

ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10207 HOUSE HEALTH EDUCATION & SOCIAL SERVICES 52

1-30-01

Teen shelter receiving unfair treatment from state agency

The Anchorage Daily News recently published an article about Division of Family and Youth Services Licensing closing Challenge Center, a three-bedroom home for teenage girls operated by Alaska Youth & Parent Foundation ("State tests teen shelter," Jan. 15). The article, based almost entirely on a DFYS report (which was released to the newspaper before our agency even had an opportunity to read it, much less respond to it), was neither factual nor objective.

We have now reviewed the report. And it is wrong. The DFYS investigation, and its subsequent "findings," are incomplete, inaccurate and clearly not factual. In an attempt to understand the basis of the report, AYPF has repeatedly asked DFYS Licensing for the notes, files, and interview materials it used, but DFYS Licensing has not released its full file. Why?

AYPF has asked for a full and fair hearing. We are confident the facts — the truth — will be exposed. Our agency will prove the three teenagers at the shelter were, in fact, thriving in its home-like setting until DFYS Licensing made unfair and unfounded accusations about us. Such actions are harmful to the youth both DFYS and AYPF are pledged to serve.

Unfortunately, this has happened to other foster care providers. If you have had a similar experience, or want to learn more about our organization, visit our Web site at www.aypf.ak.org, or call us at 274-6541.

— Bonnie Lembo
Honorary board member
Alaska Youth & Parent Foundation

2-1-01

Killer's light sentence shows kids and women are worth less than men

Doesn't it bother anyone else that Randall Smith can be convicted of murdering a male reporter and get 104 years in prison, while Melissa Falgoust tortured and murdered her foster child Steven Murray and received only 10 years? The message is loud and clear: Crimes against women and children in Alaska go unpunished by prosecuting attorneys. Our worth is less than that of men.

— Wendy Isbell
Anchorage

What is the rest of the story behind boy's death? We need answers 2-1-01

Steven Murray's story "Boy's killer gets 10 years in prison" (Jan. 27) isn't over yet. I would think it should be the beginning of the real story: Who was the social worker who decided to take the boy from his mother? Should the accuser of

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”
— John Tetpon

Steven's mother have any credibility? Who decided Steven should go to the Falgousts? Where was the tribe, if any, in this case? Why wasn't the Indian Child Welfare Act, if applicable, part of the CINA proceedings? Who was the judge who decided to place Steven with the Falgousts? Who was the guardian ad litem in this case? Did the defense attorney who represented Mrs. Falgoust know of her propensity for violence when he or she represented her regarding the baseball bat beating of her husband? As an officer of the court, why didn't he or she come forward?

These are questions that demand answers, for Steven's sake and for all the children in similar circumstances. Just because DFYS has said so does not mean Steven's mother was guilty of anything. I am sure she and all people would not have beaten her son to death. Not only is the system broken, the reporting is skewed to protect the status quo. Perhaps Rep. Fred Dyson's Health, Education and Social Services committee and the commissioner of the Department of Health and Social Services will address the above as a start. This incident surely deserves a full investigation. I submit that someone knew more than what we have been told.

— John Tetpon
Anchorage

In 1991 when my oldest grandson Taylor (6 months old), was being abused at home, DFYS became involved after a trip to the emergency room resulted in an investigation. As I was one of those reporting the abuse, along with the ER physician, DFYS contacted me to see if I would assist in providing Taylor a temporary safe home. Taylor and his mother had been kicked out of her mother's home and had moved in with friends. My son and Taylor's mother were not married, and as I had three teenage boys living at home, I was not thrilled that his mother would be coming to live with us also, but I was glad to be able to provide a safe place for Taylor.

During the time they were with us, DFYS had set up a list of things T& J (Taylor's mother and father) were supposed to do. This included parenting classes for both and some psychiatric evaluation and help for T. Taylor and T lived with us for about 6 weeks. It became necessary for us to ask her to leave our home after she was found in a compromising situation with one of my sons friends. DFYS had been out to our home and found things going well, and they closed the case. J did attend the first couple of parenting classes but as T never attended any, and she had physical custody of Taylor, J did not complete the course. T did attend one counseling session during the time she stayed with us, but did not continue after her DFYS file was closed.

Fast forward 5 years. My son is deceased and Taylor is again being abused, but DFYS does not find cause for concern. How they came to that conclusion I will never know. T and her new husband are angry with us for trying to protect Taylor and accuse us of interfering in their family. They begin withholding visits. We file for grandparent's rights through the courts. They petition to adopt him.

We testify to the fact that as our son is deceased, and Taylor loves us as we love him, we wish to have court ordered visits. Also that the reason visits have been denied is because of the DFYS issue. During the hearing that lasted less than 30 minutes, they deny any interventions by DFYS, accuse us of stalking and dropping in on a whim to visit. They also lie about domestic

violence in our home, stating they had seen my husband strike me. We were not allowed to speak after T to deny or clarify anything, and our attorney did not ask for an extension of the case as she told us she would. Master Brown ruled against us. Reading his ruling, Master Brown misinterprets the facts, and contradicts himself. Nonetheless, we have lost legal visitation with our grandson.

My grandson was adopted shortly afterwards, and they moved out of state. At least when they did that they moved him away from the abuser. They were gone little more than a year and when they returned to AK, they moved into the abusers home. Without visits, Taylor can not tell us what is going on. We can not see the signs of the abuse and protect him. They have now moved into a home of their own, but I am still very worried about him. We are not allowed to call or visit him, they do not bring him to visit is. We do not know where he lives. But we do know where his stepfather works. We drop gifts off for birthdays and holidays at his father's work place. But we do not know if he is aware they are from us. I saw him in K-Mart a year and a half ago. But have not seen him since.

The laws of Alaska are not being followed in regards to Grandparent's Rights. The courts are not listening thoroughly to these cases, and seem to believe the parent has all the rights. How unfair this is to these innocent children. They are being denied the love and support and the sense of family.

We are very cautious. We are in a no-win situation. If we call or attempt to see him, we fear being accused of stalking or harassing them. If we do nothing, we are accused of not caring or doing things on a whim. We feel it is probably better not to anger them further, thus we remain silent. The less they have to say about us negatively within Taylor's hearing range, the better. I hope and pray he remembers us and knows how much we love him. I wish we could be sure. But at this point we feel we have to wait. Wait until He is old enough to look for and hopefully find us.

My name is
 Donna Ashcraft Cugler. DFYS come into
 my life on April 25, 2000. I have three
 girls thirteen, ten, seven. The
 thirteen year old said my boyfriend of
 five years has been sexually and physically
 abusing her over the past year. Also she
 said her ten year old sister had been abused
 too. So Peter Houston social worker and
 police officer Shawn Percell took all three
 of my children. They walked in my house
 without knocking. Did not offer any alternative
 so the children could stay. They made up
 their minds before they entered my home.

According to my case plan
 I am supposed to get my children back. But
 new social worker Janet McDermott and
 guardian ad litem June Houston went to
 turn custody over to Dad and stepmother.
 Dad remarried a woman with seven children
 and he has never paid child support. They
 all live in a small three bedroom house.
 And Assistant Attorney General Susan
 Wheeler, I see why she has the job
 she has. They don't know what the
 truth is. Cynthia Rabe, attorney for
 fathers, with fathers help made up
 stuff and lies as court went on. They
 made up lies about me living with Dennis
 Keeling. The guardian ad litem June Houston
 testified against me. And she only spoke
 to me briefly on the phone once.

30 THURSDAY 1-15-01 36411

- 1. Caseworkers do not read their files. They know very little of each case.
- 2. They do not make stop yourself keep the children in counseling.

31 FRIDAY 36410

- 3. They have tried to take visitation back from mothers one day a week. Simply because since visitation in my home, the girls have increased, their abuse to come last year.
- Diya claims that causes problems in their step parents home.

1 WEEKEND 36405

- 4. Mother has completed three case plans, and complied completely with DFYS and it has been nine months. And the children still out last hour with mom.

5

3 MONDAY 3362

- 5. DFYS allows my children to remain in a home with seven kids and two adults plus my three.

S.A. the Step Parents allow my seven year old to walk my home alone from school.

4 TUESDAY 4362
Mother has reported at times nothing has been done.

6. My kids cry at the end of visitation because they don't want to leave our home and go back to their Dads house.

7. Their Dad and Stepmother talk about their mother and it hurts the children.

5 WEDNESDAY 4361

Please provide a short version of your story.

In July of 1999 my son Albert Edwards Sr. was sentenced
to serve 1 year in Pt. McKenzie, Wasilla. A day or
two later my grandchildren were in state custody and
I haven't seen them since. The DFYS does not return
any of my calls or letters! My grandchildren were
placed in custody of a child molester named Ronald
Mallott, who has already molested my oldest grandson,
an act I saw with my own eyes. Whenever my
grand-daughter misbehaved or didn't obey her mother
she was threatened with being sent to bed
with the molester.

The DFYS did not notify me of any hearings.
The DFYS does not answer any of my letters
or phone calls! I would like to see my
grandchildren again. I would like my
grandchildren to live with me until their
father is released from jail.

Case workers: ELENA FRANKS

Richard Galang

Please provide a short version of your story.

I get supervised visits with my 11 year old
daughter maybe 2 a month. Her hair is not
combed my visit amount to 15-20 min. I told
I get to talk to her on the phone, I said it not
the same as holding her + kissing her. She
hardly gets to see her brother, he is 7 mos old
and she is three. She told me she misses me very much,
cant even take her to McDonalds or anywhere else. Cant
spend a night together
This is a bad atmosphere for this child.

Elvira Walker

Please provide a short version of your story.

We were given court ordered visits and phone calls from the judge but have been refused on several occasions by the ex-son-in-law.

The courts gave custody to my ex-son-in-law even after he was originally found to be unfit due to attempted suicide. The new judge

decided that he was a fit parent even without seeing any proof from my doctor.

My granddaughter has expressed the desire many times to stay at my home or with her mother, my daughter but her father won't allow that to happen.

We are hoping to change that this fall with a new hearing.

Ed Starnen

My name is Shirley David-Jimerson. I am full Upper Tanana Athabascan from Tetlin originally. My husband of 34 years is full Seneca from Steamburg, N.Y. We have 2 children both girls and a grand-daughter that we raised as our own.

Our middle daughter was married here in Anchorage and from that relationship came two wonderful grandsons. The marriage was very stressed with emotional and mental abuse from the very beginning. Our daughter eventually divorced and maintained custody of the two boys. She was in the Air Force and after her time in the Air Force she moved back here to Anchorage. While here I often took care of the grandsons and at no time did the former in-laws take interest in the caring of the two boys. You must understand this former son-in-law is very controlling type. He and I do not see eye to eye and remain so today.

My daughter and grandsons eventually moved back to Colorado where they reside today. She has remarried and has a wonderful family. The grandsons are 7 and 3 years old. They come to Alaska in the summers to stay with their dad and his new wife. We have no contact with them while they are here in the state because on their dad stating that the boys can not come over because he does not like me. We have not pushed the issue too much because, our daughter wants to initiate full custody from her state Colorado. She is a member of Tetlin Tribal. There are no paper trails of our fight or concern to push the rights of grandparents because we want our daughter to gain full custody of the boys and then we can see them as often as we want to. Their great-grandfather has been very attached to the boys and the boys do enjoy their great-grand papa. They both are missing out on their cultural heritage.

We went back to Steamburg, N.Y. for my mother-in-laws funeral last year and that's when we saw the boys for an extended time. That is an expense on our daughter's part but she saw that we got to see the grandsons and they met the Jimerson's for the first time and they we introduced to their Seneca relatives and culture.

I remember when my oldest grandson was here and we talked and I would talk my language to him. He would later pick up on some of the simple terms and repeat it back to me and say, "See, grandma I'm all Athabascan now. When I grow up I'm moving to 40-Mile." 40 Mile is the name of the place where we have our cabin and the boys do enjoy their visits there.

I believe in this cause to improve the law and to have the grandparents be more involved with their grandchildren. We have so much to offer our grandchildren and especially when it comes to cultural and heritage background. All of us have lots to offer and in today's world how chaotic this world has become I believe that the old fashion family involvement is very important. I come from an era when family was family and the whole village was involved in the cause of the child.

Please provide a short version of your story.

I have a six-year old grandson in Anchorage, Alaska. I have seen him a total of about 4 times in his six years.

The mother keeps him away from us because she and my son is not together. I want to be involved in his life. I have volunteered to provide financial support as well as educational support but the mother refused to cooperate with my wife and I and refused to allow Travonne to visit us. He loves me. And he's begging around me. And if he had a choice he would visit and stay over night with me. I am very concern about his speech impediment and his education.

I know beyond any doubt that regular visitation with us will do him a world of good. I just want to see him grow and develop. He is my oldest grandson.

And my heart aches because I miss him so. I am here in hopes to find support and knowledge on how I can achieve my goal of visitation rights with my grandson.

Bob Ruffly

Dixie Armstrong
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November 5, 200

Subject: State Custody Investigators. Bobbi Gibson and case 3AN-97-737

Custody/Visitation Investigation was ordered on March 11, 1997 My husband and I were sent a separate group of questions to answer. We did and mailed them back.

Custody Investigation dated April 30, 1998 was submitted to both parties and the court May 1, 1998. This is a confidential report. I didn't know anything about Bobbi Gibson's report until my son called me. We were going to court May 18 and there wasn't time to take any action. I didn't read the report until after the trial had started. I took the report and made a copy.

1. Why are State Custody Investigator reports biased with one party favored over the other? Without documented evidence, I don't understand how an alleged expert in their field can utilize only the questionnaire report from one side of the family to form an opinion. The case #3AN-97-737 did not include any thing from the daughter-in-law's family. Both parties to a marriage bring their childhood experiences with them.

(a) If one party to the divorce's childhood was important, how can a expert not include background on the other party?

(b) If Bobbi Gibson had questions about my marriage, she had plenty of time to ask me. I would have made an appointment and spent as much time with her as she needed.

During court Bobbi Gibson testified (page 34 transcribed from the court tapes)"Watching, observing, gathering information listening to comments, looking at the pleadings that have-the copious pleadings in this case. Mr. Armstrong is still, I believe very angry that Richelle Armstrong-Ms Armstrong didn't just stay and take it. His mother did. They had a ver--his parents had a very traditional marriage, raised two boys. Both Mr. Armstrong and his brother's marriages have failed early into the marriage" In the custody why does an expert accept Richelle's account of my marriage. Doesn't she know that the divorce was an emotional stress on her? In the report I didn't see any reference of Bobbi Gibson checking on anything that Richelle told her. For an expert I would have expected her to have talked with me on the subject of my marriage. Why wasn't any of Richelle's family included in the report?

2.. Who evaluates the State Custody Investigators?

3. Do they have immunity? If they do why?

4. What recourse does someone included in a custody investigators report have when they object to the report as it pertains to them?

I contacted three different lawyers. I was told (1) that it isn't unusual for a custody report to be one sided. (2) that basis is hard to prove (3) that we should have been a party to the divorce. On the advice of retired Judge Hornaday we had asked to be included in the divorce proceedings. Our son had no objection, but his lawyer refused. We were faced with getting another lawyer. Since we were helping our son with the expenses, we couldn't afford a separate lawyer.

Please provide a short version of your story.

When my Grandson Michael Parker
he came home with me @ 3 days old. I
had a Real Estate office on Tudor Road
and the 12 agents and I kept him at the
office in a bassinet. Most of the time
he was in my care. Two years later
I had another grandson. He then took over
the bassinet. Christina was next @ 6 mos.
Parents were always close but I was
the caretaker of all three. Parents were
a lot of time taking drugs and I was
the grand-ma that they lived with me.
Even when the children were enrolled
in school I was there. They saw parents
often but always lived with me as custodian
When Bob Wilson entered our life he
claimed I had spanked one grandson
and the children were taken away. Now
the court has allowed aunt + uncle to adopt

Testimony of Mary H. Rapp regarding the agency DFYS

January 15, 2001

My name is Mary H. Rapp, and I reside with my husband in Anchorage Alaska. We own our home here, and I first came to Alaska in 1968 as a newlywed. I have four grown children, and three of them also have their own homes here in Anchorage. My trouble with the agency DFYS began around Noon on December 22, 1999 when DFYS agent Melinda Burkholder and APD investigator Parker came to my home demanding that I let them have my granddaughter, Samantha Rapp. Samantha was 7 years old and had been entrusted in my care by her father, Bernard Rapp who is our oldest son. Officer Parker claimed that my son had been accused of a felony which would put him behind bars for many years, and that I had only five minutes to get my granddaughter ready to go. We had been having a pre-Christmas party with other children friends so I asked if Sam could at least finish unwrapping her present and maybe also finish her lunch. They gave an emphatic no, and my granddaughter was taken away crying and completely terrified. They would not tell me where they were taking her or when she was going to be returned. In my mind I could not find any sensible reason for these agents' arrogant, care-less type attitude. Certainly my granddaughter's welfare was not in any kind of jeopardy at that time, but their behavior did put her emotional stability through unnecessary trauma. When I brought up my concerns, Officer Parker's arrogant answer was, "She'll get over it".

I called my son at work to let him know what had occurred, and he knew nothing either so he called his ex-wife (Sam's mother) who at this time was visiting out of State. She said that she knew nothing about where Sam was nor knew anything about DFYS having taken Sam away from my home. She instructed my son to try and find out where their daughter was. My son finally learned that Sam had been taken over to her maternal grandmother's place by DFYS. He also found out that my granddaughter had been physically examined as well as verbally interrogated by these agents. Finally, he also found out that a 9 year old and a 12 year old neighborhood girls had accused him of improperly fondling them as well as exposing himself to them. Our son was completely mystified by the accusations, but he did know that these girls had been angry at him for not allowing them to play with Samantha. They had been taunting him and calling him names some days prior. These two girls have since written a letter of apology as well as taped their concerns over telling such lies to their parents and the police. The whole thing has caused much trauma to our whole family, and primarily our grandchildren who were instantly taken away from their parent as soon as the authorities received the accusations. Our son has another son three years of age, who was with his mother at the time:

DFYS never called me back to let me know where they had taken my granddaughter nor let me know why she had not been brought back. We were all in an emotional fit wondering where Sam was and how she was handling everything. Sam had a close, loving relationship with her Dad and had no idea why she would be taken away from him or from her grandparents with whom she had a loving relationship as well. We cared for her in our home routinely as many grandparents do. The following day (12-23-99), I called the DFYS agent(Melinda Burkholder) who took Samantha, and made inquiries regarding what had taken place, but she said that she could not tell me anything except that we could not have any type of contact with our granddaughter due to APD's investigation. She never told me what type of investigation DFYS was doing either. She said I was not a party to the case. I asked for an explanation to this non-sensible statement, but Burkholder would not answer. I was told that the investigation would take from six months to a year. We were appalled to think that we could not have any contact with our

granddaughter all during this period if they decided to drag this thing out. We were told that having contact with our granddaughter could cause Sam's mind to be "contaminated" in case she might be used as a witness later. After Christmas holidays I called DFYS agent Burkholder to see about the possibility of visiting our granddaughter at their office, under their supervision. She said that she would look into it, but never called back even though I always left her a number where she could contact me. When she finally called me back she just informed me that she was not Sam's caseworker anymore; but that her case had been sent "upstairs, second floor". I was given the name of a new caseworker whom I did call and found out that she was out of State and non-available. I got hold of a supervisor, Mr. Sheritan, who listened and seemed concerned about Samantha's situation. He gave me another supervisor's name and she gave me the number of the second floor unit coordinator who would help us get a visitation with our granddaughter. The unit coordinator tried to help, but she was not our caseworker and she hit some glitches so we got nowhere. Finally I contacted the governor's office with my concerns and a DFYS agent called me right away and fixed it all up so that I could have a supervised visit. This whole process took almost three months! We finally saw our granddaughter at the end of February.

My conclusion is that this agency is not serving the public in its best interest. They have too much power thus their actions or inactions can have some real damaging consequences to the children under their control. Most of this power comes as a result of their ability to claim that they cannot give out any information. It is my opinion that this is a well used cloak under which they hide much of their incompetence or unwillingness to cooperate with the public. More investigation should be given this agency before anymore public monies are doled out. Certainly more public input is needed. There has been talk of putting in "substitute caseworkers" to ease the caseload, but it is my opinion that at this time that would only cause more confusion and resolve little. People will just get juggled around from caseworker to caseworker where nobody will have a handle on any one case. Better methods of selecting personnel to do this type of work would be a good beginning. Some of these workers are plain abusive to the public, and do not seem to respect even their own supervisors. (Maybe the supervisors are just as abusive?) Hiring people who have been parents or have children would also be helpful as they would be quicker to understand the trauma both children and families face when they're separated. When investigating foster homes, they may be better able to analyze and evaluate them constructively as well as recognize real abuse if any may be going on with a child's life. This agency has a present policy of taking children into closed rooms for interrogation with no one present except DFYS personnel. This I believe should be changed ASAP. There should be a parent, relative, or friend of the child present to insure ease within the child as well as fairness. Children can easily be intimidated into making false statements. Cameras should be installed in their interrogation rooms. Cameras would add validity and protection to both the agency as well as the public.

Mary H. Rapp
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My name is Chelsea Schoen Rapp, married, and a resident of Anchorage Alaska. At the time my problems with DFYS began I was a single woman with three children....a nine year old girl and a five year old girl as well as two boys...one seven years old and one three years old.

On December 22, 1999, I was informed by my boyfriend, Bernard Rapp, that a couple of 12 year old girls in his neighborhood had made some allegations of sexual abuse against him. He told me that his daughter, Samantha, had been taken by the agency DFYS for interrogation. He was very worried about her welfare.

My life became involved with the workings of the DFYS agency because Bernard and I have a son, Isaac, between us who at that time was almost three years old. Even though there were no allegations of Isaac's involvement, APD detective Vandervolk called the following day (12-23-99) and convinced me to allow them and DFYS to interview Isaac and my other children. I reluctantly agreed if I were allowed to be present during their interrogation. He said I could not be in the room, but that I could watch on the other side of their mirrored room.

After detective Vandervolk called, I received a call from Brenda Newburn of the DFYS agency. She just demanded that I take all my children over to DFYS that same day. When I asked "why?" she just answered that she could not talk about it. She interviewed all my children behind closed doors. When she interviewed me, she demanded that I immediately get a restraining order against Bernard even though she admitted that none my children had had any bad things to say about Bernard Rapp's behavior towards them. When I told her that I did not plan to take such an insane action, she became visibly furious and proceeded to yell and scream at me with threats of forcibly removing the children from my care and putting them in a foster home. She finally yelled and scared me into signing a contract she drew up there in her office which stated that I would not allow any of my children any contact with Bernard Rapp until the case was closed by DFYS....not the Courts, but DFYS. What Power!!!

On December 28,(five days later) detective Vandervolk and detective Parker of the APD took my children as agreed for their interview, but they lied. I was not allowed to be there for all my childrens' interrogations as promised, nor were they interviewed by a team of doctors and child specialists at Alaska Cares. Instead, they were taken to a small, dingy room at the Anchorage police station. There, Detective Parker told me that "parents are never allowed to watch". I told him my concerns over my childrens' emotional upheaval due to their complete lack of understanding as to the type of questions they were being given and how they were being questioned. They were questioned and treated the same way that suspects of crimes might be treated. My concerns were shrugged off. Their interrogators were the two detectives, Ms. Newburn from DFYS, and detective Michelle Bales. When I objected to the type of harrassment and intimidation that my children were receiving, Newburn from DFYS ran out the interrogation room and told me to be quiet or she would take the children from me. Detective Bales came out and yelled that Bernard Rapp was a child molester and that she just knew it, and that I was neglecting my children by refusing to believe what the neighborhood girls had accused him of doing to them. My children were all crying and refused to be satisfied. I finally was allowed to see the tapes of my childrens' interrogations and was appalled at how my poor children were treated. (as late as three months after this interrogation my girls still had anxiety and bad

dreams about the incident).

Isaac loves his daddy very much, and I made the mistake (according to the DFYS contract) of letting him see his Dad for valentines day(2-14-2000) for a big family dinner. Isaac got to see his Dad for a whole two hours! This is a child who had a very loving relationship with his Dad and who saw his Dad almost everyday. Due to the allegations made upon Bernard, DFYS would not allow Isaac to see his Dad even under a supervised visitation. What harm could a supervised visitation have done to Isaac? Is this an agency that cares for childrens' welfare or for their own vindictive agenda? DFYS learned about Isaac having seen his Dad and they came and took my children crying and screaming from me and left them at a foster place. I was not allowed to reassure my children before leaving by telling them where they were going or what was going on much less if they would ever see me again. Newburn threatened to severely limit any future contact with my children if (when I got to visit them later) I tried to talk to them about what was happening to them. This is the very first time my children had ever been away from me except for normal absences due to work or being with grandparents. The crisis nursery where they were taken also warned me that if I tried to explain to my children why they had been taken that I would not be allowed contact with them at all.

DFYS told me that I could get my children back if I could get a 3rd party custodian to be there watching me at all times. Of course, it had to be somebody they "approved" of, but they never approved of anybody. They always found some petty excuse to send away the few friends who were able to comply with their extreme demands. Finally the only person they approved was my mother who had to leave her full time work as corrections officer at Spring Creek Correctional Center in order to stay with me and my children full time. My mother lost her job because DFYS would not allow her to take the children with her back to Seward where she lived and worked. It was a hard situation for everyone, but believed the children could handle that stress better as they would be with grandma. DFYS insisted that my mother must stay with us in Anchorage, and that losing her job was "her problem". The only explanation from Brenda Newburn for her unwillingness to work with us was, "It is my decision". We pointed out to DFYS that if their true concern was getting the children away from Mr. Rapp, then Seward was an advantage. When my mother lost her job, she told DFYS that she wanted to take the children out of State and Newburn agreed. DFYS made her official guardian. The children have been there ever since August of 2000. Isaac has never more seen his Dad. I have been staying with them and my mother in Oregon and make occasional trips to visit Bernard who is now my husband. We married in May of 2000. Isaac is having emotional problems, and my other children have extreme separation anxiety, and nightmares about DFYS taking them. I have had to take them to a psychiatrist who has likened it to traumatic stress syndrome. My children have told me that nobody ever explained to them what was going on or why they were being taken from their mother. They thought they were being taken away forever. No one did anything to dispel this idea. While at Intermission, the state run childrens' shelter, my children witnessed other children (one under age of 2) being yelled at and (in my 9 year olds' words) "spanked very very hard".

Finally, after the children were released into my mother's care, we, (mother and I) had a meeting with Ms. Newburn, Willimena Simpson, Ada Gleason, and my new case worker Keith

Moriwaki. I was told that at no time would I get my children back as long as Bernard Rapp was out of jail....that he would not be allowed to see his son again even if he was found not guilty at trial. Ada Gleason stated to me that "she knew Bernie was guilty whether he was found guilty or not" Every time I countered with the fact that my children had made no allegations against Bernie, Ms. Simpson would start yelling (not talking) at me that "that didn't mean that he didn't do it since children lied about these things all the time." When I asked them how come it is that they believed the children who brought allegations against Bernie? How come they aren't capable of lying? She yelled that those children "most definitely did not lie!"

On Monday February 2, 2001, the State of Alaska formally dropped all their sexual assault charges against Bernard. The accusing children (victims?) had lied after all, and they both wrote letters of apology to Bernie for all their wrong doings against him. The Public Defender Agency was the only one who tried to do some real investigating instead of just going along with what some child said happened. My mother and I have petitioned the Court to allow me to get custody of my children back, and allow my mother to go on with her own life. It has been a true nightmare for our children, and who knows what repercussions all this will have in the normal growth and development of my children? I will not be surprised if DFYS tries to keep me from my children. After all, "Bernard is guilty no matter what anyone says" according to Ada Gleason's personal feelings. Obviously she believes that her personal beliefs are worth more than what any jury or Court finds. It is our hope that justice prevails over DFYS' "personal" feelings.

It has taken a lot of time to write this testimony regarding my terrible ordeal with DFYS, but it will be worth my time if something is done to curtail this agency's arrogant abuse of its power. It's harming our most vulnerable of residents. They do not behave like professionals who know and honor their work, but like mini tyrants who need to feel that they are lords over others who find themselves in unfortunate circumstances. They talk about how important it is to protect children, but that is not their priority. This agency is in need of much closer scrutiny than it's been getting from us the people or our elected leaders. There is a big need for better checks on what's going on as they deal with their cases. There is the need for effective public grievance methods. The Courts usually just go along with whatever DFYS says. It seems like APD, the guardians ad litem, and DFYS all work together in blind harmony to make their job easier. This type of alliance is not healthy for rendering a fair and equal service to the public. This is probably why my case was not better investigated. This is why APD failed to listen to my concerns, but just used the same disrespectful manner they saw Newburn use on me. If Newburn "feels" I'm guilty then that's what they will believe too!

Written by Chelsea Rapp on this day _____
I may be reached at 370 NW 5th RD.
Clatskanie, OR. 97016 Phone: 1-503-728-1100

If the Court allows me back my children then I may be reached at our home at:
4222 Piper # 15
Anch. Ak. 99507 Phone: 561-8212

Thank You

Please provide a short version of your story.

I had my grandson for 3 $\frac{3}{4}$ years & then
got his his 2 sister from foster care Phil
Kaufman - (our new S/Ls ~~It~~ was Nancy
Matton & we finally got her removed)
Has made false accusations & lied to us.
The children were taken ~~away~~ away Sept 17th
1999 & we have not seen or spoken to

any of them - Not even their mother has
been allowed any contact. The 6 year old
was placed in a mental Hospital (Charter N.)

My ^{answer} grievance ~~was~~ received 3 months
after the complaint & James Steele took
things out of context & used the wrong
information provided by the social workers.
Totally ~~biased~~ biased & unfair. Still refusing to
investigate & molestation in the foster home.

1-15-01

I had custody of my 3 grandchildren. They were in school, scouts & active in church. The social worker would not help us with immediate concerns such as after school child-care. He would not work with us. I filed a grievance against him & "he was out to get us" meaning to take the children & have them adopted away from our family.

My daughter has gone through out patient & in patient rehab. Yet they distant the children from her. We have not seen the 2 oldest children for 11 months. They're in Craig, AK.

The youngest girl has been institutionalized since one week after the abduction by DFYS from their school, 9-17-99. She & we have only seen the 2 oldest children for 2 1/2 hours 11 months ago.

The social worker lied in court & held out valid documentation in court. He was a policeman back east & knew how to write accusations & make them valid. He is dishonest & gets away with it.

If DFYS would focus on mending families & not be compensated for adoptions, our children would have a chance to be with their biological family.

Marcie Whitcomb

Please provide a short version of your story.

(Arlene Romer) 20

daughter-in-law left with children) and moved into her mother's home. The same mother who my daughter-in-law ^{said} allowed her to be molested by her grandfather when she was little & for years told us how she was abused by her parents. ~~Just~~ After two weeks she & her mother went to DYS to build a case. There was some poor parenting done by both parents & mistakes. But my ~~other~~ daughter-in-law & her mother built up stories and had the 9 year old testify but say things the way they wanted him to. Now the child is so mixed up & confused.

The mother & other grand-mother has told the children they no longer belong to the Romer family. They are not allowed to love me. My grand-daughter had fear in her eyes when I gave her a small gift. DYS was suppose to set up visitation for their father & them because DYS & GAL both said they need to see their father. Weeks went by & nothing was done. After several calls to the case worker to explain things about their mother & things she said about her mother nothing was done. I called case workers supervisor & he finally set up an hour ^{on M & F + Wed at DYS.} a parenting class. He said he is working on better visitation but this week the 9 year supposedly threatened his life after getting into an argument w/ his mother. We are not allowed to talk to him or find out what really happened. He also ran away from them twice. The mother & grand-mother is controlling what the child is allowed to say. A meeting is suppose to be set up tomorrow with the case worker, GAL, & his supervisor & the doctor from Charter north were. The mother & grand-mother put him after the incident. Why are they not allowed to talk to me!! They need my love

1/15/01
Addition

DFYS: did not total investigate the allegations. Assumed a one sided story.

when the child ran away they did not investigate the reason they assumed that the child was just a "bad behavior" kid. ignored that they ^{(DFYS) + the court} were leaving the children in care + influence of a family involved with drugs and prior instances of child abuse.

they tell the grand parents ^(us) they are not a party involved. When the love we can give them would solve a lot of the problems.

the mother is influenced by the power she can get from DFYS + the court to get her way by damaging the self esteem + respect of the children. And "making" them say what the court wants to hear.

SUGGESTED CONCEPTUAL AMENDMENTS TO HB 164 SO COURT RULE 17 CAN BE INCLUDED IN SECTION 5.

--- Please reference letter from Terri Lauterbach, March 29, 2001

I. Include court rule 17 on page 3, line 25

II. Include CINA Rule 17 (b) in the bill and amend it directly as follows:

(b) **Statements.** The parties may offer evidence in aid of disposition at the hearing. The court shall also afford the parties, a grandparent of the child who is in attendance at the hearing, and any foster parents or other out-of-home care providers an opportunity to be heard.

III. Add a new section to make grandparents aware of the predisposition report that will be used at the disposition hearing. The amendment would be something close to this:

AS 47.10.081(c): The court shall inform the child, the child's parents, the attorneys representing the parties, the grandparents who are entitled to notice of disposition hearing, and the g.a.l. that the predisposition report will be available to them not less than 10 days before the disposition hearing.

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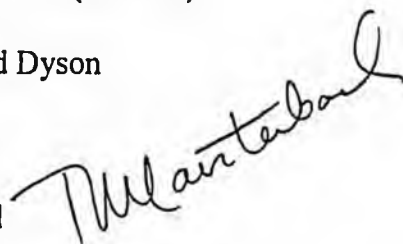
MEMORANDUM

March 29, 2001

SUBJECT: Hearings in CINA cases (HB 164)

TO: Representative Fred Dyson
Attn: Wes Keller

FROM: Terri Lauterbach
Legislative Counsel



You have asked whether the bill title of HB 164 correctly refers to CINA Rule 19. You wonder if maybe the reference should, instead, be to CINA Rule 17.

I think that the reference to CINA Rule 19 is accurate, but a reference to CINA Rule 17 might also be appropriate, depending on whether you want to amend the bill to refer specifically to disposition hearings.

DISCUSSION

CINA Rule 19 governs annual review of a child's case. Section 4 of HB 164 relates to these annual reviews, and the statutory change made in sec. 4 affects who is entitled to be heard at the review hearing, if one is held. (These annual reviews, according CINA Rule 19, happen without a hearing unless a party requests one.) Therefore, I believe the bill title properly refers to CINA Rule 19.

As for CINA Rule 17, it governs disposition hearings. Adjudicatory hearings are where a child is determined to be a child in need of aid (or not). A disposition hearing is where the court, having decided that a child is CINA, determines the disposition of the child (state custody, state supervision, etc.) Disposition hearings are not covered specifically in the statutes, so, arguably, no part of HB 164 currently changes CINA Rule 17. Therefore, there is no reference to CINA Rule 17 in the bill title.

If you wish, the bill could be amended to clarify grandparents' rights to be heard at disposition hearings. There are two ways to accomplish that result.

Alternative 1. Sections 1 and 2 of the bill already give grandparents a right to notice of any hearing. If you also want to give grandparents the right to be heard at a disposition hearing, then AS 47.10.070(a), in sec. 3 of the bill, could be amended to refer to both adjudicatory and disposition hearings. Then, all of the provisions in that section would

Representative Fred Dyson

March 29, 2001

Page 2

cover both types of hearings, including the provisions that allow a court to limit the presence of grandparents and other persons to the time when they are giving testimony.

Alternative 2. Alternatively, if you don't want to amend AS 47.10.070(a) to refer to both kinds of hearings, you could put CINA Rule 17(b) in the bill and amend it directly, as follows:

(b) **Statements.** The parties may offer evidence in aid of disposition at the hearing. The court shall also afford the parties, a grandparent of the child who is in attendance at the hearing, and any foster parents or other out-of-home care providers an opportunity to be heard.

The policy difference between Alternative 1 and Alternative 2 revolves around whether you want the limitations of AS 47.10.070(a) (sec. 3 of HB 164) to apply to disposition hearings. If you do, then Alternative 1 would be appropriate. If you don't, then direct amendment of the court rule (Alternative 2) would be the way to go.

If you decide to use either Alternative 1 or Alternative 2, you may also wish to consider ensuring that grandparents are aware of the availability of the predisposition report prepared under AS 47.10.081. An amendment relating to this would be something like the following:

AS 47.10.081(c): The court shall inform the child, the child's parents, [AND] the attorneys representing the parties, the grandparents who are entitled to notice of the disposition hearing, and the guardian ad litem that the predisposition report will be available to them not less than 10 days before the disposition hearing.

If you want to add Alternative 1 or 2 to the bill and the additional amendment of AS 47.10.081(c) shown above, or if I may be of other assistance, please advise.

TML:lmb:glc
01-118.lmb

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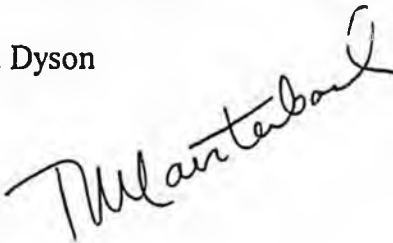
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FROM: Terri Lauterbach
Legislative Counsel

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TML:lmb:glc
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Alaska State Legislature

Please enter into the record my testimony to the House Health Educ/Soc/Ser committee name
 committee on HB 164, dated 3-29-01
 bill/subject

HB or SB HB <input checked="" type="checkbox"/>	Bill number 164	and check one:	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Amend	OR enter a general Subject (LIO staff may modify):
----------------------------------------------------	--------------------	----------------	------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

Message: Your PRINTED message cannot exceed 50 words or contain any vulgar language.

Grandparents	are	assuming	more	responsibility	5
and	custody	of	grandchildren.	Please	10
allow	their	role	in	childrens'	15
lives	to	not	be	pushed	20
aside	when	DFYS	enters	the	25
picture.	HB 164	needs	to	be	30
passed.	to	protect	a	child's	35
right	to	include	grandparents	in	40
the	event	their	lives	fall	45
into	the	system.	Thank	you.	50

Signed: Mari Schmelt
 Testifier

Representing (Optional)
2040 Wasilla Fishhook Road, Wasilla AK 99654
 Address
376-0188 / 357-3618
 Phone No.

Sharon Lee Shields
HC 02 Box 7347
Palmer, Alaska 99645
(907) 745-3606
E-mail: Biggerow_ak@hotmail.com

April 3, 2001

STATE OF ALASKA
Legislative Affairs Agency

Reference: HB 164 "An Act prescribing the rights of grandparents related to child-in-need-of-aid hearings and amending Rules 3, 7, 10, 15, and 19 Alaska Child in Need of Aid Rules."

My name is Sharon Lee Shields, and my granddaughter is "a-child-in-need." The mother to my granddaughter is my younger child. My daughter was put on a pedestal all her life, loved and supported as a child, young adult, and now grown adult. I supported so much that I'm satisfied that there was nothing more that I could've given her or done to make her life happy, and provided her with a direction for great opportunity in her life.

Then in 1993 my daughter became pregnant and had my first granddaughter in January 1994. My daughter was and still is a single mother, and the father of my granddaughter was [is] military. The father was transferred out of Alaska when my granddaughter was just over a year old, and has recently been transferred back to Alaska last August 2000 after being absent for almost six years.

In the beginning of my granddaughter's life, my daughter and the military-father moved in together and for a short time stumbled through making an effort at being parents, they depended on that I supported them along with my granddaughter physically, financially, and emotionally.

Up to that point, my daughter had only babysat one time in her entire life before having my granddaughter. In her teenage years and as a young adult she didn't have time for children and was impatient around them. So, I knew what her child would be up against: a mother with a days training and self-absorbed. Currently, my granddaughter has lived through six live-in boyfriend relationships of my daughters.

I had no plans of raising another child, but as time went on I knew she was a "child-in-need." So I just assumed the position of the absent parents, and became a psychological, emotional, physical and financial parent to my granddaughter, and had my granddaughter 80% of her life up to November 5, 2000. That time is well documented, as I am a writer. The documentation started out as a diary of fun days and events with my granddaughter, and then last May 2000 the diary turned into documentation of horrible physical and mental abuses reported to me by my granddaughter.

My granddaughter reported: May 23, 2000 my daughter slapped her across the face so hard it knocked her off her feet. And because she cried too loud, my daughter ordered her to go to the bathroom until she could quit crying. My granddaughter reported: there, she lay on the bathroom rug until it quit hurting so badly, and she could quit crying. The next morning when my daughter dropped her off to me again, the big red mark (handprint) on her face was still visible; the next

reported incident was that my granddaughter was slugged in the back, on her kidneys by my daughter's sixth live-in boyfriend and the red mark across her kidneys was still on her back the next day after school when she came to my home; food has been withheld from my granddaughter and warm clothing not sent to school when the weather was cold.

During the past seven years, my heart has ached each time my granddaughter, as a small child, was dropped off to my home after she had spent time with her mother, because she acted out so dramatically: yelling and screaming at other children, it took a few days for her to calm down, again. The stress and sadness in my granddaughter's eyes told me of the results of her stay with mommy.

My daughter has a history of impatience, and violence when she doesn't get her way, and I had suspicions that she wasn't capable of proving my granddaughter with a loving, nurturing environment. But I always kept hope.

So there I was: I was a brand new grandmother already with "a-child-in-need." I don't know where the years have gone, but during that time, my granddaughter was provided a normal life because of my elder daughter and her family, and me. As the years passed, it just became natural that my granddaughter was part of my elder daughter's family and my life and included in our plans: plans for the day, the week, the month, and then the years. Time has slipped away, and out of love and caring, the end result of time was that we have given my granddaughter a normal happy life.

At the time my granddaughter started reporting the abuses, I tried addressing those issues with my daughter because I had knowledge of the way the DFYS system operated and I didn't want my granddaughter dumped into an already non-functioning system. And of course, my daughter threatened me with the system I feared, telling me that I better be careful because I have no rights. And from that time on, when I addressed the abuse issues with my daughter she threatened withholding my granddaughter from me, and she threatened my granddaughter to keep secret what went on within her home, or she wouldn't be able to see grandma again. My granddaughter became confused, because I had always been the person whom she could confide in and depend on, now I was getting her in trouble.

Then when my granddaughter was dropped off on Monday mornings for the week, she would scold me, in her own young-words telling me how disappointed she was by me getting her in trouble with her mommy, and that she couldn't talk to me anymore because I got her into trouble. Perhaps only an hour would lapse, and she'd tell me what was going on because it hurt her and she had to have someone to confide in.

So there I was, my granddaughter's guardian angel, handcuffed by the system. I had all the responsibility of my granddaughter for seven years, but no authority. And a daughter very well versed in the fact that I had no rights.

Last year, I took my granddaughter to school almost everyday and volunteered in the classroom at least three times a week. I even got a volunteer award. My elder daughter and I baked cookies for every child who graduated in all the kindergarten classes at Tanaina Elementary School. My granddaughter was one of the top students in her classroom, and she looked forward to and depended on me participating in her learning and her life.

On November 5, 2000, the reports of abuse from my granddaughter got so bad, and the father would do nothing after many pleas for his help from many outside people. He didn't want to get involved, he said. So, I was forced to address this issue with my daughter, knowing how risky it was and the consequences, but I couldn't ignore my granddaughter's pleas for help, seeing her desperation, and knowing helplessness.

On November 5, 2000, I tried to do an intervention with my daughter. After many repeated attempts to sit down and talk with her to no avail, I finally demanded that she meet with me. But the intervention blew up in my face. She brought the father, and a friend of hers from the Social Services Department on a Sunday, an elaborate scheme to squelch any of my efforts to resolve this with my daughter, or to protect my granddaughter. I was threatened by the Social Service worker, and the father; and told to keep my mouth shut. I recorded the intervention and had it transcribed by a court reporter because it proved negligence by both parents, and the Social Services worker.

The consequences of my efforts were that my granddaughter was taken out of my life. Immediately, the parents went to the school and revoked all my volunteer privileges, and access to any of the classrooms, and have not been allowed access to volunteering since that date. I have not allowed me to see or talk to my granddaughter since December 3, 2000, when I was allowed to see her for 6 hours. My granddaughter was frantic then, I can't imagine how she is doing now.

Back when my granddaughter started talking, and my daughter would come to take her for the weekend or a day, my granddaughter always asked me and made sure by asking me when she was coming back to my house. Now, I can't talk to her on the phone; she can't come to my home; she can't spend the night with me; I can't volunteer in her classroom; I'm allowed no contact with her at all because I tried to protect her. That's not even the beginning; my granddaughter cannot see anyone whom she depended on and loves, her aunt, uncle, or new cousin. We, her family, have not been allowed by the parents to have a Thanksgiving, Christmas, celebrated her birthday, or Valentines Day with my granddaughter.

This is not a normal life for my granddaughter. My granddaughter's life has been turned upside down by the parents and they could care less for my granddaughter's welfare or feelings as long as they have control over the family.

My daughter works for the system and lives in the Valley. Palmer/Wasilla is a small community, and my daughter has many friends within the social services departments in the Valley and she has been given confidential information about my contacts with the DFYS in the Valley. That fact alone has been the most damaging factor in my efforts to see and protect my granddaughter.

As so many grandparents have discussed in our Grandparents Rights Organization. The most hopeless and helpless feeling we have in the world, after loving, caring and nurturing our grandchildren, is when we are forced by our abusive children to go to the system for help and the response is ALWAYS: if the child is not in immediate danger right at that very moment, they say the child is safe. Meaning that the child is not in an emergency room with internal damages or broken limbs, or in a morgue waiting to be identified at the time of reporting the abuse, because, "the child is not in immediate danger."

As I stand before you today, I still struggle with the system, and the parents to see my granddaughter whom I have not seen in 5 months, now. I can't even think about what she's gone and going through. But, according to law, I have no rights to know that.

HB 164 is the beginning effort that should be made in securing rights for Grandparents who have been active in raising their grandchildren, or would like to have the opportunity to know what is happening to their grandchildren. Since when did the family unit not include Grandparents? We are sick of being looked upon as the reason our children, the parents, are the way they are, because that is just not the truth. The majority of Grandparents in our group are educated, loving people, and caring people who have loved their children and now their grandchildren. What we see as the beginning problem was that we were there too much for our children, and supported them too much. We have given our children too much, and we haven't expected any thing in return for our efforts, time and love for them. We are horrified and bewildered that our children could do this to us and to their own children.

At the least, Grandparents should have the right to raise, or continue to raise their grandchildren, and should have knowledge that our grandchildren are "children-in-need-of-aid" and not have them put into foster homes. To me, that would only be common sense, but to the system it is not.

I understand that morals, scruples, and common sense can't be legislated, but it's time that we start using them as laws about "our grandchildren" are being legislated. Remember these grandchildren could be one of yours in another state or another town, and the truth about their welfare withheld from you. I don't know one of you here today who wouldn't want to know that your grandchild was being placed in a foster home by DFYS just so they could get its quota of "child numbers" for state and federal funds.

Go home tonight and look at your grandchildren, or call them on the phone, and when you hear their small voices know that they could be placed in a foster home by DFYS, without your knowledge, or notifying you that your grandchildren are even in the system. When DFYS placed little Steven Murray in a foster home, he didn't have a voice, and now he's dead.

Officials from agency level people, Timothy Spangler, all the way to Commissioner Karen Purdue know exactly what is going on with my granddaughter, and do nothing because she's only a "Priority 3 case." Well I'm here to tell everyone here today that my granddaughter is and always has been a "Priority 1 case" to me.

It's time to move DYFS, its rules, and its budge out of the way, gather our morals, scruples, and common sense and put grandparents back into the family picture. Would we have so many children in the system? Would we have so much violence in schools? Would we have the school shoots if our children and grandchildren had real families to go home to? Who knows?

Thank you for your time, and I pray for all our children and grandchildren that we begin to move to the family unit back, and HB 164 will be a step in that direction. And be in the best interest of our grandchildren.

Sincerely,


Sharon Lee Shields

PASS THIS AROUND

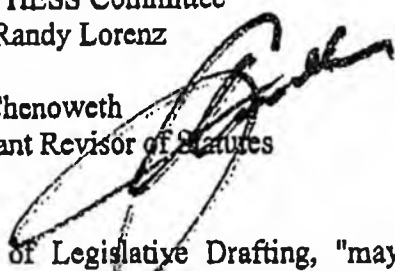
MEMORANDUM

March 29, 2001

SUBJECT: Use of "may not" versus "shall not" in bills

TO: Representative Fred Dyson, Chair
House HESS Committee
Attn: Randy Lorenz

FROM: Jack Chenoweth
Assistant Revisor of Statutes



Under the current Manual of Legislative Drafting, "may not" and not "shall not" expresses a prohibition on action. See Legislative Drafting Manual at page 57. The Drafting Manual is quite specific: "Do not use "must not" or "shall not."" Drafting Manual at 60.

HB

171

AMENDMENT

OFFERED IN THE HOUSE

TO: HB 171

1 Page 3, line 19:

2 Delete "school board"

3 Insert "governing body"

4

5 Page 3, following line 22:

6 Insert a new subsection to read:

7 "(b) Notwithstanding (a) of this section, a governing body may waive
8 completion of the curriculum described under (a) of this section as a requirement
9 for graduation for a student who transfers into the district after completion of the
10 student's junior year or for a student who receives special education services."

11

12 Reletter the following subsection accordingly.

13

14 Page 3, line 26:

15 Delete "."

16 Insert ";

17 (3) "special education" has the meaning given in AS 14.30.350."

Representative Mary Kapsner

State Capitol • Juneau, Alaska 99801-1187

Phone: (907) 465-4942 • Fax: (907) 465-4589

E-Mail: Representative_Mary_Kapsner@legis.state.ak.us

House District 39

Lower Kuskowkim and Upper Bristol Bay

Akiachak

Aktak

Aleknagik

Atmautluak

Bethel

Chefornak

Clarks Point

Dillingham

Eek

Ekuk

Ekvok

Goodnews Bay

Kasigluk

Kipnuk

Koliganek

Kongiganak

Kwethluk

Kwigillingok

Manokotak

Napaklak

Napaskiak

New Stuyahok

Nunapituchuk

Oscarville

Platinum

Portage Creek

Quinhagak

Togiak

Tuntutullak

Twin Hills

House Bill 171 – Alaska History Curriculum Sponsor Statement

Although we are a very young state, we are a land with a rich history. Today's Alaska Natives are descendants of people who have made their homes in Alaska for over 10,000 years. They welcomed newcomers to the land and taught them skills to survive and flourish. Other Alaskans immigrated from European, American and Asian cultures, bringing with them ideas and values that, along with the foundational beliefs of the Native people, have helped shape the society we have today.

Understanding our state's history is important to providing the context of where Alaskans came from and what we as Alaskans value about the diversity and richness of our state. It is fundamental to being an informed and effective participant in state and local affairs. An understanding of how Alaskan's economy and form of government developed is crucial to understanding how to deal with today's issues.

Last September Commonwealth North released a study which focused on the issue of the urban/rural divide in Alaska. Among their findings was the assertion that if we do nothing to address the critical issues that divide Alaskans, the result will be an increasingly fragmented state, with discouraging economic growth and increasing social and cultural clashes. The group put forth a set of recommendations and action items, including the teaching of Alaska history at the high school level, and backed up the recommendation with an active working committee.

Support has grown. Resolutions were passed at the AFN Convention for the past two years calling for Alaska history education. The Alaska Municipal League issued a policy statement in support of civic education for Alaska's students, noting that teaching children how to understand and influence their government is critical to the well being of Alaska. The Department of Education and the Association of School Boards have worked with us as well, helping craft and fine tune language for House Bill 171.

We share an important goal: that every student graduating from an Alaska secondary school will do so with a demonstrable understanding of Alaska's rich and unique history. Recent events in Anchorage are a reminder that understanding who we are and how we got here is fundamental in addressing issues that divide us and building bridges to a prosperous future for all Alaskans.

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB 171
 () Publish Date: _____

Revision Date/Time (Note if correction): _____
 Title: An Act relating to a curriculum for Alaska history

Dept. Affected: Education & Early Development
 BRU: Teaching & Learning Support
 Component: Quality Schools

Sponsor: Rep. Kapsner
 Requester: House Special Committee on Education

Component Number: 2147

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	52.0					
Travel	4.5	0.0	0.0	0.0	0.0	0.0
Contractual	163.0	30.0	30.0	30.0	30.0	30.0
Supplies	3.5					
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	223.0	30.0	30.0	30.0	30.0	30.0

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	223.0	30.0	30.0	30.0	30.0	30.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	223.0	30.0	30.0	30.0	30.0	30.0

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Please see attached analysis page.

Prepared by: Barbara Thompson, Deputy Director
 Division: Teaching & Learning Support
 Approved by: Bruce Johnson, Deputy Commissioner of Education
 Agency: Department of Education & Early Development

Phone 465-8727
 Date/Time 4/16/01 12:00 AM
 Date 4/16/01

For distribution information, call the Governor's Legislative Office

*Alaska Department of Education & Early Development
HB 171 Fiscal Note Analysis*

Section 3 of HB 171 directs the Alaska Department of Education & Early Development to develop a standards-based Alaska history education curriculum within grades 9 through 12. The curriculum must include a Native studies component. Completion of this curriculum is required for a student to graduate from high school.

The department will develop this curriculum using educational experts from across the state through a committee approach. The curriculum will be pilot tested in a district or districts beginning in January of 2002. Full implementation and availability of the curriculum will begin in the 2002-2003 school year.

Districts will be able to use the curriculum in a stand-alone course or integrate it into existing courses. Training for proper implementation of this curriculum (either as a stand-alone course or integrated) will be provided for teachers across the state, to ensure that teachers know how to teach this standards-based course and that students benefit from completing it. Initial training will occur at 2-day regional training sessions (Anchorage, Fairbanks, Juneau) with at least one representative from each district in attendance. The district may send additional representatives at its own expense.

Continued annual training on the use of the curriculum will occur through a distance delivered, web-based course. The course will be developed and offered for credit.

The budget for this fiscal note follows.

Personal Services

.5 FTE Education Specialist	\$ 36,000 (in year 1)
.5 FTE Administrative Clerk	<u>\$ 16,000</u> (in year 1)
Sub total	\$ 52,000

Travel

Staff travel to conduct curriculum development	
Meetings and regional training sessions (6 total	
Meetings and training trips at 2 days each)	<u>\$ 4,500</u> (in year 1)
Sub total	\$ 4,500

*Alaska Department of Education & Early Development
HB 171 Fiscal Note Analysis*

Contractual

Postage, phone, copier, fax charges	\$ 5,000 (in year 1)
Professional Services Contracts for curriculum developers/trainers	\$ 50,000 (in year 1)
Staff Development Contracts with 53 districts, 1 Representative each for regional trainings (53 Staff, 3 days each, including substitute fees)	\$ 53,000 (in year 1)
Contract to develop distance delivered course with Credit option, administered annually	\$ 25,000 (in year 1)
Printing costs for completed curriculum	<u>\$ 30,000 (in year 1)</u>
Sub total	\$163,000

Supplies

General office supplies for staff	<u>\$ 3,500 (in year 1)</u>
Sub total	\$ 3,500

Total **\$223,000**



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

We the undersigned agree to waive HB 171; Alaska History Curriculum from our House Health, Education, and Social Services Committee.

Date: April 24, 2001

Representative Fred Dyson, Chair

Handwritten signature of Fred Dyson in cursive, written over a horizontal line.

Representative Peggy Wilson, Vice Chair

Handwritten signature of Peggy Wilson in cursive, written over a horizontal line.

Representative Sharon Cissna

Handwritten signature of Sharon Cissna in cursive, written over a horizontal line.

Representative John Coghill

Handwritten signature of John Coghill in cursive, written over a horizontal line.

Representative Reggie Joule

Handwritten signature of Reggie Joule in cursive, written over a horizontal line.

Representative Vic Kohring

Handwritten signature of Vic Kohring in cursive, written over a horizontal line.

Representative Gary Stevens

Handwritten signature of Gary Stevens in cursive, written over a horizontal line.

HB

173

Amendment

By Representative Joule

Page 5, subsection (g), lines 14-18

DELETE

SPONSOR STATEMENT

"An Act establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening test; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date."

Recent discoveries that a baby's brain develops earlier than previously understood has prompted many state legislators and health care providers to reexamine policies related to newborn and infant hearing screening. In recent years, thirty-two states have passed legislation that provides universal newborn hearing screening. An additional three states have legislation pending this session and another three states routinely screen 85% of their newborns.

Each year in Alaska approximately 10,000 babies are born, around 30 to 40 of them are likely to have some type of congenital hearing loss. Hearing loss is more common than any other birth defect for which newborns are regularly screened in the state, however hearing screening is not required. While many hospitals and clinics screen high-risk or premature infants for hearing loss, about 50% of newborns with hearing loss are not identified. Most newborns with congenital hearing loss that are not screened at birth will not be identified until 18 months to three years of age, after certain critical periods for language and cognitive development have passed. When left undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development.

The proposed legislation would require a newborn to be tested for any potential hearing impairment before the child is released from the hospital or before the infant is three months old, whichever is earlier unless medically contradicted. If a hospital or birthing center has less than 50 births a year, or if a health care provider assists with a birth outside a hospital or birthing center, they are not required to screen the child but must refer the child to screening at another facility.

Under the proposed legislation screening would only be the first step in the process. Newborns who do not pass the screening would be referred for further diagnostic testing and on-going follow-up care. If hearing loss is confirmed families will be connected with on-going audiological and early intervention services, parental and family support services, and any other needed services. Throughout the process parents will be notified of the importance of early screening and the available resources.

The bill also requires the establishment of a reporting and tracking system regarding the newborn screening in order to provide the department with information to effectively plan, establish, monitor, and evaluate the program.

Of note is that in April 2000, The Department of Health and Social Services, Section of Maternal, Child and Family Health was awarded a four year federal grant for \$111,500 a year. The grant is for planning, developing and supporting an early hearing detection and intervention screening program. Additionally, the National Center for Hearing Assessment and Management has developed a program to loan hearing screening equipment to hospitals and clinics.



*Governor's House
716 Calhoun Avenue
Juneau, Alaska 99801*

March 21, 2001

Representative Reggie Joule
Room 405
State Capitol
Juneau, Alaska 99801-1182

Reggie
Dear Representative Joule,

I was delighted to learn about your efforts to institute newborn hearing screening in Alaska as well as to provide support for families with children diagnosed with a hearing problem.

This has been an interest of mine since the governors' spouses were given a briefing on the subject by the National Center for Hearing a couple of years ago. It was easy to conclude that the screening procedure is relatively easy and inexpensive particularly in comparison with the costs of failing to make an early diagnosis. I have resource materials from that meeting that I would be happy to share with you.

Please let me know if you would like this information or if I can otherwise be of assistance. Good luck with this very worthwhile legislative initiative.

Sincerely yours,

Susan

Susan M. Knowles
First Lady

Cc: Commissioner Karen Perdue

Support Material

LEGAL SERVICES

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

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

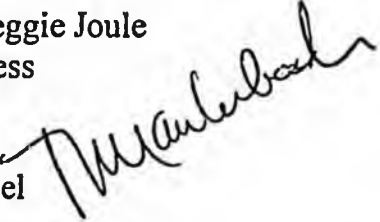
State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

February 7, 2001

SUBJECT: Hearing screening, tracking, and intervention program for infants
(Work Order No. 22-LS0003\P)

TO: Representative Reggie Joule
Attn: Christine Hess

FROM: Terri Lauterbach 
Legislative Counsel

Following is a sectional summary of 22-LS0003\P. Since you have asked no specific questions about the bill, this memo is brief. Please let me know if you have questions of a legal nature about the bill that require further explanation.

Section 1. Legislative findings.

Section 2. Legislative intent that the new program be 90 percent operational by January 1, 2003.

Section 3. Adds an exemption from the requirement that a person be licensed as a audiologist in order to perform the hearing screening required under this bill.

Section 4. Requires the state registrar to send parental addresses to the employees who implement the hearing screening program when the registrar gets birth information for a birth outside a hospital.

Section 5. Requires insurance policies to cover hearing screening of infants if the policy covers pregnancy, childbirth, and dependents.

Section 6. Establishes the Newborn and Infant Hearing Screening, Tracking, and Intervention Program.

Section 7. Authorizes development of regulations before the rest of the bill takes effect.

Section 8. Technical changes to be made by the revisor of statutes.

Section 9. Immediate effective date for getting the new program started.

Section 10. January 1, 2002, effective date for most of the bill.

TML:glc
01-104.glc

APR-07-00 FRI 11:01 AM

TABLES 1.20A, 1.20B, AND 1.21

10:28 Friday, April 7, 2000 1

RESIDENT BIRTHS BY CENSUS AREA AND NRC OF OCCURRENCE, MOTHER'S RACE
AND BY BIRTH ATTENDANT TYPE, ALASKA

1998

CENSUS AREA OF OCCURRENCE	ATTENDANT TYPE					TOTAL
	MEDICAL DOCTOR (MD)	DOCTOR OF OSTEOPATHY (DO)	CERT NURSE MIDWIFE	MIDWIFE	OTHER/ UNKNOWN	
ALEUTIANS WEST	.	.	.	.	1	1
ANCHORAGE	3,972	243	907	47	50	5,219
BETHEL	306	.	102	.	6	414
DILLINGHAM	47	20	1	.	1	69
FAIRBANKS NSB	1,366	29	172	48	15	1,630
JUNEAU BOROUGH	363	.	10	32	2	407
KENAI PENINSULA	349	8	176	15	9	557
KETCHIKAN	260	.	37	.	1	298
KODIAK ISLAND	155	78	.	6	.	239
MATANUSKA-SUSITNA	277	89	8	87	4	465
NOME	91	16	.	8	5	120
NORTH SLOPE	42	4	.	.	2	48
NORTHWEST ARCTIC	92	8	11	.	3	114
PRINCE OF WALES	.	.	.	.	4	4
SITKA BOROUGH	124	1	.	.	2	127
SKGWAY-HOONAH-ANG	.	.	.	1	.	1
SE FAIRBANKS	.	.	1	.	1	2
VALDEZ-CORDOVA	45	.	1	2	1	49
WADE HAMPTON	3	.	.	.	8	11
WRANGELL-PETERSBG	23	8	.	.	1	32
YUKON-KOYUKUK	.	.	.	.	3	3
UNKNOWN	38	2	4	1	62	110
TOTAL	7,553	506	1,430	250	181	9,920

APR-07-00 FRI 11:01 AM

TABLES 1.20A, 1.20B, AND 1.21

10:28 Friday, April 7, 2000 2

RESIDENT BIRTHS BY CENSUS AREA AND NRC OF OCCURRENCE, MOTHER'S RACE
AND BY BIRTH ATTENDANT TYPE, ALASKA

1998

NRC OF OCCURRENCE	ATTENDANT TYPE					TOTAL
	MEDICAL DOCTOR (MD)	DOCTOR OF OSTEOPATHY (DO)	CERT NURSE MIDWIFE	MIDWIFE	OTHER/ UNKNOWN	
AHTNA INC.	.	.	1	1	.	2
ALEUT CORP.	.	.	.	.	1	1
ARCTIC SLOPE CORP.	42	4	.	.	2	48
BERING STRAITS CORP.	91	16	.	8	5	120
BRISTOL BAY CORP.	47	20	1	.	1	69
CALISTA CORP.	309	.	102	.	14	425
CHUGACH NATIVES INC.	45	.	.	1	1	47
COOK INLET REG CORP.	4,598	340	1,091	149	63	6,241
DOYON LTD.	1,366	29	173	48	19	1,635
KONIAG INC.	155	78	.	6	.	239
NANA REGIONAL CORP.	92	8	11	.	3	114
SEALASKA CORP.	770	9	47	33	10	869
UNKNOWN	38	2	4	4	62	110
TOTAL	7,553	506	1,430	250	181	9,920

SELECTED VITAL STATISTICS FOR ALASKA: 1999 AND 1995-1999
 REPORTED BY MOTHER'S RACE

	ALL RACES			WHITE			NATIVE		
	1999 NUMBER	1999 %	95-99 %	1999 NUMBER	1999 %	95-99 %	1999 NUMBER	1999 %	95-99 %
BIRTHS									
TOTAL	9,975	100.0	100.0	6,583	66.0	66.8	2,461	24.7	23.9
TO RESIDENTS	9,959	100.0	100.0	6,573	66.0	66.7	2,456	24.7	23.9
POPULATION									
MALES	323,686	52.0	52.1	240,936	52.5	52.6	52,419	50.0	50.0
FEMALES	298,314	48.0	47.9	217,726	47.5	47.4	52,326	50.0	50.0
TOTAL	622,000	100.0	100.0	458,662	100.0	100.0	104,745	100.0	100.0
BIRTH RATES									
CRUDE BIRTH RATE*	9,959	16.0	16.4	6,573	14.3	14.7	2,456	23.4	23.6
TEEN BIRTH RATE*	1,122	47.8	50.6	570	35.0	38.2	433	85.5	88.3
FERTILITY RATE*	.	72.5	72.0	.	65.5	64.8	.	106.0	106.2
FACILITY									
HOSPITAL	9,317	93.6	94.5	6,024	91.6	93.0	2,404	97.9	97.7
BIRTHING CENTER	299	3.0	2.0	280	4.3	2.9	8	0.3	0.2
HOME	183	1.8	1.8	170	2.6	2.6	5	0.2	0.3
CLINIC	34	0.3	0.4	1	0.0	0.1	32	1.3	1.3
OUTSIDE ALASKA	124	1.2	1.2	96	1.5	1.4	7	0.3	0.3
MOTHER CHARACTERISTICS									
AGE GROUP									
<15	17	0.2	0.2	5	0.1	0.1	9	0.4	0.4
15-19	1,122	11.3	11.1	570	8.7	8.8	433	17.6	16.9
20-24	2,711	27.2	26.8	1,696	25.8	25.4	735	29.9	30.2
25-29	2,770	27.8	27.4	1,907	29.0	28.7	626	25.5	24.2
30-34	1,962	19.7	21.2	1,409	21.4	22.4	389	15.8	18.1
35-39	1,096	11.0	10.8	789	12.0	11.6	205	8.3	8.5
40-44	257	2.6	2.5	175	2.7	2.8	57	2.3	1.7
45+	20	0.2	0.1	18	0.3	0.2	2	0.1	0.1
REPORTED DRINKING	348	3.5	3.9	150	2.3	2.3	186	7.6	9.5
REPORTED SMOKING	1,774	17.8	19.0	893	13.6	14.8	824	33.6	35.5
UNWED	3,299	33.1	31.1	1,537	23.4	22.0	1,435	58.4	56.1
EDUCATION									
<12 YEARS	1,331	13.4	13.5	642	9.8	9.6	599	24.4	25.1
12 YEARS	4,194	42.1	41.7	2,459	37.4	37.0	1,325	53.9	54.8
12+ YEARS	4,186	42.0	42.7	3,369	51.3	51.9	429	17.5	17.0
PRENATAL CARE									
1ST TRIMESTER	7,810	78.4	80.3	5,348	81.4	82.8	1,754	71.4	74.4
3RD TRIMESTER	425	4.3	3.5	229	3.5	2.8	162	6.6	5.4
KESSNER INDEX									
ADEQUATE	6,632	66.6	69.5	4,836	73.6	75.3	1,174	47.8	53.5
INTERMEDIATE	2,648	26.6	24.9	1,368	20.8	20.2	1,045	42.5	38.2
INADEQUATE	425	4.3	3.5	229	3.5	2.8	162	6.6	5.4
NO CARE	.	0.0	0.1	.	0.0	0.1	.	0.0	0.1
KOTELCHUCK INDEX									
ADEQUATE+	2,700	27.1	27.2	1,939	29.5	28.7	473	19.3	22.0
ADEQUATE	3,987	40.0	41.8	2,953	44.9	46.0	686	27.9	30.6
INTERMEDIATE	1,550	15.6	15.4	824	12.5	13.2	606	24.7	22.3
INADEQUATE	1,462	14.7	13.5	713	10.8	10.3	614	25.0	22.1
NO CARE	.	0.0	0.1	.	0.0	0.1	.	0.0	0.1
C-SECTION BIRTHS	1,482	14.9	15.6	1,108	16.9	17.7	225	9.2	8.7
PRE-TERM BIRTHS	1,071	10.8	10.0	633	9.6	8.6	306	12.5	13.1
LOW BIRTHWEIGHT	572	5.7	5.6	343	5.2	5.2	146	5.9	5.6

(Continued)

* Rate per 1,000

** For less than 20 occurrences we recommend using the five-year rate.

*** The above table represents preliminary 1999 statistics and may be subject to change.

SELECTED VITAL STATISTICS FOR ALASKA: 1999 AND 1995-1999
 REPORTED BY MOTHER'S RACE

	BLACK			ASIAN/PI		
	1999 NUMBER	1999 %	95-99 %	1999 NUMBER	1999 %	95-99 %
BIRTHS						
TOTAL	428	4.3	4.3	451	4.5	4.8
TO RESIDENTS	427	4.3	4.3	451	4.5	4.8
POPULATION						
MALES	15,498	56.1	56.0	14,833	47.9	47.9
FEMALES	12,119	43.9	44.0	16,143	52.1	52.1
TOTAL	27,617	100.0	100.0	30,976	100.0	100.0
BIRTH RATES						
CRUDE BIRTH RATE*	427	15.5	15.9	451	14.6	17.1
TEEN BIRTH RATE*	70	64.8	68.5	48	46.2	51.7
FERTILITY RATE*	.	65.0	66.1	.	61.8	70.6
FACILITY						
HOSPITAL	415	97.2	98.6	433	96.0	96.6
BIRTHING CENTER	4	0.9	0.5	6	1.3	1.0
HOME	3	0.7	0.4	4	0.9	0.7
CLINIC	.	0.0	0.0	1	0.2	0.2
OUTSIDE ALASKA	5	1.2	0.5	7	1.6	1.6
MOTHER CHARACTERISTICS						
AGE GROUP						
<15	1	0.2	0.3	2	0.4	0.2
15-19	70	16.4	15.7	48	10.6	9.9
20-24	164	38.4	35.5	105	23.3	22.1
25-29	110	25.8	24.4	116	25.7	27.7
30-34	42	9.8	15.2	106	23.5	24.8
35-39	32	7.5	7.5	63	14.0	12.9
40-44	8	1.9	1.4	11	2.4	2.4
45+	.	0.0	0.0	.	0.0	0.1
REPORTED DRINKING	6	1.4	1.5	5	1.1	0.9
REPORTED SMOKING	35	8.2	8.1	18	4.0	5.8
UNWED	195	45.7	41.6	121	26.8	24.6
EDUCATION						
<12 YEARS	36	8.4	10.7	51	11.3	12.7
12 YEARS	203	47.5	44.9	193	42.8	40.7
12+ YEARS	184	43.1	43.6	199	44.1	44.4
PRENATAL CARE						
1ST TRIMESTER	355	83.1	82.6	327	72.5	75.5
3RD TRIMESTER	11	2.6	3.4	23	5.1	3.7
KESSNER INDEX						
ADEQUATE	330	77.3	76.4	270	59.9	63.6
INTERMEDIATE	77	18.0	18.4	148	32.8	30.2
INADEQUATE	11	2.6	3.4	23	5.1	3.7
NO CARE	.	0.0	0.0	.	0.0	0.0
KOTELCHUCK INDEX						
ADEQUATE+	171	40.0	35.8	105	23.3	23.5
ADEQUATE	170	39.8	42.0	166	36.8	39.9
INTERMEDIATE	42	9.8	9.6	73	16.2	17.4
INADEQUATE	35	8.2	10.3	97	21.5	16.5
NO CARE	.	0.0	0.0	.	0.0	0.0
C-SECTION BIRTHS	70	16.4	19.3	67	14.9	17.6
PRE-TERM BIRTHS	61	14.3	13.6	66	14.6	10.0
LOW BIRTHWEIGHT	44	10.3	11.3	34	7.5	6.6

* Rate per 1,000

** For less than 20 occurrences we recommend using the five-year rate.

*** The above table represents preliminary 1999 statistics and may be subject to change.

**SELECTED VITAL STATISTICS FOR ALASKA: 1998 AND 1994-1998
REPORTED BY MOTHER'S RACE**

	ALL RACES			WHITE			NATIVE		
	1998 NUMBER	1998 %	94-98 %	1998 NUMBER	1998 %	94-98 %	1998 NUMBER	1998 %	94-98 %
BIRTHS									
TOTAL	9,944	100.0	100.0	6,634	66.7	67.3	2,413	24.3	23.3
TO RESIDENTS	9,922	100.0	100.0	6,615	66.7	67.3	2,412	24.3	23.3
POPULATION									
MALES	321,184	52.0	52.2	239,737	52.5	52.7	51,702	50.0	50.0
FEMALES	295,898	48.0	47.8	216,534	47.5	47.3	51,659	50.0	50.0
TOTAL	617,082	100.0	100.0	456,271	100.0	100.0	103,361	100.0	100.0
BIRTH RATES									
CRUDE BIRTH RATE*	9,922	16.1	16.8	6,615	14.5	15.1	2,412	23.3	23.8
TEEN BIRTH RATE*	1,103	48.4	53.3	588	38.9	41.1	415	86.0	90.9
FERTILITY RATE*	.	71.6	72.5	.	64.9	65.3	.	105.2	106.7
FACILITY									
HOSPITAL	9,397	94.7	94.9	6,166	93.2	93.6	2,359	97.8	97.7
BIRTHING CENTER	234	2.4	1.4	222	3.4	2.0	6	0.2	0.1
HOME	149	1.5	1.9	135	2.0	2.6	10	0.4	0.4
CLINIC	32	0.3	0.5	5	0.1	0.3	26	1.1	1.3
OUTSIDE ALASKA	108	1.1	1.2	86	1.3	1.4	10	0.4	0.4
MOTHER CHARACTERISTICS									
AGE GROUP									
<15	11	0.1	0.2	2	0.0	0.1	9	0.4	0.4
15-19	1,103	11.1	11.1	588	8.9	9.0	415	17.2	16.7
20-24	2,655	26.8	26.8	1,648	24.9	25.6	752	31.2	30.1
25-29	2,746	27.7	27.2	1,943	29.4	28.3	575	23.8	24.1
30-34	2,078	20.9	21.7	1,464	22.1	22.8	417	17.3	18.7
35-39	1,055	10.6	10.6	762	11.5	11.5	200	8.3	8.3
40-44	259	2.6	2.3	194	2.9	2.6	43	1.8	1.6
45+	15	0.2	0.1	14	0.2	0.1	1	0.0	0.1
REPORTED DRINKING	360	3.6	4.5	134	2.0	2.6	217	9.0	11.5
REPORTED SMOKING	1,817	18.3	19.8	933	14.1	15.7	834	34.6	36.6
UNWED	3,084	31.1	30.3	1,440	21.8	21.5	1,373	56.9	55.2
EDUCATION									
<12 YEARS	1,288	13.0	13.7	585	8.8	9.9	603	25.0	25.4
12 YEARS	4,148	41.8	41.1	2,453	37.1	36.5	1,337	55.4	54.4
12+ YEARS	4,245	42.8	43.2	3,467	52.4	52.1	367	15.2	17.2
PRENATAL CARE									
1ST TRIMESTER	7,986	80.5	81.4	5,480	82.8	83.7	1,807	74.9	75.9
3RD TRIMESTER	380	3.8	3.1	214	3.2	2.5	129	5.3	4.7
KESSNER INDEX									
ADEQUATE	6,815	68.7	71.2	4,979	75.3	76.4	1,213	50.3	56.4
INTERMEDIATE	2,484	25.0	23.8	1,316	19.9	19.7	960	39.8	36.0
INADEQUATE	380	3.8	3.1	214	3.2	2.5	129	5.3	4.7
NO CARE	1	0.0	0.1	.	0.0	0.1	1	0.0	0.2
APNCU INDEX									
ADEQUATE+	2,706	27.3	27.3	2,005	30.3	28.1	419	17.4	24.4
ADEQUATE	3,919	39.5	43.1	2,841	42.9	47.2	747	31.0	31.3
INTERMEDIATE	1,632	16.4	15.0	929	14.0	13.2	576	23.9	20.8
INADEQUATE	1,412	14.2	12.6	729	11.0	9.9	555	23.0	20.5
NO CARE	1	0.0	0.1	.	0.0	0.1	1	0.0	0.2
C-SECTION BIRTHS	1,468	14.8	16.0	1,095	16.6	18.1	215	8.9	8.7
PRE-TERM BIRTHS	1,001	10.1	9.6	577	8.7	8.2	335	13.9	13.1
LOW BIRTHWEIGHT	589	5.9	5.6	366	5.5	5.2	145	6.0	5.6

* Rate per 1,000

** For less than 20 occurrences we recommend using the five-year rate.

(Continued)

**SELECTED VITAL STATISTICS FOR ALASKA: 1998 AND 1994-1998
REPORTED BY MOTHER'S RACE**

	BLACK			ASIAN/PI		
	1998 NUMBER	1998 %	94-98 %	1998 NUMBER	1998 %	94-98 %
BIRTHS						
TOTAL	395	4.0	4.4	482	4.8	4.8
TO RESIDENTS	395	4.0	4.4	480	4.8	4.8
POPULATION						
MALES	15,401	56.1	55.9	14,344	47.8	47.9
FEMALES	12,059	43.9	44.1	15,646	52.2	52.1
TOTAL	27,460	100.0	100.0	29,990	100.0	100.0
BIRTH RATES						
CRUDE BIRTH RATE*	395	14.4	16.4	480	16.0	18.1
TEEN BIRTH RATE*	53	50.4	73.7	46	47.5	52.2
FERTILITY RATE*	.	60.1	68.2	.	66.7	73.2
FACILITY						
HOSPITAL	392	99.2	98.7	469	97.7	96.6
BIRTHING CENTER	1	0.3	0.3	4	0.8	0.7
HOME	1	0.3	0.4	3	0.6	0.7
CLINIC	.	0.0	0.1	1	0.2	0.4
OUTSIDE ALASKA	1	0.3	0.4	3	0.6	1.6
MOTHER CHARACTERISTICS						
AGE GROUP						
<15	.	0.0	0.3	.	0.0	0.1
15-19	53	13.4	15.7	46	9.6	9.4
20-24	142	35.9	34.3	111	23.1	21.6
25-29	88	22.3	24.7	135	28.1	29.5
30-34	72	18.2	16.7	118	24.6	24.6
35-39	32	8.1	7.3	61	12.7	12.2
40-44	8	2.0	1.0	9	1.9	2.5
45+	.	0.0	0.0	.	0.0	0.1
REPORTED DRINKING	4	1.0	1.4	5	1.0	0.9
REPORTED SMOKING	27	6.8	8.4	23	4.8	6.2
UNWED	157	39.7	40.3	109	22.7	23.2
EDUCATION						
<12 YEARS	46	11.6	11.4	54	11.3	12.9
12 YEARS	159	40.3	43.6	198	41.3	40.1
12+ YEARS	188	47.6	44.1	219	45.6	44.8
PRENATAL CARE						
1ST TRIMESTER	321	81.3	83.0	371	77.3	77.6
3RD TRIMESTER	19	4.8	3.4	17	3.5	3.2
KESSNER INDEX						
ADEQUATE	296	74.9	76.8	321	66.9	66.2
INTERMEDIATE	74	18.7	18.0	131	27.3	28.4
INADEQUATE	19	4.8	3.4	17	3.5	3.2
NO CARE	.	0.0	0.1	.	0.0	0.1
APNCU INDEX						
ADEQUATE+	146	37.0	34.8	134	27.9	23.1
ADEQUATE	148	37.5	43.3	179	37.3	43.0
INTERMEDIATE	43	10.9	9.3	83	17.3	16.9
INADEQUATE	52	13.2	10.8	73	15.2	14.6
NO CARE	.	0.0	0.1	.	0.0	0.1
C-SECTION BIRTHS	72	18.2	19.7	83	17.3	18.3
PRE-TERM BIRTHS	44	11.1	13.8	45	9.4	9.0
LOW BIRTHWEIGHT	41	10.4	11.4	35	7.3	6.5

* Rate per 1,000

** For less than 20 occurrences we recommend using the five-year rate.



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Facts on Newborn Hearing Loss & Screening

1) Everyday in the United States, approximately 33 babies (1 to 3 infants per 1,000) are born with significant hearing loss.

2) Hearing loss is the most common congenital disorder in newborns; 20 times more prevalent than phenylketonuria (PKU), a condition for which all newborns are currently screened.

3) The average age that children with hearing loss are identified in the U.S. is 12 to 25 months of age. When hearing loss is detected late, critical time for stimulating the auditory pathways to hearing centers of the brain is lost. Speech and language development is delayed, affecting social and emotional growth and academic achievement.

4) Less than 20% of the babies born in the U.S. are born in hospitals with universal newborn hearing screening programs.

5) It is estimated that another 3 infants per 1,000 are born with moderate hearing loss (a total of 6 infants per 1,000, or over 60 babies born a day) could be identified with wide-use of universal newborn screening and intervention programs.

National Recommendations on Newborn Hearing Screening

6) A majority of hospitals only test infants considered "at risk for hearing loss," who have conditions such as low birth weight, a family history of hearing problems or other specific medical conditions. However, research indicates that testing only those babies considered "at risk" results in the identification of only 40-50% of children with hearing loss.

6) The U.S. Public Health Service's Healthy People 2000 Initiative and 2010 health objectives recommend screening infants for hearing loss by 1 month of age, having diagnostic follow-up by 3 months, and enrolling infants in appropriate intervention services by 6 months of age.

7) The Joint Committee on Infant Hearing recommends that all newborns be screened for hearing loss. They also recommended that all infants with hearing loss be identified before 3 months of age and receive intervention by 6 months of age.

8) A National Institutes of Health (NIH) Consensus Panel in 1993 recommended hearing screening of all newborns. The consensus report

concluded that the best opportunity for achieving this goal is provided by the development of hearing screening programs for newborns in hospital nurseries or in birthing centers, prior to discharge.

Methods and Costs for Newborn Hearing Screening

9) Advances in technology contain current costs for hospital-based newborn hearing screening typically range between \$25 and \$40.

10) Two types of electrophysiologic procedures are used to screen newborns singly or in combination: ABR (auditory brainstem response testing) and OAE (otoacoustic emissions testing).

Auditory brainstem responses (ABR) are measured by placing electrodes on the baby's head. Sound is then introduced to the baby's ears through tiny earphones while the child sleeps. The electrodes measure if the brain is detecting the sounds. This test is also painless and takes only about 5 minutes.

Otoacoustic emissions (OAE) are faint sounds produced by most normal inner ears. The sounds cannot be heard by people, but can be detected by very sensitive microphones that are placed in the ear canal. During testing, a tiny flexible plug is inserted into the baby's ear and sound is then projected into the ear through a plug. A microphone inside the plug records the otoacoustic emissions that the normal ear produces in response to the incoming sound. The emissions are not detected in an infant who cannot hear. Testing is painless and can be done even while the baby sleeps.

The Benefits Of Early Detection

11) Infants identified with hearing loss can be fit with amplification by an audiologist as young as 4 weeks of age. With appropriate early intervention, language, cognitive, and social development for these infants is very likely to develop on par with hearing peers.

12) Recent research concluded that children born with a hearing loss who are identified and given appropriate intervention before six months of age had significantly better language skills than those identified after six months of age. Studies have also indicated that detection of hearing loss during infancy followed with appropriate intervention minimizes the need for rehabilitation during the school years.

For more information on this subject contact Mona Thomas (media inquiries), Jim Potter (federal action) or Charlie Diggs, PhD (state action) at 301-897-5700.

Check out ASHA's [Model Universal Newborn Hearing Bill](#) on ASHA's Web site.

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Creating Newborn and Infant Hearing Screening Legislation in Your State

Does Your State Have Universal Newborn and Infant Hearing Screening Yet?

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Thirty-two states have enacted legislation which provides universal hearing screening to newborns. This leaves 18 states plus the District of Columbia currently without provisions requiring universal screening. Three of these still have legislation pending this session. Three more of these states already screen the hearing of more than 85% of newborns on a voluntary basis. You can make a difference in ensuring that newborn and infant hearing screening is universal. Read on to find out what you can do!

[Background](#)

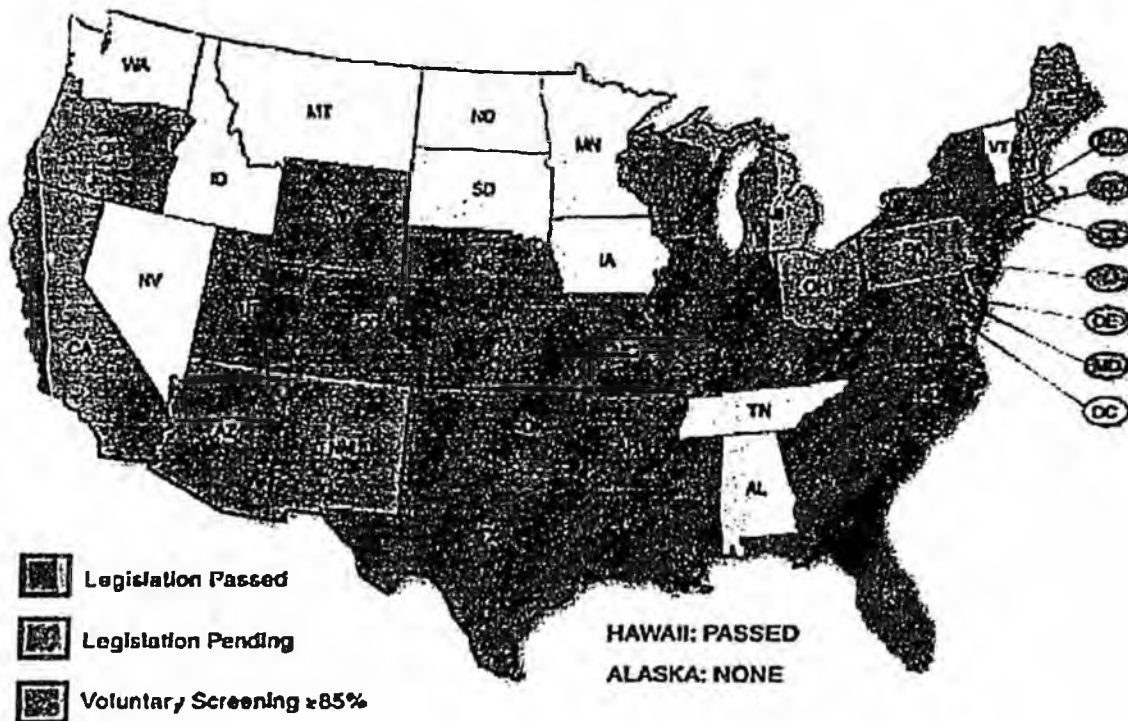
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Click on shaded states to find out more about passed and pending legislation.



Steps for Getting Legislation Passed

See if a bill has already been introduced in your state.

1. ASHA has made this easy! We will be tracking all of the states as they introduce and pass legislation.
2. Use the map above, or go to our [Bill Status](#) page.

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**Universal Newborn Hearing Screening:
Summary Statistics of UNHS In The United States**

Status of Newborn Hearing Screening by State (May 2000)

STATE	# of UNHS Hospitals	Total # of annual births	# babies born in UNHS hospitals	# of babies screened in non-UNHS hospitals	# babies screened in HRR hospitals	% of babies screened for hearing loss
AL	33	62,074	35,601	200		57.7%
AK	4	9,926	4,000		129	41.6%
AR	25	36,865	24,533			66.5%
AZ	49	78,243	76,043			97.2%
CA	28	521,661	50,000		9,912	11.5%
CO	56	59,577	58,977			99.0%
CT	30	43,820	43,382			99.0%
DE	6	10,578	9,732			92.0%
FL	30	195,637	44,000		7,825	26.5%
GA	30	122,368	40,474		4,837	37.0%
HI	15	17,583	17,407			99.0%
ID	11	19,391	15,505			80.0%
IA	65	37,282	30,000			80.5%
IL	93	182,588	116,123		7,288	67.6%
IN	98	85,122	79,929			93.9%
KS	32	38,422	25,204	2,305		71.6%
KY	23	54,329	27,165	2,037	815	55.3%
LA	32	66,888	33,018	2,641	2,641	57.3%
MA	55	81,411	80,000			98.3%
ME	11	13,733	6,244		165	46.7%
MD	18	71,972	32,100	11,961	3,987	66.8%
MI	63	133,666	86,720		2,887	67.0%
MN	23	65,202	29,341		326	45.5%
MO	10	75,358	10,812		122	14.5%
MS	51	42,939	41,262		0	96.1%
MT	8	10,795	6,980		0	64.7%
NC	60	111,688	89,350			80.0%
NE	5	23,534	5,896	838	1,263	34.0%
NH	3	14,429	3,617			25.1%
NJ	37	114,550	60,148		5,191	57.0%
NM	30	27,318	25,023			91.6%
NY	10	258,207	26,490	10,122	4,906	16.1%
ND	3	7,932	3,515	200	87	47.9%
NV	2	28,699	3,950	326	303	16.0%
OH	1	152,794	20,000		13,249	21.8%
OK	46	49,461	35,820	2,138		76.7%
OR	6	45,273	13,000	1,752	723	34.2%
PA	5	145,899	41,000		1,650	29.2%
RI	10	12,599	12,473			99.0%
SC	14	53,877	19,000		3,133	41.1%

SD	7	10,288	5,329		245	54.2%
TN	42	77,334	49,984		5402	62.0%
TX	50	342,283	100,000		8,700	31.8%
UT	43	45,165	44,417			98.3%
VA	39	94,351	68,404		660	73.2%
VT	3	6,582	845		217	16.1%
WA	9	79,663	13,543		200	17.3%
WI	15	67,450	19,124		500	29.1%
WY	24	6,252	6,189			99.0%
WV	36	20,747	19,747			95.2%
DC	2	7,686	3,000			39.0%
VI	4	1,800	800			44.4%
PR	2	60,412	2,000		200	3.6%
GU	2	4,318	4,275			99.0%
AS	0	1,688	0			0.0%
MP	0	1,462	0			0.0%
TOTAL	1,387	4,008,083	1,720,863	34,520	82,560	45.9%

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QUESTIONS & CCMMENTS

Intro	Prevalence	Accuracy	Efficiency	Consequences	Benefits	Cost	Summary
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COST EFFICIENCY OF NEWBORN HEARING SCREENING

Although everyone talks about the importance of doing cost analyses related to early hearing detection and intervention, terms are frequently misused. It is important to define what we mean by some of the most frequently used terms. As shown in [slide #61](#), three distinctions are important. First, it is important to determine how much early hearing detection and intervention programs cost completely independent of the effects of such programs. Methodologies for estimating costs are well developed and relatively straight forward to apply.

Cost effectiveness is a second type of cost analysis. By definition, the cost effectiveness of a program can only be determined if one program is being compared to another. It is inappropriate to say that program A is cost effective. Instead, we must evaluate whether program A is more cost effective than program B. In other words, if we examine both the costs and effects of two different programs, which program yields the most effects for every unit of cost? In a cost-effectiveness comparison of two programs, the costs of each program are analyzed in the same way as the first type of cost analysis described above. However, the effects of each program are also calculated according to variables like the number of children per thousand identified, the age at which those children are fitted with amplification, scores on various measures of developmental functioning, etc. The results of a cost-effectiveness analysis might conclude that the cost of identifying a child with hearing loss in program A is \$7,294, while the cost of identifying a child with hearing loss in program B is \$8,492. In this hypothetical example, program A would be more cost effective than program B.

A cost-benefit study can be either comparative or applied to a single program. Costs are computed in exactly the same way as in the first two types of cost analyses. However, in this case, the benefits associated with newborn hearing detection and intervention must be translated into monetary values. A program is said to be cost beneficial if the amount of money spent on the program is less than the monetary worth of the benefits resulting from that program. As you can imagine, good cost-benefit studies are very, very difficult to do, because of the difficulty of assigning monetary value to outcomes such as a year and a half worth of reading gain or the monetary value to a parent of being able to communicate more effectively with their child.

A number of different kinds of cost studies related to early hearing detection and intervention have been reported in the literature. Most of these are either sample cost estimates or cost-effectiveness analyses, and most suffer from serious weaknesses. For example, in most studies the estimates of costs are based on hypothetical assumptions or unverified self-reports. Such cost estimates are often incomplete in that they ignore costs, such as fringe benefits, indirect costs, and costs to parents. Other studies only include a part of the detection and intervention process (e.g., costs for follow up and tracking may be excluded), and standard economic analysis concepts, such as discounting, sensitivity analysis, and robustness estimates, are frequently not used.

The only area where we have some credible data is related to the costs of newborn hearing screening. One of the first such studies was done with the Rhode Island Hearing Assessment Program, in which a complete cost analysis was done using actual expenditures, instead of self-report data, for the entire screening and tracking process, but diagnosis and intervention costs were explicitly not included. As shown in [slide #63](#), the cost of a two-stage screening, including scheduling and tracking the babies into a diagnostic evaluation, but not including the cost of the diagnosis itself, was approximately \$26 per baby. This did not include the cost of parents' time for participating in the screening activities.

A similar study was done at Logan Regional Hospital as reported by Weirather and her colleagues and shown in [slide #64](#). Because of the way this program was organized, the cost per baby was substantially cheaper (\$7.42 per baby), even though the analysis included all of the same activities and was just as complete as the RIHAP study.

Recently, CDC, under the direction of Scott Grosse, did a multi-center study in which the costs of newborn hearing screening were estimated in six different centers in six states ([slide #65](#)). Three of those centers were AABR-based sites and three were otoacoustic-emission-based sites. Cost estimates were based on self-report questionnaires, and site visits were made to four of the six sites to gather confirmatory data wherever possible. Although the actual time devoted to various activities was not tracked, as was the case in

the studies done in Rhode Island and Utah, the analysis did use standardized techniques for including the costs of fringe benefits, equipment, supplies, and overhead. As shown in slide #66, the cost per baby ranged from about \$18 to \$26, with TEOAE sites being less expensive.

A final study of costs of screening was reported by John Stevens and his colleagues (slide #67) for ten different hearing screening programs in Great Britain. Five of these programs did targeted screening with high-risk infants, three were universal newborn hearing screening programs, and two were home-visitor programs. Results ranged from an average of about \$8 per baby born for the high-risk programs to \$22 per baby for the universal newborn hearing screening programs to \$32 per baby for the home-visitor programs. Although not as much detail about the procedures used in the cost analysis were included in this report, the results are quite similar to what has been found by studies done in the U.S. It is also important to note that in the ten programs evaluated by Stevens, there was reasonable consistency within the various types of programs, which makes the results more believable.

It is possible to do some very rough estimates of some of the more obvious monetary benefits associated with newborn hearing detection and intervention programs by using information from other sources about the prevalence and costs of screening for various diseases among newborns. As shown in slide #68, the prevalence of permanent congenital hearing loss at 3 per thousand is substantially higher than the prevalence of PKU, hyperthyroidism, or sickle cell anemia, which are required for screening in every state. All three of those diseases are screened for using the same blood test, which for purposes of this comparison was estimated to cost \$25 per test. Because the prevalence of those other diseases is so low, the cost for identifying a child with any one of those diseases is approximately \$41,000 per child, compared to a cost of \$8,683 to identify a child with permanent congenital hearing loss (PCHL).

Is it worth to spend almost \$9,000 to identify a child with PCHL during the first few months of life? Based on data presented about the benefits of early identification, it appears that children identified early will have better cognitive skills, social skills, and language skills, which are all the types of things that contribute to the child being capable of being educated in a regular mainstream classroom or a self-contained classroom, instead of a residential program. In other words, the data we have suggests that if children are identified early, they will be capable of being appropriately educated in a less restrictive and less expensive environment. (Note that these data should not be used to suggest that states could save money by inappropriately moving children from more restrictive to less restrictive environments. All educational systems must be available for the child, and the most appropriate setting should be determined based on the capabilities of the child and the preferences of the parent and child.) As shown in slide #70, the U.S. Department of Education estimates that for hearing-impaired children, the annual costs of education in a regular mainstream classroom in 1990 was \$3,383, while the annual costs for a hearing-impaired child in a self-contained classroom or residential placement was \$9,889 and \$35,780, respectively. Thus, over the educational lifetime of a child, substantial amounts of money would be saved if, as a result of early identification and intervention, the most appropriate educational setting for the child is a regular mainstream classroom instead of a self-contained classroom or a self-contained classroom instead of a residential program. In fact, if only 2% of the children identified with a hearing loss were educated in a self-contained classroom instead of a residential program, it would more than pay for the cost of the newborn hearing screening program in which all of the children were identified. Although there have not been empirical studies of the number of children who would be more appropriately educated in less restrictive environments as a result of newborn hearing screening programs, based on the data about the benefits of early intervention and the costs of early identification programs, it is very plausible to expect many early identified children to be educated in less restrictive environments. As a result, at least this much money, and probably much more, would be saved.

#63

Actual Costs of Operating a Universal Newborn Hearing Screening Program

	Cost
Personnel	\$ 60,654
Screening Technicians (avg. 103 hrs./week)	
Clerical (avg. 60 hrs./week)	
Audiologist (avg. 18 hrs./week)	
Coordinator (avg. 20 hrs./week)	
Fringe Benefits (28% of Salaries)	16,983
Supplies, Telephone, Postage	12,006
Equipment	5,575
Hospital Overhead (24% of Salaries)	<u>14,557</u>
TOTAL COSTS	\$110,775

Cost Per Infant Screened = \$110,775 / 4,253 = \$26.05

Maxon, A. B., White, K. R., Behrens, T. R., & Vohr, B. R. (1995) Referral rates and cost efficiency in a universal newborn hearing screening program using transient evoked otoacoustic emissions (TEOAE). Journal of the American Academy of Audiology, 6, 271-277.

#61

VI. Cost Efficiency of Newborn Hearing Screening

- ☐ What does early detection and intervention cost?
- ☐ Is protocol A more cost-effective than protocol B?
- ☐ Is early hearing detection and intervention cost-beneficial?

#67

Stevens et al. (1997) Hearing Screening Cost Analysis

-) Staff at 10 screening programs completed questionnaires regarding costs.
-) Fringe benefits and overhead were added using standard multipliers.
-) Included were 5 high-risk screening programs
3 universal screening programs
9 home visitor or surveillance programs

Results Per 1000 Births		
<u>Type of Program</u>	<u>Mean Cost</u>	<u>Range</u>
High Risk	\$ 8,184	(\$6,894 to \$9,645)
Universal	\$22,480	(\$21,250 to \$23,940)
Home Visitor	\$32,120	(\$18,590 to \$36,190)

Stevens, J.C., Hall, D.M.B., Davis, A., Davies, C.M., & Dixon, S. (1997). The costs of early hearing screening in England and Wales. Unpublished manuscript, Royal Hallamshire Hospital, Sheffield, England.

#66

Results of CDC Cost Study

Cost category	3 Hospitals using TEOAE	3 Hospitals using AABR
Staff time	\$13.04	\$10.73
Equipment	0.91	2.63
Supplies	0.51	9.33
Overhead	3.49	3.34
Total Cost (Range)	\$17.96 (\$15-\$22)	\$26.03 (\$22-\$30)
Initial refer rate	8%	2%
Screening minutes per child	31.4	42.9
Audiologist minutes per child	17.0	5.4

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#65

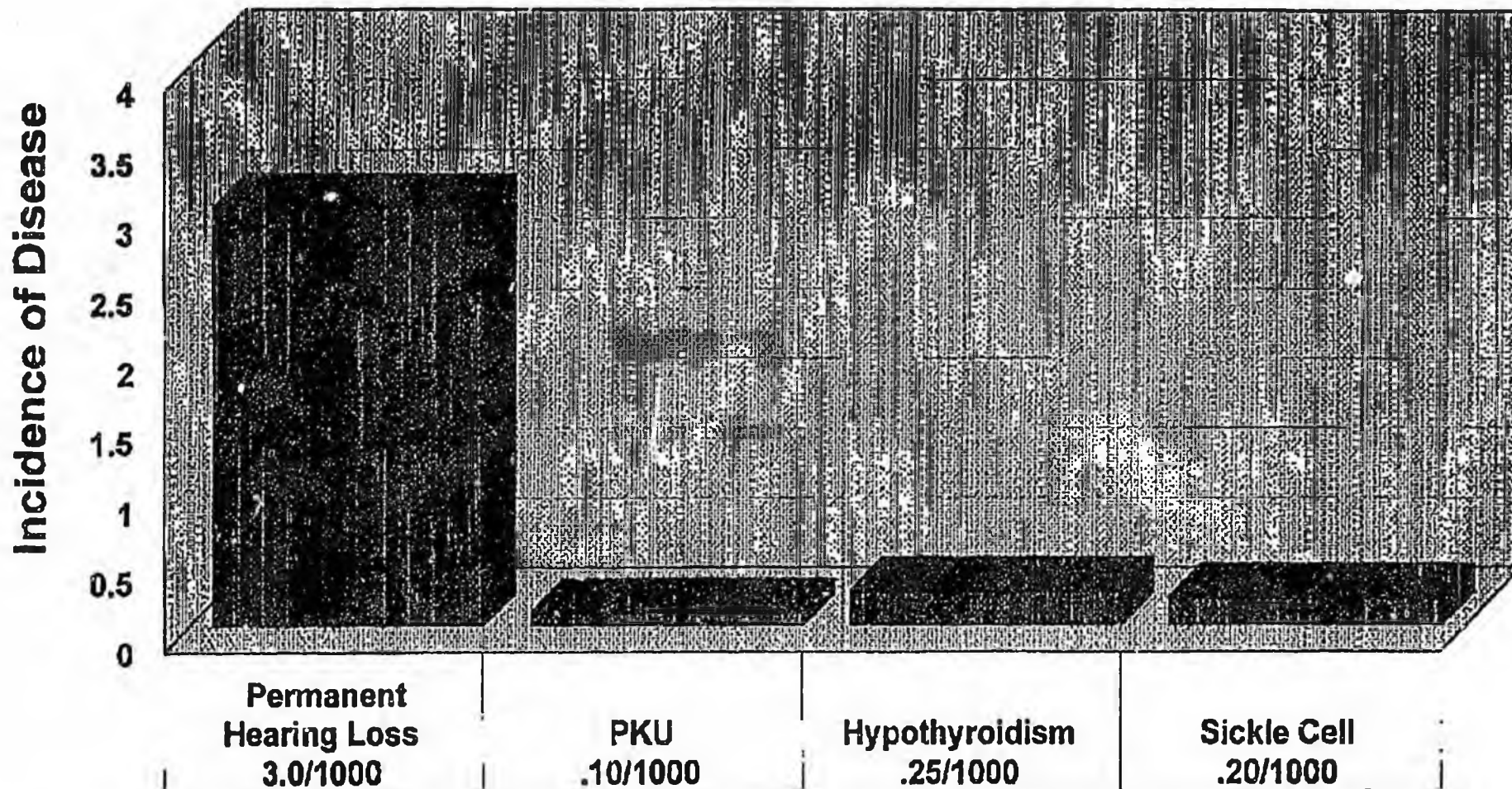
CDC Cost Study (1997)

- 📄 **Multi-center pilot UNHS cost study using 6 hospitals (one each in CO, GA, LA, TN, UT, and VA).**
- 📄 **Cost estimates based on self-report questionnaires with site visits to 4 of 6 sites.**
- 📄 **Standardized estimates used for equipment and overhead costs.**

Grosse, S. (September, 1997). The costs and benefits of universal newborn hearing screening Paper presented to the Joint Committee on Infant Hearing, Alexandria, VA.

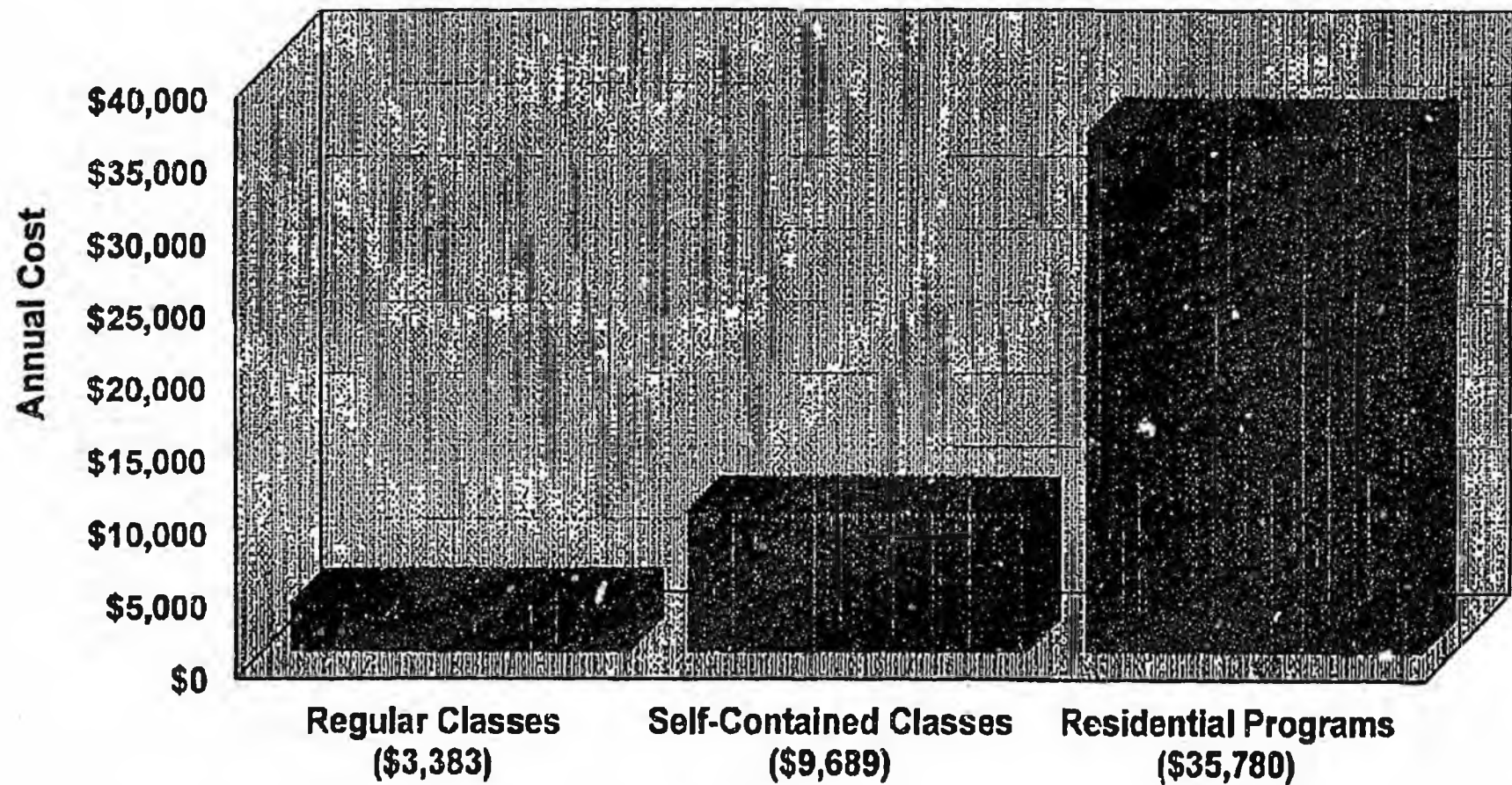
#68

Prevalence of Various "Screenable" Diseases Among Newborns



Johnson, J.L., Mauk, G.W., Takekawa, K.M., Simon, P.R., Sia, C.C.J., & Blackwell, P.M. (1993). Implementing a statewide system of services for infants and toddlers with hearing disabilities. *Seminars in Hearing*, 14(1), 105-119.

Cost of Educating Children with Hearing Loss in Various Settings



Johnson, J.L., Mauk, G.W., Takekawa, K.M., Simon, P.R., Sla, C.C.J., & Blackwell, P.M. (1993). Implementing a statewide system of services for infants and toddlers with hearing disabilities. *Seminars in Hearing* 14(1), 105-119.

***Christian Science
Committee on Publication
for the State of Alaska***

Richard L. Block

April 20, 2001

Representative Fred Dyson, Chairperson
Health, Education, Social Service Committee
House of Representatives
State Capitol
Juneau, Alaska 99801-1182

Re: House Bill 173

Dear Representative Dyson,

HB 173 has come to my attention which creates a requirement that all newly born children receive a hearing test and that certain administrative procedures be established for tracking those believed to have a hearing loss.

As Christian Science Committee on Publication for the State of Alaska, I speak for a number of people who have successfully relied exclusively on prayer for healing and who find that mandatory imposition of medical examinations is an intrusion on their right to rely exclusively on prayer for their spiritual and physical protection and care.

Many of those on behalf of whom I speak, are parents who have given birth to and raised children with total reliance on their faith in God and with completely healthy outcomes.

We recognize the urgent interest of the state in providing medical protection and early medical treatment to those children who are raised in families where medical treatment is the only or preferred health care resource relied upon. Mandatory screening may be appropriate. On the other hand, for those parents who have been successfully relying upon prayer and their proven faith in God, mandatory medical screening is an imposition on their religious choice and an intrusion into their faith.

We respectfully request that the bill be modified to reflect the continuing protection that this Legislature has provided over the years to those who choose to rely exclusively on prayer for healing by adding the following amendment to the bill.

Add sec. 47.20.360 to read as follows:

"AS 47.20.300-AS 47.20.390 shall not apply to a physician or other person attending the birth of a child, or to the child or to the parents of the child born to parents who object to the screening on the grounds that such screening conflicts with the parents' religious beliefs."

For your information, this language is parallel to the language contained in the federal law regarding screening of newborns for hearing loss where an accommodation has been granted by Congress to those who object because of their religious beliefs.

We are most grateful for the continuing consideration given by the Legislature to those who rely on faith in God for healing.

Yours cordially,

Richard L. Block

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