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Danger for fetus in 1 binge Brain growth spurt called riskiest time

By PAUL RECER
The Associated Press

WASHINGTON - A single drinking binge by a pregnant woman can be enough to permanently damage the brain of her unborn child, according to a study of the effects of alcohol on babies.

Though experiments in the study were conducted on laboratory rats, experts said the findings explain why children born to drinking mothers can suffer learning disabilities and other brain disorders.

The study indicates that rats, and presumably humans, are most susceptible to alcohol-related neurological damage when developing brain cells are furiously building the connections needed for memory, learning and thought. In humans, this brain growth spurt starts in the sixth month of gestation and continues for two years after birth. In rats, it comes in the two weeks after birth.

"We call this a brain growth spurt period," said John Olney, a Washington University School of Medicine researcher and senior author of the study, appearing today in the journal *Science*.

During this spurt, Olney said, a single prolonged contact with alcohol - lasting for four hours or more - is enough to kill vast numbers of brain cells.

"There is a massive wave of cell suicide after the brain is exposed" to alcohol, he said. "The cells die by the millions and millions."

During the spurt, called synaptogenesis, brain cells must receive a balanced signal from two types of neurotransmitter chemicals, glutamate and GABA, he said. If the signal is disrupted, the developing brain cells are programmed to commit suicide. This is the body's way of eliminating surplus cells.

But based on the rat studies, alcohol severely disrupts the glutamate-GABA signals, and that causes nerve cell suicide at about 15 times the normal rate, he said.

Neuron cells that normally die during brain development are about

1.5 percent of the total, but in rat pups exposed to alcohol just days after birth, Olney said, the dead neurons ranged from 5 percent to 30 percent of the total.

"Our study showed that it only requires one round of intoxication of about four hours for this to occur," he said.

The "binge" used in the study gave the rats a blood alcohol level of .20 - 200 milligrams of alcohol per deciliter of blood. Such a level in people is twice the legal standard of drunkenness in many states.

David Lovinger of the Vanderbilt University School of Medicine said in *Science* that the study carries a powerful message: Drinking in late pregnancy "is really unsafe for the brain."

A 1996 study by the Institute of Medicine showed that about 20 percent of women who drink do not stop during pregnancy. About one in every 1,000 babies born in the United States suffers from fetal alcohol syndrome, a disorder caused by exposure to alcohol in the womb. The disorder can cause stunted growth, along with memory and learning problems.

Olney said pregnant women need not be anxious about past, moderate alcohol drinking.

"One glass of wine at dinner is unlikely to cause the damage, but we cannot say that any added intake would be safe," he said. "The most prudent policy would be to have no alcohol during pregnancy."

The connection between brain cell death and disruption of the glutamate-GABA signals also prompts concern about common drugs used on children, Olney said.

Most anesthesia in pediatric surgery, he said, disrupts either glutamate or GABA in the brain. That means surgery using those drugs might increase the risk of brain damage for children under 2.

"It will be important to carefully re-evaluate how these drugs are used in pediatric medicine," Olney said. He suggested the need for studies to establish safety guidelines for use of those drugs on young children.

University of Colorado Health Sciences researcher Boris Tabakoff agrees on the need to evaluate anesthesia used in young children.

"If this study is correct," Tabakoff said in *Science*, "one might need to reassess their safety in (infants) while the brain is still developing."

quoteOne glass of wine at dinner is unlikely to cause the damage, but we cannot say that any added intake would be safe. The most prudent policy would be to have no alcohol during pregnancy.

- John Olney, senior author of the study

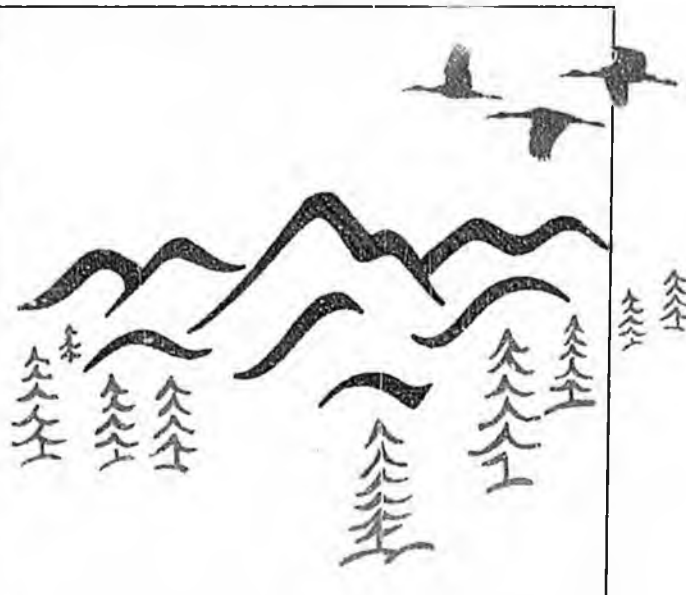
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Fetal Alcohol Syndrome

Alaska's #1
*Preventable
Birth Defect*



1999 Status Update

Alaska's response to Fetal Alcohol Syndrome

Alaska Department of Health and Social Services

P.O. Box 110601

Juneau, AK 99811-0601

Karen Perdue, Commissioner

L. Diane Worley, Statewide FAS Coordinator



'When spider webs unite, they can tie up a lion.'

~African proverb

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Gov. Tony Knowles proclaimed Sept. 9, 1999, as Fetal Alcohol Syndrome Awareness Day in Alaska:

"To promote awareness of the effects of prenatal exposure to alcohol, to increase compassion for those individuals so affected, to minimize further effects and to ensure healthier communities across Alaska."

Statewide FAS Coordinator
L. Diane Worley
800-478-2072; 907-465-3033

What is Fetal Alcohol Syndrome?

Fetal Alcohol Syndrome (FAS) and other alcohol-related birth defects refer to a group of physical and mental birth defects resulting from a woman's drinking alcohol during pregnancy.

"FAS is a permanent birth defect syndrome caused by maternal consumption of alcohol during pregnancy. The definition of the fetal alcohol syndrome has changed little since the 1970s when the condition was first described and refined. The condition has been broadly characterized by pre-and /or postnatal growth deficiency, a characteristic set of minor facial anomalies, and evidence of prenatal alteration in brain function such as microcephaly from birth, neurologic problems without postnatal antecedents, or complex patterns of functional disability."

***Dr. Sterling Clarren and Dr. Susan Astley
University of Washington FAS Diagnostic and Prevention Network***

Drinking during pregnancy causes not only FAS, but a wide range of harmful effects to children. These effects can range from a characteristic pattern of physical features and mental impairment to more subtle cognitive and behavioral dysfunction. Other terms often used to define

individuals with prenatal exposure to alcohol that do not meet the medical diagnosis of FAS include fetal alcohol effects (FAE), static encephalopathy, alcohol-related neurodevelopmental disorders (ARND), alcohol-related birth defects (ARBD), and fetal alcohol-related conditions (FARC). While it is often assumed that FAE and these other alcohol-related conditions are less severe than FAS, this is not always the case. The neurological abnormalities, delays in development, intellectual impairments and learning/behavior disabilities that accompany FAE are similar, and sometimes more severe, than with FAS.



Rachel, age 9 and diagnosed with FAS, proudly displays the snails she collected from the stream at Chena Hot Springs Resort during the annual FAS/FAE Family Summer Camp.

Alcohol-related birth defects can occur only when a woman consumes alcohol during pregnancy. It is 100% preventable. Since there is no known safe amount of alcohol consumption during pregnancy, the American Academy of Pediatrics recommends abstinence from alcohol for women who are pregnant or who are planning pregnancy.

Alaska's FAS Agenda

Alaska has the highest documented rate of fetal alcohol syndrome in the nation. Because prenatal exposure to alcohol affects a wide range of social, educational and health services across the state, and because the estimated life-time cost for services to an individual with FAS is \$1.4 million, the state of Alaska is committed to a statewide agenda focused on FAS prevention, intervention and support.

FAS and other alcohol-related birth defects cause permanent, life-long disabilities that require a range of services and supports for the individual and their families.

Research shows that early screening, diagnosis and individualized services reduce the likelihood that affected individuals will develop secondary disabilities associated with FAS and FAE, including mental health problems, problems with employment, school difficulty, involvement with the criminal justice system/incarceration, substance abuse problems and inappropriate sexual behavior.

Because FAS is preventable, one of our top priorities must be primary and secondary prevention programming. Increased efforts to improve service delivery and support to women at-risk for giving birth to an alcohol-affected child are essential to reducing and eventually eliminating this devastating birth defect.

In an effort to address these issues, the state of Alaska has developed a comprehensive, multidisciplinary approach to FAS prevention and intervention with projects, state initiatives and community partnerships across the state.



Scottie and Will, both age 7 and both diagnosed with FAS, enjoy a swim at the FAS/FAE Family Summer Camp in August.

Because FAS is preventable, one of our top priorities must be primary and secondary prevention.

How can we develop an appropriate approach to preventing and treating FAS if we don't know the full extent of the problem?

The Alaska FAS Surveillance Project

The Alaska Fetal Alcohol Syndrome Surveillance Project (AFASSP) is a collaborative effort between the state's Section of Maternal, Child and Family Health and the federal Centers for Disease Control and Prevention (CDC). Through this collaborative effort, Alaska is one of five sites in the United States participating in a 5-year population-based FAS surveillance project funded by the CDC. The other sites are Colorado, Arizona, Wisconsin and New York.

Together, the five sites and the CDC have formed the National FAS Surveillance Network (FASSNet). It is the network's goal to:

- ◆ Determine the number of children with FAS in each state
- ◆ Improve documentation in medical records to increase the potential of finding cases
- ◆ Evaluate the system used to collect the data
- ◆ Provide information to health care providers
- ◆ Serve as a clearinghouse for scientific data related to FAS

In order to address a situation, you need to know what you are dealing with. Currently, we do not have adequate and timely data regarding the rate of FAS births in our state. How can we develop an appropriate approach to preventing and treating FAS if we don't know the full extent of the problem?

Obtaining specific data on FAS is a complex process with many challenges that must be addressed. For example, at this time:

- ◆ The method of diagnosing the syndrome is not standardized
- ◆ The diagnosis code (ICD-9) for reporting the syndrome is not specific to FAS
- ◆ Characteristics associated with the syndrome vary from child to child
- ◆ Characteristics of the syndrome may change as the child gets older
- ◆ Documentation in the medical record may be incomplete
- ◆ Availability of medical providers to evaluate and report children is limited
- ◆ Reviewing records statewide requires many resources (travel, personnel, etc.)

The state FAS Surveillance Project has just entered its third year of a five-year project. A summary of preliminary data is included in this publication.

Alaska Birth Defects Registry

Because birth defects are the leading causes of infant mortality and morbidity in the United States, the *Alaska Birth Defects Registry* (ABDR) was created in 1996 as a tool for tracking and analyzing data to assist in making improvements in our state's public health programs. The registry is a passive surveillance system. Hospitals, physicians, early intervention programs, pediatric clinics and other health care providers serving children from birth through age six are required to report contacts involving the diagnosis of a congenital anomaly.

The specific purposes of the Alaska Birth Defects Registry are to:

- ◆ Perform epidemiological surveillance-monitoring to learn more about the occurrence of birth defects in Alaska
- ◆ Prevent secondary disabilities by making recommendations concerning special services needed in local communities
- ◆ Provide an accurate, unduplicated count of children with birth defects to other programs and agencies
- ◆ Provide statistics to other researchers studying the causes/risks of birth defects
- ◆ Identify potential areas of unmet need

To be included in the registry, a child must have been born to a woman who was a resident of Alaska at the time of the child's birth, and be diagnosed as having one of the eligible conditions. Guidelines for reporting are available in the booklet, "Conditions Reportable to Public Health," available through the Division of Public Health.

Currently, 22 out of 24 Alaska hospitals are reporting, representing approximately 92% of 1997 births. In addition, there are seven physician/health clinics reporting, which represents approximately 65 physicians statewide. All information collected is kept confidential. Employees involved in the registry are subject to Alaska Administrative Code 27.890: "Confidentiality of Required Reports and Medical Records." Identity of individuals is not used in any report or publication. The *Alaska Birth Defects Registry* is a program of the Section of Maternal, Child and Family Health within the Division of Public Health.

"FAS is a reportable condition in Alaska. Reportable birth defects associated with maternal alcohol consumption or other noxious substances include: Fetal Alcohol Syndrome, Alcohol-related Neurological Deficits, Fetal Alcohol Effects, Possible/Suspected Fetal Alcohol Effects, microcephaly, and any other conditions which may have been caused by alcohol or drug use during pregnancy. This means that hospitals, physicians, surgeons, and other health care facilities or practitioners diagnosing or providing treatment to a patient less than six years old affected by maternal consumption of alcohol or other noxious substances are legally required to report information about the patient to the Alaska Department of Public Health."

7 Alaska Administrative Code (AAC) 27.012

'Once an individual is diagnosed with FAS/FAE, family members and social services workers can customize developmental approaches and goals to ensure that the individual reaches his or her personal potential. Diagnosis provides visibility, and visibility prompts solutions.'

Dr. Ann Streissguth
University of Washington
Fetal Alcohol & Drug Unit



Ardyce Turner is one of six team members from the Yukon Kuskokwim Fetal Alcohol Syndrome Multidisciplinary Community Team. Ardyce and 17 other Alaskans traveled to Seattle to attend a 3-day training at the University of Washington FAS Diagnostic and Prevention Network. Ardyce is the FAS Coordinator for the Yukon Kuskokwim Health Corporation in Bethel.

Multidisciplinary Community Team Network

In a 1996 study, Dr. Ann Streissguth, University of Washington Fetal Alcohol and Drug Unit, found that being diagnosed with an alcohol-related birth defect before the age of six years was a key 'protective factor' helping to minimize secondary disabilities and improving long-term outcomes. One of Alaska's major challenges has been to improve and increase the state's capacity to identify, screen and diagnose fetal alcohol syndrome and other alcohol-related birth defects. The lack of diagnostic services has also hampered our ability to improve service delivery for affected individuals and their families.

Working toward the goal of increasing our state's FAS diagnostic capacity, the state has developed a *Network* of statewide *FAS Multidisciplinary Community Teams*. With funding provided by the Alaska Mental Health Trust Authority, community teams are being developed and selected for training in identification, screening, diagnosis and service planning at the University of Washington's FAS Diagnostic and Prevention Network. Selection to receive this training is through a competitive statewide RFP process. Selected communities must indicate a clear understanding of the problem in their community, readiness to begin screening and diagnosis of FAS/FAE, and a true collaborative/multidisciplinary approach to addressing the problem in their community.

The *Network* currently consists of three teams that received training last May. Those teams represent the Bristol Bay Area (Dillingham); the Copper Valley Region (Glennallen/Copper Center); and the Yukon Kuskokwim Area (Bethel). Since returning from the training, each team has developed a "model" that best meets the needs of their individual community. Each model includes a process for both identification/diagnosis and the development of an individualized service plan for the affected individual and their family. Developing a service plan based on the availability of local resources is key to the success of this project. Each model also includes a strong parent advocacy component, utilizing a parent navigator/parent advocate model, like that developed through the Stone Soup Group in Anchorage. Ongoing support, coordination and consultation for the network of teams is provided through quarterly teleconferences, annual in-service training and an internal network for consultation and support.

Three additional teams will be selected for training in February of 2000, with a final 3 teams selected and trained in 2001. Information on how to contact a team for a diagnostic referral is listed in the FAS Diagnostic Resources section of this booklet.

Surveillance project releases preliminary data

The number of children born with fetal alcohol syndrome and other alcohol-related birth defects, in Alaska and nationwide, remains somewhat a mystery. Most of the available data is based on estimates, limited data pools, and inconsistent diagnostic and surveillance criteria.

In Alaska, there is considerable interest in knowing the number of children with FAS and FAE and the characteristics associated with these conditions. National FAS prevalence rates range from 0.1 to 0.7 per 1,000 live births (CDC, 1995). In Alaska, a previous study found FAS prevalence among children age 0-17 years to range from 0.5 to 0.8 per 1,000 births (Egland, et al, 1998).

Preliminary data from the Alaska FAS Surveillance Project suggests an estimated FAS Prevalence rate of 1.0 – 1.4 cases per 1,000 live births for children age 0-3 years. *This estimate is based on reviews of children born between 1995-1997, and include those with a confirmed or probable case of fetal alcohol syndrome according to the FAS surveillance case definition. It does not include other fetal alcohol-related conditions.*

How FAS Surveillance Works in Alaska

The FAS Surveillance Project works hand-in-hand with the Alaska Birth Defects Registry. Once a potential case has been reported to the registry, the registry coordinator notifies the FAS Surveillance Project and provides the necessary information for identification. Potential cases include any children that have been reported with the ICD-9 diagnosis code "760.71." This code refers to any alcohol-related conditions including FAS, ARND, FAE, etc. The surveillance coordinator is responsible for reviewing and collecting information from each identified medical record to determine if they meet the case definition.

Limitations and Biases of the FAS Surveillance Project

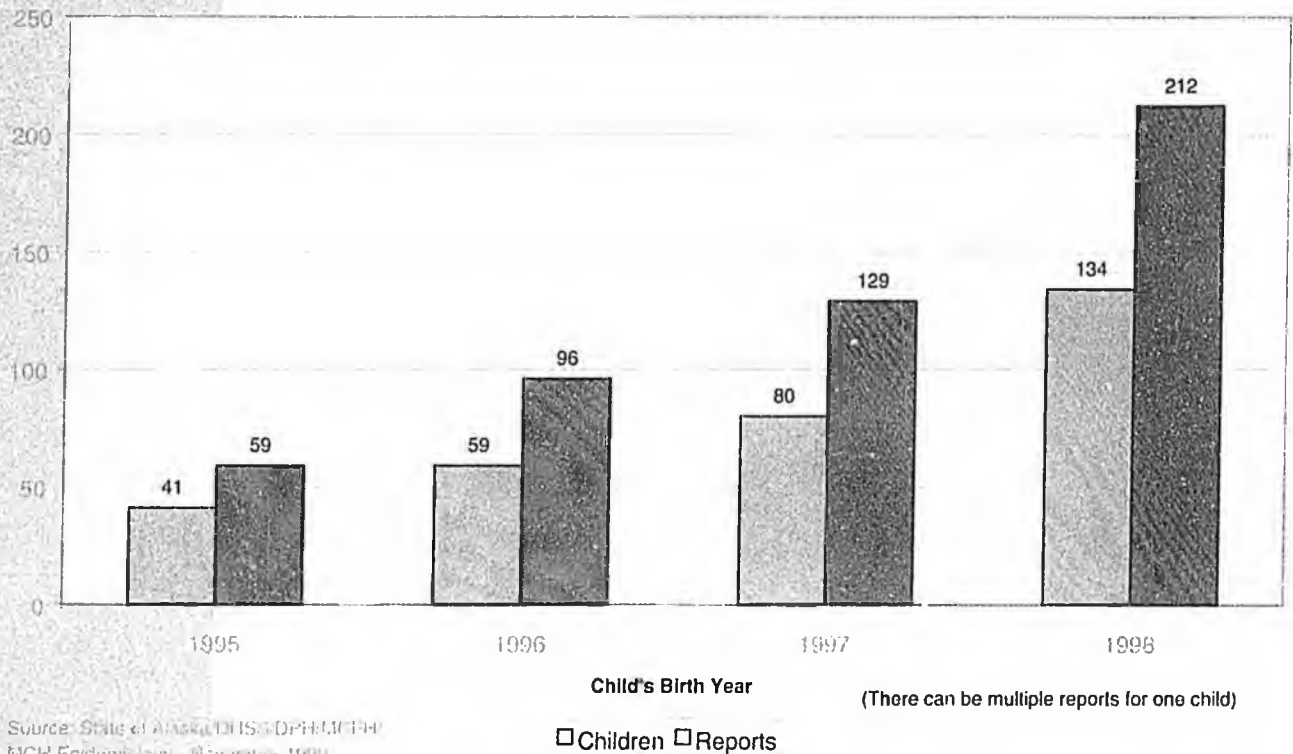
Potential cases are referred from those that have been reported to the Alaska Birth Defects Registry with the ICD-9 diagnosis codes 760.71. The definition of the 760.71 code is "Fetus or newborn affected by alcohol" and it is used to describe fetal alcohol syndrome, fetal alcohol effects, alcohol-related birth defects, and any other alcohol-related conditions. After reviewing records of children reported with this code, it is apparent this code is also used to report drinking during pregnancy, even when there is no documented effect to the child.

FAS Surveillance Case Definition

The diagnosis of FAS is subjective, with a wide range of physical and functional features. *No standard definition of FAS exists.* This makes it very difficult to compare numbers between different regions across the State and even medical facilities within the same community. Surveillance case definitions are used to standardize information. Currently the Alaska surveillance project is using a case definition developed by a multi-state surveillance network so that Alaska's numbers can be compared to other states.

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**Figure 1:
Reports of Alcohol-Related Conditions or Maternal Alcohol Use
to the Alaska Birth Defects Registry**



For this reason, it cannot be assumed that every child reported with 760.71 has an alcohol-related birth defect. However, the code may be used to identify children who *potentially* have alcohol-related conditions.

There are limitations inherent in the methods used to identify cases. These include not receiving reports from all medical facilities/providers statewide, and having differences in the way providers across the state evaluate and report cases. The limitations are addressed in part because there is the potential for multiple facilities/providers to report the same child.

Preliminary Information Gathered

As shown in Figure 1, the reports of alcohol-related conditions and maternal alcohol use increased steadily between 1995 and 1998. This may indicate:

- ◆ An increase in the awareness of medical providers to note alcohol-related conditions or exposure in the medical record
- ◆ An increase in the awareness of medical facilities and providers to report to the Birth Defects Registry

Of children born between 1995-97, 180 with alcohol-related conditions or exposure were reported to the Alaska Birth Defects Registry as of September 1999

(see Table 1). Of these, 133 medical records were reviewed, representing 96 children (multiple records at different facilities were reviewed on several children in order to get a more complete picture). Of the children whose charts were reviewed, 21 (22%) met the FASSNet Surveillance Case Definition for Confirmed or Probable FAS.

Because only 53% of the 1995-1997 births reported with maternal alcohol exposure have been reviewed to date, FAS prevalence among children in this age group cannot be directly calculated. However, FAS prevalence can be estimated if the

assumption is made that cases abstracted to date are representative of all cases reported with alcohol-related conditions or maternal alcohol use. Using the percentages associated with the Confirmed, Probable and Combined values shown in Table 1, an estimated number of cases per birth year was calculated (see Table 2).

The estimated number of confirmed FAS cases and number of total estimated cases was applied to the actual number of Alaska live births, giving an estimated FAS prevalence rate of 1.0 - 1.4 per 1,000 births. *It is important to note here that this is an estimate made using small and possibly unstable numbers. These are preliminary rates; however they are consistent with previously published rates and more reliable rates will be calculated once reporting to the Alaska Birth Defects Registry is complete, and all medical records have been reviewed.*

Data from the records reviewed also provided information about

Table 1: Potential FAS Cases, Charts Abstracted, and Case Status as of September 1999

Child's Birth Year	Reported w/Alcohol-Related Condition or Exposure	# Children Whose Charts Were Reviewed	Abstracted				Confirmed & Probable % of Abstracted Records
			Confirmed FAS Case ¹		Probable FAS Case ²		
			# Children	% of Total	# Children	% of Total	
1995	41	18	4	22%	2	11%	33%
1996	59	35	6	17%	1	3%	20%
1997	80	43	6	14%	2	5%	19%
Total	180	98	16	17%	5	5%	22%

¹Confirmed FAS Case = Met all four of the categories defined by FASSNet Surveillance Case Definition.

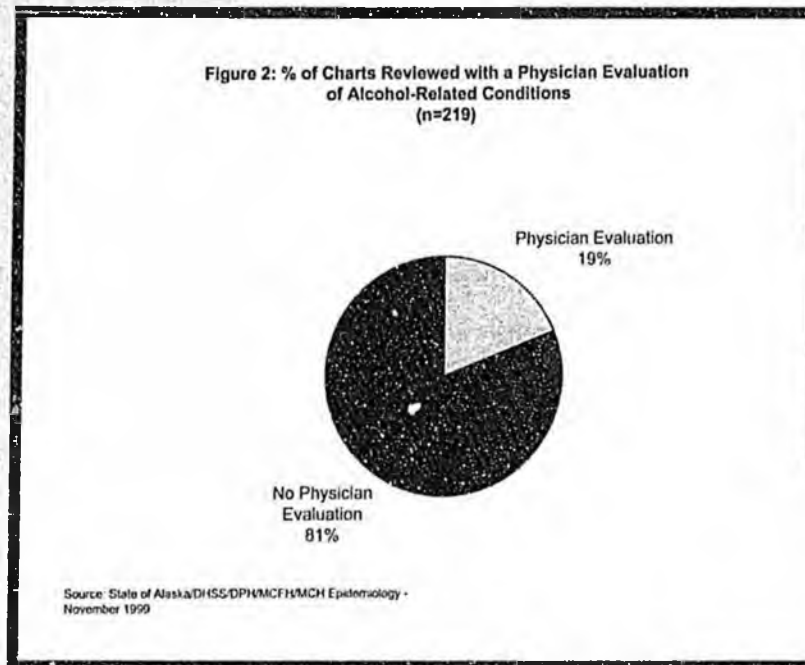
²Probable FAS Case = Met facial feature and alcohol criteria defined by FASSNet Surveillance Case Definition and at least 1 of the other 2 categories (CNS anomaly or growth delay)

Source: State of Alaska/DHSS/DPH/MCFH/MCH Epidemiology - November 1999

Table 2: Estimated Prevalence of FAS Among Alaskan Children, Age 0-3, Based on Extrapolating Information from Abstracted Records

Birth Year	Estimated # of Confirmed FAS Cases	Estimated # of Probable FAS Cases	Total # Estimated Cases	Alaska Live Births	Estimated Prevalence Rate per 1,000 Births
1995	9	5	14	-	-
1996	10	2	12	-	-
1997	11	4	15	-	-
Total	30	11	41	30,219	1.0 - 1.4

Source: State of Alaska/DHSS/DPH/MCFH/MCH Epidemiology - November 1999



documented alcohol use during pregnancy and physician diagnosis of alcohol-related conditions. Ninety-seven percent (97%) of the children had records documenting maternal alcohol use, and 29% showed alcohol use during at least 2 trimesters of the pregnancy. Only 19% of the records reviewed had a physician evaluation of alcohol-related conditions (see Figure 2). This was lower than expected, but is consistent with the knowledge that medical diagnosis

of FAS and other fetal alcohol-related conditions is not readily available in Alaska.

Future Goals of the FAS Surveillance Project

Over the remaining 3-1/2 years of this project, all records that have been reported to the Alaska Birth Defects Registry (for children born in 1995 forward with alcohol-related conditions or maternal alcohol use) will be reviewed. Once a larger sample of these records has been reviewed, information will be available, including:

- ◆ How Alaska FAS prevalence rates compare to other states
- ◆ How the FAS prevalence varies by race and maternal age
- ◆ How the FAS prevalence varies between geographic regions in Alaska
- ◆ Who the children with FAS are living with
- ◆ How many mothers of children with FAS used other drugs and/or smoked during pregnancy
- ◆ What types of services are children with FAS referred to

For further information about the Alaska FAS Surveillance Project contact Danise Podvin, FAS Surveillance Coordinator at 907-269-3406. For information about the Alaska Birth Defects Registry contact Lisa Durham, Birth Defects Registry Coordinator at 907-269-3443.

Fetal Alcohol Consultation and Training Services (FACTS)

Alcohol-related birth defects have a major impact on an individual's ability to learn and to control their behavior. Students with FAS or FAE are impulsive, hyperactive, and over stimulated. They have difficulty with abstract concepts, memory, cause and effect, and social skills.

All of these deficits lead to difficulty in school—difficulty in learning, socializing and controlling daily behavior. Yet, many individuals with FAS or FAE have normal intelligence, they are exceptionally verbal, and eager to please so their resulting behavior *appears* to be deliberate, non-compliant, and out-of-control.

Fetal alcohol syndrome is a medical diagnosis. Other alcohol-related birth defects [FAE, ARBD and ARND] are not official diagnoses. FAS is not identified specifically as a developmental disability, is not a specific mental health category or a behavioral disorder. For these reasons, it is often difficult for schools to identify and provide appropriate services for children and youth with FAS or FAE. These individuals often fall through the cracks, leaving teachers, administrators, families and affected individuals frustrated and without adequate support.

The *Fetal Alcohol Consultation and Training Services (FACTS)* project was developed to address this need. The goal of *FACTS* is to provide statewide assistance through training, technical assistance and support to schools, individuals, families and communities working with children and youth affected by FAS and other alcohol-related birth defects.

The question being addressed is “what is needed to improve and maximize the educational potential of children and youth impacted by birth defects related to prenatal exposure to alcohol?”

Services include consultation, education and training for developing effective methods and strategies to teach and maximize learning in children prenatally exposed to alcohol. Services are available to public schools, private schools, preschools and parents who home-school their children. In addition, services are available to other community agencies and individuals who work directly with affected children in settings outside, but in collaboration with, the school arena. This includes programs such as Infant Learning, mental health counselors, child protective services, respite care and others.

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Sixty-eight percent of the children served through the Division of Family and Youth Services' subsidized adoption and guardianship program are affected by FAS or prenatal drug or alcohol exposure.

*Division of Family
and Youth Services*

Efforts to reduce alcohol consumption among teenagers and young women may benefit from concerted programs focusing on family planning and the prevention of polydrug use and sexually transmitted diseases.

CDC Study on Binge Drinking in Women

The long-term goal of the *FACTS* project is to build community capacity to support children with FAS and other alcohol-related birth defects both in the schools and in their communities.

FACTS is a program of the University of Alaska Fairbanks, Northern Studies Department. During fiscal year 2000 the project will target six communities for intensive on-site consultation, training and support. These communities are Bethel, Barrow, Fairbanks, Glennallen/Copper Center, Dillingham and Ketchikan. In addition, statewide services will be available in the form of training, resource materials, phone consultation, a web site and a computer listserver for ongoing discussions about educating children with prenatal exposure to alcohol.

Motivational Interviewing/ Services for High-Risk Women

The Fetal Alcohol Syndrome Motivational Interviewing Project was developed to help special populations at risk of having children with fetal alcohol syndrome. Through the Section of Maternal, Child and Family Health within the Division of Public Health and in cooperation with the Department of Corrections, this project focuses on the "high turn-around" population of women who enter and exit the Hiland Mountain Correctional Facility in Anchorage.

The goal of the project is to intervene with female offenders who are released from Hiland Mountain Correctional Facility into the community offering family planning services and referral to other appropriate services such as substance abuse treatment. The project is being carried out as a pilot project in Anchorage with the intent of expanding the project in the future.

Women in prison have been identified as a population at risk for producing children with fetal alcohol syndrome. The *Assessment of the Needs of Women Offenders in Custody of the Alaska Department of Corrections, Final Report, March 31, 1998*, indicates that 66% of women offenders who responded to their survey were under the influence of drugs or alcohol at the time they committed their offense. Aggregate information available in the report reflects that 45% of the respondents felt that their female health needs were not being met. It is unknown whether they would have sought medical care for these conditions if not incarcerated; however, these figures point to a population potentially in need of health and substance abuse treatment services.

The Motivational Interviewing Project will fund a health care provider to be the site of family planning and other supportive services. It is anticipated that the provider will offer the needed health care services, focusing on family planning methods. Additionally, a case manager within this health care setting will provide ongoing assistance to the women, including referral to substance abuse treatment services through a motivational interviewing process.

The Motivational Interviewing process is an approach designed to help people build commitment and reach a decision to change. It draws on strategies from client-centered counseling, cognitive therapy, systems theory and the social psychology of persuasion. From a theoretical perspective, motivational interviewing lies in two areas: it draws heavily on the construct of ambivalence and the conflict between indulgence and restraint (Miller & Rollnick, 1991). This approach will be piloted through this project on a variety of issues that are pertinent to the intended population. It is anticipated that motivational interviewing will contribute to an increase in enrollment in substance abuse treatment services when appropriate. The project is currently in the contract solicitation process. Project start-up is expected in early January 2000.

Consumer Boards Respond to FAS Agenda

In Alaska's planning and advocacy system, responsibility for children and youth with neurological disorders are shared by the Governor's Council on Disabilities and Special Education, the Advisory Board on Alcoholism and Drug Abuse and the Alaska Mental Health Board. All three consumer boards have taken an active role in developing a long-term, comprehensive FAS agenda for the state of Alaska.

Governor's Council on Disabilities and Special Education

The mission of the Governor's Council on Disabilities and Special Education is to create change that improves the lives of Alaskans with disabilities. This year the Council is focused on a number of major initiatives in planning, evaluating and promoting services that will benefit people with FAS/FAE.

The council is working to streamline the Developmental Disability Home and Community-Based Services Waiver. This will make it easier to use the system and to assist individuals and families in being better consumers of services funded through the DD waivers.

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Brandon, age 12 and diagnosed with FAE, loves baseball. This year Brandon and his team, the Ketchikan All Stars, won the Alaska State Championship in Sitka and went on to San Bernadino, Calif., for the Western Regional tournament. While he is the tiniest kid on the team he is often referred to as "the kid with the biggest heart."

Screening & treatment services for women
Between FY 98 and FY 2000, Alaska increased funding of treatment services for women by 40 percent -- from \$1.3 million to \$2.2 million.

Both residential and outpatient treatment services specifically for women and their children are now available in Anchorage, Fairbanks, Mat-Su, Dillingham, Sitka and Juneau. During FY 99, nearly 3,000 women received such services.

On-site substance abuse screening services are available for high-risk women through state child protection and public assistance offices in Anchorage, Fairbanks and Mat-Su. This increases timely and appropriate referrals.

In early development and education, the council is incorporating the concepts of the Individual Family Service Plan used to provide Infant Learning Program services into the Individual Education Plan in school-based special education. Expanding statewide Fetal Alcohol Consultation and Training Services that collaborate with school districts, school personnel, parents, and community resources to deliver appropriate education of students with FAS/FAE is also a top priority.

The council is attempting to increase employment opportunities for individuals with disabilities through economic development and small business ownership. With resources provided by a five-year federal grant, the council is designing a system of Alaska-specific employment incentives for people with disabilities to get and keep jobs.

Advisory Board on Alcoholism and Drug Abuse

As part of its overall mission to combat alcohol abuse, the Advisory Board on Alcoholism and Drug Abuse is committed to the elimination of FAS/FAE births in Alaska. The board:

- ◆ Advocates for funding that provides education, early intervention and treatment to pregnant women and those of child-bearing age who abuse alcohol.
- ◆ Advocates for expanding transitional housing capacity for women and women with children who have completed substance abuse treatment and are working toward successful transition back to their communities.
- ◆ Collaborates in the sponsorship of FAS/FAE forums and summits.

In addition, the board included numerous references to FAS initiatives in "Results Within Our Reach", the State Plan for Alcohol and Drug Abuse Services, 1999-2003. Each of the 18 strategies offer practical support for reducing fetal alcohol syndrome and other alcohol-related birth defects.

Alaska Mental Health Board

In an effort to focus on the needs of individuals with FAS or FAE, the Alaska Mental Health Board (AMHB) has become involved in several collaborative projects. These coordinated approaches will help ensure that children and youth with FAS/FAE receive appropriate early diagnosis, support and treatment.

The *Transition Services Task Force* is a subcommittee of the AMHB Children's Workgroup. The workgroup has selected three priorities for

action—out-of-state placements, transition services for children entering the adult mental health system and integration and collaboration within the department. The goal for this group is to develop an effective system that brings together the youth, their family, friends, natural supports, service providers and the legal system to actively support the youth in meeting developmental challenges, achieving personal goals and establish supportive relationships.

The *Mental Health Stabilization Homes* are a collaborative effort by several DHSS agencies to provide a five-bed, short term residential facility that will serve children with mental health issues, who are in state custody. This service will allow families, communities and providers time to prepare a child's permanent placement in a therapeutic environment that is less restrictive than hospitalization or an institute.

The *Young Child Behavioral Health Initiative* has three components aimed at addressing prevention and early intervention. Those components are: training and support for providers of services to families of young children; parenting resources and support; and coordination of and access to systems that impact young children and their families.

What's next?

Alaska in line for \$5.8 million federal FAS grant

Thanks to the support and efforts of Sen. Ted Stevens, Alaska is in line to receive \$5.8 million in federal funds to increase state efforts to prevent and treat fetal alcohol syndrome and other alcohol-related birth defects.

Increased funding will provide Alaska with the opportunity to develop a more coherent, integrated and comprehensive state agenda on fetal alcohol syndrome. Strategies to strengthen Alaska's response to FAS include:

- ◆ Create a comprehensive, community-based approach to preventing fetal alcohol-related birth defects.
- ◆ Establish statewide data collection, analysis and research related to substance abuse and pregnancy so we can better measure improvements in our prevention and service efforts.
- ◆ Establish a statewide system to identify, screen and diagnose individuals affected by prenatal exposure to alcohol.
- ◆ Prevent FAS by increasing our state's existing system of care for substance-abusing women at risk of pregnancy.
- ◆ Increase services to meet the needs of individuals impacted by prenatal exposure to alcohol.

**Governor's Council on
Disabilities & Special
Education**
269-8990

~
**Advisory Board on
Alcoholism & Drug
Abuse**
465-8920

~
**Alaska Mental Health
Board**
465-3071

Fetal Alcohol Syndrome: Alaska's most preventable birth defect

FAS/FAE Resources in Alaska

FAS Diagnoses

Alaska Genetics & Birth Defects Clinics
1-800-799-7570 (statewide)
907/269-3430 (Anchorage)

Alaska Native Medical Center—Pediatrics
907/729-1000 (Anchorage)

Alaska Neurodevelopmental Clinics
1-800-799-7570 (statewide)
907/269-3460 (Anchorage)

Bristol Bay Area FAS Community Team
Joy Crow at 907/842-4139 or
1-800-478-4139 ex. 356

Copper Valley Region FAS Community Team
Gay Wellman at 907/822-5241

Providence Pediatric Neurodevelopmental Clinic
907/562-9212

Yukon Kuskokwim FAS Community Team
Dr. Eric Noble at 907/543-6300

University of Washington
FAS Diagnostic & Prevention Network
206/526-2000

FAS/FAE Parent Support

Alaska Foster Parent Training Center
1-800-478-7307

Anchorage Parent Education Group (PEG) for Families of Children with FAS/FAE
907/694-6644 or 907/345-4808

Bethel FAS Parent Support Group
907/543-6486

Fairbanks FAS/FAE Parent Support Group
907/479-6584

Fetal Alcohol Consultation and Training Services (FACTS)
1-877-393-2287 (statewide)

PARENTS, Inc.
1-800-478-7678 (statewide)
907/337-7678 (Anchorage)

Parents Resource Network
1-877-786-7327 (statewide)
907/344-1997 (Anchorage)

Stone Soup Group
907/561-3701



Fetal Alcohol Syndrome

Alaska's #1 Preventable Birth Defect

Visit us online at www.hss.state.ak.us/fas



This document was published by the Alaska Department of Health and Social Services at a cost of \$1.18 per copy. It was produced to provide information on Fetal Alcohol Syndrome and an update on the status of Alaska's response to FAS. This document was printed in Juneau, Alaska.

SJR

7



OFFICIAL BUSINESS

Alaska State Legislature Senate

Office of the Secretary

FOR YOUR IMMEDIATE ATTENTION

STATE CAPITOL, ROOM 213
JUNEAU, ALASKA 99801-1182
(907) 465-3701
FAX: 465-2832
EMAIL: sonate_secretary@Legis.state.ak.us

DATE: March 13, 1999

TO: Health, Education and Social Services Committee
(Senator Miller, Room 119)

FROM: Office of the Senate Secretary

A Sponsor Substitute has been introduced on the following bill/resolution pending in your Committee:

RETRIEVE

SENATE JOINT RESOLUTION NO. 7

Relating to prohibiting federal claims against funds obtained by settlement of tobacco litigation.

Please pull this bill/resolution folder from your files and give to the page. The bill/resolution will be returned to you with the Sponsor Substitute.

Thank you.



SENATOR JERRY WARD

ALASKA STATE LEGISLATURE

SPONSOR STATEMENT SJR 7

SJR 7 is a resolution urging Congress to enact legislation preventing the federal Department of Health and Social Services from recouping state tobacco settlement funds as third party recoveries under Medicaid law.



Leaders' Letter

Vol. 20, No. 1
January 29, 1999

Handwritten notes:
I thought
might need
for SJR
7 presentation
around the states

**around
the
states**

Dear Leader:

TOBACCO CASH OPENS DEBATES ... Battles are brewing in legislatures as they await the first payments in the \$206 billion liability settlement reached last November with the five major tobacco companies. **Attorneys general from 46 states, four territories and the District of Columbia accepted the deal**, which essentially puts no restrictions on how the money may be spent. Florida, Minnesota, Mississippi and Texas already resolved their lawsuits before the recent settlement.

The new agreement requires tobacco companies to stop targeting young people in their advertising and to stop using cartoon characters. The agreement also limits corporate sponsorships of sporting events. It bans billboard and transit advertising and product placement in movies. It stops the sale of T-shirts and backpacks with brand name logos. It keeps companies from selling cigarettes in packs of less than 20 until December 2001.

States will receive payments annually starting April 15, 2000. Payments will be based on formulas to which the attorneys general have agreed; they vary widely. There are elements in the settlement that could reduce the states' payments. For example, they could be reduced if the federal government enacts a new tax on tobacco products and earmarks these funds for health care or gives them to the states on an unrestricted basis. **States would also lose a portion of their share if they fail to pass a model statute** included in the agreement that is designed to protect the five major U.S. tobacco companies from unfair competition by foreign and smaller companies.

U.S. Representative Michael Bilirakis has introduced a **bill barring the federal government from seizing state tobacco settlement funds**. And in a related matter, the Congressional Budget Office has completed the fiscal note for the bill and has "scored" the bill at \$2.9 billion over five years. This is the amount that must be "offset" in the federal budget to move the legislation forward. **This is good news for states.** Earlier estimates were considerably higher. The Clinton administration is assuming recoupment of \$20 billion in state tobacco settlement funds during the same five-year period, highlighting the need for passage of the Bilirakis bill.

Some state leaders are calling for the money to be spent on health care and anti-smoking campaigns. Some are urging that it be used on projects unrelated to tobacco, including new schools or jails. Others say the money should be used to eliminate state debts or be given to taxpayers as rebates.

**national
conference
of state
legislatures**

Leaders' Center

1560 Broadway, Suite 700
Denver, Colorado 80202
(303) 830-2200
FAX (303) 863-8003

William T. Pound
Executive Director

Some ideas for the money so far include:

- Nebraska has created a tobacco settlement trust fund and will use interest from it to underwrite measures like converting nursing homes to assisted-living facilities.
- In New Hampshire and Maryland, leaders are looking at ways to spend their shares on schools.
- Tobacco-growing states like North Carolina and Kentucky are likely to use part of their settlement funds to help tobacco farmers.
- The Alabama Legislature has approved \$85 million for youth programs, including health insurance, new detention centers and more probation officers.
- Arizona's Governor Jane Hull wants to use the money to finance programs to discourage tobacco use and to rebuild health facilities.
- A Colorado task force has recommended that 35 percent be spent on tobacco control and 44 percent on children's health programs.
- Minnesota has set aside \$202 million (3 percent of the proceeds) for anti-smoking efforts.

**from
d.c.**

DEFEAT FOR STATES IN U.S. SUPREME COURT ... In a five to three vote, citing a lack of clarity in the statute regarding state authority, the U.S. Supreme Court ruled on Monday, January 25, that the **1996 Telecommunications Act (P.L. 104-104)** permits the federal government, through the **Federal Communications Commission**, to set pricing rules for long distance telephone companies and companies that want to start offering local phone service. This may not be the last word. Chair of the House Commerce Committee, U.S. Representative Thomas Bliley of Virginia, is pleased with the decision, but U.S. Senator John McCain from Arizona, chairman of the Senate Commerce Committee, is calling for a re-examination of the act. It is also possible that U.S. Representative W.J. "Billy" Tauzin of Louisiana will re-introduce legislation from last session that would give the pricing authority to state public utility commissions.

NO CENSUS SAMPLING IN 2000 ... The U.S. Supreme Court ruled, in a 5-4 decision, that statistical sampling cannot be used for the reapportionment of congressional seats during the 2000 census

WHAT'S IN A NAME? ... The Senate Labor and Human Resources Committee has been renamed the Senate Health, Education, Labor and Pensions Committee or the HELP Committee in Washington-speak.

**in
addition**

CHANGES, CHANGES, CHANGES ... Re-organization is the hot topic as the new year takes off in **Alabama politics**. Seat turnovers from the election and power shifts that occurred during organizational meetings may lead to a lot of changes. The annual session does not start until March 2, but meeting days and inaugurations have already taken place.

In the House, the leadership changes seem to be going smoothly with Democrat Seth Hammett the new speaker and Demetrius Newton the new speaker pro tem. There is much excitement among members about the start of a "new era" where they expect more input from members. **The new leaders are preparing to use committees' work more effectively and have more communication among caucus members and leaders.**

In contrast, **the Senate is struggling to overcome the changes leaders may implement.** For the first time in history, a Republican lieutenant governor (Steve Windom) was elected. But a Democrat, Don Siegelman, won the governorship. The Senate continues to have a Democratic majority. Difficulties have arisen during the recent organizational session. After Democratic Senator Lowell Barron was elected to hold the Senate president pro tem position, rules were adopted to change the operating procedures of the Senate. Traditionally the presiding officer of the Senate has been the lieutenant governor. With the changes, much of the power will go to Barron, the president pro tem. Lieutenant Governor Steve Windom had to watch the proceedings without having any input because he was not inaugurated into his position at the time. The organizational session agreement also set up Barron to make the appointment of committee chairs. After the committees were filled, some senators were even more disgruntled as they foresee a formula for disagreement and gridlock building, with the partisan inequity obvious.

The Senate adjourned their contentious organizational session after three days of meetings and will have until March 2 to simmer steamed tempers, unless a special session is called. Lieutenant Governor Windom stated that he does intend to pursue the legality of what occurred to try to win back some of the power lost. **It certainly is likely to be a challenging year for the Alabama Legislature if the House is running smoothly and the Senate experiences impasse.**

**leadership
notes**

Again, we will continue to list new leaders in our state legislatures. Look for profiles of many of the new presiding officers in *State Legislatures* magazine. The 1999 edition of the *Directory of Legislative Leaders* will be available soon.

Alabama has all new leaders in its House; Speaker **Seth Hammett**, Speaker Pro Tem **Demetrius Newton**, Majority Leader **Ken Guin**, and Minority Leader **Mike Rogers**. Alaska has a new speaker of the House, **Brian Porter**, and new majority leader, **Joseph Green**. Arizona has a new minority leader in the House, **Bob McLendon**. Arkansas has a new speaker of the House, **Bob Johnson**. Hawaii has a

new minority leader in the Senate, **Whitney Anderson**. New House leaders are: Speaker **Calvin Say**, Majority Leader **Ed Case** and Minority Leader **Barbara Marumoto**. Kansas has new leaders in its House: Speaker **Robin Jennison**, Majority Leader **Kent Glasscock** and Minority Leader **Jim Garner**. North Carolina also has new House leaders: Speaker **James Black**, Majority Leader **Phil Baddour** and Minority Leader **Leo Daughtry**.

**point
of
order**

You won't want to miss the national redistricting seminar in Denver March 4-6 at the Hyatt Regency Hotel. "Plotting the '00s Maps" will have something for everyone:

- The politics of redistricting
- Hands-on line drawing exercises
- The latest technology
- Redistricting law 101
- Understanding the census data.

For programs and registration information call NCSL's fax on demand at (800) 380-7280 or call Tim Storey or Janet Rebman at (303) 830-2200.

The next Assembly on State Issues will be in Jacksonville, Fla., April 9-11. And the next Assembly on Federal Issues will be in Washington, D.C., May 6-9.

New publications that might be of interest to you include:

- The latest in the Transportation Series, *Traffic Safety State Legislative Summary, 1998*, summarizes major traffic safety issues that were considered and enacted by state legislatures in 1998.
- *Watershed Protection: The Legislative Role* contains the results of an NCSL survey of state watershed protection laws to determine the statutory basis for current watershed protection activities.
- *Redistricting Case Summaries from the '90s* summarizes legislative and congressional litigation resulting from the 1990 redistricting process. The major issues and resulting judicial decisions are provided for each case.
- *State Budget Actions 1998* presents the findings from NCSL's annual survey of legislative fiscal officers on state budgets for fiscal years 1998 and 1999. It includes data from all 50 states and the District of Columbia. Funding categories discussed include education, corrections and Medicaid.
- *Inside the Legislative Process* provides valuable information about state legislative processes and procedures. The 1997 edition updates the 1996 notebook, replacing the introduction section, adding to the committee procedures section and beginning sections on legislative documents and public information.

SJR

22

SENATE COMMITTEE REPORT First Committee of Referral

DATE: 4/16/99

FURTHER:

Date of 5-Day Notice: 4/22/99
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 4/20/99

HESS Committee considered

SENATE JOINT RESOLUTION NO. 22

Relating to the National Museum of Women's History and the National Museum of Women's History
Alaska Council.

and recommends:

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

Senate Bill:

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

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>[Signature]</i>	✓	<i>[Signature]</i>	✓		
<i>[Signature]</i>	✓				
<i>[Signature]</i>	✓				
CHAIR: <i>[Signature]</i>		CHAIR:			

NEW FISCAL NOTE(S):

Department Date Zero Fiscal

Department	Date	Zero	Fiscal

PREVIOUS FISCAL NOTE(S):*

Department Date Zero Fiscal

Department	Date	Zero	Fiscal

APPROPRIATION -- no fiscal note

*include fiscal notes accompanying Governor's bill

ALASKA STATE LEGISLATURE

Interim

600 East Railroad Avenue
Wasilla, Alaska 99654
(907) 376-3370
(907) 376-3157 Fax



Session

State Capitol
Juneau, Alaska 99801-1182
(907) 465-6600
Fax (907) 465-3805

SENATOR LYDA GREEN

SENATE DISTRICT N

SPONSOR STATEMENT

SJR 22 - National Museum of Women's History

The National Museum of Women's History (NMWH) is a nonprofit, bipartisan organization working to recognize the tremendous historical contributions of women. Women make up 53% of our nation's population, yet less than 2% of the content of history textbooks address the historical contributions and the lives of the great women of history. In the Smithsonian, there are only two permanent exhibits about women and in our nation's capitol, only 12 of the 451 works of art honoring outstanding individuals honor women. In addition, only 5% of America's national historic sites are devoted to women.

The NMWH is requesting that Congress provide space for a museum in the Auditor's Building or another suitable site near the Capitol in Washington, D.C. Once a site has been designated, the NMWH will be entirely privately funded for all of the expenses related to the restoration of the building and site, maintenance and upkeep of the building, as well as all of the operating costs of the museum. In addition to the museum in Washington, D.C., the NMWH is setting up a cyber-museum on the Internet (www.nmwh.org).

As of March 1999, the NMWH organizers have raised over \$10 million in pledges to fund the museum effort. Currently, there are 53 members of Congress serving on the NMWH Honorary Board of Trustees and Nancy Murkowski serves on the NMWH Board of Advisors. State councils for the NMWH already have been established in Alaska, Illinois, California, New York, Arizona, Texas and Washington, D.C.; and efforts are under way to establish organizations in every other state, as well as in all of the major metropolitan areas. As you can see, the NMWH is well on its way to becoming a strong, well-supported organization.

Several individuals from Alaska already have contributed much time and effort to promoting the NMWH. Museum supporters are seeking the legislature's support for the museum in Washington, D.C. and to encourage a strong Alaska-based effort as well. With the passage of this resolution, the legislature has an opportunity to support acknowledging the many significant contributions that women have made to our state and our nation.

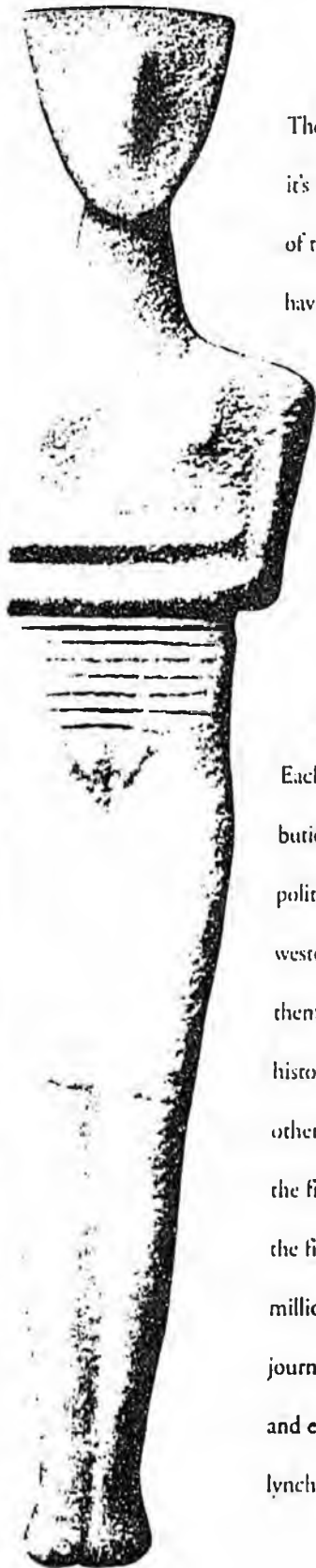
Senator_Lyda_Green@legis.state.ak.us

Alexander Creek • Big Lake • Butte • Caswell • Chickaloon • Chulitna • Finger Lake • Goose Bay • Hatcher Pass • Houston
Knik • Kashwitna • Lake Louise • Lazy Mountain • Montana Creek • Nancy Lake • Nelchina • Palmer • Petersville • Point Mackenzie
Sheep Mountain • Skwentna • Sunshine • Sutton • Talkeetna • Trail Lakes • Trapper Creek • Wasilla • Willow

The Other Half of the Story:

National Museum of Women's History

*Bringing Women's History into
Mainstream American Culture*



molded woman
c.5000-2500 b.c.e.

The western world's first novelist, its first known composer, and one of the inventors of the cotton gin have at least two things in common, as do the developer of the binary system used by every computer, the scientist who first discovered nuclear fission, and the drafter of the Universal Declaration of Human Rights. Each of them made lasting contributions to the social, scientific, political, or artistic development of western culture, though most of them are overlooked in traditional history books. But, they share one other attribute with the creator of the first usable penicillin, one of the first self-made African American millionaires in the U.S., and the journalist who exposed the political and economic objectives of lynching: **They were women.***

The true stories of women's contributions to the arts and sciences, to politics and economics, and to the religious and social development of our modern world are more fascinating than any fiction. Yet neither traditional female roles nor the women who pushed the boundaries of those roles have been systematically explored and acknowledged.

The accomplishments of women like U.S. Navy Admiral Grace Hopper, who in the 1950s developed the first operating system for COBOL, the first computer programming language, are only recognized within their professions. The efforts of Ida B. Wells-Barnett, the African American journalist and author who exposed the horrors of lynching, are even less well known. While Eleanor Roosevelt is famous as first lady, her role as principal architect of the Universal Declaration of Human Rights is hardly known by the general public.

There is a deeply felt need among girls and women to learn of their own unique history and to see themselves reflected with respect in our culture. Knowledge of one's past is critical to developing a personal sense of competence and potential. Through the National Museum of Women's History, we can make women visible!

The Time for the Past is Now!

"It could be that only now will the past open up to us with unexpected freshness and tell us things that no one as yet had ears to hear."

*Hannah Arendt
Philosopher/Political Scientist*

In the age of the personal computer, the Internet, and instantaneous global news, both rules and roles have changed. The timing has never been better for a national institution dedicated to preserving, presenting, and sharing a more comprehensive view of human history—a story that can inspire girls, boys, men, and women to extend the limits of their own imaginations. Mixing wonder, admiration, discovery, scholarship, and outright fun, the National Museum of Women's History will add new dimensions to our notions about mothers, daughters, sisters, wives, and counter 5000 years of cultural stereotypes.

The Past is the Foundation of the Future

"...women have a special contribution to make to any group enterprise, and I feel it is up to them to contribute the kinds of awareness that relatively few men... have incorporated through their education."

*Margaret Mead
Anthropologist
Author*



NMWH spearheaded the effort to United the funds to move the monument to suffrage leader Elizabeth Cady Stanton, Susan B. Anthony, and Lucretia Mott from the U.S. Capitol Crypt to the U.S. Capitol Rotunda



*How many of these history-making women can you identify? Their names are given on back page.

"Filtered through the prism of gender, history looks quite different, revealing new kinds of questions to be asked about the past, challenging old assumptions, and generating a more comprehensive view of historical issues once thought to be resolved."

Edith P. Mayo

Curatorial Consultant, NMWH

*Curator Emeritus, National Museum of American History,
Smithsonian Institution*

Visibility in the past equals empowerment in the present. Gaining knowledge and insight into women's past will help us to weave the experiences of women and men into a shared fabric of history and will help build an inclusive partnership for the future.

Your financial support of the National Museum of Women's History will ensure

that the ambitious programs of this new national treasure are in place by the target date of 2003.

Join ordinary citizens, major corporations, philanthropic foundations, Members of Congress, a bipartisan cross-section of political and business clubs, and help build a legacy of insight and knowledge.

The National Museum of Women's History will be

an innovative and inspirational resource for all. And you can be a part of it. Your assistance will help the Museum:

- Enhance the NMWH CyberMuseum (www.nmwh.org)
- Create a wide range of programming for a diverse audience that enhances the understanding of women's social, political, scientific, religious, and artistic experiences and contributions
- Showcase issues of contemporary importance
- Preserve, document, study, and interpret women's history
- Communicate with the American public through seminars, publications, and educational outreach programs
- Assemble a research library, including oral histories, films, and videotapes
- Develop educational materials and research available to a global audience
- Collaborate with other organizations devoted to broadening the nation's and the world's appreciation of the limitless potential of humankind
- Build the physical museum in Washington, DC



NMWH commissioned this bronze bust of abolition and women's rights crusader Sojourner Truth sculpted by Reynaldo Advisory Board Member Fred Marsell. President Karen Stener, and Trustees Joan Bradley Wages and Patricia Ghoghno unveiled the bust in honor of the 150th anniversary of the first women's rights convention in Seneca Falls, N.Y.



Margaret Hauke White, an abolitionist and pioneering photojournalist, made history as she documented it.



President Karen Stener celebrates the launch of the NMWH CyberMuseum at the National Press Club with Advisory Board Members Pat Heltz and Lisa Hopkins.



The National Museum of Women's History

*Joining Together
to Build the Future*

History-making women (identified in order mentioned in text)

- Aphra Behn
- Hildegard of Bingen
- Catherine Littlefield Greene
- Acla Byron, Countess of Lovelace
- Dr. Lise Meitner
- Dr. Gladys L. Hobby
- Madame C.J. Walker
- Ida B. Wells-Barnett

More than 170 experts—scholars, social scientists, writers, politicians, business people, fund raisers, and many others—are devoting their time and talent on a voluntary basis. Their experience, knowledge, and collective wisdom will help formulate the Museum's themes, content, and programs and, as the needs of the organization grow, guide the selection of additional advisors. A national board of academic and museum professionals has been established to develop the museum program design.

Overseeing the growing list of activities is the Board of Trustees, composed of the following dedicated and accomplished individuals:

Karen K. Staser
President and Founder

Ann E. W. Stone
Secretary

Allida Black
Ph.D., Historian

Joan A. Meacham
Vice President

Joan Bradley Wages
Director of Development

Mary Rothschild
Ph.D., Historian

Patricia Ghiglini
Treasurer

Kay Cash-Smith
Organizational Development Officer

Edith Mayo
Curatorial Consultant (ex officio)

The Museum is proud to have the invaluable assistance of the law firm of Covington and Burling

Air travel has been generously provided by American Airlines.

Design and printing by Skilset Communications, Inc.

National Museum of Women's History Executive Offices
303 West Glendale Avenue
Alexandria, VA 22301
Telephone 703.299.0552
Fax 703.299.0557
Visit us on the Web: www.nmwh.org

The Museum acknowledges, with sincere appreciation, the contributions of the following supporters whose financial assistance made this brochure possible:
American Express—Gold Sponsor
Kimberly King—Silver Sponsor

This brochure is dedicated in loving memory of Jason William Hopkins (September 4, 1974–July 2, 1997).

The National Museum of Women's History

The National Museum of Women's History will preserve, display, and celebrate the rich, diverse heritage of women and bring it into the cultural mainstream. It will share with millions of American citizens and international visitors the compelling, but often untold, stories of women's traditional and nontraditional lives, contributions, and perspectives.

The Museum's exhibits will showcase the specific achievements women have made in every area of human endeavor and celebrate their contributions as wife, mother, sister, daughter, healer, teacher, scientist, artist, entrepreneur, and leader.

The Museum, located in Washington, DC, will:

- collect, document, study, and interpret women's history;
- distribute information and promote interest in women's history through seminars, research, the Cyber Museum, publications, and educational outreach programs;
- develop a repository of oral histories, films, and videos;
- distribute educational materials and resources;
- produce diverse programming to enhance the understanding of women's history and other issues of contemporary significance; and
- collaborate with other organizations, entities, and individuals engaged in similar purposes.

**Help Us Make the Museum
a Reality by 2003**

Board of Directors

President & Founder	Karen K. Staser
Vice President	Joan A. Mcacham
Secretary	Ann E.W. Stone
Treasurer	Patricia Ghiglino
Directors	Kay Cash-Smith Joan Wages

Board of Advisors

More than 150 experts are volunteering their time and talent to help design the Museum and its content. Through their committees, they will evaluate the need for specific exhibits and recommend the Museum's themes, content, and programs. The Advisory Board will expand to include individuals with talents that are needed at various stages in the Museum's development.

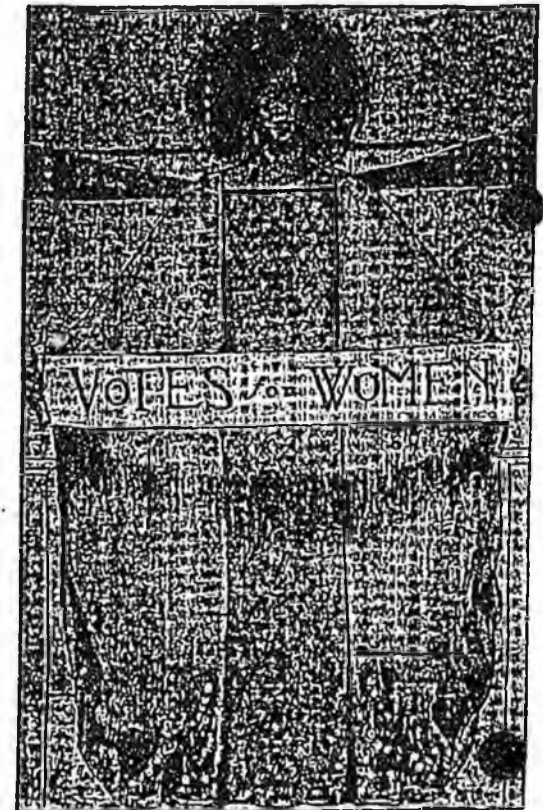
"Women must begin to see themselves as actors in the past, to gain strength and inspiration for our struggles in the present. History can be a powerful tool. Visibility in the past equals empowerment in the present and the future."

Edith P. Mayo, Curator Emeritus
NMWH Curatorial Consultant
National Museum of American History
Smithsonian Institution

The National Museum of Women's History, Inc.
Executive Offices
2760 Eisenhower Avenue, Suite 254
Alexandria, VA 22314
Tel: (703) 299-0552
Fax: (703) 299-0557

This brochure is dedicated
in loving memory of
JASON WILLIAM HOPKINS
September 4th, 1974 - July 2nd, 1997

The National Museum of Women's History



*Sharing Women's
Rich Cultural Heritage
with
Current and Future
Generations*

Ancient Heritage Modern Impact

Our self-perception derives from our experiences and from an awareness of previous generations' contributions to the arts, science, culture, business, education, and family life. This knowledge empowers a woman to reach her full potential and competence in her family, in the classroom, and in her career.

Unfortunately, accounts through the ages have underrated and misunderstood women's achievements and contributions. Less than two percent of the content in modern history texts addresses women's contributions to civilization. As a result, few Americans know about the accomplishments of women from ancient times to the modern day.

The National Museum of Women's History (NMWH) will showcase these achievements and help today's women and girls — and future generations — transcend traditional gender barriers and use their talents in whatever career or role they choose. It will also share with men and boys how generations of their female ancestors have shaped our nation and our lives. We will celebrate the many ways that women have contributed to the enrichment of our culture.

NMWH is the first and only national museum dedicated to women's history. We will showcase artifacts, association objects, paintings, statuary, diaries, and publications in a permanent collection and traveling exhibits. Americans across the nation will experience these treasures first hand through engaging exhibits and interactive, hands-on learning.

The Cyber Museum on the Internet will bring the Museum's message and contents into the home, classroom, and work place. Resource kits will help teachers and professors incorporate new information into their curricula. The Museum will serve 2.5 million visitors each year at its Washington, D.C. site and many millions more with its traveling exhibits, classroom programs, and web site.

Did You Know That ...

- In 1977 the Defense Department named its computer system *ADA* in honor of Ada Byron, who designed the punch card program for computers in 1843 and first formulated the *garbage in-garbage out* principle.
- Admiral Grace Murray Hopper created the basis of computer software by 1957 and helped develop COBOL.
- Gladys Hobby produced the first usable penicillin in the early 1940s.
- Dr. Lise Meitner discovered nuclear fission (splitting the atom) in 1938.
- Madame C.J. Walker, an African-American, became our first woman self-made millionaire by starting a cosmetics company. She was born towards the end of the Civil War.
- Ida Wells-Barnett, an influential African-American journalist and political activist, exposed lynching as an integral part of racial oppression. She analyzed how the fear of physical violence is used to maintain political and economic control.
- Harriet Tubman played a courageous role in the Underground Railroad and staunchly supported the rights and dignity of African-American women.
- Catherine Littlefield Greene partnered with Eli Whitney to invent the Cotton Gin. Greene then financed the patent and fabrication.
- In the matrilineal clan system of the Native American Iroquois, women wielded substantial political power. Thomas Jefferson credited the Iroquois concept of the relationship between states and a central federal government as an inspiration to the founding fathers who created our system of government. Unfortunately, they left out participation by women.
- Aphra Behn, born in 1640, wrote the first novel, *Oroonoko*, 30 years before Daniel Defoe wrote *Robinson Crusoe* (generally credited as the first novel). She also wrote 17 plays in 17 years, which ran in London's only two theaters.
- Hildegard of Bingen, a 12th century philosopher, scientist, and composer, wrote two scientific texts. She analyzed the causes and treatment of 47 diseases and made astute observations about diabetes, the circulatory system, and women's reproductive health. Scholars only recently discovered her musical compositions. *The Washington Post* recently credited her as the world's first known composer.
- Christine de Pisan is the first known professional female writer. Celebrated in her day, she produced many fine works, some of which contained autobiographical details that were rare in the Medieval period. In *The Book of the City of Ladies* (1405), she compiled stories about past heroines — the first known effort to document women's history — and defended women's virtue and their contributions to the world.
- In the 11th century, Trotula of Salerno, Italy pioneered preventative health. Healers used her handwritten and printed texts for the next 700 years.
- Hypatia of Alexandria, Egypt — among the first world-renowned scientists — excelled in mathematics, astronomy, mechanics, and philosophy. Born in 370 AD, she invented the plane astrolabe that could solve problems in spherical astronomy. She wrote *Arithmetica*, a thirteen-volume definitive algebra text.

National Museum of Women's History

THE MUSEUM'S HISTORICAL MISSION

The National Museum of Women's History will provide, for the first time ever, the opportunity for U.S. citizens and foreign visitors to learn about the role women have played in the Americas, in the context of world history.

Its creative exhibits will document such great female historical figures as Hypatia, the Egyptian woman who pioneered the fields of mathematics and astronomy; Christine de Pisan, one of the earliest students of women's history and one of the first known professional female writers; Ida B. Wells, the African-American writer and activist who led the crusade against lynching in America; and Rachel Carson, a leader in the environmental movement whose book *Silent Spring* raised Americans' consciousness about the dangers of pesticides.

The Museum will address subjects of cultural importance which have not always been considered part of history. For example, before the 1970s, and before women entered the historical profession in significant numbers, such topics as marriage, child care, obstetrics, and housework were not considered historical subjects. Today, we understand them to be of critical importance to the development of world civilization.

Finally, the Museum will address conventional historical topics from new points of view. For example, at the NMWH young boys and girls will learn about the Middle Ages, the American Revolution, and the Civil Rights Movement from the perspective of how these historical events involved and affected women.

Fact Sheet on National Museum of Women's History (NMWH)
and Requested Legislation
March 30, 1999

- NMWH was created as a nonprofit bipartisan organization to bring women's experiences and contributions to the nation into the cultural mainstream. Women are missing from the historical record. For example, although 53% of our population is female, less than 2% of the content of current history textbooks addresses the rich and unique heritage of women, as do less than 5% of our national historic sites. In the Smithsonian, there are only two permanent exhibits on women while in the U.S. Capitol, only 12 of the 451 works of art honoring individuals are of women.
- NMWH requests legislation to authorize the transfer of the Auditors Building from the Forest Service to NMWH.
 1. The Auditor's Building is a government-owned, historic building not open to the general public. The Forest Service currently uses it for office space and does not fully reimburse the government for this use. The Forest Service has been recently downsized and could be housed elsewhere.
 2. The Auditors Building would be better utilized and protected as the home of the National Museum of Women's History. Under NMWH the building would be protected as an historic site and made accessible to the public. NMWH is and will be privately funded. In addition to renovation, NMWH would pay for maintenance and upkeep on the building, which is now an expense to GSA. See enclosure.
 3. Surveys indicate that women will play an even more decisive role in upcoming elections. Support for NMWH will be looked upon favorably by women.
- NMWH is supported by members of Congress and the White House:
 1. SR 706 and HR 1246 were introduced, on March 24, 1999, by Senator Olympia Snowe and Representative Carolyn Maloney. The legislation calls for a committee to select a federal site to house NMWH. It was initiated prior to the President's Commission's report:
The President's Commission on the Celebration of Women in American History issued a report on March 15, 1999 stating the need for NMWH in our nation's capital.
 2. 53 members of Congress serve on the NMWH Honorary Board of Trustees. See enclosure.
 3. Congressional spouses serving on the NMWH Board of Advisors include Nancy Murkowski, Tricia Lott, Linda Daschle, Jane Geppardt, Elaine Chao, and Franki Roberts.
- Rep. Gail Phillips has introduced HJR 14 in the Alaska Legislature in support of NMWH.
- NMWH has state councils in Alaska, Chicago, Los Angeles, New York, Phoenix, Texas, and the Washington Metro Area.
- A ten-page article on NMWH will be published in the May 1999 issue of FORBES Magazine. It will feature Alaskan businesswoman and NMWH Alaska Council member, Eleanor Andrews.
- NMWH has raised over \$10 million in pledges.
- NMWH initiated and paid for the movement of the Woman Suffrage Statue into the U.S. Capitol Rotunda. It honors the three leaders responsible for the largest single extension of democratic rights in our nation's history.
- NMWH's critically acclaimed exhibit, *Rights for Women*, opened at the World Financial Center in NYC in October 1998. Work is underway with corporate sponsors to travel the exhibit throughout the U.S. as part of the White House Millennium Project.
- NMWH commissioned a bronze bust of Sojourner Truth in honor of the 150th Anniversary of the first Woman's Rights Convention in Seneca Falls, where it has been on display since July 1998. Discussions with Congress are underway to donate this work of art to the U.S. Capitol.
- NMWH launched its CyberMuseum with BellAtlantic in September 1998 at the National Press Club.

HB

27

FISCAL NOTE

STATE OF ALASKA
1999 LEGISLATIVE SESSION

BILL NO. HB 27

Revision Date (Note if correction) _____
Title "An Act relating to graduate student loans, and providing for an effective date"

Dept. Affected Education
BRU ACPE

Sponsor Rep. Mulder
Requester HHESS

Component Student Loan Operations

Component Serial No 213

Expenditures/Revenues (Thousand Of Dollars)

Note: Amounts do not include inflation unless otherwise noted below

OPERATING EXPENDITURES	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Personal services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING

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

CHANGE IN REVENUE ()						
-----------------------	--	--	--	--	--	--

FUND SOURCE (Thousand of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type) 1106 P-Sec Rec						
TOTAL

Estimate of any current year (FY 99) cost: _____

POSITIONS

Full-Time						
Part-Time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

It should be noted that inclusion of forgiveness benefits would require a general fund appropriation. The information provided in this fiscal analysis is predicated upon statements that no forgiveness benefits are intended in HB 27, and that the assistance provided to Professional Student Exchange Program participants in the form of support fees are to be incurred under terms and conditions of loans. *Program funds disbursed as student loans are not subject to the Executive Budget Act, therefore an appropriation is not required.

Prepared by Mike Maher, Director of Student Loan Operations
Division Student Loan Operations

Phone 465-6743
Date/Time 2/1/99 11:59 AM

Approved by Exec. Director Diane Barrans
Agency Alaska Commission on Postsecondary Education

Date 2/1/99

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2/2/99

ANALYSIS: (continued)

Yearly support fees projected for the '99-'2000 school year range from a low of \$4.2 for the Physician Assistant field to a high of \$22.8 for Medicine. The cost to the loan fund of Alaska's participation in the program again will vary significantly depending on the number of applicants awarded loans, and the professional fields approved.

In order to determine a reasonable level of participation, the WICHE Administrative Office was asked to review Alaska's historical participation level in the Professional Student Exchange Program (PSEP) as well as state professional workforce projections and provide recommendations regarding the professional fields and number of students. Their analysis is as follows:

	No. of students
Dentistry	3
Physical Therapy	6
Occupational Therapy	4
Optometry	2
Podiatry	1
Physician Assistant	3
Total:	<u>19</u>

The cost of this level of participation would be \$157,300 in the first year and rise to \$530,628 when all fields are fully enrolled.

SENATE COMMITTEE REPORT

DATE: 2/25/99

FURTHER: Finance

DATE TURNED
IN TO OFFICE: 3/29/99

HESS Committee considered

CS FOR HOUSE BILL NO. 27(HES)

GRADUATE STUDENT LOANS

and recommends:

be replaced with _____ CS _____ (_____)

adopt previous _____ CS _____ (_____)

attached amendment(s)

adopt Letter of Intent by _____ Committee

further referral to the _____ Committee

Senate Bill:

same title

new title

House Bill:

same title

technical title

new: SCR# _____

SIGNING <u>DO</u> PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
		<i>Spring Hill</i>	✓		
		<i>Clearance</i>	✓		
		<i>R. L. 925</i>	✓		
<i>Peter Kelly</i>	✓				
CHAIR:		CHAIR: <i>Mike Miller</i>	✓		

NEW FISCAL NOTE(S):

Department Date Zero Fiscal

Department	Date	Zero	Fiscal

PREVIOUS FISCAL NOTE(S):*

Department Date Zero Fiscal

Department	Date	Zero	Fiscal
<i>Ed</i>	<i>2/1/99</i>	✓	<i> </i>

APPROPRIATION -- no fiscal note

*include fiscal notes accompanying Governor's bill

FISCAL NOTE

STATE OF ALASKA
1999 LEGISLATIVE SESSION

BILL NO. HB 27

Revision Date (Note if correction)
Title "An Act relating to graduate student loans, and providing for an effective date"

Dept Affected Education
BRU ACPE

Sponsor Rep. Mulder
Requester HHESS

Component Student Loan Operations

Component Serial No 213

Expenditures/Revenues (Thousand Of Dollars)

Note: Amounts do not include inflation unless otherwise noted below

OPERATING EXPENDITURES	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Personal services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING						

CAPITAL EXPENDITURES						
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CHANGE IN REVENUE ()						
------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousand of Dollars)

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1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type) 1106 P-Sec Rec						
TOTAL						

Estimate of any current year (FY 99) cost: _____

POSITIONS

Full-Time						
Part-Time						
Temporary						

ANALYSIS. (Attach a separate page if necessary)

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Prepared by Mike Maher, Director of Student Loan Operations
Division Student Loan Operations

Phone 465-6743
Date/Time 2/1/99 11:59 AM

Approved by Exec. Director Diane Barrans
Agency Alaska Commission on Postsecondary Education

Date 2/1/99

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2127

ANALYSIS: (continued)

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FISCAL NOTE

STATE OF ALASKA
1999 LEGISLATIVE SESSION

BILL NO. CSHB 27 (HES)

Revision Date 2/8/99
 Title "An Act relating to graduate student loans; and providing for an effective date."
 Sponsor Rep. Mulder
 Requester (H) FIN

Dept. Affected Education
 BRU ACPE
 Component Student Loan Operations
 Component Serial No. 213

Expenditures/Revenues

(Thousand Of Dollars)

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

OPERATING EXPENDITURES	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Personal services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants, Claims						
Miscellaneous						
TOTAL OPERATING	*	*	*	*	*	*

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

CHANGE IN REVENUE ()						
------------------------------	--	--	--	--	--	--

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(Thousand of Dollars)

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1003 GF Match						
1004 GF						
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Other (Specify Type) 1106 P-Sec Rec						
TOTAL	*	*	*	*	*	*

Estimate of any current year (FY 99) cost: _____

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Part-Time						
Temporary						

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Prepared by Mike Maher, Director of Student Loan Operations
 Division Student Loan Operations

Phone 465-6743
 Date/Time 2/8/99 10:42 AM

Approved by Exec. Director, Diane Barrans
 Agency Alaska Commission on Postsecondary Education

Date 2/8/99

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FISCAL NOTE

STATE OF ALASKA
1998 LEGISLATIVE SESSION

BILL NO. IIB 27

ANALYSIS: (continued)

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REPRESENTATIVE ELDON MULDER
DISTRICT 23 MULDOON-Ft. RICHARDSON



ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

Sponsor Statement

House Bill 27

Graduate Student Loans and the WICHE Program

House Bill 27 amends statute to allow state student loan monies to be loaned through the Western Interstate Commission on Higher Education (WICHE) and repaid to the State of Alaska.

While our current budget situation does not allow Alaska to return to making grants, as we did prior to 1997. The state can make this change allowing for loans and provide a significant benefit to students. Alaska needs WICHE to take advantage of the reduced tuition (limited to 1.5 times the resident rate compared with up to 5 times the resident rate) and class spots which are restricted without our participation in WICHE.

The State of Alaska for more than 40 years has used student exchange programs of the WICHE to augment professional and other post secondary education. The State of Alaska's participation in WICHE's Professional Student Exchange Program began quickly after ratification of the Western Interstate Education compact in 1953. Alaska participated until monetary pressure forced suspension of Alaska's participation in the program in 1997.

Since the inception of the program 1,136 students participated in all professional fields with almost half returning to the state to live and practice their chosen profession

Grants

This bill would meet several ongoing needs such as provide for a long-term professional workforce, especially in health professions while easing access to affordable professional education for Alaskans. This is noteworthy as particular growth is expected in the elderly population.

This bill would also avoid large expenditures to build and operate professional schools in challenged financial times.

Definite reasons indicate participation is cost effective and viable strategy for the State.

1. State occupational projections indicate expected growth in numerous professional fields, resulting in the need for reliable replacement professionals.
2. Alaska residents continue to find it difficult to gain access to professional schools in most fields included in the Professional Student Exchange Program.
3. Demand for professional education remains in demand by Alaska residents
4. WICHE affords a cost-effective alternative to the creation of new schools and new programs in Alaska.

This bill will allow Alaska to renew our participation in the WICHE Professional Student Exchange program.



REPRESENTATIVE ELDON MULDER
DISTRICT 23 MULDOON-Ft. RICHARDSON



ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES

MEMORANDUM

SUBJECT: Sectional Summary of HB 27

TO: file

FROM: David S. Pree, Legislative Aide to Representative Mulder

DATE: 2/19/99

-
- Section 1. Changes language to add the word "degree".
- Section 2. Moves WAMI Program repayment to place it with other related repayment language at the request of Alaska Commission on Postsecondary Education. No substantive changes are made in Section 1 or Section 2.
- Section 3. Regulatory language allowing Alaska Commission on Postsecondary Education to adopt regulations to implement A.S. 14.44.010 – A.S.14.44.040.
- Section 4. Allows for the repayment of Alaska State Student Loan monies distributed through Western Interstate Commission on Higher Education (WHICHE) graduate program to be repaid to the State of Alaska by the recipient student
- Section 5. Applicability under A.S. 14.44.040
- Section 6. Transition Regulations necessary to implement the Act on the effective date.
- Section 7. Allows Section 6 to take effect immediately.
- Section 8. Effective Date July 1, 1999. except as noted in Section 7.

STATE OF ALASKA

TONY KNOWLES, GOVERNOR

ALASKA COMMISSION ON POSTSECONDARY EDUCATION

3030 VINTAGE BLVD.
JUNEAU, ALASKA 99801-7139
VOICE (800) 441-2962
In Juneau 465-6740
TDD (907) 465-3143
FAX (907) 465-3293

MEMORANDUM

TO: David Pree, Legislative Aide
Office of Representative Eldon Mulder

FROM: Diane Barrans, Executive Director
Alaska Commission on Postsecondary Education

DATE: February 8, 1999

SUBJECT: Alaska Participation in PSEP (CSHB 27 (HES))

This information is provided in follow up to our conversation of last week regarding the educational resource sharing under the Western Interstate Commission on Higher Education (WICHE) Professional Student Exchange Program (PSEP). Attached are excerpts from the PSEP administrative manual that describe the structure of the program.

CSHB 27 (HES) proposes a state PSEP participation model that is not currently in use in any other participating state: that is, PSEP support in the form of a loan with no option for debt reduction through a service component. Due to the current budgetary context in which state programs must be scrutinized and funded, Representative Mulder's objective through the bill is to increase access without being dependent upon the state general fund. By authorizing the repayment requirement for full participant support costs, Alaska Student Loan Corporation funds may be used to fund that participation under terms and conditions yet to be set out by the Commission in regulation.

Staff recommendation to the Commission would be to make corporation funding available based on criteria that includes: 1) Alaska workforce needs; 2) student access to specific fields of study; and 3) limiting the financial risk to the loan fund.

Beginning on page IV-2 of the attachment the manual discusses the issue of student access in item 8. Category B fields are generally available to non-residents students in the western region. States elect to participate simply to provide their residents with a financial subsidy for tuition. As a result a PSEP loan in these fields would not provide participants any benefit. Therefore, it is unlikely that the Commission would target these fields for limited support dollars. Because of the generally wide access available to students in these fields, Alaska has not participated in Category B fields since 1986.

Please let me know if there is additional information that I may provide.

ATTACHMENTS

I. Overview of the Professional Student Exchange Program (PSEP)

The Professional Student Exchange Program (PSEP) makes it possible for states to assure that their students have access to professional education at reasonable tuition rates, but without the expense of establishing programs in their own institutions. The states comprising the Western Interstate Commission for Higher Education (WICHE) provide this service under the terms of the Western Regional Education Compact, an interstate agreement established in 1953 and approved by the Congress of the United States. In addition to the original fields of medicine, dentistry, and veterinary medicine, the program includes physical therapy, occupational therapy, optometry, podiatry, law, graduate library studies, graduate nursing, pharmacy, public health, architecture, osteopathic medicine, and physician assistant.

Benefits accrue to all parties in the exchange. Students generally receive preferential consideration of their applications and tuition payments are substantially reduced. Receiving schools—which include virtually all the accredited programs in the fifteen fields in the region—gain access to a pool of highly qualified students, achieve more stability from enrollment fluctuations, and can bring class sizes to levels where quality can be strengthened and efficiencies improved. Sending states fulfill their obligations for meeting the educational needs of their citizens without having to build and maintain expensive professional programs at home. The regional skilled-manpower pool is significantly enhanced by the presence of professionals from all western states. The advantages of the program have been repeatedly acknowledged and affirmed by students, educators, legislators, governors, the WICHE Commissioners, state higher education planning officers, and practicing professionals.

Beginning in Fall 1987, PSEP fields were divided into two categories with different support fee policies. **Category A** includes fields in which programs are usually unavailable to nonresident students except in very small numbers. In Category A, support fees are established with some reference to the cost of education of the program to encourage receiving programs to reserve places for WICHE students. In **Category B**, programs are generally available to students for admission as regular nonresident students, so PSEP allows sending states the advantage of providing students with substantial savings in tuition over other nonresident students.

Effective operation of the Professional Student Exchange Program depends upon collaboration among states, institutions, and students, all assisted through WICHE coordination. The manual contains the policies established by the WICHE Commission and describes the roles and responsibilities of the primary parties. Close cooperation is essential both to achieve the program's benefits for the students and the accountability that is required in the expenditure of public funds.

II. Basic Structure of PSEP

1. **Designation of Fields Available in PSEP.** Fields are included in PSEP by action of the WICHE Commission. When two or more states request the addition of a new field, a feasibility study is conducted by staff that identifies accredited programs within the region and determines the interest within other WICHE states in sending students in the field.

Except in nursing, PSEP includes only programs leading to the first professional degree (baccalaureate, master's or doctoral).

Each state determines which fields among those in the program it will make available to its residents. Ultimately, this is a legislative decision dependent upon the appropriation of state funds to pay support fees for a given number of students in the fields supported by that state. All WICHE states except Alaska, California, and South Dakota support students in at least one PSEP field. Since 1994 Alaska has not supported new students; California only receives students and South Dakota does not participate.

2. **How students qualify and are selected.** Students seeking participation in PSEP must meet requirements for (a) certification by their home state and (b) admission to the participating PSEP institution of their choice.
 - a) **State certification.** Each state establishes its own requirements for certification through an application process (see Section V, Page 6, "State Requirements for Certification") and designates a state certifying officer. Students apply to the certifying officer for certification that they are eligible for consideration in the program. Certification is not a guarantee of support. Only as many certified students as are authorized and funded through appropriations in each state can actually be supported as WICHE PSEP students.
 - b) **Admission to professional programs.** The student applies for admission to any participating institution of his/her choice through regular channels. The decision on admission is entirely at the discretion of the institution. In some cases, the institution may make admission contingent upon the applicant's achieving certification by his/her home state or by assurance of support as a PSEP student.

The WICHE Boulder office serves as the channel of communication between state certifying officers and participating professional schools and programs in determining which admitted students will be supported.

3. **Financial provisions.** Institutions enrolling PSEP students receive: (a) tuition paid by the student, and (b) a support fee paid to the institution through WICHE by the student's home state.
 - a) **Tuition paid by student.** In Category A fields, the student attending any public institution pays tuition at no more than the *resident student rate*. In Category B fields, the student in a public institution also pays resident tuition except in those cases where tuition plus the support fee paid by the sending state is less than the institution's full nonresident tuition. In these cases, the institution may charge the student the remaining difference (see Section IV, Page 3, #11, "Support Fees"). In both categories, students attending a private institution pay substantially less than that institution's regular tuition. Historically, WICHE students enrolled in private institutions paid approximately one-third standard tuition. However, because tuition is increasing at a rate greater than the support fee, in recent years students have had to pay a greater amount than that one-third. Today, virtually all private programs credit the PSEP student with the support fee.

IV. Policies and Procedures

1. **Communications.** One advantage of the WICHE Professional Student Exchange Program is that it enables students from the sending states to attend a wide range of institutions throughout the West, where quite different approaches to professional education in the PSEP fields may be taken at the student's option. While advantageous, this freedom and flexibility complicates the administration of the program. Effective operation of the program is entirely dependent upon the collaboration of persons in the sending states, in the participating institutions, at WICHE, and the students themselves.

Because of variations among programs, the circumstances of individual students, the difficulty of keeping several hundred persons informed about changing state funding patterns, and other reasons, experience has shown that the program works best when certifying officers and receiving program officers communicate **only through the WICHE office**. Except in rare expressly approved cases, certifying officers and program officials should not communicate directly. By handling these communications, the WICHE office can assure that those who "need to know" are in fact informed and can be held accountable.

It is likely that several offices at participating institutions have responsibilities that affect the WICHE student and program. The designated institution contact person(s) will need to keep appropriate people within the institution informed and assure that transactions affecting WICHE students are reported. For example:

- a) Admission actions on WICHE students need to be reported promptly to WICHE.
 - b) Student tuition bills need to reflect WICHE student status.
 - c) WICHE needs to be informed about students who receive federal scholarships such as National Health Service Corps (see Section IV, Page 2, #5) and about WICHE students who withdraw or otherwise change status.
2. **Accreditation status of WICHE programs.** Only programs with full accreditation of the appropriate professional accrediting association may participate in PSEP. If a participating program experiences a change of status affecting its accreditation, the program must report the change to WICHE. If the new status involves a loss of the rights and privileges accorded to graduates of fully accredited programs, the participation of new students will be suspended pending restoration of full accreditation.
 3. **Preference for WICHE students.** All receiving schools/programs in Group A fields (See Section IV, Page 2, #8) are expected to give preference to WICHE-certified applicants. Some public institutions do this by considering WICHE applicants immediately after considering residents and prior to admitting any other nonresidents; some schools consider all applicants within the pool on the same basis and extend preference to a WICHE applicant when two are equally qualified; some reserve a specific number or percentage of places for WICHE students; some are prohibited by state policy from admitting nonresident students unless they are WICHE-supported students. The method by which preference is given should be discussed with WICHE but is determined by the school.
 4. **Continuation of support pending student completion.** After a student is certified and supported, the state assumes the obligation to continue support for that student through the normal duration of the program, subject to appropriation of necessary funds and provided the student remains in good standing. Except as provided to the contrary by formal legal interpretation of constitutional or statutory provisions, or published policy in the sending state, this obligation continues even if the student changes legal residence to another state. Once a student receives any state support through WICHE, that student will be monitored for academic progress until all degree requirements have been met.

9. **Tuition charges to WICHE students.** In state-support institutions, in **Category A** fields the student will be charged not more than the resident student rate. In **Category B** fields, except as provided below, the student will pay resident tuition and the institution may also charge the student any difference that remains between (1) the sum of resident tuition and the support fee which is paid through WICHE by the student's home state, and (2) the institution's nonresident tuition charge. (This policy was reaffirmed by the Commission in December 1992.)

Students who have been authorized for support should not be charged late fees by the enrolling institution for the support fee. Payment of all support fees are made on January 15 of each year.

In private institutions in **Category A** or **B**, the student will be charged one-third the standard rate of tuition, or less at the discretion of the school. If the sum of the WICHE support fee plus one-third of the standard tuition paid by student is less than the standard tuition charge, the institution may charge the difference to the student.

10. **Refunds.** When a WICHE student withdraws from an institution or incurs other such changes of status, the amount of refund of tuition or other charges is determined according to the institution's refund policy for all students. See "Student withdrawals; repeat years; leaves of absence," Section IV, Page 2, #6 and "Support fees," below.

11. Support fees

- a) **Establishment and payment of support fees.** In June of each even-numbered year the WICHE Commission adopts a schedule of support fee rates for each of the years of the biennium that begins approximately one year later. In past years, the fee was sometimes based on a weighted average cost, calculated on the basis of cost reports submitted by the receiving institutions. Commission policy, adopted in 1980 and modified in 1986 when the existing fields were placed in **Category A** or **Category B**, provides that fees in **Category A** fields are to be based on "a negotiated or fee-for-service, rather than exclusively a cost-of-education approach..."

In **Category B** fields the support fee was originally related to the average difference between resident and nonresident tuition charges in the participating institutions. The fees in these fields, added to the resident tuition paid by the student, approximate the average nonresident charge among receiving institutions in the field concerned. The Commission's original intention, with respect to **Category B** fields, was that the student would pay resident tuition or a relatively small additional amount, while the state will pay a reduced support fee that, together with what the student pays, will cover the institution's regular nonresident tuition charge. In recent years, however, the nonresident portion of the tuition in **Category B** fields has increased faster than anticipated, and faster than the rate of support fees. Consequently in **Category B** fields, the student pays the balance between the support fee paid by the state and the full nonresident tuition, but not less than resident tuition.

Support fees in each field are the same regardless of the home state of the student, the institution in which the student is enrolled, or class level. The support fee is for the full (regular) academic period; if a student withdraws or delays enrollment, only the fee applicable for the period attended is payable and any excess already collected must be refunded.

- b) **Adjusting payment to varying program arrangements.** For programs that depart from a traditional academic program or calendar (e.g., 15 continuous months; three calendar rather than four academic years; etc.) WICHE will adapt the payments guided by the principle that the fees paid for a student generally may not exceed the total that would be paid for a student in a traditional program. Normally the payment will be based on the relationship between the months of attendance within a fiscal year and the nine months of an academic year. The amount to be paid in each case is cited annually in the support agreement which is submitted to the certifying officer and receiving program for review and concurrence. (See Section VI; Page 6, "Support Agreement".)
- c) **Support fees in physical therapy.** Varying approaches among programs in regard to clinical components in physical and occupational therapy led the Commission to different policies of

APPENDIX 1

APPROVED SUPPORT FEES FOR THE 1999-2000 AND 2000-2001 BIENNIUM

The WICHE Commission set the support fees as shown below at its semi-annual meeting, June 18-19, 1998. Fees are stated as they apply to the **nine-month school term**. Adjustments to accommodate 12-month programs or other special circumstances are spelled out in the Professional Student Exchange Program Manual.

	1998-1999*	1999-2000	2000-2001
<u>Group A</u>			
MEDICINE	\$22,800	\$22,800	\$22,800
DENTISTRY	14,300	14,300	14,700
VETERINARY MEDICINE	19,900	20,400	20,900
PHYSICAL THERAPY	6,100	7,200	7,400
OCCUPATIONAL THERAPY	7,400	7,600	7,800
OPTOMETRY	9,100	9,300	9,500
PODIATRY	9,400	9,600	9,800
OSTEOPATHIC MEDICINE	13,400	13,700	14,000
PHYSICIAN ASSISTANT	4,100	4,200	4,300
<u>Group B</u>			
GRADUATE LIBRARY STUDIES	\$4,400	\$4,500	\$4,600
LAW	4,900	5,000	5,100
PHARMACY	4,900	5,000	5,100
GRADUATE NURSING	4,400	4,500	4,600
PUBLIC HEALTH	5,200	5,300	5,400
ARCHITECTURE	3,400	3,500	3,600

The payment of required student "tuition," and the credit of support fees, is different in "Group A" and "Group B" fields. Please refer to Section IV, Page 3, #9, "Tuition charges to WICHE students" for specific guidelines and requirements.

*for reference; approved June 1996.

WICHE IN THE WEST: 1998 OVERVIEW

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION

The WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION was created to facilitate resource sharing and cost-effective services for and among Western states and their public and private colleges and universities.

The 15 member states — Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming — share higher education programs, expertise, facilities, and data. Equally apportioned state dues provide WICHE's basic support; many projects are funded substantially by foundations and the federal government. WICHE Commissioners are appointed by the governors of their member states.

STUDENT EXCHANGE PROGRAMS

Flexible, state-responsive programs provide a broad range of higher education options for more than 9,000 students each year at undergraduate, graduate, and professional levels. Through these programs:

- Students gain affordable access to desired programs;
- States avoid unnecessary duplication of programs;
- Institutions can devote their resources to improving the quality of their educational offerings.

Western Undergraduate Exchange. Students pay 150 percent of the receiving school's resident tuition, substantially less than the standard nonresident tuition. More than 8,200 students were enrolled in 1997-98 across 13 states.

Professional Student Exchange. Nearly 900 students take advantage of 15 fields of professional education. More than 10,600 professionals, most in health care, have received home state support when enrolled in programs in another Western state. Some 93 percent of these professionals remain within the region to practice their careers.

Western Regional Graduate Program. Distinctive graduate programs are available on an in-state tuition basis

Available are 133 graduate programs at 35 institutions in 14 states. More than 200 students participate.

POLICY AND INFORMATION

WICHE's policy research and information activities emphasize options that states and institutions might apply to higher education issues and concerns. The information is disseminated through publications, the Internet, and through individual and multistate discussion forums. Examples include

- Publication of a fact book to inform policy makers of trends that impact higher education and provide multiyear and interstate comparisons as a context for policy considerations.
- State-by-state projections of the number of high school graduates, including the only source of these projections by race and ethnicity and by both public and private schools.
- Annual compilation of tuition and mandatory student fees at all public colleges and universities in the West.
- Studies of college student migration patterns and an examination of state needs for health care professionals.
- Conferences on higher education policy issues for government leaders, campus and system administrators, faculty, students and trustees.

EDUCATIONAL TELECOMMUNICATIONS

WICHE's Western Cooperative for Educational Telecommunications is a national leader in helping states and institutions to use new technologies more effectively for improved education. The nearly 200 dues-paying members in 37 states and six countries cooperate in sharing information, identifying barriers to the use of telecommunications in education, evaluating technological approaches to education, and facilitating multistate approaches to technology-based learning. Priority projects are:

- *The Distance Learner's Guide*, a just-published primer for distance learners.
- Developing standard accounting principles to assess higher education's use of technology, and other tools and training for evaluating the effectiveness of technology in education.
- Assisting institutions with policies and programs that furnish support for distance learning students.
- Providing training for managers of distance education programs on campuses and in higher education systems.
- Monitoring national legislative and regulatory issues in telecommunications for education and policies related to distance learning.
- Developing a series of "Principles of Good Practice" for assessing and accrediting electronically offered academic programs.

NORTH AMERICAN COLLABORATION

Since 1993, WICHE has worked with regional and international partners to increase understanding and opportunities for collaboration among higher education institutions and educational leaders in the Western U.S.

and Mexico. The project now is developing a North American focus and includes Canada. Central project strategies are:

- Convening higher education leaders from the countries to encourage new collaborations.
- Expanding dialogue and access to information resources by utilizing the Internet as a mechanism for dialogue and a dissemination vehicle for current research related to higher education in North America.

A comparative research series published by WICHE analyzes major policy issues and differences in Canadian, Mexican, and U.S. higher education.

FACULTY DIVERSITY

WICHE is a major partner in a national effort to develop more college faculty from among minority groups. WICHE's Doctoral Scholars Program has provided support for 50 minority doctoral students in 12 states.

MENTAL HEALTH

The WICHE Mental Health Program seeks to improve the quality of training and research in mental health by working with educators and mental health practitioners and administrators. The overall aim of these activities is to expand public mental health resources, develop an educated and trained workforce, and provide research and information services.

THE COMMISSION

ALASKA

Diane M. Barrans, executive director, Alaska Commission on Postsecondary Education, Juneau;

Johnny Ellis, state senator, Anchorage

ARIZONA

Frank Besnette (WICHE vice chair, 1998), executive director, Arizona Board of Regents, Phoenix;

Rick Lavis, executive vice president, Arizona Cotton Growers, Phoenix;

Daniel Schottel, state representative, Tucson

CALIFORNIA

Phillip G. Bardos, former member of the Los Angeles City Board of Education and the California Community Colleges Board of Governors, Channel Islands;

Judith Chambers, vice president of student life, University of the Pacific, Stockton;

Charles Lindahl, associate vice chancellor for academic affairs, California State University System.

COLORADO

Audrey Alvarado (WICHE chair, 1995), associate dean for student and external affairs, GESPA Graduate School of Public Affairs, University of Colorado, Denver;

Joe D. May, president, Pueblo Community College;

Dwayne C. Nuzum, executive director, Colorado Commission on Higher Education, Denver.

HAWAII

Doris Ching, vice president for student affairs, University of Hawaii at Manoa, Honolulu;

Gerald L. De Mello, director of university relations, University of Hawaii at Hilo;

Raymond S. Ono, senior vice president, University Banking Center, First Hawaiian Bank, Honolulu.

IDAHO

Gregory G. Fitch, executive director for higher education, State Board of Education, Boise;

Jack Riggs, state senator and physician, Coeur d'Alene;

Charles Ruch, president, Boise State University

MONTANA

Richard Crofts, commissioner, Montana University System, Helena;

Francis J. Kerias, former president of Carroll College, Helena;

Emily Swanson, state representative, Bozeman.

NEVADA

Richard S. Jarvis, chancellor, University and Community College System of Nevada, Reno;

Paul Page (WICHE chair, 1996), vice president for university advancement, University of Nevada, Reno;

Raymond D. Rawson, state senator, Las Vegas

NEW MEXICO

Everett Frost, president, Eastern New Mexico University, Portales

Pauline Gubbels, state representative, Albuquerque;

Bruce D. Hamlett, executive director, Commission on Higher Education, Santa Fe

NORTH DAKOTA

Roy Hausauer, state representative, Wahpeton;

Larry Isaak, chancellor, North Dakota University System, Bismarck.

Joe Peltier, vice president, North Dakota Board of Higher Education, Arthur

OREGON

Diane Vinos (WICHE chair, 1997), vice chancellor for corporate and public affairs and board secretary, Oregon University System.

Roger J. Bassett, commissioner, Oregon Community Colleges and Job Training Partnership Act Administration, Salem.

George E. Richardson, Jr., manager of federal and local government relations and community affairs, Northwest Natural Gas Company, Portland

SOUTH DAKOTA

Robert Burns, distinguished professor and acting director, W.O. Farber Center for Civic Leadership, University of South Dakota, on leave from the Political Science Department, South Dakota State University, Brookings;

David R. Gienapp, lawyer and president, South Dakota Board of Regents, Madison;

Robert T. (Tod) Perry, executive director, South Dakota Board of Regents, Pierre.

UTAH

Cecelia H. Foxley, commissioner of higher education, Utah System of Higher Education, Salt Lake City;

Lyle Hillyard (WICHE chair, 1998) state senator, Logan;

Dale O. Zabriskie, president, Zabriskie & Associates, and member, State Board of Regents, Salt Lake City

WASHINGTON

Don Carlson, state representative, Vancouver;

Marcus S. Gaspard, executive director, Washington State Higher Education Coordinating Board, Olympia;

Ken Jacobsen, state senator, Seattle.

WYOMING

Philip L. Dubois, president, University of Wyoming, Laramie.

Rae Lynn Job, state senator and director of special projects, Sweetwater School District #1, Rock Springs;

Charles J. Yates, manager of surface operations, Solvay Minerals, Green River

ALASKA AND WICHE

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION

Alaska's membership in WICHE, an innovative regional compact among 15 Western states, enables it to reduce costs, better serve students, and enhance its higher education system. Key benefits include:

- WICHE expands the range of educational programs and institutions available to Alaska students, while helping Alaska avoid having to develop new programs in several disciplines. Through WICHE, several thousand Alaska students have trained outside the state in professional, undergraduate, and graduate programs at reduced tuition rates; Alaska has welcomed hundreds of nonresident students to its programs.
- Expanding the use of new technologies in delivering educational services is essential in today's competitive educational environment. Through WICHE, four Alaska institutions and organizations participate in an international telecommunications cooperative to improve their distance learning programs.
- Complex problems confront higher education policy makers in the West. Those policy makers are receiving useful comparative data and information from WICHE to help put various state issues into regional and national contexts and to share effective strategies.
- As the West's population becomes increasingly diverse, a shortage of minority faculty members continues to affect Western institutions. Through WICHE's Doctoral Scholars program, Alaska minority students receive support to earn their doctorates and become faculty members.
- Preparing students to function in a global marketplace requires increasing collaboration among public and private sector leaders. Alaska's institutions, through WICHE, have access to a growing North American network of education and business leaders who are developing collaborative initiatives among Canada, the U.S., and Mexico.
- Regional collaboration and resource sharing facilitated by WICHE also benefit Alaska's mental health system.

Representing Alaska on the 45-member Commission are: Diane M. Barrans, executive director, Alaska Commission on Postsecondary Education, Juneau; and Johnny Ellis, state senator, Anchorage. WICHE Commissioners are appointed by the governors of their member states. Sen. Ellis also serves on WICHE's Legislative Advisory Committee, along with State Representative Gene Therriault.

The 15 member states — Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming — share higher education programs, expertise, facilities and data. Equally apportioned state dues provide WICHE's basic support; many projects are funded substantially by foundations and the federal government.

STUDENT EXCHANGE PROGRAMS

Exchanges allow Alaska students to tap professional, undergraduate, and graduate programs outside the state at a cost comparable to what they would pay at home. In this way, they have affordable access to higher education, and Alaska avoids costly and unnecessary duplication of programs and facilities.

Through the Professional Student Exchange Program, 15 fields of professional career education, most in the health professions, are available. More than 10,600 professionals have received home state support when enrolled in participating programs in another WICHE state. Nearly 93 percent of these professionals have remained in the region. Some 1,139 of these professionals were from Alaska.

Through the Western Undergraduate Exchange, students may attend programs outside their home state. They pay 150 percent of the receiving school's resident tuition, much less than the standard nonresident tuition. A record of nearly 8,300 students enrolled in 1997-98 under this exchange, which involves more than 100 campuses in 13 WICHE states. Some 894 students from Alaska enrolled in other states at no cost to the state. Another 81 students from other participating states enrolled in Alaska.

Through the Western Regional Graduate Program, distinctive, high quality graduate programs are

open to students in 14 states at a resident-tuition rate. Some 111 participating master's and doctoral programs are available at 35 institutions. In 1997, 13 graduate students from Alaska enrolled in programs outside the state while other graduate students were eligible to enroll in Alaska's programs.

EDUCATIONAL TELECOMMUNICATIONS

WICHE's Western Cooperative for Educational Telecommunications is a leader in helping states and institutions to more effectively develop and use their educational technologies. The Cooperative serves nearly 200 dues-paying members in 37 U.S. states and six countries. Four Alaska institutions or organizations are members of the Western Cooperative: Ilisagvik College, Barrow; the University of Alaska Fairbanks; the University of Alaska Southeast; and the University of Alaska System Office. April Crosby, dean of instruction at Ilisagvik College is the chair of the Western Cooperative's Steering Committee.

Alaska had 19 participants at recent Cooperative conferences and institutes on key distance education issues. Training is also provided for managers of distance education programs on campuses and in higher education systems. The Cooperative helped design and implement the "electronic" Western Governors University that will offer competency-based educational programs. It is also developing tools and providing training for evaluating the effectiveness of technology in education. A recent project surveyed more than 1,000 higher education institutions to identify exemplary student support services in distance learning. Members also benefit from the Cooperative's monitoring of national legislative and regulatory issues related to distance learning.

POLICY & INFORMATION

WICHE promotes the sharing of information on higher education issues by gathering data and publishing reports, both printed and on the Internet, and by convening decision makers to develop options on a regional basis. WICHE publishes a regional fact book to inform policy makers concerning higher education trends and to provide multiyear and interstate comparisons. WICHE also collects annual tuition data.

A three-year project is in progress to develop policy plans for systematic change in higher education. A four-member Alaska delegation attended a workshop on

transforming higher education that included state legislators, regents, institution presidents and other executives, and students, and three represented the state at a forum on articulation and transfer. Other multistate forums are planned.

FACULTY DIVERSITY

WICHE is a major partner in a national effort to develop more college faculty members from among minority groups. WICHE's Doctoral Scholars Program has provided support for 50 minority graduate students enrolled at the University of Alaska Fairbanks and in 11 other states. Currently, one Alaskan is a scholar.

NORTH AMERICAN COLLABORATION

Working with regional and international partners, WICHE created the Consortium for North American Higher Education Collaboration. The Consortium enables institutions and states to explore initiatives involving education leaders in Canada, Mexico, and the U.S. Other founding partners are the University of Arizona, the Universidad Autónoma de Baja California, the Mexican Association for International Education, the University of British Columbia, and the California State University system, with support from the Ford Foundation.

Strategies are to expand dialogue and access to information through an Internet group; to foster collaboration among institutions committed to effecting social change along the U.S.-Mexico borderlands; and to publish research comparing higher education in the three countries.

MENTAL HEALTH

WICHE's Mental Health Program enables states to save dollars, staff time, and administrative resources in providing mental health services. The program is a nucleus for influencing national and regional mental health policy. It offers comparative decision support information; research to better serve mental health clients; collaboration between educators and service providers; and improvements in management information systems. State mental health directors and advisers provide program direction.

5th February, 1999

Representative Eldon Mulder
Capital Building
Juneau, Alaska
99801

Dear Sir:

I am writing in support
of House Bill 27.

Within the past week I recently
heard a radio news broadcast in
which I learned you are
sponsoring a legislative bill
facilitating our Alaska residents
to pursue higher educational
opportunities, through the use
of the VICE program. (Which I
understand Alaska has not
participated in since 1997.)

As a concerned resident
and parent, I encourage our
State to assist our young people
to develop professionally, thereby
bringing needed services to
our State.

I am intimately aware of
two young people wishing to
go into the medical field.

One - our son - , now 24 years
old, obtained a degree from
Michigan State University and
sought to enroll in a Master's
Program in Physical Therapy.

He qualifies for such based on his undergraduate studies.

His friend, also near the same age, decides to enroll in Medical School having obtained his undergraduate degree.

Both young people have Alaska residency, however neither of the programs are available in Alaska.

The cost of the programs are also prohibitive without some financial assistance to them. They both had plans to apply & enroll in the WCHS Program - only to learn Alaska no longer participates.

Our son has also applied to an "outside" school only to be told the school was not accepting out of state residents.

Therefore, it appears my son & his friend will be forced to leave Alaska, establish residency in another State in order to pursue their higher education; and to make it somewhat affordable (by not having to pay out of state tuition).

I would encourage our State of Alaska to facilitate & support our young people in pursuit of higher education especially in fields not available through our Universities in Alaska.

in return, I believe, this would encourage our young people, in their sense of appreciation and dedication, and more likely have them return to Alaska.

Both of these individuals are very hard working, industrious and would bring credit to the people of this State. (Let's not send all our young people away due to the lack of availability.)

Thanking you for seeing this need, your time, support and interest in sponsoring House Bill 27.

Sincerely,
Lina Lyle
PO Box 370589
Wasilla, Alaska
99687

(907) 376-6414

HB

37

FISCAL NOTE

STATE OF ALASKA
2000 LEGISLATIVE SESSION

BILL NO. CSHB37(FIN)

Revision Date/Time (Note if correction): _____ Dept. Affected: Health and Social Services
 Title: Relating to Smoking Education and Cessation BRU: Health Services
 Component: Community Health and EMS
 Sponsor: Rakeberg COMPONENT SERIAL NO. 2078
 Requestor: Senate (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	168.8	168.8	168.8	168.8	168.8	168.8
TRAVEL	15.0	15.0	15.0	15.0	15.0	15.0
CONTRACTUAL	701.6	701.6	701.6	701.6	701.6	701.6
SUPPLIES	5.5	5.5	5.5	5.5	5.5	5.5
EQUIPMENT	7.5	7.5	7.5	7.5	7.5	7.5
LAND & STRUCTURES						
GRANTS, CLAIMS	701.6	701.6	701.6	701.6	701.6	701.6
MISCELLANEOUS						
TOTAL OPERATING	1,600.0	1,600.0	1,600.0	1,600.0	1,600.0	1,600.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
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CHANGES 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	1,600.0	1,600.0	1,600.0	1,600.0	1,600.0	1,600.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
TOTAL	1,600.0	1,600.0	1,600.0	1,600.0	1,600.0	1,600.0

Estimate of any current year (FY2000) cost: \$1.4

POSITIONS:

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

ANALYSIS: (Attach a separate page if necessary)

Last year the Department of Health and Social Services received \$1.4 million of the \$3.0 million requested for tobacco control. This fiscal note requests the balance of that 3.0 million. A comprehensive tobacco prevention and control program is required if Alaska is ever to become tobacco-free. Based on CDC's "Best Practices" Guidelines, the attached one page summary describes the core components and requested funding levels of a comprehensive tobacco prevention and control program. It is critical to build the capacity for the program to adequately plan, evaluate, and conduct ongoing surveillance activities. Funding is requested to support 1.0 FTE (percentages of 2 staff) to complete these functions. These positions would work with tobacco prevention and control staff and partners to design and implement on-going surveillance and evaluation efforts required to monitor tobacco control efforts and use over time, and to evaluate tobacco control efforts at all levels. They will analyze data, prepare and disseminate reports and provide technical assistance to statewide organizational partners and program staff. (see attached sheet)

Prepared by: Peter M. Nakamura, MD Phone: 465-3090
 Division: Public Health Date/Time: 1/25/00 9:39 AM
 Approved by Commissioner: Karen Verdue, Commissioner Date: 1/25/00
 Agency: Department of Health & Social Services

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ANALYSIS (cont.):**CDC Best Practices Funding Priorities - Based on a 3 Million Dollar Program****Local Community Partnerships and Statewide Partnerships (\$1,439,475):**

- >Involve individuals in their homes, work sites, places of worship, entertainment venues, and civic organizations;
- >Include community professional, geographic, and ethnic diversity and strengths;
- >Promote community-wide policies such as access and advertising restrictions and clean indoor air initiatives;
- >Promote and support accessible cessation programs;
- >Provide statewide quit line providing general information, referrals, and self-help kits;
- >Ensure physician/health care provider training and statewide evaluation coordination;
- >Reach special populations such as youth, women, ethnic minorities, and low income individuals;
- >Provide technical support to provide updates and materials on educational strategies, policy and current research;
- >Ensure program coordination to expand diversity of alliance members to include tobacco industry target populations such as minorities, youth, and women.

School-Based Programs (\$416,475):

- >Promote a zero tolerance, requiring school policies on tobacco use for students, staff, and visitors;
- >Provide peer-teaching programs;
- >Assure tobacco prevention instruction for all students and teachers;
- >Provide cessation support for tobacco users.

Counter-Marketing (\$511,475):

- >Place effective ads on primetime television, radio, billboard, and print;
- >Focus on the responsibility of the industry relating to financial costs and health liability;
- >Maintain tested, up-to-date, rapid response, and sustained ads;
- >Provide technical assistance to local programs to ensure that statewide campaigns are coordinated with local efforts;

Surveillance and Evaluation (\$257,100):

- >Assist in local program evaluation and outcome measurement work;
- >Develop capacity for data collection and analysis in such areas as regional, state, and national health and tobacco cessation strategies;
- >Produce reports and disseminate findings to partners, grantees, program staff, and policy makers;
- >Provide training and technical assistance to partners, grantees, and program staff on the collection and use of data in program evaluation.

Enforcement (\$375,475):

- >Conduct FDA merchant inspections
- >Conduct/ensure local agency merchant inspections/prosecutions/hearings;
- >Provide merchant education;
- >Develop/provide diversion programs for under-age offenders.

Alaska Department of Revenue
Income and Excise Audit Division
FY 99 Cigarette and Tobacco Products
From Tax Returns

45¢/PKg
surcharge

Cigarettes

Type	Jun-98	Jul-98	Aug-98	Sep-98	Oct-98	Nov-98	Dec-98	Jan-99	Feb-99	Mar-99	Apr-99	May-99	Total
Acquired*	87,207,941	82,971,184	78,511,605	79,900,674	71,792,577	78,571,147	72,736,159	56,045,866	63,112,468	77,250,234	64,615,161	70,877,306	883,592,322
Military*	(150,380)	(159,800)	(219,200)	(137,800)	(135,400)	(276,140)	(168,800)	(133,200)	(139,000)	(147,000)	(163,000)	(146,800)	(1,976,520)
Indian	(1,081,200)	(717,200)	(934,000)	(800,400)	(647,200)	(110,800)	(804,000)	(431,800)	(438,000)	(620,320)	(556,000)	(517,400)	(7,658,400)
Credits	(1,357,760)	(1,405,660)	(1,142,560)	(1,434,460)	(917,090)	(2,380,630)	(1,008,615)	(1,123,760)	(2,405,460)	(454,260)	(1,561,300)	(336,970)	(15,528,525)
Taxable	84,618,601	80,688,524	76,215,845	77,528,014	70,092,887	75,803,577	70,754,744	54,357,026	60,130,008	76,028,654	62,334,861	69,876,136	858,428,877

Cigarette liability	\$4,230,930	\$4,034,426	\$3,810,792	\$3,876,401	\$3,504,644	\$3,790,179	\$3,537,737	\$2,717,851	\$3,006,500	\$3,801,433	\$3,116,743	\$3,493,807	\$42,921,443
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Tobacco Products

Acquired	\$629,973	\$629,325	\$620,655	\$593,117	\$495,129	\$581,279	\$454,413	\$480,773	\$487,237	\$612,084	\$527,645	\$584,620	\$6,696,253
Military	(1,234)	(822)	(1,178)	(1,300)	(1,079)	(2,947)	(1,070)	(802)	(1,281)	(1,221)	(1,811)	(1,290)	(16,035)
Indian	(7,395)	(4,928)	(5,773)	(3,954)	(3,212)	(590)	(3,508)	(2,587)	(2,166)	(4,481)	(4,720)	(5,444)	(48,758)
Credits	(8,816)	(17,487)	(20,214)	(7,815)	(15,930)	(22,264)	(7,156)	(6,381)	(12,974)	(11,518)	(12,686)	(11,021)	(154,262)
Taxable	\$612,528	\$606,088	\$593,490	\$580,048	\$474,908	\$555,478	\$442,679	\$471,003	\$470,816	\$594,864	\$508,428	\$566,865	\$6,477,198

Tobacco liability	\$459,396	\$454,566	\$445,118	\$435,036	\$356,181	\$416,608	\$332,009	\$353,253	\$353,113	\$446,149	\$381,321	\$425,148	\$4,857,898
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Combined liability	\$4,690,326	\$4,488,992	\$4,255,910	\$4,311,437	\$3,860,825	\$4,206,787	\$3,869,746	\$3,071,104	\$3,359,613	\$4,247,582	\$3,498,064	\$3,918,955	\$47,779,341
0.4% Commission	(18,761)	(17,956)	(17,024)	(17,246)	(15,443)	(16,827)	(15,479)	(12,284)	(13,438)	(16,990)	(13,992)	(15,676)	(191,117)
Net Tax	\$4,671,565	\$4,471,036	\$4,238,886	\$4,294,191	\$3,845,382	\$4,189,960	\$3,854,267	\$3,058,820	\$3,346,175	\$4,230,592	\$3,484,072	\$3,903,279	\$47,588,224

*Direct military sales not collected above	7,824,000	7,968,000	8,772,000	6,852,000	8,364,000	5,148,000	7,890,000	4,470,000	6,492,000	5,412,000	6,096,000	5,304,000	80,592,000
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All data is updated monthly, so statistics can change due to subsequent filings or adjustments.

ALASKA STATE LEGISLATURE

House of Representatives

COMMITTEE ASSIGNMENTS

LABOR & COMMERCE COMMITTEE, CHAIRMAN
JUDICIARY COMMITTEE, MEMBER
LEGISLATIVE COUNCIL, MEMBER
SPECIAL COMMITTEE ON UTILITY RESTRUCTURING, MEMBER
SPECIAL COMMITTEE ON ECONOMIC DEVELOPMENT & TOURISM, MEMBER

e-mail: Representative_Norman_Rokeberg@legis.state.ak.us



INTERIM
716 WEST 4TH AVENUE, SUITE 640
ANCHORAGE, AK 99501
PHONE: (907) 269-0117
FAX: (907) 269-0119

SESSION:
ALASKA STATE CAPITOL
JUNEAU, AK 99801-1182
PHONE: (907) 465-1968
FAX: (907) 465-2040

Representative Norman Rokeberg

SPONSOR STATEMENT

CSHB37

"An Act relating to restricting sale of cigarettes and to smoking education and cessation programs administered by the Department of Health and Social Services"

This legislation was introduced in conjunction with CSHB21, which allocates the \$669 million that Alaska will receive under the tobacco settlement. CSHB37 adds a comprehensive smoking education, tobacco use prevention, and tobacco control program to the list of state programs administered by the Department of Health and Social Services. It also contains provisions to bolster tobacco control enforcement efforts in Alaska.

SMOKING IS THE LEADING CAUSE OF DEATH IN ALASKA. According to the Alaska Tobacco Control Alliance, about 500 Alaskans die every year from smoking-related illnesses. Alaska has one of the highest smoking rates in the country—110,000 smokers—and more than 80 percent of Alaskans who smoke report that they want to quit. We need to lend a hand to those who want to quit, and prevent people—our youth, in particular—from starting this potentially deadly habit.

CSHB37 outlines a comprehensive tobacco control program based on the Center for Disease Control's guidelines. Similar programs in California and Massachusetts have yielded remarkable results: cigarette consumption in California has declined 40% overall, and smoking in Massachusetts has decreased by 31%. Alaska is long overdue for such a program. The sooner we implement it, the sooner we can save lives and reduce the costs to individuals and the State for smoking-related illnesses.

Additionally, this bill prohibits sales of cigarettes in groups of less than 20, not in their original packaging, and not properly labeled for sale in the United States. By strengthening tobacco control enforcement, these provisions help support the comprehensive program.

It is the sponsor's intention that upon passage of this bill, contractual agreements will be made with organizations such as the American Lung Association of Alaska, the American Cancer Society, and the Alaska Native Health Board to implement the program. The Department of Health and Social Services will be responsible for oversight; we do not need to contribute to government bureaucracy by burdening the State with additional programmatic duties.

This bill will be a valuable tool in shaping the future of all Alaskans—whether they be young or old, smokers or not—by improving their overall health, decreasing smoking-related medical costs, protecting our future generations from the negative effects of smoking, and even saving lives.

I urge you to support this legislation.

ALASKA STATE LEGISLATURE

House of Representatives

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SPECIAL COMMITTEE ON ECONOMIC DEVELOPMENT &
TOURISM, MEMBER

e-mail: Representative_Norman_Rokeberg@legis.state.ak.us



INTERIM,
718 WEST 4TH AVENUE, SUITE 540
ANCHORAGE, AK 99501
PHONE: (907) 269-0117
FAX: (907) 269-0119

SESSION:
ALASKA STATE CAPITOL
JUNEAU, AK 99801-1182
PHONE: (907) 465-4068
FAX: (907) 465-2040

Representative Norman Rokeberg

SECTIONAL ANALYSIS CSHB37

"An Act relating to restricting sale of cigarettes, to enforcement of certain laws relating to sales of cigarettes, and to smoking education and cessation programs administered by the Department of Health and Social Services."

Prepared by: Representative Rokeberg

Section 1: Amends AS 43.70.075 (License endorsement) by adding new subsections which specify that:

- cigarettes be sold in groups of at least 20 and in the manufacturer's original cigarette pack or in a cigarette carton or box;
- cigarettes may not be sold or possessed if: (A) the cigarette package is not properly labeled according the federal Cigarette Labeling and Advertising Act; (B) the cigarette package indicates that the product was meant for export; (C) the cigarette package has been altered in order to conceal the language mentioned in (B).
- The commissioner of commerce and economic development may seize cigarettes not in compliance with this section and destroy them after notice and an opportunity for a hearing has been given.

Section 2: Amends AS 44.29.020(a) (Duties of department) to include a comprehensive smoking education, tobacco use prevention and tobacco control program in the list of state programs administered by the Department of Health and Social Services. Mandates that the program will include certain components, and will be conducted by contract or grant with more than one organization in the state.

ALASKA STATE LEGISLATURE

House of Representatives

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INTERIM:
716 WEST 4TH AVENUE, SUITE 640
ANCHORAGE, AK 99501
PHONE: (907) 269-0117
FAX: (907) 269-0119

SESSION:
ALASKA STATE CAPITOL
JUNEAU, AK 99801-1182
PHONE: (907) 465-4968
FAX: (907) 465-2040

e-mail: Representative_Norman_Rokeberg@legis.state.ak.us

Representative Norman Rokeberg

Many organizations and individuals support the use of tobacco funds for the program outlined in House Bill 37. The following is a list of those who have sent messages and letters of support:

American Cancer Society
American Heart Association
American Lung Association
Alaska Native Health Board
American Industrial Hygiene Association, Midnight Sun Section
Alaska Academy of Physician Assistants
Alaska Dental Society
Alaska State Dental Hygienists' Association
Rena Anderson, RDH
Alaska Association of Elementary School Principals
Alaska Women's Resource Center
Southeast Alaska Regional Health Consortium
Native Village of Gambell
Office of Health Nations
Recovery Center, Ketchikan General Hospital
"Haa Gaaw aat lax-ee" (The Drum Dancers)
Juneau Tobacco Prevention Network
Anchorage School Board
Cordova Public Schools
Teens Against Tobacco Use
Judy Downs, RN, Safe and Drug Free Schools
Jane Combs, PHN (for Barrow's public health nurses and self)
Dr. Hal Post, UAA, retired
Judith Bendersky, Public Health Educator
Christina Reagle
Evelyn Williams
Paul Barrett

My office has also received numerous POMs from individuals favoring the use of tobacco settlement funds for tobacco control and cessation programs.

Citizens To Protect Kids from Tobacco

1057 W. Fireweed Lane, Suite 204 • Anchorage, Alaska 99503 • (907) 277-8696 • Fax: (907) 263-2073

March 8, 1999

Dear Legislators:

This Plan for the Future was developed by the Alaska Tobacco Control Alliance to provide a blueprint for dramatically reducing tobacco-caused addiction, disease, and death in Alaska. It incorporates proven strategies and expert recommendations for an effective, comprehensive statewide tobacco control program.

During the Hickel Administration, Alaska adopted a goal to reduce smoking prevalence to no more than 15% by the year 2000. We're not going to reach that goal, not in this century. But that doesn't mean we should give up. As Dr. Michael Eriksen, director of the CDC Office on Smoking and Health said, *"The challenge is to put into place what we know works. To do anything less is to turn our backs on the health of future generations."*

Another reason not to give up is because we now have the resources to fight tobacco and win. Those resources are in the form of tobacco industry payments to Alaska, amounting to over \$25 million a year for 25 years. With this money, we have a historic opportunity to make sure that the past does not become the future.

Citizens To Protect Kids from Tobacco supports using at least 30% of the tobacco settlement payments to fund an ongoing, comprehensive tobacco control program. We ask that you consider the following points:

Tobacco company payments should go to fight tobacco company harms. The tobacco companies' payments to Alaska for past tobacco-related harm to the state should be used to reduce the amount of damage tobacco use will cause Alaska and its citizens in the future.

The public supports using tobacco settlement money for tobacco control. In a pre-election poll of likely Alaska voters, 77% said that about half or more of the settlement funds should be spent on programs to reduce smoking.

Tobacco is the biggest killer in Alaska. One out of five deaths in the state are caused by smoking. More than 4,000 Alaskan kids under age 18 become new daily smokers each year.

A comprehensive statewide tobacco control strategy would dramatically reduce smoking and other tobacco use in Alaska. We know from the experience in other states that investing substantial resources in tobacco prevention and cessation programs pays off. The money is not wasted.

New tobacco control spending will save Alaska money. Tobacco use costs the Alaskan economy \$150 million each year in direct health care costs alone. This figure is



The impact of

tobacco in Alaska

Tobacco use is the leading cause of preventable death in Alaska. One out of five deaths in the state are attributable to smoking.

- Approximately 500 Alaskans die each year from smoking-related causes.
- Cigarettes kill more Americans each year than alcohol, AIDS, murders, suicides, car accidents, cocaine, heroin, and fires combined.
- Deaths related to cigarette smoking include a portion of cardiovascular disease; cancers of the lung, larynx, oral cavity, esophagus, pancreas, bladder, kidney, and cervix; chronic bronchitis, emphysema, and other respiratory deaths.
- Alaska's smoking rate among adults is 26.7% (1997). Among high school students, the rate is 36.5% (1995). State goals (Healthy Alaskans 2000) call for reducing the smoking prevalence among both youth and adults to no more than 15%.
- More than 80% of Alaskans who smoke report that they want to quit.
- Studies show that most smokers don't receive cessation advice from doctors and are confused about the best strategies for quitting.

Passive smoking/secondhand smoke

- Smoking can cause spontaneous abortion in pregnant women who smoke, as well as premature birth and low birth weight infants. Maternal smoking can cause Sudden Infant Death Syndrome.
- Secondhand smoke kills approximately 54,000 Americans each year, making it the third leading cause of death in the country. For every eight smokers killed by tobacco, one non-smoker dies too (60 each year in Alaska).

Tobacco addiction starts with kids

- Tobacco addiction almost always starts in childhood or adolescence. The average age of smoking initiation is 14.5. Almost 90% of smokers start before the age of 19.
- The number of American teenagers taking up smoking as a daily habit jumped 73% between 1988 and 1996. Youth smoking and smokeless tobacco use rates in Alaska are higher than in the U.S. as a whole.
- Four thousand Alaskan kids join the ranks of daily cigarette smokers each year.

Smokers need help in quitting

- Researchers widely regard nicotine to be as addictive as heroin or cocaine.

The economic burden of tobacco

- Total medical expenditures attributable to smoking amount to over \$70 billion a year in the U.S. In Alaska, these expenditures total \$154 million annually. Of this total, Medicaid pays about \$23 million.
- Additional direct health care expenditures caused by tobacco include the costs related to exposure to secondhand smoke, smoking-caused fires, and smokeless tobacco use. These costs are believed to total in the tens of millions of dollars.
- Other non-health costs by tobacco include work productivity losses and direct residential and commercial property losses from fires caused by smoking.

(over)—

The Alaska Tobacco Control Program

Executive Summary

Components of the proposed comprehensive tobacco control program for Alaska are:

- Community Programs – \$2 million
- Cessation Programs – \$1.4 million
- Counter-marketing – \$1 million
- School-based Programs – \$750,000
- Tobacco-Free Partnership Projects – \$1.8 million
- Enforcement – \$600,000
- Program Development, Management, and Evaluation – \$650,000

TOTAL: \$8.2 million

BACKGROUND

Investing in tobacco prevention and cessation WORKS, saving lives and dollars. The clearest evidence of this comes from California and Massachusetts, two states that have invested significant resources (from tobacco tax revenues) to fund comprehensive tobacco control programs.

In California, which has the longest-running tobacco control program, **cigarette consumption has declined by more than 40%** since 1988. In Massachusetts, a 25¢ tax increase and large, comprehensive tobacco control program have reduced smoking consumption by 31% since 1994.

The federal Centers for Disease Control and Prevention has analyzed the experience in California, Massachusetts, and other states to identify **components of effective state tobacco control programs and recommend funding levels** to achieve tobacco use reduction goals in each state.

For Alaska, **CDC guidelines** specify a lower estimate of \$8.7 million and an upper estimate of \$17.7 million annually for comprehensive tobacco prevention and control. The **Alaska Tobacco Control Alliance** has studied the CDC guidelines as well as information from other sources and developed a tobacco control plan funded at \$8.2 million annually (minimum level).

ATCA's plan for preventing tobacco-caused addiction, disease, and death in Alaska calls for a **broad-based collaborative effort** involving state and

local policy makers, the professional health care community, businesses, educators, parents, and children. Major goals are to prevent children from becoming addicted to tobacco, help youth and adults who want to quit, and protect nonsmokers from secondhand smoke. The ATCA plan incorporates **proven strategies** for tobacco use reduction.

In November 1998, **Alaska joined a multi-state settlement with the tobacco industry** that is expected to provide \$669 million over the next 25 years. The ATCA plan for tobacco control could be funded with less than a third of the average annual payment from the settlement.

Alaska's share of the multi-state settlement includes **an extra \$200 million** that was negotiated to cover the costs associated with implementing a comprehensive tobacco control program.

Revenue from tobacco sources in Alaska (tobacco taxes and settlement payments) will soon exceed \$70 million annually. However, the state currently spends only \$200,000 from general fund revenues for tobacco control efforts.

In a **statewide survey of registered voters** conducted in October 1998, 77% of respondents said that at least half of the tobacco settlement money coming to Alaska should be used for programs to reduce tobacco use.

The Alaska Tobacco Control Program

Program Components

The seven essential components of a comprehensive tobacco control program are:

COMMUNITY PROGRAMS

Community efforts to change public attitudes and behaviors about tobacco represent a key component in any comprehensive program to reduce tobacco addiction. Such efforts must involve as many community members as possible in planning and carrying out public awareness campaigns and other activities to promote tobacco-free social norms. Coordination and technical assistance will ensure that community partners are accountable for effective project implementation.

CESSATION PROGRAMS

The vast majority of smokers want to quit. Those who succeed greatly reduce their risk of smoking-related disease and early death. In addition, helping adults to quit smoking protects their children from the dangers of secondhand smoke and can reduce the number of newborn babies who suffer or die as a result of "passive smoking." Cessation programs that include counseling and pharmaceutical support can increase success rates dramatically. Other components of a statewide tobacco control program, such as community-based projects and a high profile media campaign, will help motivate smokers to take advantage of cessation services.

TOBACCO-FREE PARTNERSHIP PROJECTS

Within this component, a variety of external partners will expand project reach and impact by targeting at-risk populations, incorporating tobacco prevention and cessation efforts within other health programs, and providing critical networking, communications, technical assistance, and research services from outside the state bureaucracy. Like the Quit Line and counteradvertising campaign, these projects are statewide in scope.

COUNTERMARKETING

No one knows better than the tobacco industry the power of advertising and product promotion. Health advocates can use these same tools with powerful impact. Research shows that tobacco countermarketing promotes quitting, decreases the likelihood of initiation, and supports school and community efforts to create tobacco-free social norms.

SCHOOL-BASED PROGRAMS

While almost all children know that "smoking is bad for you," this fact alone has not prevented a dramatic increase in youth smoking since 1988. The Centers for Disease Control and Prevention has evaluated school-based tobacco prevention programs and issued guidelines for choosing and implementing an effective program. When these guidelines are followed, a school-based program can reduce smoking prevalence significantly.

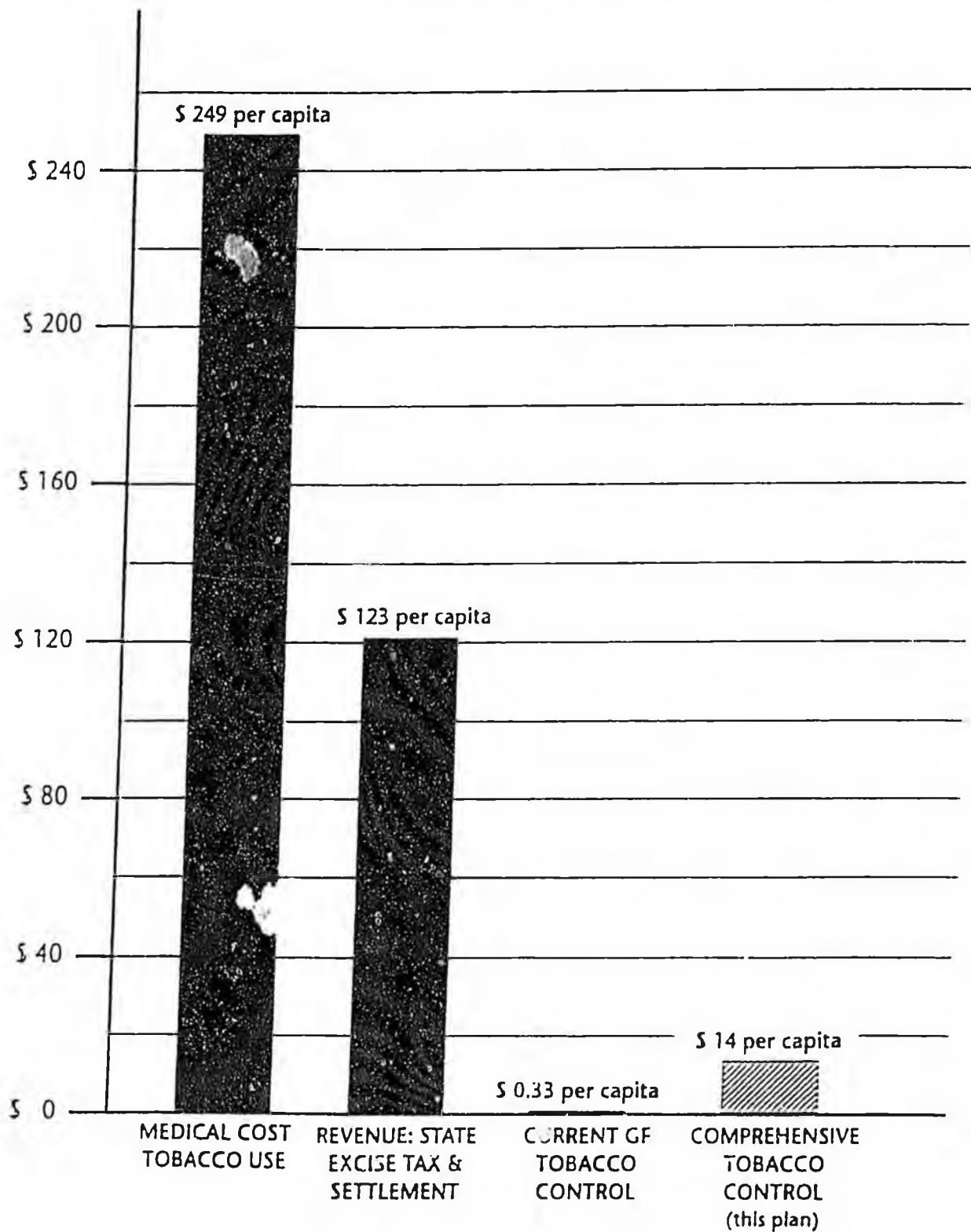
ENFORCEMENT

Enforcement of tobacco control policies enhances their efficacy both by deterring violations and by sending a message to the public that community leadership believes the policies are important. Existing laws and new laws in the areas of youth access, tax compliance, and clean indoor air all require enforcement for maximum impact.

PROGRAM DEVELOPMENT, MANAGEMENT, and EVALUATION

Ultimate accountability for the wise use of state tobacco control program dollars must rest with the Alaska Department of Health and Social Services. A comprehensive statewide program cannot work smoothly and effectively without sufficient investment in program planning and coordination. Likewise, surveillance and evaluation provide critical feedback and help ensure accountability.

ALASKA: THE COST OF TOBACCO USE, STATE TOBACCO REVENUE,
CURRENT GENERAL FUND SPENDING for TOBACCO CONTROL,
and PROPOSED SPENDING, ATCA PLAN
(annual, per capita)



Why Alaska Should Use Its Tobacco Settlement Money To Support A New Comprehensive Statewide Tobacco Control Strategy

Alaska has already begun deciding how to use the millions of dollars it will receive each year from the settlement agreement with the tobacco companies. While some state legislators and others might be tempted to direct these new funds to a tax cut or to other favorite projects or causes, the arguments for directing a substantial portion of the settlement payments to establish a comprehensive statewide tobacco control strategy are overwhelming. It would substantially reduce smoking and other tobacco use, save thousands of lives and millions of dollars, dramatically improve public health, and do more to help Alaska and its citizens than any other option.

Tobacco Company Payments Should Go To Fight Tobacco Company Harms. The tobacco companies' payments to Alaska for past tobacco-related harm to the state should be used to reduce the amount of damage tobacco use will cause Alaska and its citizens in the future -- and that means using settlement funds to sharply curtail smoking and other tobacco use throughout the state, especially among children.

The Public Supports Using Tobacco Settlement Money For Tobacco Control. In a pre-election poll of likely Alaska voters, 77% said that about half or more of the settlement funds should be spent to reduce smoking among kids (with only 1% saying that none of the funds should be so used). Similarly, in a recent nationwide poll, 84 percent of the respondents favored spending the money their state receives to reduce tobacco use among kids, including more than two-thirds (69%) who "strongly favor" spending the money for this purpose.

The Smoking Problem Is Big And Getting Worse. Approximately 27 percent of adult men and 25 percent of adult women in Alaska are current smokers, along with 36 percent of all high school students. While adult smoking has generally been declining in recent years, the number of kids who are smoking has been increasing steadily throughout the 1990s, and has only just experienced a small decline. Underage smoking remains at historically high levels, and over the past 10 years the number of kids under 18 who become daily smokers each year has increased by more than 70 percent. In Alaska alone, more than 4,000 kids under 18 become new daily smokers each year.

A Comprehensive Statewide Tobacco Control Strategy Would Dramatically Reduce Smoking And Other Tobacco Use In Alaska. California and Massachusetts have already initiated tobacco control campaigns that have reduced overall smoking levels within their borders at a faster rate than elsewhere in the country. Similarly, while youth smoking rates were going up nationwide, in California and Massachusetts they either declined or increased much more slowly -- despite significant reductions to both states' tobacco control efforts and despite aggressive tobacco company efforts to dampen the impact of the state programs.

New Tobacco Control Spending Will Save Lives. Tobacco use is responsible for more deaths than alcohol, auto accidents, AIDS, suicides, murders, and illegal drugs combined. Each year, about 400 people die from smoking-related causes in Alaska, and countless others suffer from tobacco-related disease and distress, including many of those exposed to second hand smoke. If current smoking trends are not reversed, roughly 17,000 of the children currently alive in the state will eventually die from smoking-related causes. Directing tobacco settlement monies to tobacco control can reduce this unnecessary disease, misery, and death -- and there is no better investment Alaska can make to save lives and improve public health.

New Tobacco Control Spending Will Save Alaska Money. Public and private direct expenditures in Alaska to treat health problems caused by smoking annually total roughly \$150 million, with the state government paying approximately \$20 million every year in cigarette-related Medicaid expenditures. Alaska and its citizens annually pay millions more for health care relating to smokeless tobacco use, cigar and pipe smoking, and exposure to second hand smoke. Beyond these direct health expenditures are tobacco-related labor costs and lost productivity (e.g., tobacco-related sick days); damage and loss from cigarette-related fires; and tobacco-related maintenance and cleaning expenses. An aggressive statewide tobacco control strategy would reduce all of these tobacco-related costs and save the state, its businesses, and its citizens many millions of dollars each and every year.

Nickel And Dimeing The Problem Won't Work. Significantly reducing tobacco use in Alaska requires substantial investment in a sustained and comprehensive multi-year tobacco control strategy. Anything less will not effectively counter the addictive power of nicotine or the tobacco companies' advertising and marketing expenditures (more than \$11 million per year in Alaska). Existing tobacco control efforts throughout the country show that the best way to reduce tobacco use, other than raising prices, is to take full advantage of a wide range of proven effective measures, including counter advertising, school and community-based prevention and cessation programs, the enhanced enforcement of laws prohibiting the sale of tobacco products to kids, and the firm maintenance of smoke-free workplaces and public areas. While any one of these tobacco control measures can reduce tobacco use by itself, they work much more powerfully and effectively when done together.

Relying On The Settlement Agreement's Tobacco Control Provisions Won't Work. Although the tobacco settlement contains some useful restrictions on tobacco marketing, they will not, by themselves, significantly hinder the tobacco industry's ability to market to kids. Similarly, the new national public education campaign financed by the multi-state settlement can significantly reduce tobacco use only if it is accompanied by strong state tobacco control efforts. Put simply, the tobacco settlement can dramatically cut tobacco use in Alaska only if the state uses its tobacco company payments to finance new tobacco control initiatives.

If The State Doesn't Do It, No One Else Will. Because of a special provision in the settlement agreement, until 2003 the tobacco companies' payments to Alaska will be reduced by any new federal funding made available to the state for tobacco control efforts that comes from an increase in the federal tobacco tax or from any other new charges against the tobacco companies. Consequently, it is highly unlikely that Congress will direct any new federal tobacco control funding to Alaska for some time.

Adequately Funding A Comprehensive Statewide Tobacco Control Strategy Would Still Leave Plenty Of Settlement Funding For Other Purposes. The U.S. Centers for Disease Control and Prevention estimates that adequately funding a comprehensive tobacco control effort in Alaska requires \$8 to \$17 million per year in new funding. Accordingly, Alaska could create a strong new tobacco control program and still have roughly \$10 million or more per year available for other purposes. Moreover, by increasing its tax on cigarettes (currently 100¢ per pack), one of the best ways to reduce tobacco use, Alaska could secure even more funding for tobacco control and other worthwhile initiatives.

Directing Settlement Payments To Tobacco Control Will Not Waste Money. Tobacco control efforts throughout the country have been carefully researched and evaluated. Accordingly, Alaska could easily direct its settlement payments to support only those types of tobacco control initiatives that have established track records and follow available research findings on how to maximize beneficial results. To further enhance cost effectiveness, Alaska could also require that all of its new tobacco control activities be carefully monitored and evaluated, both to avoid fraud and abuse and to continually improve program performance.

Sources

Polling data on using tobacco settlement payments for new tobacco control efforts from state-specific and national polls of likely voters conducted for the National Center for Tobacco-Free Kids by Mason Dixon Political/Media Research in early October 1998, and by Market Facts' TeleNation in early November 1998, respectively.

For state-specific data on deaths caused by smoking, smoking and smokeless tobacco use rates, and other tobacco-related information, see Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, State Tobacco Control Highlights 1997 (1998) (<http://www.cdc.gov/nccdp/psah/statehi/statehi.htm>). See also, CDC, "State-Specific Prevalence Among Adults of Current Cigarette Smoking and Smokeless Tobacco Use and Per Capita Tax-Paid Sales of Cigarettes - United States, 1997," Morbidity and Mortality Weekly Report 47(43): 922-926 (November 8, 1998); "1995 Alaska Youth Risk Behavior Survey"; CDC, "State-Specific Prevalence of Cigarette Smoking Among Adults, and Children's and Adolescents' Exposure to Environmental Tobacco Smoke - United States 1996," Morbidity and Mortality Weekly Report 46(44): 1038-1043 (November 7, 1997); CDC, "Smoking Attributable Mortality and Years of Potential Life Lost - United States, 1884" (with editors update for 1990-1994), Morbidity and Mortality Weekly Report 46(20): 444-451 (May 23, 1997). For projected smoking deaths among today's youth, see CDC, "Projected Smoking-Related Deaths Among Youth - United States," Morbidity and Mortality Weekly Report 45(44): 971-974 (November 8, 1996).

For state-specific data on smoking-related health expenditures and smoking-related Medicaid expenditures, see L. Miller, et al., "State Estimates of Total Medical Expenditures Attributable to Cigarette Smoking, 1993," Public Health Reports 113: 447-58 (September/October 1998). See also, L. Miller, et al., "State Estimates of Medicaid Expenditures Attributable to Cigarette Smoking, Fiscal Year 1993," Public Health Reports 113: 140-151 (March/April 1998).

For additional information on tobacco-related costs, see U.S. Department of the Treasury, The Economic Costs of Smoking in the U.S. and the Benefits of Comprehensive Tobacco Legislation (1998) (<http://www.treas.gov/press/releases/docs/tobacco.pdf>); F.J. Chaloupka and K.E. Warner, "The Economics of Smoking," in J. Newhouse and A. Culyer (eds), The Handbook of Health Economics (in press); CDC, Morbidity and Mortality Weekly Report 46(44) (November 7, 1997); CDC, Making Your Workplace Smokefree: A Decision Maker's Guide (1996); D. Mudari, "The Costs and Benefits of Smoking Restrictions: An Assessment of the Smoke-Free Environment Act of 1993 (H.R. 3434)," U.S. Environmental Protection Agency report submitted to the Subcommittee on Health and the Environment, Committee on Energy and Commerce, U.S. House of Representatives (April 1994); P. Brigham and A. McGuire, "Progress Toward a Fire-Safe Cigarette," Journal of Public Health Policy 16(4): 433-439 (1995); E.K. Adams and C.L. Melvin, "Costs of Maternal Conditions Attributable to Smoking During Pregnancy," American Journal of Preventive Medicine 15(3): 212-19 (October 1998); CDC, "Medical Care Expenditures Attributable to Cigarette Smoking During Pregnancy," Morbidity and Mortality Weekly Report 46(44) (November 7, 1997); J.J. Stoddard and B. Gray, "Maternal Smoking and Medical Expenditures for Childhood Respiratory Illness," American Journal of Public Health 87(2): 205-209 (February 1997).

For nationwide data on smoking trends see CDC, "Tobacco Use Among High School Students - United States, 1997," Morbidity and Mortality Weekly Report 47(12): 229-233 (April 3, 1998); Institute for Social Research, University of Michigan, Monitoring the Future Study (1998) (<http://www.isr.umich.edu/sr/mf/index.html>); CDC, "Incidence of Initiation of Cigarette Smoking - United States, 1965-1996," Morbidity and Mortality Weekly Report 47(39): 837-40 (October 9, 1998).

For evaluations of the Massachusetts and California comprehensive state tobacco control strategies, see T. Pechacek and M. Eriksen, Office of Smoking and Health, CDC, "Efficacy of Comprehensive Tobacco Control Programs: California and Massachusetts" (in press); J. Pierce, et al., "Has the California Tobacco Control Program Reduced Smoking?", Journal of the American Medical Association 280(10): 893-899 (September 9, 1998); T. Hu, et al., "Reducing Cigarette Consumption in California: Tobacco Taxes vs. an Anti-Smoking Media Campaign," American Journal of Public Health 85: 1218-1222 (September 1995); ABI Associates, Independent Evaluation of the Massachusetts Tobacco Control Program: Fourth Annual Report, January 1994 to June 1997 (1998); J.P. Pierce, et al., Tobacco Control in California: Who's Winning the War? An Evaluation of the Tobacco Control Program 1989-1996 (Univ. of California, San Diego 1998).

CDC estimates on how much Alaska would have to spend to implement a comprehensive statewide tobacco control program are from Office on Smoking and Health, CDC, "State Comprehensive Tobacco Prevention and Control Guidelines" (October 1998). Information on the states' tobacco settlement receipts from the website of the National Association of Attorneys General <http://www.naag.org/>, and related links.

December 31, 1998

Tobacco fund should help anti-smoking efforts

ERIC F. MYERS

Each day tobacco kills another Alaskan with cancer, emphysema, stroke, heart attack, premature birth, SIDS and other causes. Tobacco use is by far the greatest cause of preventable death. Nothing else even comes close.

If this were simply a matter of reckless adults making foolish choices, it would be one thing, but that's not the case. Nearly all tobacco use starts in childhood at the average age of 14. Even while the tobacco tax increase enacted two years ago is working as intended, some 14,000 Alaskans 18 and under who are alive today will become addicted and will die prematurely from tobacco-caused illness if present trends are not reversed. That's why



nicotine addiction is considered a "pediatric disease."

There are also economic effects. Tobacco-caused illness costs Alaskans \$150 million in needless medical costs, expenses paid by smokers and nonsmokers alike through increased insurance rates and higher health care expenses.

As compensation for these human and economic harms, Alaska joined in a settlement with the tobacco industry last November that will provide the state \$669 million over the next 25 years. The tobacco industry settlement is not a "windfall" — the roughly \$27 million per year Alaska

will receive is a direct result of thousands of Alaska deaths from tobacco addiction. Most importantly, the settlement provides the opportunity to prevent the past from becoming the future.

How many more Alaska kids are addicted and eventually killed by the tobacco industry is now up to the state Legislature. In the state House, Rep. Norm Rokeberg is working to make sure settlement money is invested in tobacco use prevention and cessation. Sen. Sean Parnell is leading efforts in the Senate.

But the going is tough, and many legislators say "we can't afford a new program" on tobacco use prevention and cessation. That tobacco control efforts are considered a "new program" pro-

vides the most disturbing insight of all, for it acknowledges that we've done so little to stop the needless parade of deaths. To date, Alaska has invested virtually nothing to prevent tobacco addiction (cigarette tax revenues go into the school construction fund, not for tobacco control efforts).

A statewide coalition of health organizations has developed a plan that would involve investing 30 percent of the tobacco settlement funds in comprehensive tobacco prevention and cessation efforts. A statewide poll shows that 84 percent of Alaskans support using settlement funds this way. There is no more fundamental purpose of state government than to protect public health. Experience in California, Massachu-

setts, Oregon and Florida proves that tobacco prevention programs work. We know we can save thousands of lives while avoiding needless costs. But only if we try. To not use the settlement funds for tobacco use prevention amounts to disregarding the thousands of deaths that have gone before and turning our backs on thousands of kids, the tobacco industry's victims of the future.

If there were an infectious disease killing one additional Alaskan each day, we know the Legislature would rush to combat such a threat. That's just the case with tobacco. The distinction is that the "infections" are taking place via expensive and sophisticated marketing and the lethal effects of tobacco use are de-

layed many years.

In just the five months since Alaska joined the settlement, more than 150 Alaskans have died from tobacco-caused illnesses. Tomorrow another Alaskan will die from tobacco, someone the following day and the day after that.

You can change that by contacting your legislators and insisting that the tobacco settlement be used with a priority on tobacco use prevention and cessation. Don't let the tobacco industry addict a whole new generation.

Can we afford to invest in tobacco control? With the lives of 14,000 Alaska kids at stake, we can't afford not to.

Eric F. Myers serves on the board of the American Cancer Society in Anchorage.

ing that psychological addiction is just as crucial as eliminating the physical one," says Bonnie Spring, a University of Illinois-Chicago psychologist whose programs achieve long-term quit rates of 40% or more. Adding some form of counseling to your quitting plan is essential, says Richard Merrick. Participants in his highly successful Kaiser Permanente program attend Nicotine Anonymous meetings (415-750-0328). Merrick says that the group, which applies Alcoholics Anonymous principles to smokers, is the best of the many low-cost or free groups because it offers long-term support. If Nicotine Anonymous doesn't meet in your area, both the American Cancer Society (800-227-2345) and the American Lung Association (800-586-4872) sponsor counseling programs of four to eight weeks' duration.

What's coming

In the research pipeline now are several drugs that, like Zyban, target brain chemistry. There are also novel forms of nicotine replacement, including an under-the-tongue tablet and a lollipop. The market for these drugs is expanding at a rapid pace. In 1998, sales of over-the-counter nicotine-replacement products exceeded \$568 million, according to Information Resources, a Chicago-based marketing research firm. That's nearly double total sales in 1996, when these products first became available over the counter. Prescriptions are soaring too. Sales for the 12 months that ended September 1998 totaled \$184.4 million, up 154% from the previous year, according to LMS Health, a health-care information company in Plymouth Meeting, Pa.

Using smoking-cessation aids as part of a plan you develop with an experienced doctor makes you more likely to reap their full benefits. First, though, talk to your health plan. About 75% of HMOs now cover smoking-cessation products and programs, which may be provided by the plan itself. You can also locate a physician who specializes in smoking cessation by calling the 3,200-member American Society of Addiction Medicine (301-656-3920).

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