

ALASKA LEGISLATURE COMMITTEE FILES 1999-2000 8672

9827 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

1 **Sec. 44.85.230. Purchase and disposition of own obligations.** The bond
2 bank authority may purchase bonds or notes issued under this chapter [OF THE
3 BOND BANK AUTHORITY] out of its funds or money [AVAILABLE FOR THE
4 PURCHASE OF ITS OWN BONDS AND NOTES]. The bond bank authority may
5 hold, cancel, or resell the bonds or notes subject to and in accordance with agreements
6 with holders of its bonds or notes.

7 * **Sec. 40.** AS 44.85.260 is amended to read:

8 **Sec. 44.85.260. Presumption of validity.** After issuance under this chapter,
9 all bonds or notes [OF THE BOND BANK AUTHORITY] shall be conclusively
10 presumed to be fully authorized and issued under the laws of the state, and a person
11 or a municipality is estopped from questioning their authorization, sale, issuance,
12 execution, or delivery by the bond bank authority or the former Alaska Municipal
13 Bond Bank Authority.

14 * **Sec. 41.** AS 44.85.270(a) is amended to read:

15 (a) The bond bank authority shall establish and maintain a special fund called
16 the "Alaska municipal bond bank authority reserve fund" in which there shall be
17 deposited or transferred

18 (1) all money appropriated by the legislature for the purpose of the
19 fund in accordance with the provisions of (g) of this section;

20 (2) all proceeds of bonds required to be deposited in the fund by terms
21 of a contract between the bond bank authority or the former Alaska Municipal Bond
22 Bank Authority and [ITS] bondholders or a resolution of the bond bank authority or
23 the former Alaska Municipal Bond Bank Authority with respect to the proceeds of
24 bonds;

25 (3) all other money appropriated by the legislature to the reserve fund;
26 and

27 (4) any other money or funds of the bond bank authority that it decides
28 to deposit in the fund.

29 * **Sec. 42.** AS 44.85.270(b) is amended to read:

30 (b) Subject to the provisions of (h) of this section, money in the reserve fund
31 shall be held and applied solely to the payment of the interest on and principal of

1 bonds issued under this chapter [OF THE BOND BANK AUTHORITY] as the
2 interest and principal become due and payable and for the retirement of bonds; and the
3 money may not be withdrawn if a withdrawal would reduce the amount in the reserve
4 fund to an amount less than the required debt service reserve except for payment of
5 interest then due and payable on bonds and the principal of bonds then maturing and
6 payable and for the retirement of bonds in accordance with the terms of a contract
7 between the bond bank authority or the former Alaska Municipal Bond Bank
8 Authority and [ITS] bondholders and for which payments of other money of the bond
9 bank authority is not then available. In this subsection, "required debt service reserve"
10 means, as of the date of computation, the amount required to be on deposit in the
11 reserve fund as provided by resolution of the bond bank authority or the former
12 Alaska Municipal Bond Bank Authority.

13 * Sec. 43. AS 44.85.270(f) is amended to read:

14 (f) Notwithstanding any other provision of this chapter, bonds may not be
15 issued under this chapter [BY THE BOND BANK AUTHORITY] unless there is in
16 the reserve fund the required debt service reserve for all bonds then issued and
17 outstanding and for the bonds to be issued, however, the bond bank authority may
18 satisfy this requirement by depositing as much of the proceeds of the bonds to be
19 issued, upon their issuance, as is needed to meet the required debt service reserve.
20 The bond bank authority may at any time issue its bonds or notes for the purpose of
21 increasing the amount in the reserve fund to the required debt service reserve, or to
22 meet whatever higher or additional reserve that may be fixed by the bond bank
23 authority with respect to the fund.

24 * Sec. 44. AS 44.85.270(i) is amended to read:

25 (i) All references to the "reserve fund" in this section include special accounts
26 within the reserve fund which may be created [BY THE AUTHORITY] to secure the
27 payment of particular bonds. The commissioner of revenue may lend surplus money
28 in the general fund to the bond bank authority for deposit to any account in the
29 reserve fund in an amount equal to the required debt service reserve. The loans shall
30 be made on such terms and conditions as may be agreed upon by the commissioner
31 of revenue and the bond bank authority, including, without limitation, terms and

1 conditions providing that the loans need not be repaid until the obligations of the
2 corporation secured and to be secured by the account in the reserve fund are no longer
3 outstanding.

4 * Sec. 45. AS 44.85.290 is amended to read:

5 **Sec. 44.85.290. Application of funds.** Money or investments in a fund or
6 account of the bond bank authority established or held for bonds, notes, indebtedness,
7 or liability to be paid, funded, or refunded by issuance of bonds or notes issued under
8 this chapter, unless the resolution authorizing the bonds or notes provides otherwise,
9 shall be applied to the payment or retirement of the bonds, notes, indebtedness or
10 liability issued or incurred under this chapter, and to no other purpose.

11 * Sec. 46. AS 44.85.310 is amended to read:

12 **Sec. 44.85.310. Default in payment.** If the bond bank authority defaults in
13 the payment of principal of or interest on [AN ISSUE OF] notes or bonds issued
14 under this chapter [AFTER THEY BECOME DUE], whether at maturity or upon call
15 for redemption, and the default continues for 30 days, or if the bond bank authority
16 fails or refuses to comply with this chapter or defaults in an agreement made with the
17 holders of [AN ISSUE OF] notes or bonds issued under this chapter, the holders of
18 25 percent in the aggregate principal amount of the outstanding notes or bonds of that
19 issue, by instrument filed in the office of the clerk of the district court of the first
20 judicial district and executed in the same manner as a deed to be recorded, may
21 appoint a trustee to represent the holders of those notes or bonds for the purposes
22 provided in this chapter.

23 * Sec. 47. AS 44.85.320(a) is amended to read:

24 (a) A trustee appointed under AS 44.85.310 [THIS SECTION] may, and shall
25 in the trustee's name, upon written request of the holders of 25 percent in principal
26 amount of the outstanding notes or bonds,

27 (1) by civil action enforce all rights of the noteholders or bondholders,
28 including the right to require the bond bank authority to collect rates, charges, and
29 other fees and to collect interest and amortization payments on municipal bonds and
30 notes held by it adequate to carry out an agreement as to, or pledge of, the rates,
31 charges, and other fees and of the interest and amortization payments, and to require

1 the bond bank authority to carry out any other agreements with the holders of the notes
2 or bonds and to perform its duties under this chapter;

3 (2) bring a civil action upon the notes or bonds;

4 (3) by civil action require the bond bank authority to account as if it
5 were the trustee of an express trust for the holders of the notes or bonds;

6 (4) by civil action enjoin anything that may be unlawful or in violation
7 of the rights of the holders of the notes or bonds;

8 (5) declare all the notes or bonds due and payable, and if all defaults
9 are made good, then with the consent of the holders of 25 percent of the principal
10 amount of the outstanding notes or bonds, annul the declaration and its consequences;

11 (6) the trustee, in addition to the foregoing, has all the powers
12 necessary for the exercise of functions specifically set out or incident to the general
13 representation of bondholders or noteholders in the enforcement and protection of their
14 rights.

15 * Sec. 48. AS 44.85.410(1) is amended to read:

16 (1) "bond bank authority" means the Alaska Housing Finance
17 Corporation (AS 18.56.020) in its capacity as a bond bank authority while
18 carrying out its functions under this chapter [MUNICIPAL BOND BANK
19 AUTHORITY ESTABLISHED BY AS 44.85.020];

20 * Sec. 49. AS 44.85.420 is amended to read:

21 Sec. 44.85.420. Short title. This chapter may be cited as the Alaska
22 Municipal Bond Bank Authority Act or the Alaska Municipal Bond Bank Act. [IN
23 TRANSACTIONS INVOLVING GENERAL OBLIGATION BONDS OF
24 MUNICIPALITIES, THE ALASKA MUNICIPAL BOND BANK AUTHORITY
25 CREATED BY THIS CHAPTER MAY BE REFERRED TO AS THE ALASKA
26 MUNICIPAL BOND BANK WITH THE SAME LEGAL EFFECT AS IF THE
27 REFERENCE WERE TO ALASKA MUNICIPAL BOND BANK AUTHORITY.]

28 * Sec. 50. AS 14.42.100, 14.42.110, 14.42.120, 14.42.160, 14.42.210(c); AS 39.25.110(12);
29 AS 39.50.200(b)(33); AS 44.85.020, 44.85.030, 44.85.040, 44.85.060; 44.85.410(2);
30 AS 44.99.030(a)(8), and 44.99.030(a)(13) are repealed.

31 * Sec. 51. The uncodified law of the State of Alaska is amended by adding a new section

1 to read:

2 TRANSITION. (a) The assets and liabilities of the Alaska Student Loan Corporation
3 and the Alaska Municipal Bond Bank Authority are transferred to the Alaska Housing Finance
4 Corporation on the effective date of this Act.

5 (b) Regulations of the Alaska Student Loan Corporation or the Alaska Municipal Bond
6 Bank Authority in effect on the effective date of this Act remain in effect until repealed or
7 amended by the Alaska Housing Finance Corporation. The regulations may be amended by
8 the Alaska Housing Finance Corporation any time after this Act takes effect.

9 * Sec. 52. The uncodified law of the State of Alaska is amended by adding a new section
10 to read:

11 ALASKA HOUSING FINANCE CORPORATION MAY PURCHASE CERTAIN
12 LOANS. (a) Notwithstanding any other provision of law, the Alaska Housing Finance
13 Corporation may purchase, at an appropriate discount mutually satisfactory to the board of
14 directors of the Alaska Housing Finance Corporation and the board of directors of the Alaska
15 Student Loan Corporation, the student loans that are held on the day immediately before the
16 effective date of this Act by the Alaska Student Loan Corporation. The Alaska Student Loan
17 Corporation shall deposit the full amount received under this subsection in the general fund.

18 (b) Notwithstanding any other provision of law, the Alaska Housing Finance
19 Corporation may purchase, at an appropriate discount mutually satisfactory to the board of
20 directors of the Alaska Housing Finance Corporation and the board of directors of the Alaska
21 Municipal Bond Bank Authority, the loans that are held on the day immediately before the
22 effective date of this Act by the Alaska Municipal Bond Bank Authority. The Alaska
23 Municipal Bond Bank Authority shall deposit the full amount received under this subsection
24 in the general fund.

Alaska State Legislature
House of Representatives
Minority Leader



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Representative Ethan Berkowitz
District 13

Date: February 17, 2000

To: Representative Fred Dyson

From: Representative Ethan Berkowitz

Handwritten signature of Ethan Berkowitz in black ink.

RE: HESS hearing on HB 396

I wish to request a hearing on House Bill 396, "An Act transferring the assets, liabilities, and responsibilities of the Alaska Municipal Bond Bank Authority and of the Alaska Student Loan Corporation to the Alaska Housing Finance Corporation; and relating to the Alaska Housing Finance Corporation."

HB 396 received a referral to the HESS committee because it involves the Alaska Student Loan Corporation. While the legislation would transfer the corporation's assets, liabilities, and responsibilities to the AHFC, it does not change student loan programs. Indeed, the efficiencies associated with consolidating the state's financial agencies will result in better services to loan recipients.

The major public policy issue of HB 396 is fiscal. Therefore, I look forward to demonstrating to the committee that it will maintain the status quo with respect to student loans so the fiscal questions may be answered in the Finance committee.

Please contact me or my staff, Patrick Flynn, if you need further information. Thank you for your assistance in this matter.

LEGAL SERVICES

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MEMORANDUM

February 17, 2000

FEB 17 2000

SUBJECT: Sectional Summary: Alaska Housing Finance Corporation (HB 396)

TO: Representative Ethan Berkowitz, Minority Leader
Attn: Patrick Flynn

FROM: Tamara Brandt Cook
Director *TBC*

Secs. 1 and 2: Deletes references to the Alaska Municipal Bond Bank Authority.

Secs. 3-10: Adds references to statutes that apply under existing law to the responsibilities of the Alaska Student Loan Corporation, which are transferred to the Alaska Housing Finance Corporation in this bill, to avoid having the provisions apply to other activities of AHFC.

Sec. 11: Directs AHFC to determine each year whether assets of the student loan fund exceed the amount it needs to carry out the purposes of the fund and to notify the legislature of the amount of any excess. The legislature may appropriate the excess to the power cost equalization and rural electric capitalization fund.

Secs. 13-17: Adds references to statutes that apply under existing law to the responsibilities of the Alaska Student Loan Corporation, which are transferred to AHFC under this bill, to avoid having the provisions apply to activities of AHFC that are not related to those responsibilities. Adds references in some provisions to the former Alaska Student Loan Corporation when that corporation may have issued bonds that could be involved in the application of the provisions.

Sec. 18: Changes the definition of "corporation" from the Alaska Student Loan Corporation to AHFC.

Secs. 19-28: Technical changes to conform statutes to the transfer of responsibilities from the Alaska Student Loan Corporation to AHFC.

Secs. 29 and 30: Technical changes to substitute AHFC for the Municipal Bond Bank Authority.

Representative Ethan Berkowitz

February 17, 2000

Page 2

Sec. 31: Eliminates references to particular employees of the Municipal Bond Bank Authority under the assumption that employees of AHFC will perform functions formerly performed by authority employees.

Secs. 30-46: Adds references to "this chapter" as necessary to limit application of provisions to functions of AHFC that involve bond bank responsibilities transferred to AHFC under this bill. Adds references to the "former Alaska Municipal Bond Bank Authority" so that certain provisions will continue to apply to bonds issued or agreements entered into by the authority before its responsibilities are transferred.

Sec. 47: Corrects a misreferenced section that appears in existing law.

Sec. 48: Defines "bond bank authority" to mean AHFC when it is carrying out the functions of a bond bank transferred to it under this bill.

Sec. 49: Deletes language dealing with the way in which the Alaska Municipal Bond Bank Authority may be referred to.

Sec. 50: Repeals the section creating the Alaska Student Loan Corporation and providing that it may not be terminated as long as it has bonds or other obligations outstanding. Repeals sections dealing with the purpose of the Alaska Student Loan Corporation, its governing body, and its executive director. Repeals a provision authorizing the student loan fund to be administered by the Alaska Commission on Postsecondary Education. Repeals the section creating the Alaska Municipal Bond Bank Authority and those dealing with its board of directors, officers and meetings, and defining "bonds" to mean those of the authority. Repeals certain references to the Alaska Student Loan Corporation and to the Alaska Municipal Bond Bank Authority.

Sec. 51: Transfers the assets and liabilities of the Alaska Student Loan Corporation and the Alaska Municipal Bond Bank authority to AHFC on the effective date of this bill. Provides that regulations of the two former corporations remain in effect until repealed or amended by AHFC.

TBC:pl:jr
00-058.plm

HB

402

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 402

Revision Date/Time (Note if correction): _____

Dept. Affected: Health and Social Services

Title: Relating to runaway minors.

BRU: Family & Youth Services Management

Component: FYS Management

Sponsor: Rep. Therriault

COMPONENT SERIAL NO. 2306

Requestor: House (HES)

See also (SN#): _____

Expenditures/Revenues:

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES ()						
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FUND SOURCE

(Thousands of Dollars)

FUND SOURCE	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Est. rate of any current year (FY2000) cost: \$0.0

POSITIONS:

POSITIONS	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
FULL-TIME	0					
PART-TIME	0					
TEMPORARY	0					

ANALYSIS: (Attach a separate page if necessary)

In its present form, this bill will have no fiscal impact on the Department if enacted.

Prepared by: Theresa Tanory, Director *[Signature]*
Division: Family and Youth Services

Phone: 465-3191
Date/Time: 3/3/00 3:12 PM

Approved by Commissioner: Karen Perdue, Commissioner *[Signature]*
Agency: Department of Health & Social Service

Date: 3/4/00

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FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 402

Revision Date _____	Dept. Affected <u>Public Safety</u>	
Title <u>PROBABLE CAUSE FOR RUNAWAY MINORS</u>	BRU <u>Alaska State Trooper Detachments</u>	
	Component: <u>Alaska State Trooper Detachments</u>	
Sponsor <u>Representative Theriault</u>		
Requester <u>H. HESS Committee</u>	Component No. <u>2325</u>	

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING						

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2000) cost: 0.0

POSITIONS

Full-time	0	0	0	0	0	0
Part-time	0	0	0	0	0	0
Temporary	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary)

This bill is not expected to have an adverse impact on the budget.

Prepared by: <u>Royce Weller, Special Assistant</u>	Phone <u>465-4322</u>
Division <u>Office of the Commissioner</u>	Date/Time <u>3/3/2000</u>
Approved by: <u></u>	Date <u>3 - 6 - 00</u>
Agency <u>Commissioner Ronald L. Otte, Dept. of Public Safety</u>	

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House Of Representatives

House District 33

House Bill 402

“An Act relating to Runaway Minors.”

SPONSOR: Representative Gene Therriault

SPONSOR STATEMENT:

This legislation is one of many in a long list attempting to deal effectively with minors who have run away from home. Four measures have passed the Legislature and become law since 1994—each of them recognizing and strengthening the rights of parents and legal guardians to make the decisions on placement of the minor. House Bill 402 continues that effort.

HB 402 raises the standard by which peace officers determine whether or not to return runaway minors to their parents' or legal guardians' residence. Under current law, once a minor has been determined to be a runaway, peace officers are required to return them to their parents' or legal guardians' residence unless they have reasonable cause to believe that the minor has experienced physical or sexual abuse in the parents' or legal guardians' household. This legislation requires the peace officer to have probable cause to believe such abuse has occurred—a higher standard.

The Legislature has long grappled with the balance between the rights of parents to raise their children to be productive members of society and the responsibility of protecting those who have been abused physically or sexually. HB 402 is an attempt to make Alaska's statutes reflect the appropriateness of minors abiding by the rules and limits set by their parents.

HB

409

CS FOR SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 409(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIRST LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

Sponsor(s): REPRESENTATIVES DYSON, Kookesh

A BILL

FOR AN ACT ENTITLED

1 "An Act prescribing the rights of grandparents related to hearings on petitions
2 to adjudicate a minor as a child in need of aid; and amending Rules 3, 7, 10,
3 15, and 19, Alaska Child in Need of Aid Rules."

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 * Section 1. AS 47.10.030(b) is amended to read:

6 (b) In all cases under this chapter, the child, each parent, the tribe, foster
7 parent or other out-of-home care provider, guardian, and guardian ad litem of the child
8 and, subject to (d) of this section, each grandparent of the child shall be given
9 notice adequate to give actual notice of the proceedings and the possibility of
10 termination of parental rights and responsibilities, taking into account education and
11 language differences that are known or reasonably ascertainable by the petitioner or
12 the department. The notice of the hearing must contain all names by which the child
13 has been identified. Notice shall be given in the manner appropriate under rules of
14 civil procedure for the service of process in a civil action under Alaska law or in any

1 manner the court by order directs. Proof of the giving of the notice shall be filed with
2 the court before the petition is heard. The court may also subpoena the parent of the
3 child, or any other person whose testimony may be necessary at the hearing. A
4 subpoena or other process may be served by a person authorized by law to make the
5 service, and, where personal service cannot be made, the court may direct that service
6 of process be in a manner appropriate under rules of civil procedure for the service of
7 process in a civil action under Alaska law or in any manner the court directs.

8 * Sec. 2. AS 47.10.030 is amended by adding a new subsection to read:

9 (d) The first notice that shall be given to a grandparent under (b) of this
10 section must be for the first hearing that occurs in a child's case, except that if the first
11 hearing is conducted under AS 47.10.142(d), then the first notice that shall be given
12 to a grandparent under (b) of this section must be for the first hearing that occurs after
13 the hearing held under AS 47.10.142(d). Except for the first notice that is provided
14 to a grandparent, a notice of any other proceeding in the same case shall be provided
15 to a grandparent of the child only if the grandparent has requested in writing that the
16 department give notice of further proceedings in the case to the grandparent. A notice
17 provided under this subsection must, in accordance with (b) of this section, be
18 adequate to give actual notice of the proceedings.

19 * Sec. 3. AS 47.10.070(a) is amended to read:

20 (a) The court may conduct the hearing on the petition in an informal manner.
21 The court shall give notice of the hearing to the department, and it may send a
22 representative to the hearing. The court shall also transmit a copy of the petition to
23 the department. The department shall send notice of the hearing to the persons for
24 whom notice is required under AS 47.10.030(b) and to each grandparent of the child
25 who has requested notice under AS 47.10.030(d). The department and the persons
26 to whom the department must send notice of the hearing are entitled to be heard at the
27 hearing. However, the court may limit the presence of the foster parent or other out-
28 of-home care provider and of any grandparent of the child to the time during which
29 the person's testimony is being given if it is (1) in the best interest of the child; or (2)
30 necessary to protect the privacy interests of the parties and will not be detrimental to
31 the child. The public shall be excluded from the hearing, but the court, in its

1 discretion, may permit individuals to attend a hearing if their attendance is compatible
2 with the best interests of the child.

3 * Sec. 4. AS 47.10.080(f) is amended to read:

4 (f) A child found to be a child in need of aid is a ward of the state while
5 committed to the department or the department has the power to supervise the child's
6 actions. For an order made under (c)(1) of this section, the court shall hold a
7 permanency hearing as required by (l) of this section and at least annually thereafter
8 during the continuation of foster care to determine if continued placement, as it is
9 being provided, is in the best interest of the child. The department, the child, and the
10 child's parents, guardian, and guardian ad litem are entitled, when good cause is
11 shown, to a permanency hearing on application. If the application is granted, the court
12 shall afford these persons and their counsel reasonable advance notice and hold a
13 permanency hearing where these persons and their counsel shall be afforded an
14 opportunity to be heard. The persons entitled to notice under AS 47.10.030(b) and the
15 grandparents of the child who have requested notice under AS 47.10.030(d) are
16 entitled to notice of a permanency hearing under this subsection and are also entitled
17 to be heard at the hearing. The child shall be afforded the opportunity to be present
18 and to be heard at the permanency hearing. After the permanency hearing, the court
19 shall make the written findings that are required under (l) of this section. The court
20 shall review an order made under (c)(2) of this section at least annually to determine
21 if continued supervision, as it is being provided, is in the best interest of the child; this
22 review is not considered to be a permanency hearing and is not governed by the
23 provisions of this subsection that relate to permanency hearings.

24 * Sec. 5. The uncodified law of the State of Alaska is amended by adding a new section
25 to read:

26 **INDIRECT COURT RULE CHANGE.** (a) AS 47.10.030, as amended by secs. 1 and
27 2 of this Act, AS 47.10.070(a), as amended by sec. 3 of this Act, and AS 47.10.080(f), as
28 amended by sec. 4 of this Act, have the effect of amending Rules 3, 7, 10, 15, and 19, Alaska
29 Child in Need of Aid Rules, by requiring that grandparents be given notice of and an
30 opportunity to be heard at certain child-in-need-of-aid proceedings.

31 (b) Sections 1 - 4 of this Act take effect only if this section receives the two-thirds

1 majority vote of each house required by art. IV, sec. 15, Constitution of the State of Alaska.

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. CSSSHB 409 (HES)

Revision Date/Time (Note if correction): _____ Dept. Affected: Health and Social Services
 Title: Prescribing the rights of grandparents in CINA BRU: Front Line Social Workers
proceedings. Component: Front Line Social Workers
 Sponsor: Rep. Dyson, Rep. Kookesh COMPONENT SERIAL NO. 2305
 Requestor: House (HES) See also (SN#): _____

Expenditures/Revenues: (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2000) cost: \$0.0

POSITIONS:

FULL-TIME	0				
PART-TIME	0				
TEMPORARY	0				

ANALYSIS: (Attach a separate page if necessary)

This bill will have no fiscal impact on the Department if enacted.

Prepared by: Theresa Tanoury, Director Phone: 465-3191
 Division: Family & Youth Services Date/Time: 4/12/00 11:46 AM

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

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Sponsor Statement for CSSSHB 409

HB 409 is a modest step towards recognizing a grandparent's interest in being involved in a process that affects their grandchildren. If a grandparent requests to be part of the process, HB 409 requires the department to notify them of upcoming custody hearings and provides grandparents with the opportunity to be heard at child in need of aid and delinquency hearings.

Over the past couple of sessions the legislature has focused considerable effort on making our child protection and custody procedures more open, responsive and, hopefully more responsible. We have given foster parents more input and the right to be heard in treatment and placement decisions and we have encouraged more efficient placement procedures.

We believe this bill will result in more informed decisions about the treatment and placement of Alaska's abused and neglected children. Additionally we believe this measure will increase the likelihood of children being placed with relatives who may not have otherwise been located, much less considered.

There will be cases where a grandparent is not a suitable option for child placement, but ideally, this bill will encourage the department, and parents, to consider grandparents more frequently as a the preferred placement option for children in need.

Please feel free to contact my office with questions or concerns.

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. SSHB 409

Revision Date/Time (Note if correction): _____
 Title: Prescribing the rights of grandparents in CINA proceedings.
 Sponsor: Rep. Dyson
 Requestor: House (HES)

Dept. Affected: Health and Social Services
 BRU: Front Line Social Workers
 Component: Front Line Social Workers
 COMPONENT SERIAL NO. 2305
 See also (SN#): _____

Expenditures/Revenues: (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
PERSONAL SERVICES	84.4	84.4	84.4	84.4	84.4	84.4
TRAVEL						
CONTRACTUAL	16.6	16.6	16.6	16.6	16.6	16.6
SUPPLIES	1.0	1.0	1.0	1.0	1.0	1.0
EQUIPMENT	11.0					
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	112.9	101.9	101.9	101.9	101.9	101.9

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1002 Federal Receipts						
1003 GF Match						
1004 GF	112.9	101.9	101.9	101.9	101.9	101.9
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
TOTAL	112.9	101.9	101.9	101.9	101.9	101.9

Estimate of any current year (FY2000) cost: \$0.0

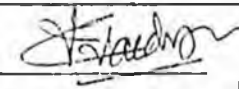

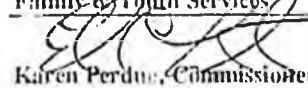
POSITIONS:

POSITIONS	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
FULL-TIME	2	2	2	2	2	2
PART-TIME	0					
TEMPORARY	0					

ANALYSIS: (Attach a separate page if necessary)

This bill requires that each grandparent of a child for whom a child in need of aid action is filed must be given notice of the first hearing (unless the first proceeding is an emergency custody hearing pursuant to AS 47.10.142, in which case the grandparent must receive notice only of the first hearing after the emergency custody hearing). After the initial notice is made to grandparents, notice to them of subsequent proceedings (including the permanency hearing) is required only if they request such notice. As persons entitled to notice, the grandparents will have the right to be heard at the hearing on the petition, although the court may limit their presence if it is in the best interest of the child or if it is necessary to protect the privacy interests of the parties and it will not be detrimental to the child.

The cost of implementing this bill is based on the assumption that approximately 600 petitions are filed every year, and those petitions name at least 800 children. Of the 200 children who are part of sibling-filings, the estimate is that three-quarters of those have at least one set of different grandparents (based on the high incidence of siblings with only one parent in common). This means that an estimated total of 2,700 grandparents must be identified, located, and noticed.

Prepared by: Theresa Tanoury, Director 
 Division: Family & Youth Services  Phone: 465-3191
 Approved by Commissioner: Karen Perdue, Commissioner 
 Agency: Department of Health & Social Services Date/Time: 3/3/00 3:10 PM
 Date: 3/17/00

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ANALYSIS (cont.):

Assuming that three-quarters of those grandparents will be located through the usual relative-search efforts, the department is faced with the possibility that extensive research efforts may be necessary for as many as 675 grandparents, and that publication costs will be incurred for a few of those. Research efforts include phone calls, letters, searches of public assistance records, in effect skip tracing. The fiscal impact is calculated on the assumption that 3 additional hours of effort (by an employee in an SSA position) will be adequate to successfully locate a little more than half of those grandparents (350 of them) but locating the remaining 325 will require 8 hours of effort. A relatively small number might require notice via publication; the assumption is that no more than 25 notices would be necessary (at an average cost of \$287.00 per notice).

These estimates make no attempt to factor in deceased grandparents or unidentified fathers (which would reduce research costs and publication requirements). These estimates also do not assume factors which will "increase" the number of grandparents, even though there is a significant likelihood that more than four grandparents might be entitled to notice for certain children - for example, children who have been adopted but who have retained contact with their birth grandparents, children with grandparents by marriage ("stepgrandparents"), psychological grandparents, cultural and adopted grandparents, etc.

Expenditure Analysis:

	Annual Cost FY01	Annual Cost FY02 - 06
Personal Services 71000:		
SSA III Range 12A Located in Fairbanks:	42.9	42.9
SSA III Range 12A Located in Anchorage:	<u>41.5</u>	<u>41.5</u>
Sub-total Personal Services:	84.4	84.4
Contractual Services:		
Legal Notification - Newspaper Advertisements	7.2	7.2
Telephone (monthly basic & long distance)	3.1	3.1
Lease space (based on 130 SQFT per employee @ \$2.00 per SQFT)	<u>6.2</u>	<u>6.2</u>
Sub-total Contractual Services:	16.6	16.6
Supplies:		
Office supplies: (\$.5 per person per year)	1.0	1.0
Equipment: (for new positions)		
Computers (\$3.0 per person)	6.0	
Telephones/communication equipment: (\$.5 per person)	1.0	
Desk & office chairs (\$2.0 per person)	<u>4.0</u>	
Subtotal Equipment:	11.0	
Total	<u>112.9</u>	<u>101.9</u>

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: February 23, 2000

FURTHER REFERRALS:

Judiciary
Finance

Date of Committee Action: 4/11/00

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

SSHB 409

SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 409

GRANDPARENTS' RIGHTS REGARDING CINA

"An Act prescribing the rights of grandparents related to hearings on petitions to adjudicate a minor as a child in need of aid and to the testimony of grandparents at those hearings; and amending Rules 3, 7, 10, 15, 17(e), and 19, Alaska Child in Need of Aid Rules."

recommends it be replaced with the following committee substitute CS SS HB 409 CHES the same title a new title

additional referral to _____ Committee
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____

APPROVES PREVIOUS: (Dep/Date) _____

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
	<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	

CHAIR'S SIGNATURE

4/11/00

HB

413

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: February 16, 2000

FURTHER REFERRALS:

Judiciary
Finance

Date of Committee Action: 04/14/00

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 413

HOUSE BILL NO. 413

INTENSIVE FAMILY PRESERVATION SERVICES

"An Act relating to intensive family preservation services; and providing for an effective date."

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

additional referral to _____ Committee
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____ APPROVES PREVIOUS: (Dept/Date) _____
 fiscal note(s) HSS fiscal note(s) _____

zero fiscal note(s) _____ zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
	<input checked="" type="checkbox"/>			
			<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>			
	<input checked="" type="checkbox"/>			

ACTING

CHAIR'S SIGNATURE

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 413

Revision Date/Time (Note if correction): _____

Dept. Affected: Health and Social Services

Title: Relating to intensive family preservation services.

BRU: Family and Youth Services

Component: FYS Management

Sponsor: Rep. Cissna

COMPONENT SERIAL NO. 2306

Requestor: House (HES)

See also (SN#): _____

Expenditures/Revenues:

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
PERSONAL SERVICES	67.1	67.1	67.1	67.1	67.1	67.1
TRAVEL	2.5	2.5	2.5	2.5	2.5	2.5
CONTRACTUAL	4.7	4.7	4.7	4.7	4.7	4.7
SUPPLIES	0.5	0.5	0.5	0.5	0.5	0.5
EQUIPMENT	5.5	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	80.3	74.8	74.8	74.8	74.8	74.8

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES ()						
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FUND SOURCE

(Thousands of Dollars)

FUND SOURCE	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1002 Federal Receipts	22.5	20.9	20.9	20.9	20.9	20.9
1003 GF Match						
1004 GF	57.8	53.8	53.8	53.8	53.8	53.8
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
TOTAL	80.3	74.8	74.8	74.8	74.8	74.8

Estimate of any current year (FY2000) cost: \$0.0

POSITIONS:

POSITIONS	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
FULL-TIME	1	1	1	1	1	1
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary)

As written, this legislation creates a significant workload for DFYS. It requires the agency to seek outside funding for program development and delivery, to develop outcome measures, to monitor grantees and internal service units to ensure compliance, and to produce a comprehensive study in approximately 18 months. These activities will require the creation of a new Range 20 program coordinator position in the DFYS central office. Title IV-E may fund a portion of the position, based on the activities of the position and the percentage of children in custody that are Title IV-E eligible. Based on historical reimbursement rates, this position will be approximately 72% state funded and 28% IV-E funded.

Prepared by: Theresa Tanoury, Director
Division: Family and Youth Services

Phone: 465-3191

Date/Time: 3/14/00 3:25 PM

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

Date: 4/3/00

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ANALYSIS (cont.):

A breakdown of projected implementation costs of this bill follows.

Funding percentage: GF 72%; Federal 28%.

Expenditure Analysis:	Annual Cost <u>FY01</u>	Annual Cost <u>FY02 - FY06</u>
Personal Services 71000	<u>67.1</u>	<u>67.1</u>
Sub-total Personal Services:	67.1	67.1
 Travel 72000:	 <u>2.5</u>	 <u>2.5</u>
Sub-total Travel:	2.5	2.5
 Contractual Services:		
Telephone (monthly basic & long distance)	1.6	1.6
Lease space for new employee:	<u>3.1</u>	<u>3.1</u>
Sub-total Contractual Services:	4.7	4.7
 Supplies:		
Office supplies:	0.5	0.5
 Equipment: (for new positions)		
Computer	3.0	0.0
Telephones/communication equipment:	0.5	0.0
Desk & office chairs:	<u>2.0</u>	<u>0.0</u>
Subtotal Equipment:	5.5	0.0
 Total	 <u>80.3</u>	 <u>74.8</u>
 Funding:		
General Fund	57.8	53.8
Federal	<u>22.5</u>	<u>20.9</u>
	80.3	74.8

Alaska State Legislature

House Labor & Commerce
Committee

House Military & Veterans' Affairs
Special Committee

House Economic Development & Tourism
Special Committee



716 West 4th Ave., Suite 330
Anchorage, AK 99501-2133
(907) 269-0190
(907) 269-0193 Fax

Representative_Sharon_Cissna@legis.state.ak.us
www.legis.state.ak.us/home/house/scissna.html

Representative Sharon Cissna Sponsor Statement House Bill 413

*"An Act relating to intensive family preservation services;
and providing for an effective date."*

HB 413 allows the Department of Health and Social Services to make available an intensive intervention effort prior to the removal of children from their parents to state custody when the family is in crisis. The program is based on a model successfully used by Washington State since 1974 called *Homebuilders*.

Homebuilders is a comprehensive program that intervenes in a family's moment of crisis, when other efforts have been tried and failed. It applies to a child or children who are in imminent risk of unnecessary placement but are not in danger of imminent risk of harm if they stay with their family.

- Homebuilders in Washington State has been very successful and in 1982 published an 88% success rate* among participants in the project.
- The program is cost effective. In 1986, the cost of the Washington State Homebuilders was \$2,600 per child per year. The cost of foster care placement was \$7,186 per child per year. The cost of group home placement was \$22,373 per child per year. This does not begin to take into consideration how much it costs the state to put a child in an institution, nor increased costs in Alaska.

Homebuilder's success is built on the following program characteristics:

- Immediate response (within 24 hours) by a caseworker or caseworker team;
- 24-hour-a-day availability of the same caseworker for up to 6 weeks;
- Service delivery by the same caseworker in small caseloads (2 families per worker or 6 families per team); and
- Approximately 15 hours of intensive home service provided by the same caseworker each week.

HB 413 allows funding of one position to research Federal and other funding sources for the program in Alaska. The benefit of this position's research would be finding additional non-GF monies to benefit the budgets of other programs as well.

*Based on how long the child stays in their home after the program is terminated.

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 413

Revision Date/Time (Note if correction): _____
 Title: Relating to intensive family preservation services.
 Sponsor: Rep. Cissna
 Requestor: House (HES)

Dept. Affected: Health and Social Services
 BRU: Family and Youth Services
 Component: FYS Management
 COMPONENT SERIAL NO. 2306
 See also (SN#): _____

Expenditures/Revenues: (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
PERSONAL SERVICES	67.1	67.1	67.1	67.1	67.1	67.1
TRAVEL	2.5	2.5	2.5	2.5	2.5	2.5
CONTRACTUAL	4.7	4.7	4.7	4.7	4.7	4.7
SUPPLIES	0.5	0.5	0.5	0.5	0.5	0.5
EQUIPMENT	5.5	0.0	0.0	0.0	0.0	0.0
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	80.3	74.8	74.8	74.8	74.8	74.8

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	22.5	20.9	20.9	20.9	20.9	20.9
1003 GF Match						
1004 GF	57.8	53.8	53.8	53.8	53.8	53.8
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
TOTAL	80.3	74.8	74.8	74.8	74.8	74.8

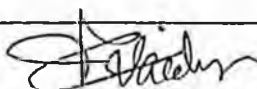
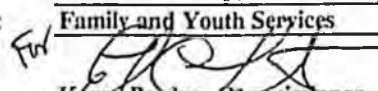
Estimate of any current year (FY2000) cost: \$0.0

POSITIONS:

FULL-TIME	1	1	1	1	1	1
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: (Attach a separate page if necessary)

As written, this legislation creates a significant workload for DFYS. It requires the agency to seek outside funding for program development and delivery, to develop outcome measures, to monitor grantees and internal service units to ensure compliance, and to produce a comprehensive study in approximately 18 months. These activities will require the creation of a new Range 20 program coordinator position in the DFYS central office. Title IV-E may fund a portion of the position, based on the activities of the position and the percentage of children in custody that are Title IV-E eligible. Based on historical reimbursement rates, this position will be approximately 72% state funded and 28% IV-E funded.

Prepared by: Theresa Tanoury, Director  Phone: 465-3191
 Division: Family and Youth Services Date/Time: 3/14/00 3:25 PM
 Approved by Commissioner: Karen Pardue, Commissioner  Date: 4/3/00
 Agency: Department of Health & Social Services

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ANALYSIS (cont.):

A breakdown of projected implementation costs of this bill follows.

Funding percentage: GF 72%; Federal 28%.

Expenditure Analysis:	Annual Cost <u>FY01</u>	Annual Cost <u>FY02 - FY06</u>
Personal Services 71000	<u>67.1</u>	<u>67.1</u>
Sub-total Personal Services:	67.1	67.1
 Travel 72000:	 <u>2.5</u>	 <u>2.5</u>
Sub-total Travel:	2.5	2.5
 Contractual Services:		
Telephone (monthly basic & long distance)	1.6	1.6
Lease space for new employee:	<u>3.1</u>	<u>3.1</u>
Sub-total Contractual Services:	4.7	4.7
 Supplies:		
Office supplies:	0.5	0.5
 Equipment: (for new positions)		
Computer	3.0	0.0
Telephones/communication equipment:	0.5	0.0
Desk & office chairs:	<u>2.0</u>	<u>0.0</u>
Subtotal Equipment:	5.5	0.0
 Total	 <u>80.3</u>	 <u>74.8</u>
 Funding:		
General Fund	57.8	53.8
Federal	<u>22.5</u>	<u>20.9</u>
	80.3	74.8

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

April 3, 2000

Honorable Sharon Cissna
Alaska Legislature
State Capitol Room 420
Juneau, Alaska 99801-1182

Dear Representative Cissna:

I am writing in support of your proposed legislation, House Bill 413, which relates to providing intensive, up-front services for families who are experiencing a crisis which may result in the Department of Health and Social Services taking custody of their children.

As we have discussed, I believe that the passage of HB 413 and the development of a program (initially a pilot) to serve such families would be beneficial to Alaska's children and families. It has the potential to keep families together, which is always the Department's first goal. Additionally, it could save the State money in the long run by preventing removal of children from their homes and being placed in the foster care system.

The number of children in the Department's custody placed in out-of-home care has grown significantly over the last few years. For example, in January 1994, 1,250 children were placed in out-of-home care, in January 1998 the number was nearly 1,600, and in January 2000, there were 2,150 children in out-of-home care. The increasing numbers illustrate a real need for additional services to assist families who are on the brink of State intervention.

We do have existing services, but they are not adequate to meet the staggering demand and the funding for these programs is limited. The model you are suggesting, which puts intensive efforts up-front before removal is necessary, has worked well in other states, and I believe would reduce the overall number of children the Department has to remove from their homes. Of course, our mandate to intervene and protect children and provide out-of-home care will not change, but by giving families access to intensive, up-front services, our removal rate would likely decline and less children would need to be placed in State's custody.

The Division of Family and Youth Services would need a coordinator to seek federal and other funding streams for the program and to start up and monitor a pilot program. A primary duty of this position would be to determine the feasibility of the State to secure a IVE waiver to redirect

Representative Cissna

April 3, 2000

Page Two

federal dollars now spent on foster care to in-home support. Such a waiver, if feasible, could redirect millions of dollars to the in-home support efforts. I believe the investment would be well worth the potential benefit.

Again, Representative Cissna, thank you for putting forth this thoughtful bill to help families stay together during a period of crisis. While this would not be a panacea and work for all families with whom the Department is involved, it could benefit many. The Department of Health and Social Services supports HB 413 and very much appreciates your commitment and efforts to better serve Alaska's children and families.

Sincerely,

A handwritten signature in cursive script, appearing to read "Karen Perdue".

Karen Perdue
Commissioner

WASHINGTON HOMEBUILDERS COST EFFECTIVENESS WITH VARIOUS CLIENT POPULATIONS, 1974 - 1988*

The cost effectiveness of HOMEBUILDERS' family preservation model has been evaluated by comparing the average cost of HOMEBUILDERS with the average costs of projected out-of-home placements. The average cost of HOMEBUILDERS is obtained by dividing program costs by the total number of clients served. Costs of placements are obtained by multiplying the average costs per day or month by the average length of stay. 1986-87 costs of placement were obtained from the following Washington State Department of Social & Health Services figures:

	Average Length of Stay	Average Cost per Month	Total Cost per Client
HOMEBUILDERS			\$ 2,600
Foster Care: CPS	19.4 months	\$ 370	\$ 7,186
Foster Care: FRS, DD, Delinquent, Mental Health	19.4 months	\$ 435	\$ 8,440
Group Care	13.0 months	\$ 1,721	\$ 22,373
Residential Treatment	13.0 months	\$ 2,206	\$ 28,678
Acute Psychiatric Hospitalization	4.0 months	\$11,250	\$ 45,000
Long-Term Psychiatric Care	14.0 months	\$ 7,350	\$102,900

Client Population Category	Numbers Served	Success Rate 3 Mos After Termination*	Potential Placements	Cost of Potential Placements	Cost of HOMEBUILDERS	Between Placement/HB
Families in conflict	1539	94%	67% Foster Care 31% Group Care 2% Psychiatric Care	\$ 8,702,737 \$10,873,936 \$ 1,385,100	\$ 4,001,400	\$10,760,372
Child abuse/neglect	1790	85%	91% Foster Care 7% Group Care 2% Psychiatric Care	\$11,705,276 \$ 2,803,337 \$ 1,611,000	\$ 4,654,000	\$11,465,812
Delinquency	872	92%	43% Foster Care 57% Group Care	\$ 1,360,082 \$ 4,743,971	\$ 967,200	\$ 5,125,833
Child Mental Health	190	80%	20% Foster Care 13% Group Care 11% Psychiatric Care 56% Residential Tx.	\$ 320,720 \$ 552,613 \$ 313,600 \$ 3,051,339	\$ 494,000	\$ 3,744,172
Child Mental Health Study***	26	78%	100% Long Term Psychiatric Care	\$ 2,572,500	\$ 128,250	\$ 2,444,250
Developmental Disability	68	94%	99% Foster Care 1% Group Care	\$ 568,181 \$ 16,214	\$ 176,800	\$ 400,596
TOTAL	3994	84%		\$50,369,484	\$10,421,650	\$49,047,834

* Portions of 1982 data are unavailable due to change in parent agency.

** Since 1988, follow-up data are available for one year after intake. The data show an overall success rate of 88%.

*** Specific Mental Health Project conducted in 1979.



Family Preservation Services

Homebuilders Model

**Intensive
Family Preservation
Homebuilders Values**

**It is
our job
to instill
hope.**

**One cannot easily
determine which
types of families are
"hopeless," and
which will benefit
from intervention.**

**We can do
harm as well as
good; we must
be careful.**

**People are
doing
the best
they can do.**

**In most
cases, it is
best for
children
to grow up
with their
natural
families.**

**Clients
are our
colleagues.**

Characteristics of the Homebuilders Model

Accessibility

- Immediate response to referral
- 24-hour-a-day availability
- Maximum caseload of two families
- Services located in the natural environment

Flexibility

- Wide range of services available
- Services responsive to client values and lifestyles
- Appointments scheduled at convenience of clients

Accountability

- Cost-effective studies
- Comparison group studies
- Measures of treatment effectiveness
- Auditors and outside evaluations
- Performance-based contracts
- Client feedback
- Referring-agent feedback
- Staff evaluations

Program Characteristics

- Limited to children at imminent risk of unnecessary placement
- Immediate response (within 24 hours)
- Highly flexible scheduling (24-hour, 7-day per week availability)
- Small caseloads (2 families)
- Intensive intervention (5-20 hours per week as needed)
- Services delivered in client's home and community
- Time-limited and brief (4-6 weeks)
- "Hard" and "soft" services delivered by a single worker (with safety backup)
- Ecological approach (works with the family and community interaction)
- Goal-oriented, with "limited" objectives

Evaluation Measures

Objective

- Safety
- Prevention of unnecessary placement
- Improved family functioning
- Cost effectiveness

Subjective

- Client satisfaction
- Satisfaction of referral sources
- Satisfaction of funding sources
- Opinion of services community

Values and Beliefs

- Children need families
- Child's safety first concern
- Most family members really care about each other
- Troubled families want to change
- Everybody is doing the best they can do at the time
- A crisis is an opportunity for change
- Inappropriate intervention can do harm
- Power for change resides in the family

HB

416

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: March 20, 2000

FURTHER REFERRALS:

Finance

Date of Committee Action: 03/21/00

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 416

HOUSE BILL NO. 416

PROSTATE CANCER SCREENING

"An Act relating to insurance coverage for prostate cancer screening."

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

additional referral to _____ Committee
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): _____ (Dept)

APPROVES PREVIOUS: _____ (Dept/Date)

fiscal note(s) _____

fiscal note(s) DOA

zero fiscal note(s) _____

zero fiscal note(s) CED

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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CHAIR'S SIGNATURE _____

HB 416
Prostate Cancer Screening

Testimony by Michael H. Miller

House Health, Education & Social Services Committee

HB 416, Prostate Cancer Screening
Testimony by Michael H. Miller
House Labor and Commerce Committee
March 17, 2000

Mr. Chairman and members of the committee,

My name is Michael H. Miller. I am an advanced prostate cancer patient and prostate cancer advocate. I became a four-year survivor of prostate cancer on January 17, 2000. At the time of my diagnosis in 1996, I was given 17 to 35 months to live. An aggressive clinical (experimental) trial program has enabled me to be here today to urge your support for HB 416.

In 1996, the Legislature passed SB 253, a bill requiring insurers to cover the cost of annual prostate cancer screening for men 50 years or older. HB 416 would amend that law by requiring this screening be covered at age 40, and at age 35 for men at high risk of contracting this disease. "High risk" is defined in the bill as a person who is an African-American or who has a family history of prostate cancer.

According to the American Cancer Society, this year 1.2 million Americans will contract cancer and 552,000 will die of the disease. In our state, an estimated 1,500 Alaskans, or four a day, will contract cancer this year, 200 more people on an annual basis than three years ago. An estimated seven hundred Alaskans will die of cancer this year, 2 per day, or 58 per month. Prostate cancer accounts for 29% of all the male-related cancers and 11% of cancer-related deaths in men.

This year, approximately 715 men in Alaska will be diagnosed with cancer, nearly one quarter with prostate cancer. Of the estimated 354 men that will die of cancer this year in Alaska, about five percent will die from prostate cancer. African American men have a 32 percent higher risk of contracting this disease than others.

In 1979, Dr. Gerald Murphy, a Seattle oncology/urologist, developed the Prostate Specific Blood Antigen (PSA) test to help diagnose prostate cancer. The test became available to all doctors in 1990. A decade old, this test has led to a decrease in the prostate cancer mortality rate. In 1976, there was a 30.0% mortality rate for men with prostate cancer. In 2000, that mortality rate is expected to drop to 17.7%, due in large part to the PSA test.

Today, more and more young men are being diagnosed with prostate cancer. According to the American Cancer Society, 209,900 men in the United States were diagnosed with prostate cancer in 1997, and 41,800 died of the disease. About 23 percent or 47,600 of those diagnosed that year were under age 65.

As a patient who was diagnosed with prostate cancer at the age 43, I know that prostate cancer in men under 65 tends to be more aggressive in nature. Early detection, especially for men who are high risk, is the best way to save lives. I have a vested interest in this legislation because my two sons have up to six times a higher risk of contracting prostate cancer because I have the disease.

Located in your packet is a page listing statistical information from the 1999 Alaska Cancer Registry (reported data from 1996) and the 2000 American Cancer Society - Cancer Facts & Figures indicating the prostate cancer risk by age groupings. Statistics for 1999 and 2000 show that less than one in 10,000 a man is predicted to contract prostate cancer before age 40. In 1999, statistics for the 40-59-age group show one in 57 men will contract the disease. The 2000 statistics show a greater occurrence in this age group, with 1 in 53. Four years ago the statistics in the 40-59 age group were 1 in 59. If this trend continues, in 2008, men in this age group will have one in 35 chance of contracting prostate cancer.

With an aging baby-boomer society, more and more men will be diagnosed with prostate cancer. It would be prudent for the State of Alaska and the insurance industry to make an investment in preventative health care maintenance for men starting prostate cancer screening at the age of 35 for those at high risk and age 40 for others. HB 416 will help men be diagnosed at a younger age, saving both lives and money.

The 1999 Alaska Cancer Registry report shows that only two men aged 40 to 44 were diagnosed with prostate cancer in Alaska in 1996, and 10 in the 45 to 49 age group. I was one of those two men in 1996. At age 43, I was diagnosed with advanced prostate cancer. If the PSA test had been made available to me at age 40, I would probably have been diagnosed with early stage prostate cancer and my disease might not have spread.

Prostate cancer has left me unable to work. I, like many cancer survivors, am receiving Social Security Disability Income and State Disability Retirement. The average cost for prostate cancer treatment is \$6,000.00 to \$10,000.00 annually. My expenses are running \$12,000 to \$15,000 annually. It is cost effective to catch and treat this disease early on, rather than pay for the long-term cost of treatment, estimated at \$48,690 per person (refer to the Pay Now...Pay Later page - second column from left).

HB 416 should not cause insurance premiums to increase. Although insurers generally oppose mandates, when SB 253 was passed in 1996, an Aetna representative testified that Aetna would not oppose this bill if the Legislature felt the benefits of the screening would outweigh the small costs. He said an argument could be made that early detection should result in more efficient treatment and ultimately avoid high catastrophic treatment costs.

Men dying of prostate cancer are leaving behind spouses, children and many family members and friends. While we have made great strides in the United States in cancer treatment research, too many men are still being lost at too young an age.

Over the last four years approximately 800 Alaska men have been diagnosed with prostate cancer. Many of their sons will also contract this disease. Let's give men an opportunity to be diagnosed at an earlier age. Those with a five-year survival rate from this disease, have a 100 percent chance they will die of another cause.

I would like to leave my two sons the best possible gift, an opportunity for them to be screened for prostate cancer at an earlier age, because the odds are they will contract the disease at a younger age than I did.

I urge your support of HB 416 for the future health and well being of all Alaskan families. Thank you for time.

PAY NOW... OR PAY LATER

<p>IF YOU DO THIS (from age 35 to 65)</p>	<p>Bicycle or run for aerobic exercise</p>	<p>Eat 10 slices of low-fat cheese pizza per week (the tomato sauce contains cancer-fighting lycopene)</p>	<p>Use SPF-15 sunscreen once per day, 365 days per year</p>	<p>Quit smoking cigarettes or cigars</p>	<p>Brush and floss regularly</p>	<p>Eat a cup of oatmeal a day</p>	<p>Limit alcohol intake to one or two drinks per day</p>	<p>Swim (a low-impact way to minimize joint stress and improve flexibility)</p>	<p>Sleep 8 hours per night</p>	<p>IF YOU DO THIS (from age 35 to 65)</p>
<p>YOU'LL ONLY SPEND</p>	<p>\$3,200 (for four bikes) \$4,830 (for 57 pairs of shoes)</p>	<p>\$18,720</p>	<p>\$6,857</p>	<p>\$0 - \$300 for stop-smoking programs, some including a 10-week course of nicotine gum or patches</p>	<p>\$1,210 for toothbrushes, toothpaste and floss</p>	<p>\$2,738</p>	<p>\$21,900 to \$43,800 for wine or beer</p>	<p>\$5,700 - \$16,200 for yearly memberships at public pool</p>	<p>\$1,950 - \$3,300 for three good queen or king-size mattresses</p>	<p>YOU'LL ONLY SPEND</p>
<p>BUT IF YOU HAVE/GET</p>	<p>Cardiovascular disease</p>	<p>Prostate cancer</p>	<p>Skin cancer</p>	<p>Lung cancer or oral cancers</p>	<p>Tooth decay or gum disease</p>	<p>Colon cancer</p>	<p>Alcohol-related liver disease</p>	<p>Osteoarthritis</p>	<p>Automobile (and other) accidents caused by sleep deprivation</p>	<p>BUT IF YOU HAVE/GET</p>
<p>IT WILL COST</p>	<p>\$44,200 for bypass surgery \$21,760 for angioplasty \$103,576 to recover from stroke</p>	<p>\$48,690 from diagnosis until death</p>	<p>\$9,349 for one hospital stay. Doctors' fees and follow-up care are extra</p>	<p>\$29,200 from diagnosis to death for lung cancer. \$12,739 for one hospital stay to treat oral cancer.</p>	<p>\$1,400 - \$4,500 for dentures. \$2,000 - \$4,000 for each full-mouth surgical treatment for gum disease</p>	<p>\$51,865 from diagnosis until death</p>	<p>\$304,567 for a transplant</p>	<p>\$19,392 for one in-hospital treatment</p>	<p>Your life. You tell us what it's worth!</p>	<p>IT WILL COST</p>

NATIONAL MEN'S HEALTH FOUNDATION (EXCERPTED FROM MEN'S HEALTH MAGAZINE)

CALL 1-800-955-2002 FOR YOUR FREE MANUAL ON MEN'S HEALTH ISSUES, OR VISIT OUR WEB SITE AT WWW.MENSHEALTH.COM

States with Mandated Benefits for Prostate Cancer Screening as of 6/20/99

(22 States Total & DC)



Sources: American Cancer Society fact sheet, "Prostate Cancer: State Facts", 4/99
 National Cancer Institute, State Cancer Legislative Database, 6/99

Alaska Cancer Registry

February 1999

Percentage of Population (Probability) Developing Invasive Cancers at Certain Ages by Sex, US, 1992-1994²

		Birth to 39	40 to 59	60-79	Birth to Death
All Sites*	Male	1.68 (1 in 60)	8.23 (1 in 12)	36.69 (1 in 3)	46.64 (1 in 2)
	Female	1.94 (1 in 52)	9.05 (1 in 11)	22.21 (1 in 5)	38.00 (1 in 3)
Breast	Female	0.44 (1 in 227)	3.94 (1 in 25)	6.89 (1 in 15)	12.52 (1 in 8)
Colorectal	Male	0.06 (1 in 1,667)	0.88 (1 in 114)	4.19 (1 in 24)	5.88 (1 in 17)
	Female	0.05 (1 in 2,000)	0.68 (1 in 147)	3.18 (1 in 31)	5.72 (1 in 17)
Lung	Male	0.04 (1 in 2,500)	1.39 (1 in 72)	6.69 (1 in 15)	8.43 (1 in 12)
	Female	0.03 (1 in 3,333)	1.00 (1 in 100)	3.88 (1 in 26)	5.55 (1 in 18)
Prostate	Male	Less than 1 in 10,000	1.74 (1 in 57)	16.40 (1 in 6)	18.85 (1 in 5)

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*Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder.

Data source: NCI Surveillance, Epidemiology, and End Results Program, 1997

1998, American Cancer Society, Inc.

CANCER FACTS & FIGURES 2000

Probability of Developing Invasive Cancers Over Selected Age Intervals, by Sex, United States, 1994-1996*

		Birth to 39 (%)	40 to 59 (%)	60 to 79 (%)	Birth to Death (%)
All sites †	Male	1.61 (1 in 62)	8.17 (1 in 12)	33.65 (1 in 3)	43.56 (1 in 2)
	Female	1.94 (1 in 52)	9.23 (1 in 11)	22.27 (1 in 4)	38.11 (1 in 3)
Breast	Female	0.43 (1 in 235)	4.06 (1 in 25)	6.88 (1 in 15)	12.56 (1 in 8)
Colon & Rectum	Male	0.06 (1 in 1,579)	0.85 (1 in 124)	3.97 (1 in 29)	5.64 (1 in 18)
	Female	0.05 (1 in 1,947)	0.67 (1 in 149)	3.06 (1 in 33)	5.55 (1 in 18)
Lung & Bronchus	Male	0.04 (1 in 2,592)	1.29 (1 in 78)	6.35 (1 in 16)	8.11 (1 in 12)
	Female	0.03 (1 in 2,894)	0.94 (1 in 106)	3.98 (1 in 25)	5.69 (1 in 18)
Prostate	Male	Less than 1 in 10,000	1.90 (1 in 53)	13.69 (1 in 7)	15.91 (1 in 6)

*Of those free of cancer at beginning of age interval. Based on cancer cases diagnosed during 1994-1996. The "1 in" statistic and the inverse of the percentage may not be equivalent due to rounding.

†Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder.

Source: DEVCAN Software, Version 4.0, Surveillance, Epidemiology, and End Results Program, 1973-1996, Division of Cancer Control and Population Sciences, National Cancer Institute.

American Cancer Society, Surveillance Research

Table 1. Age Distribution of Invasive Cancers - Alaska, 1996

Site of Cancer	All Ages		00-04		05-09		10-14		15-19		20-24		25-29		30-34		35-39		40-44	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Cervix Uteri	26		0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	7.7%	3	11.5%	3	11.5%	3	11.5%	3	11.5%
Corpus Uteri	35		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	2.9%	0	0.0%	6	17.1%
Uterus NOS	0		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Ovary	33		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	3.0%	1	3.0%	3	9.1%	6	18.2%
Vagina	1		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Vulva	1		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Female Genital Organs	0		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Male Genital System	192		0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%	2	1.0%	5	2.6%	3	1.6%	5	2.6%
Prostate	175		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.1%
Testis	17		0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	5.9%	2	11.8%	5	29.4%	3	17.6%	3	17.6%
Penis	0		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Male Genital Organs	0		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Urinary System	91		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	2.2%	1	1.1%	2	2.2%	3	3.3%
Urinary Bladder (including in situ)	53		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	3.8%	1	1.9%	1	1.9%	1	1.9%
Kidney and Renal Pelvis	33		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	3.0%	2	6.1%
Ureter	3		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Urinary Organs	2		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Eye & Orbit	3		2	66.7%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Brain & Nervous System	27		1	3.7%	1	3.7%	0	0.0%	0	0.0%	0	0.0%	1	3.7%	2	7.4%	3	11.1%	4	14.8%
Brain	27		1	3.7%	1	3.7%	0	0.0%	0	0.0%	0	0.0%	1	3.7%	2	7.4%	3	11.1%	4	14.8%
Cranial Nerves & Other	0		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Table 1. Age Distribution of Invasive Cancers - Alaska, 1996

Site of Cancer	All Ages		45-49		50-54		55-59		60-64		65-69		70-74		75-79		80-84		85+	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Cervix Uteri	26		4	15.4%	2	7.7%	3	11.5%	1	3.8%	1	3.8%	1	3.8%	0	0.0%	0	0.0%	0	0.0%
Corpus Uteri	35		2	5.7%	2	5.7%	6	17.1%	7	20.0%	5	14.3%	1	2.9%	1	2.9%	3	8.6%	1	2.9%
Uterus NOS	0		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Ovary	33		5	15.2%	2	6.1%	3	9.1%	2	6.1%	4	12.1%	4	12.1%	1	3.0%	0	0.0%	1	3.0%
Vagina	1		0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Vulva	1		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Other Female Genital Organs	0		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Male Genital System	192		13	6.8%	12	6.3%	24	12.5%	25	13.0%	33	17.2%	39	20.3%	15	7.8%	10	5.2%	5	2.6%
Prostate	175		10	5.7%	12	6.9%	24	13.7%	25	14.3%	33	18.9%	39	22.3%	15	8.6%	10	5.7%	5	2.9%
Testis	17		3	17.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Penis	0		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other Male Genital Organs	0		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Urinary System	91		3	3.3%	8	8.8%	17	18.7%	8	8.8%	16	17.6%	15	16.5%	9	9.9%	4	4.4%	3	3.3%
Urinary Bladder (including in situ)	53		2	3.8%	4	7.5%	8	15.1%	6	11.3%	11	20.8%	6	11.3%	6	11.3%	3	5.7%	2	3.8%
Kidney and Renal Pelvis	33		0	0.0%	4	12.1%	9	27.3%	2	6.1%	5	15.2%	7	21.2%	1	3.0%	1	3.0%	1	3.0%
Ureter	3		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	66.7%	1	33.3%	0	0.0%	0	0.0%
Other Urinary Organs	2		1	50.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%
Eye & Orbit	3		0	0.0%	1	33.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Brain & Nervous System	27		3	11.1%	2	7.4%	5	18.5%	2	7.4%	2	7.4%	1	3.7%	0	0.0%	0	0.0%	0	0.0%
Brain	27		3	11.1%	2	7.4%	5	18.5%	2	7.4%	2	7.4%	1	3.7%	0	0.0%	0	0.0%	0	0.0%
Cranial Nerves & Other	0		0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Prostate

Data Definition: Incidence data were obtained from the Alaska Cancer Registry using primary site ICD-O-2 code C61.9, excluding morphology codes 9590-9989. Mortality data were obtained from Alaska State death certificates using the underlying cause of death ICD-9 codes 185.

1996 Alaska Residents

Incidence and Mortality Summary by Sex

rates per 100,000 population age-adjusted to 1970 U.S. population

<u>Incidence</u>	<u>Male</u>
In situ cancer	0
Invasive cancer	175
Incidence rate	100.8
1995 U.S. rate*	137.2

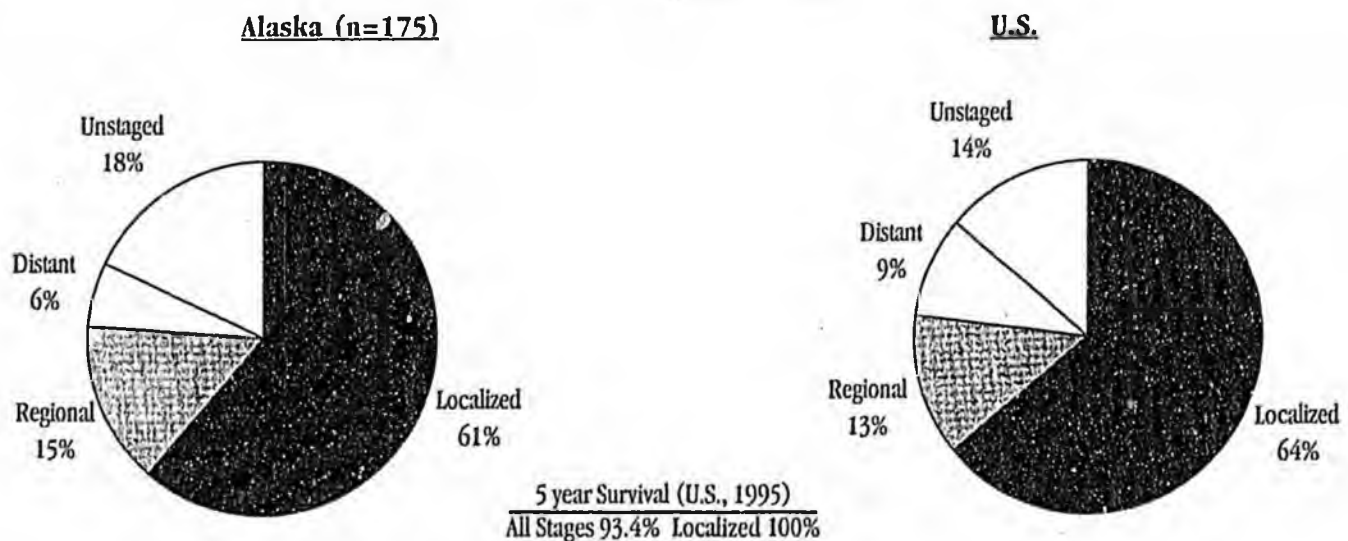
*Excludes in situ cases

<u>Mortality</u>	<u>Male</u>
Deaths	18
Mortality rate	12.5
1995 U.S. rate	24.9

Invasive Prostate Cancer by Borough/Census Area

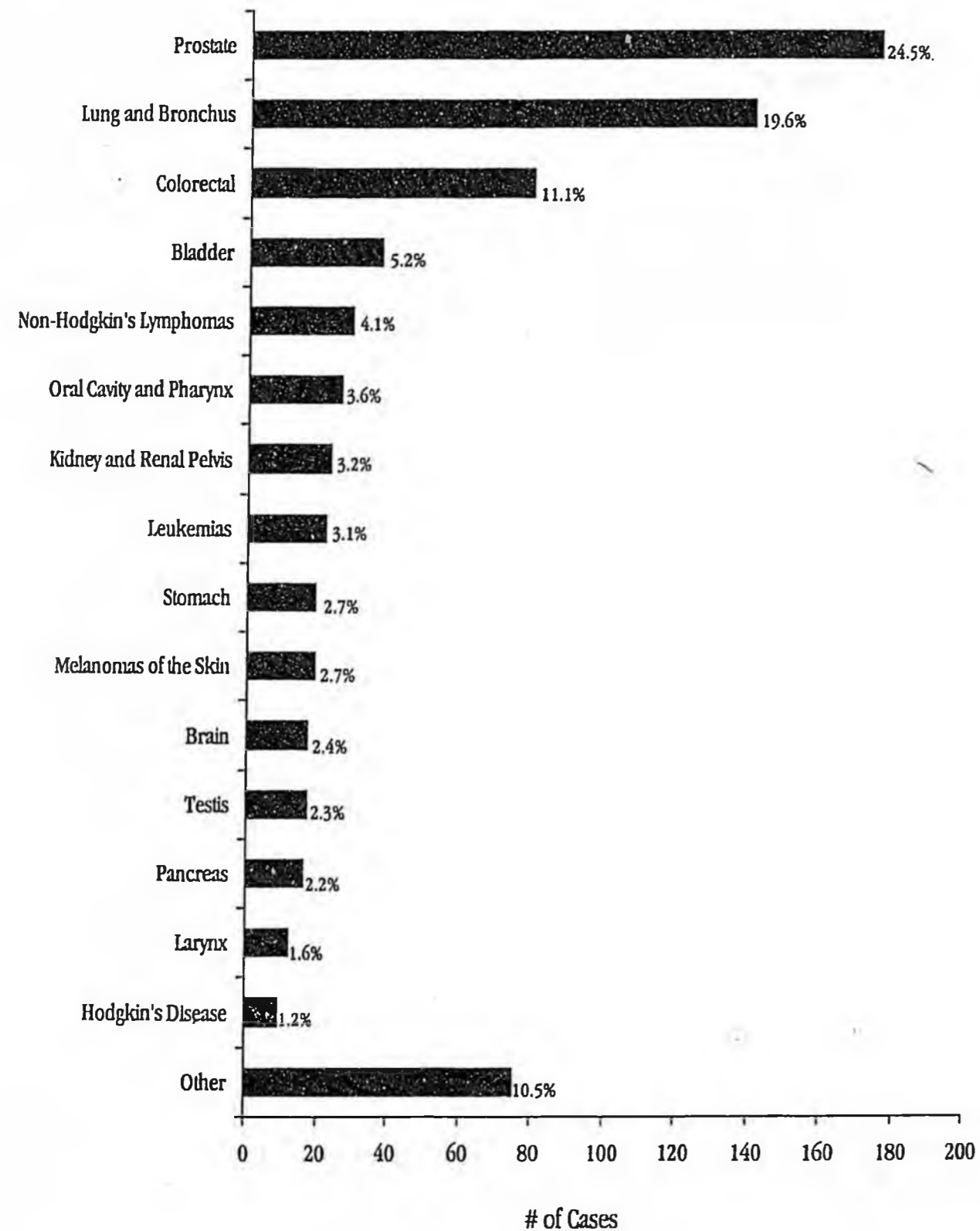
Aleutians East	0	Kenai Peninsula	21	Skagway-Hoonah-Angoon	2
Aleutians West	1	Ketchikan Gateway	6	Southeast Fairbanks	2
Anchorage	63	Kodiak Island	7	Valdez-Cordova	7
Bethel	0	Lake and Peninsula	0	Wade Hampton	0
Bristol Bay	0	Matanuska-Susitna	7	Wrangell-Petersburg	3
Denali	0	Nome	3	Yakutat	0
Dillingham	1	North Slope	1	Yukon-Koyukuk	3
Fairbanks North Star	23	Northwest Arctic	0	Unknown	5
Haines	1	Prince of Wales-Outer Ketchikan	2		
Juneau	13	Sitka	4		

Stage at Diagnosis



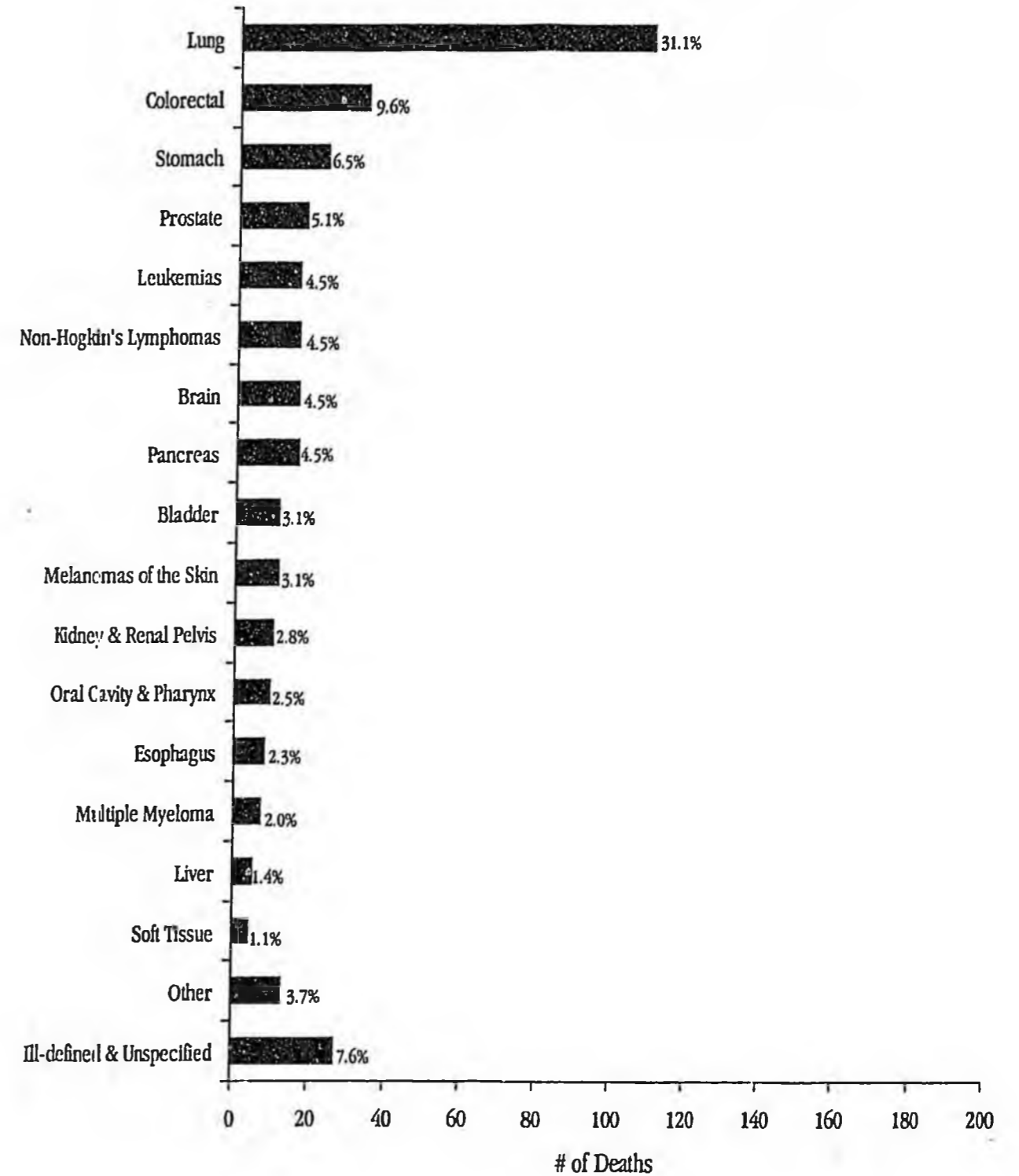
Percent of Cancer Cases by Site

1996 Male Invasive Cancer Cases (n=715) - Alaska Residents



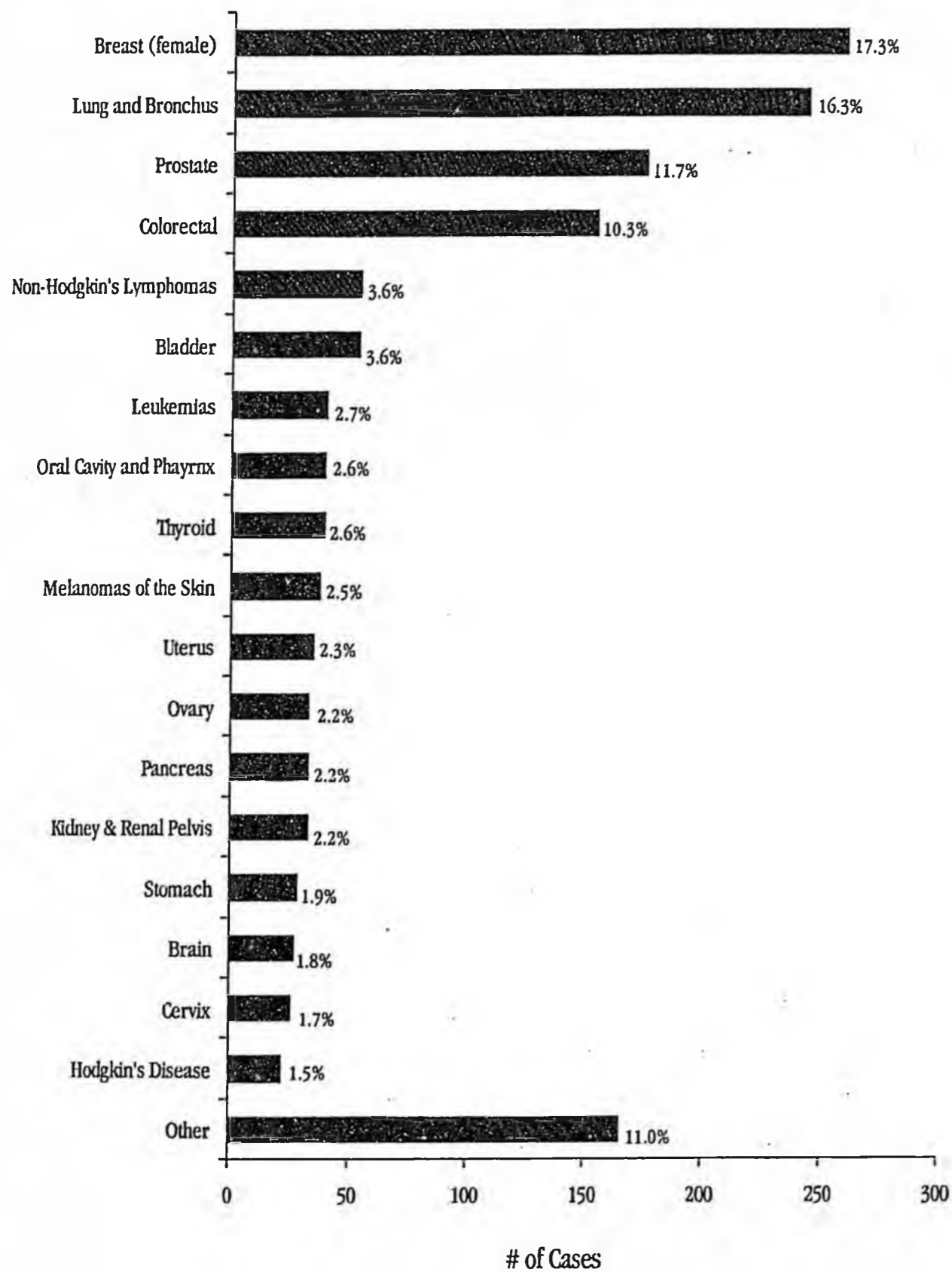
Percent of Cancer Deaths by Site

1996 Male Cancer Deaths (n=354) - Alaska Residents



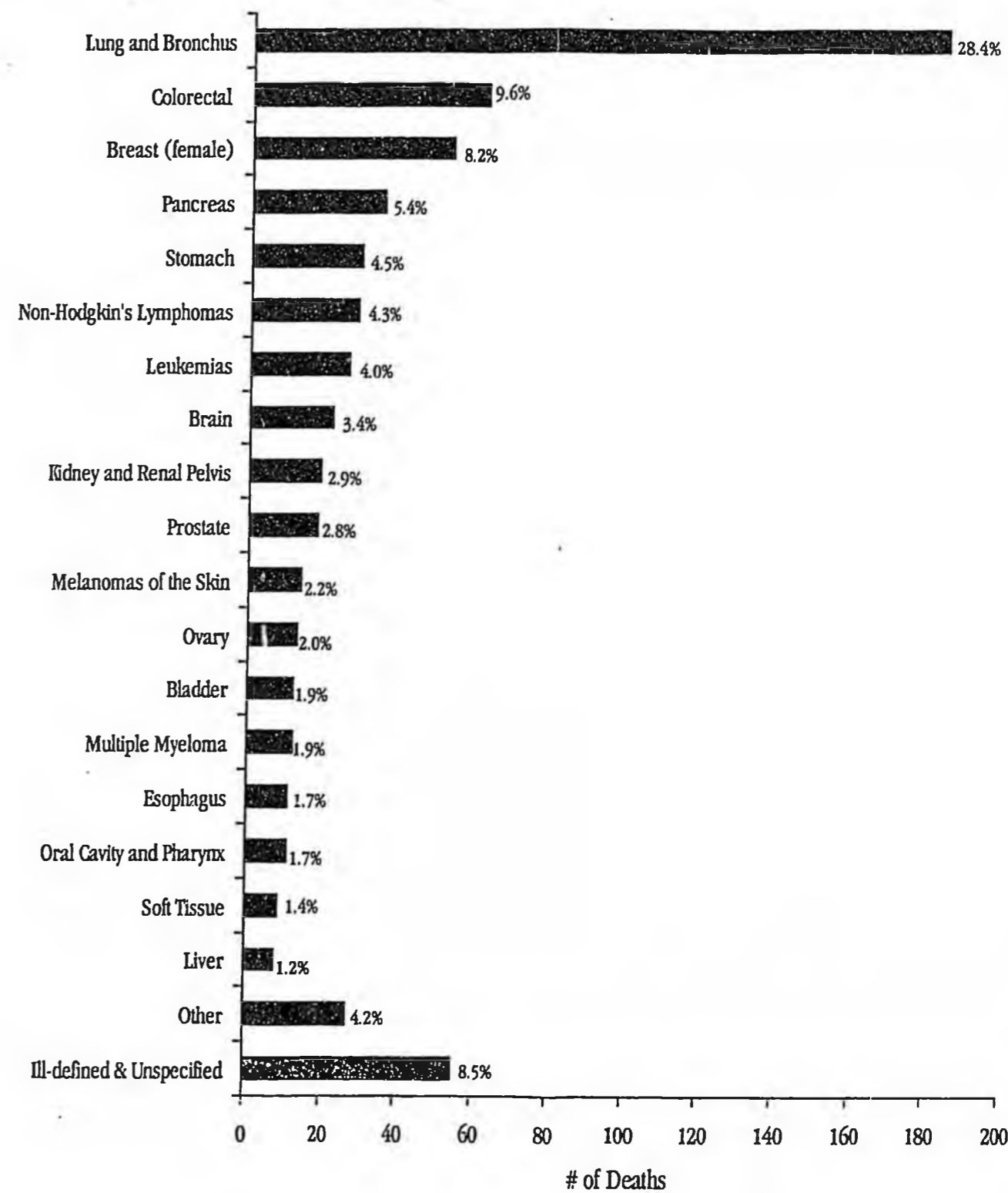
Percent of Cancer Cases by Site

1996 Invasive Cancer Cases (n=1495) - Alaska Residents



Percent of Cancer Deaths by Site

1996 Cancer Deaths (n=648) - Alaska Residents



CANCER: BASIC FACTS

What Is Cancer?

Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by both external (chemicals, radiation, and viruses) and internal (hormones, immune conditions, and inherited mutations) factors. Causal factors may act together or in sequence to initiate or promote carcinogenesis. Ten or more years often pass between exposures or mutations and detectable cancer. Cancer is treated by surgery, radiation, chemotherapy, hormones, and immunotherapy.

Can Cancer Be Prevented?

All cancers caused by cigarette smoking and heavy use of alcohol could be prevented completely. The ACS estimates that in 2000 about 171,000 cancer deaths are expected to be caused by tobacco use, and about 19,000 cancer deaths may be related to excessive alcohol use, frequently in combination with tobacco use.

Scientific evidence suggests that about one-third of the 552,200 cancer deaths expected to occur in 2000 are expected to be related to nutrition and other lifestyle factors and could also be prevented. Certain cancers are related to viral infections—for example, hepatitis B virus (HBV), human papillomavirus (HPV), human immunodeficiency virus (HIV), human T-cell leukemia/lymphoma virus-I (HTLV-I), and others—and could be prevented through behavioral changes. In addition, many of the 1.3 million skin cancers that are expected to be diagnosed in 2000 could have been prevented by protection from the sun's rays.

Regular screening examinations by a health care professional can result in the detection of cancers of the breast, colon, rectum, cervix, prostate, testis, oral cavity, and skin at earlier stages, when treatment is more likely to be successful. Self examinations for cancers of the breast and skin may also result in detection of tumors at earlier stages. The screening-accessible cancers listed above account for about half of all new cancer cases. The 5-year relative survival rate for these cancers is about 80%. If all Americans participated in regular cancer screenings, this rate could increase to 95%.

Who Is at Risk of Developing Cancer?

Anyone. Since the occurrence of cancer increases as individuals age, most cases affect adults middle-aged or older. Nearly 80% of all cancers are diagnosed at ages 55 and older. Cancer researchers use the word risk in different ways. *Lifetime risk* refers to the probability that an individual, over the course of a lifetime, will develop

cancer or die from it. In the US, men have a 1 in 2 lifetime risk of developing cancer, and for women the risk is 1 in 3.

Relative risk is a measure of the strength of the relationship between risk factors and the particular cancer. It compares the risk of developing cancer in persons with a certain exposure or trait to the risk in persons who do not have this exposure or trait. For example, smokers have a 10-fold relative risk of developing lung cancer compared with nonsmokers. This means that smokers are about 10 times more likely to develop lung cancer (or have a 900% increased risk) than nonsmokers. Most relative risks are not this large. For example, women who have a first-degree (mother, sister, or daughter) family history of breast cancer have about a 2-fold increased risk of developing breast cancer compared with women who do not have a family history. This means that women with a first-degree family history are about two times or 100% more likely to develop breast cancer than women who do not have a family history of the disease.

All cancers involve the malfunction of genes that control cell growth and division. About 5% to 10% of cancers are clearly hereditary, in that an inherited faulty gene predisposes the person to a very high risk of particular cancers. The remainder of cancers are not hereditary, but result from damage to genes (mutations) that occurs throughout our lifetime, either due to internal factors, such as hormones or the digestion of nutrients within cells, or external factors, such as chemicals and sunlight.

How Many People Alive Today Have Ever Had Cancer?

The National Cancer Institute estimates that approximately 8.4 million Americans alive today have a history of cancer. Some of these individuals can be considered cured, while others still have evidence of cancer and may be undergoing treatment.

How Many New Cases Are Expected to Occur This Year?

About 1,220,100 new cancer cases are expected to be diagnosed in 2000. Since 1990, approximately 13 million new cancer cases have been diagnosed. These estimates do not include carcinoma in situ (noninvasive cancer) of any site except urinary bladder, and do not include basal and squamous cell skin cancers. Approximately 1.3 million cases of basal and squamous cell skin cancers are expected to be diagnosed this year.

Leading Sites of New Cancer Cases and Deaths—2000 Estimates*

Cancer Cases by Site and Sex		Cancer Deaths by Site and Sex	
Male	Female	Male	Female
Prostate 180,400	Breast 182,800	Lung & bronchus 89,300	Lung & bronchus 67,600
Lung & bronchus 89,500	Lung & bronchus 74,600	Prostate 31,900	Breast 40,800
Colon & rectum 63,600	Colon & rectum 66,600	Colon & rectum 27,800	Colon & rectum 28,500
Urinary bladder 38,300	Uterine corpus 36,100	Pancreas 13,700	Pancreas 14,500
Non-Hodgkin's lymphoma 31,700	Non-Hodgkin's lymphoma 23,200	Non-Hodgkin's lymphoma 13,700	Ovary 14,000
Melanoma of the skin 27,300	Ovary 23,100	Leukemia 12,100	Non-Hodgkin's lymphoma 12,400
Oral cavity 20,200	Melanoma of the skin 20,400	Esophagus 9,200	Leukemia 9,600
Kidney 18,800	Urinary bladder 14,900	Liver 8,500	Uterine corpus 6,500
Leukemia 16,900	Pancreas 14,600	Urinary bladder 8,100	Brain 5,900
Pancreas 13,700	Thyroid 13,700	Stomach 7,600	Stomach 5,400
All Sites 619,700	All Sites 600,400	All Sites 284,100	All Sites 268,100

*Excludes basal and squamous cell skin cancer and in situ carcinomas except urinary bladder.

Five-Year Relative Survival Rates* by Stage at Diagnosis, 1989-1995

Site	All Stages %	Local %	Regional %	Distant %	Site	All Stages %	Local %	Regional %	Distant %
Breast (female)	85	96	77	21	Ovary	50	95	79	28
Colon & rectum	61	90	65	8	Pancreas	4	18	6	1
Esophagus	12	25	13	2	Prostate†	92	100	—	32
Kidney	60	88	61	10	Stomach	21	60	21	2
Larynx	65	81	53	41	Testis	95	99	97	74
Liver	5	15	5	1	Thyroid	95	100	92	43
Lung & bronchus	14	49	20	2	Urinary bladder	81	93	49	6
Melanoma	88	95	58	13	Uterine cervix	70	91	48	13
Oral	53	81	43	22	Uterine corpus	84	95	64	25

*Rates are adjusted for normal life expectancy and are based on cases diagnosed from 1989-1995, followed through 1996.

†The rate for local stage represents local and regional stages combined.

Local: An invasive malignant cancer confined entirely to the organ of origin. **Regional:** A malignant cancer that 1) has extended beyond the limits of the organ of origin directly into surrounding organs or tissues; 2) involves regional lymph nodes by way of lymphatic system; or 3) has both regional extension and involvement of regional lymph nodes. **Distant:** A malignant cancer that has spread to parts of the body remote from the primary tumor either by direct extension or by discontinuous metastasis to distant organs, tissues, or via the lymphatic system to distant lymph nodes.

Source: Surveillance, Epidemiology, and End Results Program, 1973-1996, Division of Cancer Control and Population Sciences, National Cancer Institute.

American Cancer Society, Surveillance Research

Early Detection: At present, only biopsy yields a certain diagnosis, and because of the "silent" course of the disease, the need for biopsy is likely to be obvious only after the disease has advanced. Researchers are focusing on ways to diagnose pancreatic cancer before symptoms occur.

Treatment: Surgery, radiation therapy, and chemotherapy are treatment options that can extend survival and/or relieve symptoms in many patients but are not likely to produce a cure for most. Clinical trials with several new agents may offer improved survival and should be considered an option.

Survival: For all stages combined, the 1-year relative survival rate is only 19%, and the 5-year rate is 4%.

PROSTATE

New Cases: An estimated 180,400 new cases in the US during 2000. Prostate cancer incidence rates remain significantly higher in black men than in white men. Between 1989 and 1992, prostate cancer incidence rates increased dramatically, probably due to earlier diagnosis in men without any symptoms, by increased use of prostate-specific antigen (PSA) blood test screenings. Prostate cancer incidence rates are now declining; rates peaked in 1992 among white men and in 1993 among black men.

Deaths: An estimated 31,900 deaths in 2000, the second leading cause of cancer death in men. During 1992-1996, prostate cancer mortality rates declined significantly (-2.5% per year). Although mortality rates are declining among white and black men, rates in black men remain more than twice as high as rates in white men.

Signs and Symptoms: Weak or interrupted urine flow; inability to urinate, or difficulty starting or stopping the urine flow; the need to urinate frequently, especially at night; blood in the urine; pain or burning on urination; continual pain in lower back, pelvis, or upper thighs. Most of these symptoms are nonspecific and may be similar to those caused by benign conditions such as infection or prostate enlargement.

Risk Factors: The incidence of prostate cancer increases with age; more than 75% of all prostate cancers are diagnosed in men over age 65. Black Americans have the highest prostate cancer incidence rates in the world; the disease is common in North America and Northwestern Europe and is rare in Asia, Africa, and South America. Recent genetic studies suggest that strong familial predisposition may be responsible for 5%-10% of prostate cancers. International studies suggest that dietary fat may also be a factor.

Early Detection: Men age 50 and older who have at least a 10-year life expectancy should talk with their health care professional about having a digital rectal exam of the prostate gland and a prostate-specific antigen (PSA) blood test every year. Men who are at high risk for prostate cancer (black men or men who have a history of prostate cancer in close family members) should consider beginning these tests at an earlier age.

Treatment: Depending on age, stage of the cancer, and other medical conditions of the patient, surgery and radiation should be discussed with the patient's physicians. Hormones and chemotherapy or combinations of these options might be considered for metastatic disease. Hormone treatment may control prostate cancer for long

periods by shrinking the size of the tumor, thus relieving pain and other symptoms. Careful observation without immediate active treatment ("watchful waiting") may be appropriate, particularly for older individuals with low-grade and/or early stage tumors.

Survival: Seventy-nine percent of all prostate cancers are discovered in the local and regional stages; the 5-year relative survival rate for patients whose tumors are diagnosed at these stages is 100%. Over the past 20 years, the survival rate for all stages combined has increased from 67% to 92%. Survival after a diagnosis of prostate cancer continues to decline beyond five years. According to the most recent data, 67% of men diagnosed with prostate cancer survive 10 years and 52% survive 15 years.

SKIN

New Cases: Approximately 1.3 million cases a year of highly curable basal cell or squamous cell cancers. They are more common among individuals with lightly pigmented skin. The most serious form of skin cancer is melanoma, which is expected to be diagnosed in about 47,700 persons in 2000. Since the early 1970s, the incidence rate of melanoma has increased significantly on average 4% per year from 5.7 per 100,000 in 1973 to 13.8 in 1996. Incidence rates are more than 10 times higher in whites than in blacks. Other important skin cancers include Kaposi's sarcoma and cutaneous T-cell lymphoma.

Deaths: An estimated 9,600 deaths this year, 7,700 from melanoma and 1,900 from other skin cancers.

Signs and Symptoms: Any change on the skin, especially a change in the size or color of a mole or other darkly pigmented growth or spot. Scaliness, oozing, bleeding, or change in the appearance of a bump or nodule, the spread of pigmentation beyond its border, a change in sensation, itchiness, tenderness, or pain.

Risk Factors: Excessive exposure to ultraviolet radiation; fair complexion; occupational exposure to coal tar, pitch, creosote, arsenic compounds, or radium; family history; and multiple nevi (moles) or atypical nevi.

Prevention: The sun's ultraviolet rays are strongest during the midday hours (10 a.m.-4 p.m.); exposure at these times should be limited or avoided. When outdoors, cover as much skin as possible with a hat that shades the face, neck, and ears, and a long-sleeved shirt and long pants. Sunscreen comes in various strengths, graded by the solar protection factor (SPF). Use a sunscreen with an SPF of 15 or higher. Because of the possible link between severe sunburns in childhood and greatly increased risk of melanoma in later life, children, in particular, should be protected from the sun.

Early Detection: Early detection is critical. Recognition of changes in skin growths or the appearance of new growths is the best way to find early skin cancer. Adults should practice skin self-exam regularly. Suspicious lesions should be evaluated promptly by a physician. Basal and squamous cell skin cancers often take the form of a pale, waxlike, pearly nodule, or a red, scaly, sharply outlined patch. A sudden or progressive change in a mole's appearance should be checked by a physician. Melanomas often start as small, mole-like growths that increase in size and change color. A simple ABCD rule outlines the warning signals of melanoma: A is for asymmetry. One half of the mole does not match the other half. B is for border irregularity. The edges are ragged, notched, or blurred. C is for color. The pigmentation is not uniform, with variable degrees of tan, brown, or black. D is for diameter greater than 6 millimeters. Any sudden or progressive increase in size should be of particular concern.

Treatment: There are five methods of treatment for basal cell cancer and squamous cell cancer: surgery (used in 90% of cases), radiation therapy, electrodesiccation (tissue destruction by heat), cryosurgery (tissue destruction by freezing), and laser therapy for early skin cancer. For malignant melanoma, the primary growth must be adequately excised, and it may be necessary to remove nearby lymph nodes. Removal and microscopic examination of all suspicious moles is essential. Advanced cases of melanoma are treated with radiation therapy, immunotherapy, or chemotherapy according to the characteristics of the case.

Survival: For basal cell or squamous cell cancers, cure is highly likely if detected and treated early. Malignant melanoma can spread to other parts of the body quickly; however, when detected in its earliest stages, and with proper treatment, it is highly curable. The 5-year relative survival rate for patients with malignant melanoma is 88%. For localized malignant melanoma, the 5-year relative survival rate is 95%; and rates for regional and distant disease are 58% and 13%, respectively. About 82% of melanomas are diagnosed at a localized stage.

URINARY BLADDER

New Cases: An estimated 53,200 new cases in 2000. Bladder cancer incidence rates are significantly declining in the 1990s. Overall, bladder cancer incidence is about four times higher in men than in women, and two times higher in whites than in blacks.

Deaths: An estimated 12,200 deaths in 2000. Since the early 1970s, mortality rates for bladder cancer have decreased significantly in both whites and blacks.

Trends in 5-Year Relative Survival Rates* by Race and Year of Diagnosis, United States, 1974-1994

Site	White			African American			All Races		
	Relative 5-Year Survival Rate (%)			Relative 5-Year Survival Rate (%)			Relative 5-Year Survival Rate (%)		
	1974-76	1980-82	1989-94	1974-76	1980-82	1989-94	1974-76	1980-82	1989-94
All Sites	50	52	62†	39	40	47†	49	51	60†
Brain	22	25	30†	27	31	38†	22	25	30†
Breast (female)	75	77	87†	63	66	71†	75	76	85†
Uterine cervix	70	68	72†	64	61	59	69	67	70
Colon	50	56	64†	46	49	52†	50	55	63†
Uterine corpus	89	83	87†	61	54	54	88	82	84†
Esophagus	5	7	13†	4	5	9†	5	7	12†
Hodgkin's disease	71	75	83†	69	72	76	71	74	82†
Kidney	52	51	62†	49	55	58†	52	52	61†
Larynx	66	69	67	59	58	56	66	68	66
Leukemia	35	39	44†	31	33	31	34	38	43†
Liver	4	4	6†	1	2	2†	4	3	5†
Lung & bronchus	13	14	15†	11	12	11	12	13	14†
Melanoma	80	83	88†	66‡	60§	69‡	80	83	88†
Multiple myeloma	24	28	28†	27	29	30	24	28	29†
Non-Hodgkin's lymphoma	48	52	52†	48	50	41†	47	51	51†
Oral cavity	55	55	55	36	31	32	53	53	53
Ovary	37	39	50†	41	39	46†	37	39	50†
Pancreas	3	3	4†	3	5	4†	3	3	4†
Prostate	68	75	95†	58	65	81†	67	73	93†
Rectum	49	53	61†	42	38	53†	48	52	61†
Stomach	15	16	19†	17	19	21	15	18	21†
Testis	79	92	96†	76‡	90‡	90	79	92	95†
Thyroid	92	94	96†	88	94	88	92	94	95†
Urinary bladder	74	79	84†	47	58	62†	72	78	82†

*Rates are adjusted for normal life expectancy and are based on cases diagnosed from 1989 to 1994, followed through 1995.

†The difference in rates between 1974-76 and 1989-94 is statistically significant ($p < 0.05$).

‡The standard error of the survival rate is between 5 and 10 percentage points.

§The standard error of the survival rate is greater than 10 percentage points.

Data source: NCI, Surveillance, Epidemiology and End Results Program, 1998.

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Prostate Cancer Screening

The impact of screening on the survival of men with prostate cancer remains controversial. This is natural because clinical trials have not been published that appropriately test the impact of screening on survival. Most prostate cancer experts would agree that prostate cancer screening improves our ability to detect prostate cancer at an earlier stage of the disease. However, there is no consensus that patients benefit from early detection of prostate cancer. The heart of this controversy is the question of whether radical prostatectomy or radiation therapy cure or prolong the survival of men with early prostate cancer.

In our September, 1998, issue we explained why we think early detection and treatment of prostate cancer can save your life. In brief, I think that modern screening methods are detecting potentially life-threatening cancers before they have escaped the prostate gland. It is already clear that families with men affected by prostate cancer are highly motivated to seek genetic testing and undergo screening. If you are interested in how I reached this conclusion, I would suggest you reread the September, 1998, issue. At this time, we are more concerned with the details of how best to screen and at what age to start. If you have a family history of prostate cancer I recommend that you begin at age 35. Otherwise, I recommend that you start at 45 years.

If you follow all of the prevention ideas we have discussed, please do not think this means that you will not get prostate cancer and you do not need to be screened. Some of the men in the selenium and vitamin E clinical trials we discussed still developed prostate cancer and died. The prevention measures we recommend reduce but do not eliminate the entire risk of developing prostate cancer. Nothing can substitute for due diligence because we do not know the true causes of this disease.

Reference:

O. Bratt, et al. "Sons of Men with Prostate Cancer: Their Attitudes Regarding Possible Inheritance of Prostate Cancer, Screening, and Genetic Testing." *Urology* 50: 360-365, 1997.

using the digital rectal exam and the PSA will detect many cancers that are small, slow growing and of no threat to the patient. Thus, this argument goes that screening detects cancers that either can not be cured or do not need to be cured!

These twin objections have led many prostate cancer experts to conclude that the side effects of screening, which include anxiety and possible complications from needless surgery and radiation therapy, exceed any possible benefit. If they are right, then the appropriate treatment for newly diagnosed prostate cancer should be watchful waiting.

The only real solution to this controversy is to conduct randomized controlled trials comparing survival of men who are screened with those who are not. A number of trials are currently active in North America and Europe. The first report from one of these trials was published in a recent issue of *Prostate*. The results were quite dramatic and have proved very controversial.

The study in question was conducted in the Canadian Province of Quebec and began in 1988. The report encompassed the results from 1988 through 1996. The study took the 46,193 men registered to vote in Quebec City and its surrounding Metropolitan area and assigned them to be screened or not screened. Those who were assigned to screening were sent a letter offering a PSA test and digital rectal exam. If either of these two were abnormal, transrectal ultrasound and prostate biopsy were performed.

Only about 23% of those offered screening actually underwent screening. On the other hand, about 6% of the men in the control group sought out screening on their own.

The first screening visit detected 244 cancers in 8,137 men (3%), 15 of which were metastatic. The subsequent annual screening visits detected an additional 123 cases, none of which proved to be metastatic. Only five of these patients have died of prostate cancer, four of whom were detected during the initial screening visit! At the first screening visit, 14% of the cancers were detected by digital rectal exam in men with a normal PSA. At all subsequent visits, no cancers were detected by digital rectal exam in the presence of a normal PSA. For this reason, the investigators only recommend digital exams with the first screening visit.

The death rate for prostate cancer among the men who were randomly assigned to screening and showed up for screening was more than 60% lower than that seen in the control group or among the men who were offered screening but did not take part. In the control group 6% of the men sought out screening on their own. Their death rate for prostate cancer was also more than 60% lower than for patients who were not screened. This study showed that men who were screened, regardless of the reason, were much less likely to die of prostate cancer than those who were not screened.

Of the 367 cancers detected during screening, subsequent treatment is

known in 339: 155 patients had a radical prostatectomy, 109 received radiation therapy, and 75 received hormonal therapy alone, largely complete androgen ablation. A majority of the men who had surgery or radiation therapy also received hormonal therapy. Thus, in this study early detection led to early, aggressive treatment.

This report encompasses only the first eight years of the study. Given the long natural history of prostate cancer, it is still too early to assess the full impact of screening. This is only one of the several current trials designed to test the value of prostate cancer screening. The scientific community will await longer follow up on this trial and confirmation by other investigators before concluding that screening saves lives. I suspect that these additional steps will also be required before major organizations such as the American Cancer Society or the National Cancer Institute will recommend screening.

What should you do? I am a medical oncologist and like all medical oncologists, I do not perform either radiation or surgery and do not benefit financially from the use of these treatment modalities. I do believe that early detection and aggressive treatment of prostate cancer is important and saves lives. I read the results of this trial as confirming my good judgment. I think it certain that the results of the Canadian trial will prove to be essentially correct: until proven otherwise I recommend to my patients and their families that they participate in screening for prostate cancer. The major

mistake being made is that some experts in this field grossly underestimate the benefits of aggressive surgery, radiation therapy, and hormonal therapy on the survival of men with early prostate cancer.

References:

F. Labrie, et al. "Screening Decreases Prostate Cancer Death: First Analysis of the 1988 Quebec Prospective Randomized Controlled Trial." *The Prostate* 38: 83-91, 1999.

The next reference is to the clinical trial that shows the most impressive impact of early treatment on survival of prostate cancer patients.

M. Bolla, et al. "Improved survival in patients with locally advanced prostate cancer treated with radiotherapy and goserelin." *New England Journal of Medicine* 337: 295-300, 1997.

Profile of Michael H. Miller

Michael H. Miller was born in Portland, Oregon. He graduated from Central Washington State (now University) in Ellensburg, Washington in 1975 with a Bachelor of Arts degree in education with an emphasis in physical education and psychology. While there he received the "Outstanding College Athlete of America Award" and was an eight-time NAIA All-American. As an age-group swimmer, Michael swam competitively from 1961 to 1970 for the Portland YMCA and the Multnomah Athletic Club.

In 1975 Michael moved to Juneau, Alaska to coach the Glacier Swim Club. "My focus as a coach was to educate the student-athletes to be well-rounded individuals." In ten of the 14 years as coach of the Glacier Swim Club he took a team to the Jr. Nationals. Swimmers from the program have gone on to represent Division I through III schools and NAIA schools. The team boasted an average of 62 percent best times at meets, and an average 83 percent best times at national level competitions.

Michael served in a number of leadership roles representing Alaska Swimming. He was Age Group Chair and Senior Chair for Alaska Swimming, a coach for the 1991 Elite Training Camp (Eagle) at the United States Olympic Training Center in Colorado Springs, Colorado, and recipient of the Phillips '66 Outstanding Service Award in 1995. He serves as National Interscholastic Swim Coaches Association Zone VIII Representative for Alaska since being selected in 1996.

On January 17, 1996, Michael was diagnosed with metastatic prostate cancer and had a 17 to 35 month survival prognosis. He became one of 20 people in the U.S. to participate in the Prostate Cancer Southwest Oncology Group clinical trial administered by the Oregon Health Sciences University. Today, through this experimental treatment, his cancer is in stable position.

Shortly after being diagnosed, Michael began giving talks locally with high school students to share his story and increase awareness about prostate cancer, a disease which, if caught early while still in the localized stage, has a 99-100 percent success rate.

Since his first talk (September 1996) at a Juneau Douglas High School government class, Michael has spoken to over 3,000 students and 630 teachers in Juneau. He got students in Juneau involved in collecting 1,260 signatures for the National Prostate Cancer Coalition signature drive and spearheaded the passage of House Joint Resolution 29, supporting an increase in federal funding for prostate cancer research. To date, Alaska is the only state to pass such a resolution and serves as a model for other states, most notably, California, Washington, Oregon, Oklahoma and Florida. He has spoken with **16,022 people** in Alaska, California, North Dakota, Oregon, Washington State and Wisconsin about the disease, including students, Rotary groups, Chambers of Commerce, businesses and others.

Since 1997, Michael has been the "starter" and speaker for Prostate Cancer runs in Anchorage and Juneau. He recently (August 8-9, 1998) chaired and was a panelist in two panel discussions in the Northwest Prostate Cancer Forum. He was a panelist in the 1997 Oregon Prostate Cancer Conference in Portland, Oregon, and serves as a member of the American Cancer Society Northwest Division Prostate Cancer Task Force which serves Alaska, Oregon and Washington State. Michael was asked to attend the United States Senate Congressional Hearing on Capitol Hill in Washington,

D.C. on September 23-24, 1997, for the American Cancer Society Prostate Cancer Advocacy event during Prostate Cancer Awareness Week.

On September 19, 1998, Michael organized a Candlelight Vigil to promote "The March" in Washington, D.C. where first lady Susan Knowles and Bishop Michael W. Warfel were the featured speakers. On September 23-26, 1998, Michael attended The March Event and helped lobby for additional federal funds for prostate cancer research.

On September 1, 1998, the Food and Drug Administration (FDA) had a review of the experimental drug "Suramin" in conjunction with hexasodium in Bethesda, Maryland. Michael became a **pioneer** by submitting a video along with his one page statement for the Oncologic Drugs Advisory Committee to review. According to JoAnn Minors, FDA Cancer Liaison Program Staff member the FDA had never reviewed a patient's testimony via video. Today, the Food and Drug Administration has implemented a video review process for patients who cannot attend the review meeting in person. Michael is very appreciative and thankful to Dr. Karen M. Templeton-Somers, Center for Drug Evaluation and Research who gave permission to submit his testimony on video.

On September 25, 1998, Michael attended the National Prostate Cancer Coalition (NPCC) national press conference where 550,000 petition signatures were delivered to Senate members on Capitol Hill. At this event, NPCC C.E.O. Jay Hedlund arranged for Michael to be the **first person** to sign a large petition for media purposes.

On December 2, 1998 at the Alaska Health Summit, Michael became the first cancer survivor to receive the **Barbara Berger Award** from the Alaska Health Education Consortium. The award recognizes outstanding dedication and vision in health education and promotion in Alaska. On December 10, 1998, the National Prostate Cancer Coalition and the American Foundation for Urologic Disease named Michael as the recipient of the **Activist Award**, which recognizes the commitment, activism and accomplishment of outstanding advocates who lead the fight against prostate cancer in their community and beyond. Bob Samuels, NPCC Chairman and Beth Kobliner-Shaw were also recipients of the Activist Award. Senators Ted Stevens and Richard Shelby, along with Representative Louis Stokes were also recognized with the Distinguished Leadership Award at the Washington, D.C. gala dinner. Senator Bob Dole and Archbishop Desmond Tutu received the Lifetime Achievement Award.

On May 14-15, 1999, Michael was a guest speaker at the US TOO North Dakota State Prostate Cancer Symposia with Dr. Judd W. Moul, Director of the Center for Prostate Disease Research and Len Dawson, former Kansas City Chiefs Quarterback.

"I want to help educate the public, especially men, that men's health care is vital and that one in five men will be diagnosed. However, it is encouraging that if detected early through non-invasive screenings, men can increase their chances of being classified in the curable status," he said.

Michael also said that through his public outreach efforts, he hopes to encourage men to take the initiative towards good health and help those diagnosed to make good choices for themselves and their families. He hopes to leave a gift to his sons by advocating for increased funding so their chance of prostate cancer is reduced or eliminated. With his own diagnosis of advanced prostate cancer, his sons have up to a ten times higher chance of coming down with the disease.

Michael has been married for 25 years to his lovely wife, Judy. They have three children, Todd, 21, Chris, 19, and Jena, 14.

MICHAEL H. MILLER
SPEAKING ENGAGEMENT

1996 TO 2000 TOTALS

JUNEAU – 6,947 people divided by 43 months = 162 people per month

OTHER ALASKAN CITIES – Anchorage	= 5,116
Beluga	= 30
Eagle River	= 105
Fairbanks	= 300
Kenai	= 301
Ketchikan	= 8
Palmer	= 30
Petersburg	= 255
Prudhoe Bay	= 95
Sitka	= 370
Soldotna	= 853

7,463 people divided by 43 months = 173 people per month

ALASKA – 14,410 people divided by 43 months = 335 people per month

OVERALL

TOTAL - 16,022 people divided by 43 months = 373 people per month



Health, Education, and Social Services
Committee
Alaska State Legislature
House of Representatives

Sponsor Statement HB 416

"An Act relating to insurance coverage for prostate cancer screening."

The House HESS Committee is the Sponsor of HB 416 to provide a forum for a discussion on whether it is appropriate to mandate that insurance companies cover the cost of annual prostate cancer screening at an earlier age than what is now required.

Mike Miller, a four-year survivor of prostate cancer, made the HESS Committee aware of the need for this bill. He has educated himself on the prevention of this deadly disease and has spent a lot of time advocating for earlier screening so others do not have to suffer what he has gone through. He is here and will testify on the bill and answer your questions.

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 416 (L&C)

Revision Date/Time _____	Dept. Affected _____	Administration _____
Title <u>An Act relating to insurance coverage</u>	BRU _____	<u>Centralized Administrative Services</u>
for prostate cancer screening.	Component <u>Retirement and Benefits</u>	_____
Sponsor <u>Health, Education & Social Services</u>	_____	_____
Requester <u>Labor and Commerce</u>	Component No. _____	<u>64</u>

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURE	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (1029 P/E Retire)						
TOTAL

Estimate of any current year (FY2000) cost: _____

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Lowering the qualifying ages for prostate cancer screening will increase state employee health insurance costs by approximately \$20.0 per year. Because employer contributions to the State's health plans are capped, this increase will be borne by state employees.

Prepared by: <u>Guy Bell, Director</u>	Phone <u>465-4471</u>
Division <u>Retirement and Benefits</u>	Date/Time <u>3/6/00 3:19 PM</u>
Approved by Commissioner: <u>Robert Poe, Jr. Alison M. Elgie</u>	Date <u>3/6/00</u>
Agency <u>Department of Administration</u>	

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FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. HB 416

Revision Date/Time (Note if correction) _____ Dept. Affected Community & Economic Development
 Title An Act relating to insurance coverage for prostate BRU Insurance
cancer screening. Component Insurance
 Sponsor H (HEG)
 Requester (F) L&C Component No. 354

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

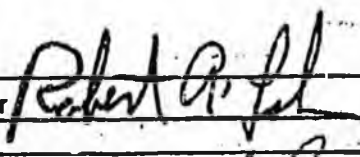
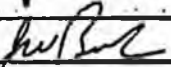
Estimate of any current year (FY2000) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

There is no fiscal impact on this component.

Prepared by: Robert A. Lohr  Phone 269-7900
 Division Insurance Date/Time 3-2-00 3:13 PM
 Approved by Commissioner Deborah B. Sedwick  Date 3-9-00
 Agency Community & Economic Development

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(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: February 16, 2000

FURTHER REFERRALS:

HES

Date of Committee Action: 17 MAR 2000

The LABOR AND COMMERCE Committee considered:

HB 416

HOUSE BILL NO. 416

PROSTATE CANCER SCREENING

"An Act relating to insurance coverage for prostate cancer screening."

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

additional referral to _____ Committee attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____ APPROVES PREVIOUS: (Dept/Date) _____
 fiscal note(s) DOR 3/6/00 fiscal note(s) _____

zero fiscal note(s) DCEP; zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>			<input checked="" type="checkbox"/>	
<i>John Brier</i>	<input checked="" type="checkbox"/>			
<i>[Signature]</i>			<input checked="" type="checkbox"/>	
<i>[Signature]</i>	<input checked="" type="checkbox"/>			
<i>Nan Roteby</i>	<input checked="" type="checkbox"/>			

CHAIR'S SIGNATURE *Nan Roteby*

3-17-2000

HB

427

AN ACT TO REDEFINE "SCHOOL YEAR" FOR THE ALASKA STUDENT LOAN PROGRAM

Currently subsection (5) of Section 160 ("Definitions") of AS 14.43 reads *"school year' means the period from September 1 of one year through August 31 of the following year;"*

Our request is to amend the definition to read: *"school year' means an academic period that is a minimum of 30 weeks of instructional time that begins between September 1 of one year and August 31 of the following year;"*

WHY?

The current definition of "school year" assumes an agricultural society, such as existed when public education in America began in earnest in the 1820's and 1830's. Then the vast majority, perhaps 85 to 90 percent, of Americans lived on family farms. The school year was designed to begin after fall harvest and end before spring planting.

Today hardly more than one percent of our population lives on family farms. That school calendar is obsolete, especially for higher education in urban America.

The U.S. Department of Education defines an academic year as thirty weeks of instruction, and virtually all colleges and universities follow that pattern, either offering two fifteen-week semesters or three ten-week quarters. However most continue to use that "agricultural" calendar, making it difficult to offer a fast-track program for urban individuals who want to get on with their education in a vigorous fashion. Yet, the U.S. Department of Education will offer a full loan to a full-time student who completes successfully a thirty-week academic year, and will offer another loan as soon as that student begins another similar period of full-time study.

Charter College, in Anchorage, has experimented with offering five ten-week quarters in one calendar year or one and two-thirds academic years in one calendar year. That has proven popular because it permits a student, intent upon a serious and vigorous approach to education, to complete a two-year associate degree in just fifteen months. Charter is now in the planning stage of four-year bachelor degree programs, which will permit ambitious and hard-working students to complete their degrees in as little as thirty consecutive months. But unlike students in other programs following the slower and more traditional calendar, they cannot now get four state loans for their degrees, given the current definition of a school year. They deserve the option of taking on the challenge of a fast-track baccalaureate degree. Under that circumstance, the sum total of their loans for their education will be no more than that for their counterparts following traditional calendars. However, the cost of their education will have been reduced because they will have yielded less foregone income during their college years when they were in no position to hold full-time jobs.

There will be no additional cost to the state or to the loan program as a result of this redefinition.

(7)

HOUSE COMMITTEE REPORT

Date Referred to Committee: March 1, 2000

FURTHER REFERRALS:

Finance

Date of Committee Action: 03/16/00

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 427

HOUSE BILL NO. 427

POSTSECONDARY LOAN PROGRAM:SCHOOL YR

"An Act relating to the school year for purposes of the postsecondary student loan program; and providing for an effective date."

recommends it be replaced with the following committee substitute

CSHB 427 (HES)

the same title
 a new title

additional referral to _____ Committee
 attached amendment(s)

ADOPTS: _____ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) _____

APPROVES PREVIOUS: (Dept/Date) _____

fiscal note(s) _____

fiscal note(s) _____

zero fiscal note(s) _____

zero fiscal note(s) _____

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>Jul Ryan</i>		<input checked="" type="checkbox"/>		
<i>John Mitchell</i>		<input checked="" type="checkbox"/>		
<i>[Signature]</i>		<input checked="" type="checkbox"/>		
<i>[Signature]</i>		<input type="checkbox"/>		
<i>Tom Bliss</i>		<input checked="" type="checkbox"/>		

CHAIR'S SIGNATURE *Jul Ryan* 3/16/00