse, and then Substance Abuse in our region compared to the entire state, and the nation to decrease any program reaching out to our children seems totally inappropriate. Cost savings appear minimal and why would we even consider sacrificing our children for the almighty dollar is beyond me.



# STATE of ALASKA

*Bethel Legislative Information Office*

PO Box 886  
Bethel, Alaska 99559  
(907) 543-3541  
Fax- 543-3542

Written Testimony  
for the  
Record:

TCN: 10261

Committee: HHESS

Date: 2/15/00

Bill Number(s): HB 260

Subject(s): Medical Asst Prog. Coverage

**Please enter my testimony into the record.**

Christina Bragg  
Testifier's name (S):

\_\_\_\_\_  
Representing (opt.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

## Testimony to House Bill 260

My name is Christine Bragg, and I live in Bethel.

I would like to address the issue of access and affordability of health insurance as it relates to Denali KidKare.

As you know, access to health insurance is primarily through employment. In this region, employed families often earn between \$20,000 and \$30,000 per year. A "good" job may carry a salary of \$40,000 per year.

The trend in this region for those employers who do offer health insurance has been to increase the cost to employees, either through the institution of premiums or increasing the cost of health insurance premiums, to eliminate or not offer dependent coverage, or to eliminate health insurance as an employee benefit altogether. Employees who no longer have access to employer health insurance report that insurance is either not available for purchase or available only at prohibitive premiums (for example, \$500 per month for a single individual). These people are therefore without insurance.

A family of four earning from \$30,000 to \$40,000 per year qualifies for Denali KidKare. Such a family may look at COBRA premiums of \$500 per month or more. After the COBRA time period, higher rates apply. Such a family, faced with spending \$6,000 per year or more for health insurance, will most likely opt for more immediate necessities such as food and clothing.

Larger families or families earning less would not even be able to consider purchasing health insurance.

The Denali KidKare program was created to meet the needs of uninsured children and pregnant women with family incomes too great for traditional Medicaid and too low to obtain insurance or pay for health care directly in today's economy. The need still exists, and we in this region urge that the Denali KidKare income requirements remain unchanged.



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Hess  
Committee on HB 297 Committee Name 2/14/00  
Dated 2/14/00  
Bill / Subject

URGENT ATTACHMENT

SIGNED: Michael Bryan MICHAEL BRYAN  
Testifier  
CITIZENS OF ALASKA  
Representing  
378 SHANNON DRIVE FAIRBANKS ALASKA 99701  
Address / Phone Number 907 451 6365

February 13, 2000

Health Committee  
State Capitol  
Juneau, AK 99801-1182

Re: House Bill 297

Dear Committee Members:

Thank you for taking the time to read this letter. In respect of your busy schedule I will be brief.

Your sponsorship of HB 297 is greatly appreciated. Successful passage of this legislation will bring to Alaskan's what is very badly needed. It will bring choices in the health care environment. Currently there are significant limitations in the availability of certain procedures and venues for those procedures in Alaska. These limitations are compounded by the inability for private enterprise to build and supply communities with badly needed facilities. The current level that requires Certificate of Need processes is artificially low. \$1,000,000 in today's economy cannot build and equip even the most modest of medical facilities. A more realistic limit of expenditure of \$7,000,000 will better allow the construction of a quality facility in today's economy and encourage private enterprise to bring to our citizens the choices that we currently do not have.

The passage of this bill brings other benefits to the Alaska. Passage of HB 297 will reduce the monopolistic tendencies of established facilities (eg. Fairbanks Memorial Hospital) and allow for competition that will lower the cost of delivery to our citizens. Passage of HB 297 will foster local ownership of health care facilities and keep dollars in the community. The bill, if passed, will reduce the cost of the CON process to the State and its citizens. This bill has an added effect of lowering the cost of delivering health care to those user groups funded by State dollars (State employees and families, Medicaid, etc.).

The current limit of \$1,000,000, if maintained, will stifle free enterprise, limit the availability of access to health care, encourage only large monopolistic entities to deliver needed care, and cost the State large dollars to continue the CON process. This severely limits the choices that are badly needed. Health care is perhaps the most personal and important issue in our society. We must have choices. Maintaining the current level of \$1,000,000 also encourages those who desire to begin a practice of medical care delivery to cut corners and offer less than their expertise may allow because the cost of specialized equipment comes at an expense that may exceed the current level. This is not what we as citizens of Alaska deserve. We deserve the same level of choice in our health care as those who live in the lower 48 states. We now have an opportunity to achieve these choices if HB 297 comes to passage.

The argument that passage of this bill will injure the ability of our local hospital to care for our community is an empty argument. Our local hospital enjoys a monopoly on many services and creating potential competition will only serve to improve the delivery of those services and lower the cost through improved efficiency. Please do not be swayed by those who support monopoly.

Again, thank you for your sponsorship of HB 297. Please let me know if there are any efforts that I can make to assist in its passage. And thank you for your time.

Respectfully,



Michael R. Bryan  
378 Shannon Drive  
Fairbanks, AK 99701

# STATE OF ALASKA

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

### ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE

TONY KNOWLES, GOVERNOR

P.O. BOX 110808  
JUNEAU, ALASKA 99811-0808  
PHONE: (907) 465-8920  
FAX: (907) 465-4410  
TOLL FREE: 1-800-420-8920

February 14, 2000

Representative Fred Dyson, Chair  
House Health, Education and Social Services Committee  
Alaska State Legislature  
Alaska Capitol Building Room 104  
Juneau, Alaska 99801-1182

Representative Dyson, Chair and Committee Members:

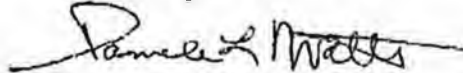
On behalf of the Advisory Board on Alcoholism and Drug Abuse, I am stating the Board's opposition to HB 260, which would roll back program eligibility to 100% of Federal Poverty Guidelines, and essentially eliminate the Denali Kid Care Program.

The early stages of recovery from alcohol and drug addiction are a time of stress and high risk for relapse. Parenting and single parenting are challenging endeavors under any circumstances. Single parents or pregnant women in early recovery who now qualify for this program would be without healthcare for themselves and their children. This places an added burden and stress on these individuals who are trying to become productive, healthy citizens of this state, thus jeopardizing their recovery.

The loss of healthcare services for this population negatively impacts everyone if working families cannot afford healthcare. A program such as Denali Kid Care helps families continue working and providing for their children. Coverage for pregnant women serves as a preventative tool in the effort to eliminate Fetal Alcohol Syndrome and other alcohol related neurological disorders.

The Advisory Board on Alcoholism and Drug Abuse urges you to oppose this legislation.

Sincerely,



Pamela L. Watts  
Executive Director

# ALASKA

**PROGRAM NAME**

*Denali KidCare*

**CONTACT INFORMATION**

*Deborah Smith  
SCHIP Coordinator  
Department of Health and Social  
Services  
P.O. Box 110601  
Juneau, AK 99811-0601  
(907) 465-1696*

**HCFA SUBMISSION DATE**

*Plan: August 31, 1998*

**HCFA APPROVAL DATE**

*Plan: December 11, 1998*

**ENABLING LEGISLATION**

*AK H 369 (July 1, 1998)*

**PROGRAM START DATE**

*March 1, 1999*

**TYPE OF PROGRAM**

Denali KidCare is a Medicaid expansion.

**ELIGIBILITY LEVELS**

- Children from birth through age 18 with family incomes at or below 200% of the FPL are eligible.
- Insured children with family incomes up to 150% of the FPL are eligible for Medicaid under Title XIX if third-party coverage is the only factor preventing them from qualifying for Title XXI coverage.

**BENEFITS**

Denali KidCare offers the same benefits as Medicaid.

**SERVICE DELIVERY**

Denali KidCare uses the same service delivery system as Medicaid.

**TARGETED NUMBER OF ENROLLEES**

Alaska targeted 11,600 new enrollees, half of whom would have been eligible under former income guidelines and half of whom are in the expansion group.

**SOURCE OF STATE MATCH**

The match comes from the state's general fund.

**COST-SHARING**

Alaska has no cost-sharing provisions under Medicaid.

**CROWD OUT**

Children are prohibited from participating in the program for 12 months if their family incomes exceed 150% of the FPL and if they dropped insurance coverage without good cause.

**EVALUATION AND PERFORMANCE MEASURES**

- The Alaska Department of Health and Social Services staff will develop any reports required by HCFA.
- If outside services are required to complete these reports, the department will obtain professional services through the state's competitive procurement process.
- The state's performance measures and goals will include:
  - Reducing the number of uninsured children in Alaska by providing health care coverage through the expanded Medicaid child health insurance program.

## ALABAMA

the documentation to stop cost-sharing and reclaim any overpaid copayments or premiums.

### CROWD OUT

- Crowd out provisions apply to phases I and II.
- ALL Kids requires a premium contribution for children with family incomes greater than 150% of the FPL, which is the group most likely to have access to employer coverage. This contribution is a disincentive to drop employer-based coverage.
- The state is developing the AL Health Care Information Network, which will operate a master patient index of current private coverage of Alabama citizens.
- It is anticipated that Blue Cross/Blue Shield will participate in the network, which provides 85% of the private coverage in the state. ALL Kids then should have a high success rate in identifying children with private health care coverage.
- ALL Kids requires a three-month waiting period to enroll for those who voluntarily drop private insurance coverage.

### EVALUATION AND PERFORMANCE MEASURES

- For phase I, infrastructure is measured in terms of data system capacity, assurance that no more than 900 cases are handled by each eligibility worker, documentation of training for all participating staff, and assurance of up-to-date information in all publications.

- Outreach is measured through assessment of at least 21,000 children becoming eligible during one year in Alabama's Title XXI program.
- Expansion of insurance coverage is measured during one year through enrollment of at least 20,000 previously uninsured, low-income children in Alabama's Title XXI program.
- Assignment of a primary medical provider to each child enrolled in phase II of the program is documented.
- The effectiveness of care is measured by the percentage of 16-year-olds who receive all appropriate immunizations by their 16th birthday and by the percentage of 16-year-olds who receive health promotion counseling and education by their 16th birthday.
- Client satisfaction with care is measured by the percentage of patients or parents who believe that the care is timely and meets their quality and accessibility needs.
- Client use of services is measured by the percentage of members ages 14 to 18 reporting at least one well-child visit during the reporting period. ❖

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## ALASKA

- Marketing the Medicaid child health insurance program through the number of enrollment forms distributed through outreach efforts, collaborative efforts with families, public information campaign media exposure, and community entities serving children.
  - Enrolling targeted low-income children in Medicaid by measuring the number of children enrolled in Medicaid in the baseline year and comparing enrollment growth in future years.
  - Improving access for children enrolling in Medicaid.
  - Delinking Medicaid eligibility determination from public assistance programs by creating separate units to determine Medicaid eligibility.
- Simplifying the eligibility process by creating a mail-in application that is shorter, implementing continuous eligibility for children, and eliminating the asset test and the face-to-face interview.
  - Delivering EPSDT services to new children enrolled in Medicaid at higher income levels at the same rate as age-comparable groups of other children enrolled in Medicaid.
  - Comparing percentages of newly enrolled Medicaid children receiving EPSDT screenings to other Medicaid-enrolled children by measuring data from the EPSDT subset of Medicaid management information system (MMIS).❖

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# AMERICAN SAMOA

**PROGRAM NAME**

*Samoa CHIP*

**CONTACT INFORMATION**

*Antere'a Puletas  
Medicaid Officer  
Department of Health  
LBJ Tropical Medical Center  
Pago Pago, AS 96799  
(684) 633-4036*

**HCFA SUBMISSION DATE**

*Plan: January 14, 1999*

**HCFA APPROVAL DATE**

*Plan: April 13, 1999*

**ENABLING LEGISLATION**

*Information not provided*

**PROGRAM START DATE**

*April 1, 1999*

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**TYPE OF PROGRAM**

American Samoa's CHIP is a Medicaid expansion.

**ELIGIBILITY LEVELS**

- Children under age 19 are eligible.
- Under American Samoa's 1902(j) waiver, no individual eligibility determinations based on income and resources are made. Rather, the percentage of the population "presumed to be eligible" for the program is estimated annually. The presumed eligible population is the number of people with incomes below 100% of the poverty level, minus the estimated number of illegal aliens in the territory that year.

**BENEFITS**

CHIP provides the same benefits as the American Samoa Medicaid program.

**SERVICE DELIVERY**

The health care delivery system is the same fee-for-service system used in the Medicaid program.

**TARGETED NUMBER OF ENROLLEES**

The Medicaid/CHIP presumed eligible population for FY 1997 was 33,600 and for FY 1998 was 33,992.

**SOURCE OF STATE MATCH**

The match is from the territory's general fund.

**COST-SHARING**

There are no cost-sharing requirements.

**CROWD OUT**

Because there is no private health insurance in American Samoa, crowd out is not an issue.

**EVALUATION AND PERFORMANCE MEASURES**

- Develop an informational program to ensure that all eligible children are aware of the CHIP program's health benefits by April 1999.
- Ensure that the program covers all eligible children in the first year.
- Assure that the program is carried out in an effective and efficient manner.
- Develop a computerized data collection and retrieval system for program evaluation and annual assessment by April 1999.❖

AMENDMENT

OFFERED IN THE HOUSE HESS

BY REPRESENTATIVE COGHILL

TO: HB 260

1 Page 4, Line 5:

2 Delete: 133

3 Insert: 150

4

5 Page 4, Line 9:

6 Delete: 133

7 Insert: 150

8

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