

ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10208 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

53





# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House AFS

Committee on HB 173 <sup>Establishing a screening</sup> <sub>program for newborns and infants</sub> Committee Name Dated 4-11-01

Bill / Subject program related to hearing ability of newborns and infants

Quota International of Fairbanks is a service organization made up of professionals in the Fairbanks and North Pole communities. One of our primary areas of focus, among others, is those people with hearing deficits. We spend many countless volunteer hours promoting hearing health, fund raising to assist in the purchasing of hearing devices and teaching aids for the hearing impaired, administering scholarships to high school students pursuing a career in audiology or speech and language pathology. We have also donated the Algo IIe to Fairbanks Memorial Hospital. This instrument allows for early hearing detection in newborns before their release from the hospital. It is our goal as an organization to do what we can to assure that a hearing loss, congenital or other, does not go undetected and does not impair citizens from living their lives to the fullest extent possible.

We submit the following resolution in support of HB 173 "an act to establish 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 tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date."

SIGNED:

Mary H. Weymiller, Secretary  
Testifier

Quota International of Fairbanks  
Representing

P.O. Box 74850 Fairbanks Ak 99707  
Address / Phone Number 907-479-4395



Quota International of Fairbanks  
PO Box 74850 Fairbanks AK 99707

*Resolution in support of HB 173, establishing a screening, tracking,  
and  
intervention program related to the hearing ability of newborns and  
infants*

Whereas thirty to forty babies born annually in Alaska are likely to have some type of congenital hearing loss; and

Whereas approximately 50% of newborns with hearing loss are not identified and will not be identified until 18 mos. to 3 years of age; and

Whereas undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development; and

Whereas 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 program; and

Whereas the prevalence of congenital hearing loss at 3 per 1000 births nation wide is substantially higher than the prevalence of phenylketonuria (PKU), hyperthyroidism, or sickle cell anemia, which are required for screening in every state;

Now therefore be it resolved that Quota International of Fairbanks, a service organization focused on the speech and hearing impaired, wholeheartedly supports HB 173 "an act to establish a screening, tracking, and intervention program related to the hearing ability of newborns and infants....."

Adopted this 3<sup>rd</sup> day of April 2001.

  
Becki Phipps, President

# FISCAL NOTE

**STATE OF ALASKA**  
**2001 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
Bill Version: HB 173  
( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): 4/12/2001 Dept. Affected: Health & Social Services  
Title: Hearing Screening for Newborns BRU: State Health Services  
Component: Maternal, Child, & Family Hlth  
Sponsor: Rep. Joule  
Requester: House (HES) Component Number: 290

**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				65.0	65.0	65.0
Travel				5.7	5.7	5.7
Contractual	90.0	15.0	15.0	15.0	15.0	15.0
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>90.0</b>	<b>15.0</b>	<b>15.0</b>	<b>85.7</b>	<b>85.7</b>	<b>85.7</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES ( )</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health	90.0	15.0	15.0	85.7	85.7	85.7
Other (Specify Type)						
<b>TOTAL</b>	<b>90.0</b>	<b>15.0</b>	<b>15.0</b>	<b>85.7</b>	<b>85.7</b>	<b>85.7</b>

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				2	2	2
Temporary						

**ANALYSIS:** (Attach a separate page if necessary)

FY 2002 - Contractual: \$90.0

\*Database development - \$80.0

A contract will be issued to develop a statewide early hearing detection and intervention tracking system which will be used by birth facilities and audiologists to track and provide required reporting on infants with hearing loss. This database will be located in all facilities throughout the state and will provide the state office with data to assure that all infants with hearing loss are receiving appropriate and timely services.

\*Outreach activities - \$10.0

A contract will be issued to develop, print and distribute educational materials (posters, brochures, resource directories). These materials will be distributed at hospitals, in OB offices, and other public venues. Other costs associated with the program will include interpreters for meetings and teleconferences.

Prepared by: Karen E. Pearson, MS, Director Phone 465-3090  
Division: Public Health Date/Time 3/16/01 9:18 AM  
Approved by: Elmer A. Lindstrom, Special Assistant Date 4/12/01 4:57 PM  
Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

ANALYSIS: (continued)

**FY2003-FY2007**

\* Data Base Maintenance - \$10.0

Revisions, updates and ongoing maintenance for the data base

\* Outreach activities - \$5.0

Print and distribute educational materials (posters, brochures, resource directories).

**Increased GF Funding beginning FY2005: \$70.7**

Currently, MCFH is receiving a federal grant for four years which covers staffing for the program as described below. The federal grant allows MCFH to begin implementing a statewide UNHS program. When federal funding expires in FY2005, there will be a need for state funds to sustain program staffing and other needed activities. Specifically, funds will be required to continue supporting:

\*A half-time Universal Newborn Hearing Screening Coordinator (Health Program Manager II - Range 19) who will oversee reporting and tracking activities, outreach and education efforts and provide technical assistance at Universal Newborn Hearing Screening facilities around the state.

\* A part-time Administrative Clerk III - Range 10 who will provide administrative support for the activities required for implementation of a statewide UNHS system.

\*Program Coordinator travel.

# 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

April 11, 2001

**SUBJECT:** Hearing screening requirements (CSHB 173( ), Version "B")

**TO:** Representative Fred Dyson  
Attn: Randy

**FROM:** Terri Lauterbach  
Legislative Counsel 

Enclosed is the blank CS you requested.

As you requested, the draft includes a requirement that hearing screening documentation be submitted to a child care facility or school before the child may attend. I provided exceptions to this screening requirement that are similar to the exceptions related to current immunization requirements.

Section 2 of the bill amends a statute (AS 14.30.127) that currently requires children to be screened after they start school. I have amended AS 14.30.127(b) so that the provisions relating to the Department of Health and Social Services in that section are clearly confined to the hearing screening that takes place under AS 14.30.127. I did this because it is my understanding that you did not want involvement of DHSS with the hearing screening requirement established in sec. 4 of your draft, particularly as to the follow-up actions mentioned in AS 14.30.127(b)(3).

For your information, I have enclosed a copy of 4 AAC 06.055 and 4 AAC 62.450, relating to immunizations, and a copy of AS 14.20.127. If I can be of further assistance, just let me know.

TML:jhb  
01-025.jhb

Enclosure



During Session:  
Alaska State Capitol  
Juneau, Alaska 99801-1182  
(907) 465-4833  
Fax (907) 465-4586  
1-800-782-4833

Representative\_Reggie\_Joule@legis.state.ak.us



During Interim:  
P.O. Box 673  
Kotzebue, Alaska 99752  
(907) 442-3880  
Fax (907) 442-3022

Alaska State Legislature  
REPRESENTATIVE REGGIE JOULE

Handwritten note: RANDY WESS AND LETS TALK ABOUT THIS AND PLEASE FIND OUT WHAT THE SENATE IS GOING TO DO ON IT. THANKS

To: Representative Dyson, Chair, Health Education and Social Services

From: Representative Joule, Committee Member, Health, Education and Social Services

Date: March 12, 2001

Subject: Bill Calendaring

We would like to request a hearing for House Bill 173, "An act relating to 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 tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date." This bill has already been discussed with all of the committee members and has all the required back up information. Therefore, we request a hearing for HB 173 in front of the H.E.S.S. committee at the earliest possible date. Thank you for your consideration of this matter.

Handwritten signature: RJ

22-LS0003\B  
Lauterbach  
4/11/01

CS FOR HOUSE BILL NO. 173( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SECOND LEGISLATURE - FIRST SESSION

BY

Offered:

Referred:

Sponsor(s): REPRESENTATIVES JOULE, Cissna, Crawford, Croft, Davies, Harris, Hayes, Kapsner, Lancaster, Wilson, Guess, Scalzi, Kerttula

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to newborn and infant hearing screening; and providing for an effective  
2 date."

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

4 \* Section 1. AS 08.65.140(c) is amended to read:

5 (c) A certified direct-entry midwife shall comply with the requirements of  
6 AS 18.15.150 concerning taking of blood samples, AS 18.15.200 concerning  
7 screening of phenylketonuria (PKU), AS 18.50.160 concerning birth registration,  
8 AS 18.50.230 concerning registration of deaths, AS 18.50.240 concerning fetal death  
9 registration, AS 47.20.320(a) concerning referrals for hearing screening, and  
10 regulations adopted by the Department of Health and Social Services concerning  
11 prophylactic treatment of the eyes of newborn infants.

12 \* Sec. 2. AS 14.30.12 / (b) is amended to read:

13 (b) With respect to screening performed under this section, the [THE]  
14 Department of Health and Social Services shall

- 1 (1) set standards for the performance of vision and hearing screening;
- 2 (2) train and certify public health nurses and school district employees
- 3 to conduct hearing and vision screening tests;
- 4 (3) assist with referral and follow-up of children needing professional
- 5 examination or treatment; and
- 6 (4) assist with maintenance and repair of screening equipment.

7 \* Sec. 3. AS 21.42 is amended by adding a new section to read:

8 **Sec. 21.42.349. Coverage for newborn and infant hearing screening.** (a)

9 Except for a fraternal benefit society, a health care insurer that offers, issues for

10 delivery, delivers, or renews in this state a health care insurance plan shall provide

11 coverage for newborn and infant hearing screening under the schedule described in (b)

12 of this section if the plan covers services provided to women during pregnancy and

13 childbirth and the dependents of a covered individual.

14 (b) The minimum coverage required under (a) of this section includes

15 (1) a newborn or infant hearing screening test to be performed within

16 30 days after the child's birth; and

17 (2) if the initial test under (1) of this subsection determines that the

18 child may have a hearing impairment, a confirmatory hearing diagnostic test.

19 (c) The coverage required by this section may be subject to standard policy

20 provisions that are applicable to other benefits, such as deductible or copayment

21 provisions.

22 \* Sec. 4. AS 47.20 is amended by adding new sections to read:

23 **Article 2. Newborn Hearing Screening Requirements.**

24 **Sec. 47.20.300. Hospital screening requirements.** Except as provided in

25 AS 47.20.320, the physician in attendance at or immediately after the birth of a child

26 in a hospital in this state, or, if a physician is not in attendance at or immediately after

27 the birth, the person attending the newborn child in a hospital in this state, shall, unless

28 medically contraindicated, cause the child to be tested to determine whether the child

29 has a potential hearing impairment. Unless medically contraindicated, the screening

30 shall occur before the newborn is released from the hospital or before the infant is 30

31 days old, whichever is earlier.

1           **Sec. 47.20.310. Birthing center screening requirements.** Except as  
2 provided in AS 47.20.320, each birthing center that provides maternity and newborn  
3 care services shall provide that each newborn in the center's care is referred for an  
4 appointment to a licensed audiologist or to a hospital or other newborn hearing  
5 screening provider before discharge. Unless medically contraindicated, the screening  
6 shall occur before the infant is 30 days old.

7           **Sec. 47.20.320. Exceptions.** (a) Notwithstanding AS 47.20.300 - 47.20.310,  
8 the physician or other person at or immediately after the birth of a child in a hospital  
9 or birthing center that averages less than 50 births a year is not required to screen the  
10 child as described in AS 47.20.300 - 47.20.310 but shall, before the newborn is  
11 released from the hospital or birthing center, refer the child for screening at another  
12 facility or with another provider. Unless medically contraindicated, the screening  
13 shall occur before the child is 30 days old.

14           (b) Notwithstanding AS 47.20.300 - 47.20.310, a physician or other person  
15 required to cause a newborn hearing screening test under AS 47.20.300 - 47.20.310 is  
16 exempt from this requirement if the parent of the newborn child objects to the testing  
17 procedure on the grounds that the procedure conflicts with the religious tenets and  
18 practices of the parent. The parent shall sign a statement that the parent knowingly  
19 refuses the services, and the physician or other person shall have a copy of the signed  
20 statement retained in the medical records of the birth.

21           **Sec. 47.20.330. Referral required.** If it is determined by testing that a  
22 newborn child may have a hearing impairment, the physician or other person who is  
23 required under AS 47.20.300 - 47.20.310 to cause the child to be tested shall

24           (1) refer the child for confirmatory testing; and

25           (2) make reasonable efforts to promptly notify the child's parent that  
26 the child may have a hearing impairment and explain to the parent the potential effect  
27 of the impairment on the development of the child's speech and language skills.

28           **Sec. 47.20.340. Testing technology.** The hearing testing required under  
29 AS 47.20.300 - 47.20.340 shall use at least one of the following physiologic  
30 technologies: automated or diagnostic auditory brainstem response (ABR) or  
31 otoacoustic emissions (OAE).

1           **Sec. 47.20.350. Screening required before school or child care.** (a) Except  
2 as provided in (b) of this section, a licensed child care facility or a public or nonpublic  
3 school offering pre-elementary education through the 12th grade or any combination  
4 of these grades may not accept a child for attendance until there is presented to the  
5 facility or school either

6                   (1) a copy of a medical record indicating that the child has received  
7 hearing screening using a test specified under AS 47.20.340; or

8                   (2) a signed statement by the child's parent or guardian affirming that  
9 hearing screening conflicts with the tenets and practices of the church or religious  
10 denomination of which the parent or guardian is a member.

11           (b) A licensed child care facility or school in a community where regular  
12 hearing screening services are not available on at least a weekly basis may  
13 provisionally admit a child who does not have the medical record or signed statement  
14 required under (a) of this section, but this provisional admission may not extend  
15 beyond 60 calendar days after the child's first date of attendance at the facility or  
16 school.

17 \* **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

**Sec. 14.30.127. Vision and hearing screening examinations.**

(a) A vision and hearing screening examination shall be given to each child attending school in the state. The examination shall be made when the child enters school or as soon thereafter as is practicable, and at regular intervals specified by regulation by the governing body of the district.

(b) The Department of Health and Social Services shall

- (1) set standards for the performance of vision and hearing screening;
- (2) train and certify public health nurses and school district employees to conduct hearing and vision screening tests;
- (3) assist with referral and follow-up of children needing professional examination or treatment; and
- (4) assist with maintenance and repair of screening equipment.

4 AAC 06.055

IMMUNIZATIONS REQUIRED.

(a) Before entry in a state public school district or nonpublic school offering pre-elementary education through the 12th grade, or any combination of these grades, a child shall be immunized against

(1) diphtheria, tetanus, polio, pertussis, measles, and rubella, except that pertussis is not required in children over six and rubella is not required in children 12 years or older; and

(2) beginning July 1, 2001, mumps, hepatitis A, and hepatitis B.

(b) This section does not apply if the child

(1) has a valid immunization certificate consisting of

(A) a statement by a physician listing the date that each required immunization was given; or

(B) a copy of a clinic or health center record listing the date that each required immunization was given;

(2) has a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed to practice in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household; or

(3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

(c) A student registering in a school in a community where regular medical services are not available on at least a weekly basis and who does not have the required immunizations, may be provisionally admitted to a pre-elementary, elementary or secondary program for a reasonable period of time for the prevailing circumstances but not exceeding 90 days after enrollment. No children will be provisionally admitted except in exceptional circumstances. Where exceptions are granted, they shall be reported to and discussed with the communicable disease section of the division of public health, Department of Health and Social Services, who will then be responsible for determining that the required immunizations are completed during the provisional period.

(d) If a parent or guardian is unable to pay the cost of immunization, or immunization is not available in the district or community, immunization shall be provided by state or federal public health services.

(e) Immunizations shall be recorded on each pupil's permanent health record form.

(f) School districts shall initiate action to exclude from school any child to whom this section applies but who has not been immunized as required by this section.

History -

Eff. 1/13/73, Register 44; am 8/28/77, Register 63; am 12/30/2000, Register 156

Authority -

AS 14.07.020

AS 14.30.125

4 AAC 62.450

HEALTH IN CHILD CARE FACILITIES.

(a) At or before admission of a child, a child care facility shall obtain from the child's parent

- (1) a valid immunization certificate; or
- (2) evidence that the child is exempt from immunization.

(b) A valid immunization certificate is a copy of the child's original immunization record showing that, in a manner consistent with the timetable prescribed by the Department of Health and Social Services childhood immunization schedule, the child has received, or has begun and is continuing to receive, immunizations for the child's age against

- (1) diphtheria, tetanus, polio, measles, and rubella;
- (2) if the child is less than seven years of age, pertussis; and
- (3) beginning July 1, 2001, mumps, hepatitis A, hepatitis B, chicken pox, and Haemophilus influenzae type B. The immunization record is limited to either or both a statement by a physician, listing the date that each required immunization was given, or a clinic or health center record, listing the date that each required immunization was given.

(c) Evidence of exemption from immunization must include one of the following:

- (1) a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household;

- (2) an affidavit signed by the child's parent or guardian, affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the parent or guardian is a member; or

- (3) entry for a one day exemption that the child is attending the child care facility for the first time.

(d) A child care facility in a community where regular medical services are not available on at least a weekly basis may provisionally admit a child who does not have the immunization certificate required under (a) of this section until the certificate can be obtained, but for no longer than 60 days.

(e) A satisfactory immunization audit report from the Department of Health and Social Services division of public health during the previous licensure period will be accepted as evidence that the child care facility satisfied the requirements of (a) - (d) of this section.

(f) A child care facility may admit a mildly ill child or allow the child to remain in attendance if the child's needs do not compromise the care of other children.

(g) A child care facility that cares for a mildly ill child shall arrange a plan of care with the parent and provide a place where, under supervision, the child may rest or play quietly, apart from other children, where warranted.

(h) A child care facility may not admit a child who shows definite signs of a serious illness or of a highly communicable disease or allow the child to remain in attendance unless a medical provider approves the child's attendance.

(i) A child care facility shall provide an opportunity for supervised rest or sleep periods for each child under the age of five who is in care more than five hours, and for any other child, if desired by the child. For a child who is unable to sleep, the child care facility shall provide time and space for quiet play.

History -

Eff. 1/1/96, Register 136; am 3/1/98, Register 145; 12/30/2000, Register 156

Authority -

AS 14.07.060

AS 14.37.020

Editor's Notes -

Alaska's childhood immunization schedule prescribed by the Department of Health and Social Services Division of Public Health may be obtained from the Division of Public Health, P.O. Box 110610, 350 Main Street, Room 503, Juneau, Alaska 99811-0610 or any other office of that division in the state.

CHAIR NOTES  
APRIL 17, 2001

TODAY'S BILLS

- 40 HB 197 Healthy Care Services Directives — *Thursday* *Joint Act*  
*Medical*  
*Agency Action*
- ~~HJR 24~~ Replaced by ~~SJR 21~~ *for Dead*
- SJR 21 Extended Federal TANF Grants *MASS*
- HB 173 Screening Newborns for hearing ability
- HB 174 Mental Health Information and Records
- ~~HB 209~~ Canceled
- HB 124 Nurses Home/Assisted Living Facility  
Employee/Visitor

ANNOUNCEMENTS

APR 25 JOINT MEETING OF HESS AND SPECIAL COMMITTEE ON EDUCATION @ 8:00 AM, ROOM 519  
GOVERNOR'S APPOINTMENTS

POSSIBLE MEETINGS ON SATURDAY, APRIL 21 & 28

TELECONFERENCE: KAREN

House Recorder: Lana

22-LS0003VB  
Lauterbach  
4/11/01

CS FOR HOUSE BILL NO. 173( )

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SECOND LEGISLATURE - FIRST SESSION

BY

Offered:  
Referred:

Sponsor(s): REPRESENTATIVES JOULE, Cissna, Crawford, Croft, Davies, Harris, Hayes, Kapsner, Lancaster, Wilson, Guess, Scalzi, Kerttula

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to newborn and infant hearing screening; and providing for an effective  
2 date."

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

4 \* Section 1. AS 08.65.140(c) is amended to read:

5 (c) A certified direct-entry midwife shall comply with the requirements of  
6 AS 18.15.150 concerning taking of blood samples, AS 18.15.200 concerning  
7 screening of phenylketonuria (PKU), AS 18.50.160 concerning birth registration,  
8 AS 18.50.230 concerning registration of deaths, AS 18.50.240 concerning fetal death  
9 registration, AS 47.20.320(a) concerning referrals for hearing screening, and  
10 regulations adopted by the Department of Health and Social Services concerning  
11 prophylactic treatment of the eyes of newborn infants.

12 \* Sec. 2. AS 14.30.127(b) is amended to read:

13 (b) With respect to screening performed under this section. the [THE]  
14 Department of Health and Social Services shall

- 1 (1) set standards for the performance of vision and hearing screening;
- 2 (2) train and certify public health nurses and school district employees
- 3 to conduct hearing and vision screening tests;
- 4 (3) assist with referral and follow-up of children needing professional
- 5 examination or treatment; and
- 6 (4) assist with maintenance and repair of screening equipment.

7 \* Sec. 3. AS 21.42 is amended by adding a new section to read:

8 **Sec. 21.42.349. Coverage for newborn and infant hearing screening.** (a)  
9 Except for a fraternal benefit society, a health care insurer that offers, issues for  
10 delivery, delivers, or renews in this state a health care insurance plan shall provide  
11 coverage for newborn and infant hearing screening under the schedule described in (b)  
12 of this section if the plan covers services provided to women during pregnancy and  
13 childbirth and the dependents of a covered individual.

14 (b) The minimum coverage required under (a) of this section includes

- 15 (1) a newborn or infant hearing screening test to be performed within
- 16 30 days after the child's birth; and
- 17 (2) if the initial test under (1) of this subsection determines that the
- 18 child may have a hearing impairment, a confirmatory hearing diagnostic test.

19 (c) The coverage required by this section may be subject to standard policy  
20 provisions that are applicable to other benefits, such as deductible or copayment  
21 provisions.

22 \* Sec. 4. AS 47.20 is amended by adding new sections to read:

23 **Article 2. Newborn Hearing Screening Requirements.**

24 **Sec. 47.20.300. Hospital screening requirements.** Except as provided in  
25 AS 47.20.320, the physician in attendance at or immediately after the birth of a child  
26 in a hospital in this state, or, if a physician is not in attendance at or immediately after  
27 the birth, the person attending the newborn child in a hospital in this state, shall, unless  
28 medically contraindicated, cause the child to be tested to determine whether the child  
29 has a potential hearing impairment. Unless medically contraindicated, the screening  
30 shall occur before the newborn is released from the hospital or before the infant is 30  
31 days old, whichever is earlier.

1           **Sec. 47.20.310. Birthing center screening requirements.** Except as  
2 provided in AS 47.20.320, each birthing center that provides maternity and newborn  
3 care services shall provide that each newborn in the center's care is referred for an  
4 appointment to a licensed audiologist or to a hospital or other newborn hearing  
5 screening provider before discharge. Unless medically contraindicated, the screening  
6 shall occur before the infant is 30 days old.

7           **Sec. 47.20.320. Exceptions.** (a) Notwithstanding AS 47.20.300 - 47.20.310,  
8 the physician or other person at or immediately after the birth of a child in a hospital  
9 or birthing center that averages less than 50 births a year is not required to screen the  
10 child as described in AS 47.20.300 - 47.20.310 but shall, before the newborn is  
11 released from the hospital or birthing center, refer the child for screening at another  
12 facility or with another provider. Unless medically contraindicated, the screening  
13 shall occur before the child is 30 days old.

14           (b) Notwithstanding AS 47.20.300 - 47.20.310, a physician or other person  
15 required to cause a newborn hearing screening test under AS 47.20.300 - 47.20.310 is  
16 exempt from this requirement if the parent of the newborn child objects to the testing  
17 procedure on the grounds that the procedure conflicts with the religious tenets and  
18 practices of the parent. The parent shall sign a statement that the parent knowingly  
19 refuses the services, and the physician or other person shall have a copy of the signed  
20 statement retained in the medical records of the birth.

21           **Sec. 47.20.330. Referral required.** If it is determined by testing that a  
22 newborn child may have a hearing impairment, the physician or other person who is  
23 required under AS 47.20.300 - 47.20.310 to cause the child to be tested shall

24           (1) refer the child for confirmatory testing; and

25           (2) make reasonable efforts to promptly notify the child's parent that  
26 the child may have a hearing impairment and explain to the parent the potential effect  
27 of the impairment on the development of the child's speech and language skills.

28           **Sec. 47.20.340. Testing technology.** The hearing testing required under  
29 AS 47.20.300 - 47.20.340 shall use at least one of the following physiologic  
30 technologies: automated or diagnostic auditory brainstem response (ABR) or  
31 otoacoustic emissions (OAE).

1           **Sec. 47.20.350. Screening required before school or child care.** (a) Except  
2 as provided in (b) of this section, a licensed child care facility or a public or nonpublic  
3 school offering pre-elementary education through the 12th grade or any combination  
4 of these grades may not accept a child for attendance until there is presented to the  
5 facility or school either

6                   (1) a copy of a medical record indicating that the child has received  
7 hearing screening using a test specified under AS 47.20.340; or

8                   (2) a signed statement by the child's parent or guardian affirming that  
9 hearing screening conflicts with the tenets and practices of the church or religious  
10 denomination of which the parent or guardian is a member.

11           (b) A licensed child care facility or school in a community where regular  
12 hearing screening services are not available on at least a weekly basis may  
13 provisionally admit a child who does not have the medical record or signed statement  
14 required under (a) of this section, but this provisional admission may not extend  
15 beyond 60 calendar days after the child's first date of attendance at the facility or  
16 school.

17 \* **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

**Sec. 14.30.127. Vision and hearing screening examinations.**

(a) A vision and hearing screening examination shall be given to each child attending school in the state. The examination shall be made when the child enters school or as soon thereafter as is practicable, and at regular intervals specified by regulation by the governing body of the district.

(b) The Department of Health and Social Services shall

(1) set standards for the performance of vision and hearing screening;

(2) train and certify public health nurses and school district employees to conduct hearing and vision screening tests;

(3) assist with referral and follow-up of children needing professional examination or treatment; and

(4) assist with maintenance and repair of screening equipment.

4 AAC 06.055

IMMUNIZATIONS REQUIRED.

(a) Before entry in a state public school district or nonpublic school offering pre-elementary education through the 12th grade, or any combination of these grades, a child shall be immunized against

(1) diphtheria, tetanus, polio, pertussis, measles, and rubella, except that pertussis is not required in children over six and rubella is not required in children 12 years or older; and

(2) beginning July 1, 2001, mumps, hepatitis A, and hepatitis B.

(b) This section does not apply if the child

(1) has a valid immunization certificate consisting of

(A) a statement by a physician listing the date that each required immunization was given; or

(B) a copy of a clinic or health center record listing the date that each required immunization was given;

(2) has a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed to practice in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household; or

(3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

(c) A student registering in a school in a community where regular medical services are not available on at least a weekly basis and who does not have the required immunizations, may be provisionally admitted to a pre-elementary, elementary or secondary program for a reasonable period of time for the prevailing circumstances but not exceeding 90 days after enrollment. No children will be provisionally admitted except in exceptional circumstances. Where exceptions are granted, they shall be reported to and discussed with the communicable disease section of the division of public health, Department of Health and Social Services, who will then be responsible for determining that the required immunizations are completed during the provisional period.

(d) If a parent or guardian is unable to pay the cost of immunization, or immunization is not available in the district or community, immunization shall be provided by state or federal public health services.

(e) Immunizations shall be recorded on each pupil's permanent health record form.

(f) School districts shall initiate action to exclude from school any child to whom this section applies but who has not been immunized as required by this section.

History -

Eff. 1/13/73, Register 44; am 8/28/77, Register 63; am 12/30/2000, Register 156

Authority -

AS 14.07.020

AS 14.30.125

4 AAC 62.450

HEALTH IN CHILD CARE FACILITIES.

(a) At or before admission of a child, a child care facility shall obtain from the child's parent

- (1) a valid immunization certificate; or
- (2) evidence that the child is exempt from immunization.

(b) A valid immunization certificate is a copy of the child's original immunization record showing that, in a manner consistent with the timetable prescribed by the Department of Health and Social Services childhood immunization schedule, the child has received, or has begun and is continuing to receive, immunizations for the child's age against

- (1) diphtheria, tetanus, polio, measles, and rubella;
- (2) if the child is less than seven years of age, pertussis; and
- (3) beginning July 1, 2001, mumps, hepatitis A, hepatitis B, chicken pox, and Haemophilus influenzae type B. The immunization record is limited to either or both a statement by a physician, listing the date that each required immunization was given, or a clinic or health center record, listing the date that each required immunization was given.

(c) Evidence of exemption from immunization must include one of the following:

- (1) a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household;

- (2) an affidavit signed by the child's parent or guardian, affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the parent or guardian is a member; or

- (3) entry for a one day exemption that the child is attending the child care facility for the first time.

(d) A child care facility in a community where regular medical services are not available on at least a weekly basis may provisionally admit a child who does not have the immunization certificate required under (a) of this section until the certificate can be obtained, but for no longer than 60 days.

(e) A satisfactory immunization audit report from the Department of Health and Social Services division of public health during the previous licensure period will be accepted as evidence that the child care facility satisfied the requirements of (a) - (d) of this section.

(f) A child care facility may admit a mildly ill child or allow the child to remain in attendance if the child's needs do not compromise the care of other children.

(g) A child care facility that cares for a mildly ill child shall arrange a plan of care with the parent and provide a place where, under supervision, the child may rest or play quietly, apart from other children, where warranted.

(h) A child care facility may not admit a child who shows definite signs of a serious illness or of a highly communicable disease or allow the child to remain in attendance unless a medical provider approves the child's attendance.

(i) A child care facility shall provide an opportunity for supervised rest or sleep periods for each child under the age of five who is in care more than five hours, and for any other child, if desired by the child. For a child who is unable to sleep, the child care facility shall provide time and space for quiet play.

History -

Eff. 1/1/96, Register 136; am 3/1/98, Register 145; 12/30/2000, Register 156

Authority -

AS 14.07.060

AS 14.37.020

Editor's Notes -

Alaska's childhood immunization schedule prescribed by the Department of Health and Social Services Division of Public Health may be obtained from the Division of Public Health, P.O. Box 110610, 350 Main Street, Room 503, Juneau, Alaska 99811-0610 or any other office of that division in the state.



**TONY KNOWLES, GOVERNOR**  
State of Alaska

**GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION**

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

April 9<sup>th</sup>, 2001

Dear Representative Joule,

Each year, over 10,000 babies are born in Alaska, 30 to 40 of whom are likely to have some type of congenital hearing loss. Hearing loss is more prevalent than any other congenital abnormality for which newborns are routinely screened. If left undetected and without intervention, hearing loss has serious adverse implications for the cognitive, language and socio-emotional development of the children who experience it.

The Governor's Council on Disabilities and Special Education applauds your deep concern about the impact of hearing loss. We also applaud your drafting of **House Bill 173** "An Act relating to 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 tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date." We are especially pleased with the bill's requirement that the Department of Health and Social Services develop and implement a program by January 1, 2003 in which 90% of all newborns and infants in the state are screened for hearing loss by three months of age. We also applaud the bill's call for the development of protocols and systems for ensuring timely reporting, tracking and early intervention.

The Governor's Council on Disabilities and Special Education fully supports the Universal Newborn Hearing Screening Bill. The Council recognizes and commends you for your vigilance and dedication to ensuring that no child born in Alaska is denied the opportunity to grow and learn in this great state.

The Governor's Council on Disabilities and Special Education has issued letters urging your fellow House H.E.S. committee members to show support and dedication to Alaska's youth by passing this legislation. We do not believe that any child should be denied the opportunity for a meaningful and productive life in Alaska, and we are urging them to vote in favor of **House Bill 173**.

Sincerely,

A handwritten signature in cursive script that reads "Marie Simmons".

Marie Simmons



Quota International of Fairbanks  
PO Box 74850 Fairbanks AK 99707

*Resolution in support of HB 173, establishing a screening, tracking,  
and  
intervention program related to the hearing ability of newborns and  
infants*

Whereas thirty to forty babies born annually in Alaska are likely to have some type of congenital hearing loss; and

Whereas approximately 50% of newborns with hearing loss are not identified and will not be identified until 18 mos. to 3 years of age; and

Whereas undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development; and

Whereas 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 program; and

Whereas the prevalence of congenital hearing loss at 3 per 1000 births nation wide is substantially higher than the prevalence of phenylketonuria (PKU), hyperthyroidism, or sickle cell anemia, which are required for screening in every state;

Now therefore be it resolved that Quota International of Fairbanks, a service organization focused on the speech and hearing impaired, wholeheartedly supports HB 173 "an act to establish a screening, tracking, and intervention program related to the hearing ability of newborns and infants...."

Adopted this 3<sup>rd</sup> day of April 2001.

*Beebe Phinn*  
Beebe Phinn, President

Providence Alaska  
Medical Center3200 PROVIDENCE DRIVE  
P.O. BOX 196604  
ANCHORAGE, ALASKA  
99519-6604

Tel 907 562-2211



02 April 2001

Re: **LETTER OF SUPPORT**  
**Infant Hearing Screening Bill No. 173**

Dear Sirs:

Please regard this letter as a strong letter of support for House Bill No. 173 regarding infant hearing screening.

As Chairman of the Department of Pediatrics at Providence Alaska Medical Center and Medical Director of the Children's Hospital at Providence, I am a strong supporter of infant hearing screening to detect congenital deafness for which we have recognized successful intervention strategies. Congenital deafness may be diagnosed in the Newborn Nursery utilizing modern technology and reliable hearing screening.

House Bill No. 173 regarding infant hearing and screening will protect our Alaskan children from a late diagnosis of congenital deafness. Without early diagnosis, there is a significant risk for preventable delays in language, cognitive, social, emotional and academic development.

At Providence Hospital for the past year, we have had a successful screening pilot program in place and it has demonstrated to me and to the medical staff that such a program is feasible to be implemented and successful on a universal basis. In addition to this, there is national data documenting the success of infant screening programs both in the reliability of early detection and the success of early intervention strategies.

I support House Bill No. 173.

Sincerely yours,

W. Jon Lyon, M.D.  
Chairman, Department of Pediatrics,  
Providence Alaska Medical Center and  
Medical Director, the Children's Hospital  
at Providence  
WJL:plw



# ALASKA NURSES ASSOCIATION

237 E. 3rd Avenue #3  
(907) 274-0827

Anchorage, AK 99501  
FAX: (907) 272-0292

April 9, 2001

Representative Reggie Joule  
P.O. Box 673  
Kotzebue AK 99752

Dear Representative Joule,

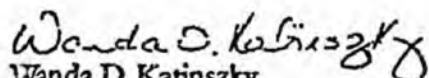
On behalf of the members of the Alaska Nurses Association I would like to extend our support for House Bill 173, Screening Newborns for Hearing Ability. This legislation addresses a great need that is integral to children receiving a healthy start in life. Newborns and infants with undetected significant hearing loss have difficulty developing language and speech needed for academic and vocational achievement compared to other children of the same chronological age.

Hearing loss in newborn infants occurs more frequently than any other health condition for which newborn screening is already required throughout the United States. Some 30,000 children are born profoundly deaf, or have moderate or severe hearing loss each year.

At the present time, less than 20% of all newborns are screened for hearing loss prior to release from the hospital. The United States lags behind similar efforts in Europe and Israel in identifying newborns with hearing loss. Research indicates that children with hearing loss who are identified in the first six months of life, and who receive intervention services, develop language within the normal range.

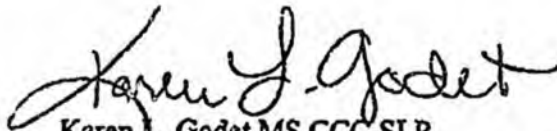
In passing this legislation Alaska would join 35 other states that perform this diagnostic procedure for newborns. We urge you to provide this critical screening for all of Alaska's newborns to ensure a healthy beginning so they may reach their full potential.

Sincerely,

  
Wanda D. Katinsky  
President

**Please support HB 173.**

As a therapist working with young children who experience disabilities I am well aware of the importance of early detection and intervention. In the case of hearing impairments it is imperative that they are detected early in order to provide intervention for the family to ensure that the child can develop communication skills. It is more and more evident that there are critical periods of brain development that are crucial for language learning. No child should miss this window of development for communication growth.



Karen L. Godet MS CCC-SLP  
Speech Pathologist for the Anchorage School District

DATE: 4/9/01

TO: Rep. Joubert  
House H.E.S. Committee  
(907) 465-4586

FROM: Linda Erb

PAGES TO FOLLOW..... 1

COMMENTS:

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**ALASKA NATIVE MEDICAL CENTER**

**AUDIOLOGY DEPARTMENT**

**4315 DIPLOMACY DRIVE**

**ANCHORAGE AK 99508**

**(907) 729-1409**

**FAX: (907) 729-1412**

---

I am writing to urge support of House Bill 173 ("An Act relating to establishing a screening, tracking and intervention program related to the hearing ability of newborns and infants"). The intent of this bill is to ensure that all newborns are provided with hearing screening within 30 days of birth. The bill also makes provisions for all newborns who fail hearing screening to be referred for audiological follow-up, and where hearing loss is determined to exist, to appropriate early intervention/education services.

Serious congenital hearing loss is estimated to occur in 3 to 4 per 1000 live births.



# ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the House A.F.S.

Committee on HB 173 <sup>Committee Name</sup> Establishing a screening  
~~tracking & intervention~~ <sup>Dated</sup> 4-11-01

Bill / Subject program related to hearing ability of newborns & infants

Quota International of Fairbanks is a service organization made up of professionals in the Fairbanks and North Pole communities. One of our primary areas of focus, among others, is those people with hearing deficits. We spend many countless volunteer hours promoting hearing health, fund raising to assist in the purchasing of hearing devices and teaching aids for the hearing impaired, administering scholarships to high school students pursuing a career in audiology or speech and language pathology. We have also donated the Algo IIe to Fairbanks Memorial Hospital. This instrument allows for early hearing detection in newborns before their release from the hospital. It is our goal as an organization to do what we can to assure that a hearing loss, congenital or other, does not go undetected and does not impair citizens from living their lives to the fullest extent possible.

We submit the following resolution in support of HB 173 "an act to establish 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 tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date."

SIGNED:

Mary H. Weymiller, Secretary  
Testifier

Quota International of Fairbanks  
Representing

P.O. Box 74850 Fairbanks, Ak. 99707  
Address / Phone Number 907-479-4395



Quota International of Fairbanks  
PO Box 74850 Fairbanks AK 99707

***Resolution in support of HB 173, establishing a screening, tracking,  
and  
intervention program related to the hearing ability of newborns and  
infants***

Whereas thirty to forty babies born annually in Alaska are likely to have some type of congenital hearing loss; and

Whereas approximately 50% of newborns with hearing loss are not identified and will not be identified until 18 mos. to 3 years of age; and

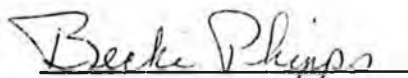
Whereas undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development; and

Whereas 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 program; and

Whereas the prevalence of congenital hearing loss at 3 per 1000 births nation wide is substantially higher than the prevalence of phenylketonuria (PKU), hyperthyroidism, or sickle cell anemia, which are required for screening in every state;

Now therefore be it resolved that Quota International of Fairbanks, a service organization focused on the speech and hearing impaired, wholeheartedly supports HB 173 "an act to establish a screening, tracking, and intervention program related to the hearing ability of newborns and infants....."

Adopted this 3<sup>rd</sup> day of April 2001.

  
Becki Phipps, President

22-LS0003VB  
Lauterbach  
4/11/01

**CS FOR HOUSE BILL NO. 173( )**

**IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-SECOND LEGISLATURE - FIRST SESSION**

**BY**

**Offered:  
Referred:**

**Sponsor(s): REPRESENTATIVES JOULE, Cissna, Crawford, Croft, Davies, Harris, Hayes, Kapsner, Lancaster, Wilson, Guess, Scalzi, Kerdtula**

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act relating to newborn and infant hearing screening; and providing for an effective  
2 date."

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

4 \* Section 1. AS 08.65.140(c) is amended to read:

5 (c) A certified direct-entry midwife shall comply with the requirements of  
6 AS 18.15.150 concerning taking of blood samples, AS 18.15.200 concerning  
7 screening of phenylketonuria (PKU), AS 18.50.160 concerning birth registration,  
8 AS 18.50.230 concerning registration of deaths, AS 18.50.240 concerning fetal death  
9 registration, AS 47.20.320(a) concerning referrals for hearing screening, and  
10 regulations adopted by the Department of Health and Social Services concerning  
11 prophylactic treatment of the eyes of newborn infants.

12 \* Sec. 2. AS 14.30.127(b) is amended to read:

13 (b) With respect to screening performed under this section, the [THE]  
14 Department of Health and Social Services shall

- 1 (1) set standards for the performance of vision and hearing screening;
- 2 (2) train and certify public health nurses and school district employees
- 3 to conduct hearing and vision screening tests;
- 4 (3) assist with referral and follow-up of children needing professional
- 5 examination or treatment; and
- 6 (4) assist with maintenance and repair of screening equipment.

7 \* Sec. 3. AS 21.42 is amended by adding a new section to read:

8 **Sec. 21.42.349. Coverage for newborn and infant hearing screening.** (a)

9 Except for a fraternal benefit society, a health care insurer that offers, issues for

10 delivery, delivers, or renews in this state a health care insurance plan shall provide

11 coverage for newborn and infant hearing screening under the schedule described in (b)

12 of this section if the plan covers services provided to women during pregnancy and

13 childbirth and the dependents of a covered individual.

14 (b) The minimum coverage required under (a) of this section includes

- 15 (1) a newborn or infant hearing screening test to be performed within
- 16 30 days after the child's birth; and
- 17 (2) if the initial test under (1) of this subsection determines that the
- 18 child may have a hearing impairment, a confirmatory hearing diagnostic test.

19 (c) The coverage required by this section may be subject to standard policy

20 provisions that are applicable to other benefits, such as deductible or copayment

21 provisions.

22 \* Sec. 4. AS 47.20 is amended by adding new sections to read:

23 **Article 2. Newborn Hearing Screening Requirements.**

24 **Sec. 47.20.300. Hospital screening requirements.** Except as provided in

25 AS 47.20.320, the physician in attendance at or immediately after the birth of a child

26 in a hospital in this state, or, if a physician is not in attendance at or immediately after

27 the birth, the person attending the newborn child in a hospital in this state, shall, unless

28 medically contraindicated, cause the child to be tested to determine whether the child

29 has a potential hearing impairment. Unless medically contraindicated, the screening

30 shall occur before the newborn is released from the hospital or before the infant is 30

31 days old, whichever is earlier.

1           **Sec. 47.20.310. Birthing center screening requirements.** Except as  
2 provided in AS 47.20.320, each birthing center that provides maternity and newborn  
3 care services shall provide that each newborn in the center's care is referred for an  
4 appointment to a licensed audiologist or to a hospital or other newborn hearing  
5 screening provider before discharge. Unless medically contraindicated, the screening  
6 shall occur before the infant is 30 days old.

7           **Sec. 47.20.320. Exceptions.** (a) Notwithstanding AS 47.20.300 - 47.20.310,  
8 the physician or other person at or immediately after the birth of a child in a hospital  
9 or birthing center that averages less than 50 births a year is not required to screen the  
10 child as described in AS 47.20.300 - 47.20.310 but shall, before the newborn is  
11 released from the hospital or birthing center, refer the child for screening at another  
12 facility or with another provider. Unless medically contraindicated, the screening  
13 shall occur before the child is 30 days old.

14           (b) Notwithstanding AS 47.20.300 - 47.20.310, a physician or other person  
15 required to cause a newborn hearing screening test under AS 47.20.300 - 47.20.310 is  
16 exempt from this requirement if the parent of the newborn child objects to the testing  
17 procedure on the grounds that the procedure conflicts with the religious tenets and  
18 practices of the parent. The parent shall sign a statement that the parent knowingly  
19 refuses the services, and the physician or other person shall have a copy of the signed  
20 statement retained in the medical records of the birth.

21           **Sec. 47.20.330. Referral required.** If it is determined by testing that a  
22 newborn child may have a hearing impairment, the physician or other person who is  
23 required under AS 47.20.300 - 47.20.310 to cause the child to be tested shall

24                   (1) refer the child for confirmatory testing; and

25                   (2) make reasonable efforts to promptly notify the child's parent that  
26 the child may have a hearing impairment and explain to the parent the potential effect  
27 of the impairment on the development of the child's speech and language skills.

28           **Sec. 47.20.340. Testing technology.** The hearing testing required under  
29 AS 47.20.300 - 47.20.340 shall use at least one of the following physiologic  
30 technologies: automated or diagnostic auditory brainstem response (ABR) or  
31 otoacoustic emissions (OAE).

1           **Sec. 47.20.350. Screening required before school or child care.** (a) Except  
2 as provided in (b) of this section, a licensed child care facility or a public or nonpublic  
3 school offering pre-elementary education through the 12th grade or any combination  
4 of these grades may not accept a child for attendance until there is presented to the  
5 facility or school either

6                   (1) a copy of a medical record indicating that the child has received  
7 hearing screening using a test specified under AS 47.20.340; or

8                   (2) a signed statement by the child's parent or guardian affirming that  
9 hearing screening conflicts with the tenets and practices of the church or religious  
10 denomination of which the parent or guardian is a member.

11           (b) A licensed child care facility or school in a community where regular  
12 hearing screening services are not available on at least a weekly basis may  
13 provisionally admit a child who does not have the medical record or signed statement  
14 required under (a) of this section, but this provisional admission may not extend  
15 beyond 60 calendar days after the child's first date of attendance at the facility or  
16 school.

17 \* **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).

**Sec. 14.30.127. Vision and hearing screening examinations.**

(a) A vision and hearing screening examination shall be given to each child attending school in the state. The examination shall be made when the child enters school or as soon thereafter as is practicable, and at regular intervals specified by regulation by the governing body of the district.

(b) The Department of Health and Social Services shall

(1) set standards for the performance of vision and hearing screening;

(2) train and certify public health nurses and school district employees to conduct hearing and vision screening tests;

(3) assist with referral and follow-up of children needing professional examination or treatment; and

(4) assist with maintenance and repair of screening equipment.

# 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

April 11, 2001

**SUBJECT:** Hearing screening requirements (CSHB 173( ), Version "B")

**TO:** Representative Fred Dyson  
Attn: Randy

**FROM:** Terri Lauterbach  
Legislative Counsel



Enclosed is the blank CS you requested.

As you requested, the draft includes a requirement that hearing screening documentation be submitted to a child care facility or school before the child may attend. I provided exceptions to this screening requirement that are similar to the exceptions related to current immunization requirements.

Section 2 of the bill amends a statute (AS 14.30.127) that currently requires children to be screened after they start school. I have amended AS 14.30.127(b) so that the provisions relating to the Department of Health and Social Services in that section are clearly confined to the hearing screening that takes place under AS 14.30.127. I did this because it is my understanding that you did not want involvement of DHSS with the hearing screening requirement established in sec. 4 of your draft, particularly as to the follow-up actions mentioned in AS 14.30.127(b)(3).

For your information, I have enclosed a copy of 4 AAC 06.055 and 4 AAC 62.450, relating to immunizations, and a copy of AS 14.20.127. If I can be of further assistance, just let me know.

TML:jhb  
01-025.jhb

Enclosure

4 AAC 06.055

IMMUNIZATIONS REQUIRED.

(a) Before entry in a state public school district or nonpublic school offering pre-elementary education through the 12th grade, or any combination of these grades, a child shall be immunized against

(1) diphtheria, tetanus, polio, pertussis, measles, and rubella, except that pertussis is not required in children over six and rubella is not required in children 12 years or older; and

(2) beginning July 1, 2001, mumps, hepatitis A, and hepatitis B.

(b) This section does not apply if the child

(1) has a valid immunization certificate consisting of

(A) a statement by a physician listing the date that each required immunization was given; or

(B) a copy of a clinic or health center record listing the date that each required immunization was given;

(2) has a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed to practice in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household; or

(3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

(c) A student registering in a school in a community where regular medical services are not available on at least a weekly basis and who does not have the required immunizations, may be provisionally admitted to a pre-elementary, elementary or secondary program for a reasonable period of time for the prevailing circumstances but not exceeding 90 days after enrollment. No children will be provisionally admitted except in exceptional circumstances. Where exceptions are granted, they shall be reported to and discussed with the communicable disease section of the division of public health, Department of Health and Social Services, who will then be responsible for determining that the required immunizations are completed during the provisional period.

(d) If a parent or guardian is unable to pay the cost of immunization, or immunization is not available in the district or community, immunization shall be provided by state or federal public health services.

(e) Immunizations shall be recorded on each pupil's permanent health record form.

(f) School districts shall initiate action to exclude from school any child to whom this section applies but who has not been immunized as required by this section.

History -

Eff. 1/13/73, Register 44; am 8/28/77, Register 63; am 12/30/2000, Register 156

Authority -

AS 14.07.020

AS 14.30.125

4 AAC 62.450

HEALTH IN CHILD CARE FACILITIES.

(a) At or before admission of a child, a child care facility shall obtain from the child's parent

- (1) a valid immunization certificate; or
- (2) evidence that the child is exempt from immunization.

(b) A valid immunization certificate is a copy of the child's original immunization record showing that, in a manner consistent with the timetable prescribed by the Department of Health and Social Services childhood immunization schedule, the child has received, or has begun and is continuing to receive, immunizations for the child's age against

- (1) diphtheria, tetanus, polio, measles, and rubella;
- (2) if the child is less than seven years of age, pertussis; and
- (3) beginning July 1, 2001, mumps, hepatitis A, hepatitis B, chicken pox, and Haemophilus influenzae type B. The immunization record is limited to either or both a statement by a physician, listing the date that each required immunization was given, or a clinic or health center record, listing the date that each required immunization was given.

(c) Evidence of exemption from immunization must include one of the following:

(1) a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed in this state, stating that immunizations would, in that individual's professional opinion, be injurious to the health of the child or members of the child's family or household;

(2) an affidavit signed by the child's parent or guardian, affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the parent or guardian is a member; or

(3) entry for a one day exemption that the child is attending the child care facility for the first time.

(d) A child care facility in a community where regular medical services are not available on at least a weekly basis may provisionally admit a child who does not have the immunization certificate required under (a) of this section until the certificate can be obtained, but for no longer than 60 days.

(e) A satisfactory immunization audit report from the Department of Health and Social Services division of public health during the previous licensure period will be accepted as evidence that the child care facility satisfied the requirements of (a) - (d) of this section.

(f) A child care facility may admit a mildly ill child or allow the child to remain in attendance if the child's needs do not compromise the care of other children.

(g) A child care facility that cares for a mildly ill child shall arrange a plan of care with the parent and provide a place where, under supervision, the child may rest or play quietly, apart from other children, where warranted.

(h) A child care facility may not admit a child who shows definite signs of a serious illness or of a highly communicable disease or allow the child to remain in attendance unless a medical provider approves the child's attendance.

(i) A child care facility shall provide an opportunity for supervised rest or sleep periods for each child under the age of five who is in care more than five hours, and for any other child, if desired by the child. For a child who is unable to sleep, the child care facility shall provide time and space for quiet play.

History -

Eff. 1/1/96, Register 136; am 3/1/98, Register 145; 12/30/2000, Register 156

Authority -

AS 14.07.060

AS 14.37.020

Editor's Notes -

Alaska's childhood immunization schedule prescribed by the Department of Health and Social Services Division of Public Health may be obtained from the Division of Public Health, P.O. Box 110610, 350 Main Street, Room 503, Juneau, Alaska 99811-0610 or any other office of that division in the state.

**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 *TLauterbach*  
Legislative Counsel

Following is a sectional summary of 22-LS0003P. 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	4	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 %
<b>BIRTHS</b>									
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
<b>POPULATION</b>									
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
<b>BIRTH RATES</b>									
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
<b>FACILITY</b>									
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
<b>MOTHER CHARACTERISTICS</b>									
<b>AGE GROUP</b>									
<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
<b>EDUCATION</b>									
<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
<b>PRENATAL CARE</b>									
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
<b>KESSNER INDEX</b>									
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
<b>KOTELCHUCK INDEX</b>									
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 %
<b>BIRTHS</b>						
TOTAL	428	4.3	4.3	451	4.5	4.8
TO RESIDENTS	427	4.3	4.3	451	4.5	4.8
<b>POPULATION</b>						
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
<b>BIRTH RATES</b>						
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
<b>FACILITY</b>						
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
<b>MOTHER CHARACTERISTICS</b>						
<b>AGE GROUP</b>						
<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
<b>EDUCATION</b>						
<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
<b>PRENATAL CARE</b>						
1ST TRIMESTER	355	83.1	82.6	327	72.5	75.5
3RD TRIMESTER	11	2.6	3.4	23	5.1	3.7
<b>KESSNER INDEX</b>						
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
<b>KOTELCHUCK INDEX</b>						
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	10.8	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 %
<b>BIRTHS</b>									
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
<b>POPULATION</b>									
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
<b>BIRTH RATES</b>									
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	36.9	41.1	415	86.0	90.9
FERTILITY RATE*	.	71.6	72.5	.	64.9	65.3	.	105.2	106.7
<b>FACILITY</b>									
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
<b>MOTHER CHARACTERISTICS</b>									
<b>AGE GROUP</b>									
<15	11	0.1	0.2	2	0.0	0.1	9	0.4	0.4
15-19	1,103	11.1	11.1	568	8.9	9.0	415	17.2	16.7
20-24	2,655	26.8	26.8	1,648	24.9	25.5	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
<b>EDUCATION</b>									
<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
<b>PRENATAL CARE</b>									
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
<b>KESSNER INDEX</b>									
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
<b>APNCU INDEX</b>									
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	12.8	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 %
<b>BIRTHS</b>						
TOTAL	395	4.0	4.4	482	4.8	4.8
TO RESIDENTS	395	4.0	4.4	480	4.8	4.8
<b>POPULATION</b>						
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
<b>BIRTH RATES</b>						
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
<b>FACILITY</b>						
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
<b>MOTHER CHARACTERISTICS</b>						
<b>AGE GROUP</b>						
<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
<b>EDUCATION</b>						
<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
<b>PRENATAL CARE</b>						
1ST TRIMESTER	321	81.3	83.0	371	77.3	77.6
3RD TRIMESTER	19	4.8	3.4	17	3.5	3.2
<b>KESSNER INDEX</b>						
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
<b>APNCU INDEX</b>						
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.

**HB**

**174**

# Alaska State Legislature

REPRESENTATIVE  
HUGH "BUD" FATE

Mailing Address:  
119 N. Cushman, Suite 101  
Fairbanks, Alaska 99701  
(907) 452-4448  
Fax: (907) 456-3346



## House Of Representatives

While in session  
State Capitol  
Juneau, Alaska  
99801-1182  
(907) 465-4976  
Fax: (907) 465-3883

House District 33

### Memo

TO: Representative Fred Dyson, Chair  
House Health, Education and Social Services

FROM: Representative Hugh Fate, Vice-Chair  
Legislative Budget and Audit Committee

Handwritten signature of Hugh Fate in cursive.

RE: Bill Hearing Request, HB 174

Date: April 3, 2001

The Legislative Budget and Audit Committee respectfully requests a hearing on House Bill 174 "A Act relating to mental health information and records; and providing for an effective date."

This bill was introduced by request of the Legislative Budget and Audit Committee on behalf of the Department of Health and Social Services. The bill addresses recommendation #4 of the Audit Report: "Department of Health and Social Services, Divisions of Medical Assistance and Mental Health and Developmental Disabilities, Community Mental Health Center Program Follow-Up" dated December 1, 2000 (excerpt attached). An analysis of the bill's provisions is also attached. A zero fiscal note will be forthcoming from the Department.

Your favorable consideration of this request will be appreciated.

CC: Pat Davidson, Legislative Auditor

Elmer Lindstrom, Special Assistant  
Department of Health and Social Services

# Alaska State Legislature

REPRESENTATIVE  
**HUGH "BUD" FATE**

Mailing Address:  
119 N. Cushman, Suite 101  
Fairbanks, Alaska 99701  
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While in session  
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Fax: (907) 465-3883

House District 33

## House Of Representatives

### SPONSOR STATEMENT HB 174

#### Reporting of Confidential Client Data

The Division of Mental Health and Developmental Disabilities has had difficulty in its efforts to gather confidential information about clients. Some providers are resistant to reporting data, and to notifying the division of emergent situations when clients are missing, seriously injured or deceased. Some providers claim that they fear potential litigation if they supply confidential information, that reporting would violate client rights to privacy and professional ethics. Some providers are experiencing technical difficulties or may have back-burnered the submission of data. While most providers are cooperative, in-order for the state to insure the health, safety and well being of consumers, it is necessary to strengthen and clarify laws to specify the Departments legal positions on these matters.

The gathering of this data is essential to the division's ability to monitor, make management decisions, meet service needs of Alaskans with mental illness, and to comply with legislative expectations for providing accurate performance measure information. The requirement that providers notify the division of missing, seriously injured, and deceased consumers involves emergent situations, and is consistent with the intent of HIPPA and HCFA.

#### This bill:

- Gives the Department of Health and Social Services the statutory authority to require that mental health centers that receive state funds report certain confidential client data to the Division of Mental Health and Developmental Disabilities (DMHDD), and comply with regulations regarding such data submission.
- Protects licensed mental health clinicians who report required confidential client data.
- Clarifies that confidential client data are considered to be "confidential medical records" and are not open to the public for inspection or copying.

- Requires that mental health providers notify DHSS of emergency situations involving mental health clients—most other states have these requirements.
- Provides access to confidential information regarding consumers utilizing the Mental Health Treatment Assistance Program and requires confidential handling of that information.
- Protects consumers rights to privacy by insuring that confidential information is used and handled appropriately
- Promotes the health and safety of Alaska's mental health consumers.



## Alaska Division of Legislative Audit

### Audit Digest #06-4599-01



\* Requires Acrobat Reader 

**SUMMARY OF:** A Special Report on the Department of Health and Social Services, Divisions of Mental Health and Developmental Disabilities and Medical Assistance, Community Mental Health Center Programs, Follow-Up Report. December 1, 2000.

#### PURPOSE OF THE REPORT

In accordance with Title 24 of the Alaska Statutes and a special request by the Legislative Budget and Audit Committee, we reviewed records and interviewed employees and stakeholders within the mental health system to determine the current status of recommendations made in a previous audit: Department of Health and Social Services, Divisions of Medical Assistance and Mental Health and Developmental Disabilities Community Mental Health Center Program Selected Issues Audit No. 06-4544-97.

#### REPORT CONCLUSIONS

Over the last three years, the Department of Health and Social Services (DHSS) has made several specific efforts toward controlling costs for community mental health programs, clarifying programmatic ambiguities, and educating mental health care providers. The results of some of these efforts are measurable in an overall reduction of cost per client in Medicaid funding. Though DHSS has realized successes in cost containment efforts, the full impact of revised policies and increased technical assistance on costs or programs can not be calculated due to continuing problems with data collection for state grant funding.

##### DHSS reduces Medicaid costs per client, revises regulations

The previous audit noted steep increases in Medicaid costs over fiscal years 93 through 97. Since that time, these costs have leveled out and, in some cases, decreased. Medicaid mental health costs per client have decreased slightly in each fiscal year since FY 97, resulting in an overall 15% reduction when compared to costs per client in FY 97. Since that time, the number of clients has increased by 21% with only a 3% increase in total costs.

Prior auditors were critical of Medicaid rates and the rate setting methodology. They also noted that service descriptions were difficult to decipher. Since the previous audit, DHSS has taken steps to address these concerns. The combination of a Medicaid rate study, the documentation of the department's rate setting methodology, and expanded training efforts have all contributed to improvements in Medicaid billings documentation. Additionally, DHSS has revised Medicaid regulations.

##### Quality assurance trains providers, measures consumer satisfaction, identifies questioned costs

The expansion and revision of the quality assurance process has been key in both controlling costs and in measuring consumer satisfaction with mental health services. The quality assurance team has, over the last two fiscal years, reviewed nearly every community mental health services provider funded by the State. The quality assurance unit has now summarized the results of these reviews and is able to identify specific standards and certain regions of the State in which compliance is low.

Quality assurance site reviews conducted during FY 99-00 included event audits that compared

Medicaid billing data with the clinical record to determine if the services reimbursed were provided. From these event audits, quality assurance has identified \$181,547 in claims that require additional review to determine whether they are actually reimbursable. The costs questioned by quality assurance are referred to DMA for further investigation and determination regarding actual overpayment amounts. DMA has delayed reviewing these questioned costs until questioned cost issues identified in previous reviews have been settled.

#### Outcome assessment committee develops comprehensive outcome measures

A previous audit recommendation said the department should develop meaningful outcome measures. Since that time, the agency has formed an assessment subcommittee that has developed an array of outcome measures far more comprehensive than those currently required by statute. These proposed measures include the areas of access to care, appropriateness and quality of care, consumer outcomes, and management structure.

A new subcommittee has now been formed to pilot the measures developed by the Assessment and Consumer Satisfaction Committees. The pilot project phase, targeted to begin before the end of December 2000, will not be complete for several months. Full implementation is expected during FY 02.

#### Overall improvements don't mitigate the need for comprehensive client data

While we recognize that DHSS has improved significantly in most of the areas of concern noted in the previous audit, client data collection remains an unresolved issue. We believe this data is essential for effective funding and programmatic decision-making related to community mental health centers. The department reportedly now has a data system capable of producing comprehensive client information, yet for various reasons, has been unable to collect data from providers.

DHSS has, over the last three years, attempted to work cooperatively with the providers that will not or cannot supply the data required to meet their grant conditions. The department has been reluctant to impose financial sanctions or take any action that may be viewed as punitive. Though a cooperative relationship is optimal, this method has enjoyed little success over the last three years. With the restructuring of Division of Mental Health and Developmental Disability (DMHDD's) information systems section, the division has an opportunity to focus more attention on this lingering problem. Accordingly, we strongly encourage DMHDD to take prompt action to resolve outstanding data issues.

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## Mental Health Clinical Records Review

### Overview of the review process

DMHDD Quality Assurance staff conduct on-site reviews that include "process" and "performance" oriented measures. The process review assesses whether or not the rules (Medicaid regulations, standards, and accepted clinical practice expectations) are being followed. The performance review assesses whether or not the provider provided the services they were paid (Medicaid and grand funds) to provide.

First, the clinical records review (process review) provides an evaluation of the clinical process measured through documentation found in each consumer's clinical record (randomly selected) to determine that the need for treatment/services provided has been established (medical necessity - see appendix VII). For example: a professional assessment conducted by a qualified individual for the purposes of identifying mental health problems should occur at the point of intake/admission. Treatment should be planned based on the findings of the assessment (a direct relationship between treatment goals and identified problems). Clinical notes should reflect that services are those called for in the treatment plan, and a treatment review supervised by a qualified professional should occur at appropriate intervals to ensure appropriate treatment outcomes are forthcoming. Both qualified staff and the consumer (or parent/legal guardian for children) should be involved throughout this process.

This stage of the clinical record review was condensed to 16 standards that represent the most important factors related to necessity and quality of services (appendix VII). There are many additional written standards that providers are expected to employ in day-to-day practice. However, beginning in FY99 it was decided that the basic "medical necessity" related standards would be the primary target of clinical record reviews until such time that mental health providers are consistently working to a higher standard.

Second, an "event audit" is conducted. This is the part of the clinical record review that compares 1) consumer specific documentation demonstrating that a Medicaid reimbursable service was provided with 2) provider's consumer specific billing data provided by DMA (progress notes are compared to billing data). The Medicaid reimbursement provided would be considered an "overpayment" if any of the following conditions apply:

1. No clinical note present in the consumer's record for the reimbursed service (for the payment under review).
2. There may be a clinical note present in the record (for the payment under review) but it fails to describe the provision of a Medicaid reimbursable service (either no active reimbursable treatment is described or the description is of a different service than was reimbursed).
3. The consumer was not eligible to receive the service that was reimbursed.
4. The need for the reimbursed service is not identified in a professional assessment conducted by a qualified individual.
5. The service reimbursed is not prescribed in a treatment plan with professional oversight.

**FY99 reviewed group**

Findings are reported only on those mental health agencies that underwent a clinical record review during FY99. Those agencies are as follows:

Juneau Alliance for the Mentally Ill	Bristol Bay MHC
Juneau CMHC	Central Peninsula MHC
Juneau Youth Services	Kenai Community Care Ctr.
Reach, Inc. (Juneau)	Providence-Kodiak Island MHC
Sitka CMHC	KNA CMHC (Aniak)
Wrangell MHS	Life Quest (Wasilla)
North Slope Borough (Barrow)	SELS (Wasilla)
Railbelt (Nenana)	Seward Life Action Council
Tok Area MHC	Sound Alternatives (Cordova)
Yukon-Koyukuk (Galena)	South Peninsula CMHC

**Medical Necessity Standards - results** (see medical necessity standards in appendix VII )

**Table 1** FY99 provider performance meeting medical necessity standards (statewide average)

Case type	Met Standard %
Children	80%
Adult	73%

**Table 2** Comparison of provider performance meeting medical necessity standards across three years (statewide averages)

	FY97	FY98	FY99
Children cases	84%	86%	80%
Adult cases	75%	84%	73%

Note: The decrease in compliance with standards for FY99 shown in table 2 is a result of reviews that, for the first time, focus on solely medical necessity related standards and did not include other standards as in previous years.

# ALASKA COMMUNITY MENTAL HEALTH SERVICES ASSOCIATION

## Master List

Updated: February 23, 2001

ORGANIZATION	FNAME	LNAME	E-MAIL	PHONE	FAX	ADDRESS	CITY
ACMHTSA	Amy	Daugherty	amydaugherty@gci.net			327 W. 11th Street, Suite 2	Juneau
Alaska Children's Services	Jim	Maley	akchild@ak.net	346-2101	346-2748	4600 Abbott Road	Anchorage
Alternatives Community Mental Health	David	Newell	dnewell@alternativesmentalhlth.org	274-8281	274-4055	1675 C Street, Suite 117	Anchorage
Anchorage Center for Families	Steven	Barrett	sbarrett@acfonline.org	276-4994	276-6930	3745 Community Park Loop	Anchorage
Assets, Inc.	Diana	Strzok	diana_strzok@assetsinc.org	279-6617	274-0636	2330 Nichols Street	Anchorage
Bethel Community Services	Nadine	Griffin	mailbox@bcs-alaska.org	543-1763	543-3033	P.O. Box 2188	Bethel
Bristol Bay Area Health Corporation	Frank	Addrisi	faddrisi@bbahc.alaska.ihs.gov	842-1230	842-5174	P.O. Box 1517	Dillingham
Bristol Bay Area Health Corporation	Joan	Ribich	jribich@bbahc.alaska.ihs.gov	800-510-1230	842-5174	P.O. Box 1517	Dillingham
Central Peninsula Counseling Services	James	Shill	james@cpccservices.org	283-7501	283-9006	506 Lake Street	Kenai
COHO Mental Health Services Division	Lloyd	Gathman	coho@aptalaska.net	826-3662	826-2917	P.O. Box 806	Craig
COHO Mental Health Services Division	Douglas	Veit	coho@aptalaska.net	826-3662	826-2917	P.O. Box 806	Craig
Community Connections	Bess	Clark	ccnbc@netmail.att.net	225-7825	225-1541	P.O. Box 9586	Ketchikan
Copper River Mental Health Center	Edward	Krause	ed@copperriverma.org	822-5241	822-5247	Drawer H	Copper Center
DMHDD/AMHB	Kathy	Craft	kathryn_craft@health.state.ak.us	541-5045	541-5046	751 Old Richardson Hwy., Suite 123	Fairbanks
Eastern Aleutians Tribes Behavioral Health Center	Chris	Devlin	lcdvlin@pobox.alaska.net	277-1440	277-1446	1600 Street A, Suite 104	Anchorage
Eastern Aleutians Tribes Behavioral Health Center	Ron	Gallagher	rong@gci.net	277-1440	277-1446	1600 Street A, Suite 104	Anchorage
Fairbanks Community Mental Health Center	Wayne	McCollum	Waynem@fcmhc.org	452-1575	452-2173	122 First Avenue, #5	Fairbanks
Fairbanks Community Mental Health Center	Suzanne	Price	suzannep@fcmhc.org	452-1575	452-2173	122 First Avenue, #5	Fairbanks
Family Centered Services of Alaska, Inc.	Pete	Braveman	Pbraveman@mosquitonet.com	474-0890	451-8945	620 5th Avenue, 2nd Floor	Fairbanks
Four Rivers Counseling Service	Israel	Nelson	israel@mcgrathalaska.net	524-5241	524-3519	P.O. Box 229	McGrath
Gateway Center for Human Services	Ron	Adler	rona@city.ketchikan.ak.us	225-4135	247-4135	3050 Fifth Avenue	Ketchikan
Juneau Alliance for the Mentally Ill	Brenda	Knapp	bknapp@jami.org	463-3303	463-6858	P.O. Box 22090	Juneau
Juneau Youth Services, Inc.	Chuck	Bennett	chuckb@jys.org	789-9103	789-8443	P.O. Box 32839	Juneau
Juneau Youth Services, Inc.	Steve	Krall	stevek@jys.org	789-9103	789-8443	P.O. Box 32839	Juneau
KNA Community Counseling Center	Mike	Bricker	knaccc@arctic.net	675-4445	675-4456	P.O. Box 155	Aniak
Kodiak Island Borough Mental Health Center	Welby	Jensen	welbyjensen@provak.org	481-2400	481-2419	717 E. Renzanof	Kodiak
Life Quest	Bill	Hogan	bhogan@lifequest.org	376-2411	352-3222	230 East Paulson, Suite 68	Wasilla
Lynn Canal Counseling Center	Johanna	Younger	canal@wylbear.com	766-2177	766-2977	P.O. Box 90	Haines
Manilaq Counseling Services	Carol	Engler		442-7400	442-7306	P.O. Box 43	Kotzebue

Membership

Senior Mental Health Stakeholders

# ALASKA COMMUNITY MENTAL HEALTH SERVICES ASSOCIATION

## Master List

Updated: February 23, 2001

ORGANIZATION	FNAME	LNAME	E-MAIL	PHONE	FAX	ADDRESS	CITY
Mental Health Association in Alaska	Janet	McGillivray	MHAA@alaska.net	563-0880	563-0881	4045 Lake Otis Parkway, Suite 209	Anchorage
N.S.B. Community Counseling Center	Darrell	Kooley	dkooley@co.north-slope.ak.us	852-0366	852-0315	P.O. Box 69	Barrow
NAMI Alaska	Beth	Lacrosse	blacrosse@go.com.	225-8552	225-8552	P.O. Box 8552	Ketchikan
Norton Sound Comm. Mental Health Center	Jane	Franks	franks@nshcorp.org	443-3204	443-2970	P.O. Box 966	Nome
Parents, Inc.	Faye	Nieto	nieto@parentsinc.org	337-7671	337-7678	4743 E Northern Lights Blvd.	Anchorage
Petersburg Mental Health Services, Inc.	Susan	Ohmer	ollie@alaska.net	772-3332	772-2122	P.O. Box 556	Petersburg
Railbelt MH and Addictions Program	Tracy	Wiggins	rmha@mtaonline.net	832-5557	932-5564	P.O. Box 159	Nenana
SEARCH - Behavioral Health Service Division	Patrick	Hefley	palh@search.org	966-2451	966-8707	222 Tongass, Building 212	Sitka
Seaview Community Services	Melissa	Stone	mstone@seward.net	224-5257	224-7081	P.O. Box 1045	Seward
Sitka Mental Health Clinic, Inc.	Camielle	Call-Tarbel	camielle@pcu.net	747-8994	747-6801	1310 A Sawmill Creek Road	Sitka
Sound Alternatives	Charles	Wainwright		424-8300	424-8615	P.O. Box 160	Cordova
South Peninsula Community Health Center	Kemper	Breeding	kabdotty@xyz.net	235-7701	235-2290	3928 Ben Walters Lane	Homer
Southcentral Behavioral Health Services	Mark	Nelles	mark@chugachmiut.org	265-4912	265-4928	670 Fireweed Lane	Anchorage
Southcentral Foundation Behavioral Health Services	Fred	Kopacz	fkopacz@ak.net	265-4932	265-5925	4501 Diplomacy Drive	Anchorage
Southcentral Counseling Center	Ken	Taylor	khtaylor@alaska.net	563-1000	563-2045	4020 Folker Street	Anchorage
Southcentral Foundation Behavioral Health Services	Tim	Chu	Tchu@citci.com	265-4932	265-5925	4501 Diplomacy Drive	Anchorage
T.C.C. Mental Health & Alcohol Program	Mark	Snipes	msnipes@tanachiefs.org	452-8251	459-3950	122 First Avenue, Suite 60	Fairbanks
The ARC of Anchorage	Collene	Dragomir	cbrady-dragomir@arc-anchorage.org	277-6677	272-2161	2211 Arca Drive	Anchorage
Tok Area Counseling Center	Jonathan	Lundy	tok_c1@aptalaska.net	883-5106	883-5108	P.O. Box 398	Tok
Valdez Counseling Center	Peggy	Flascher	nolai...@hotmail.com	835-2838	835-5927	P.O. Box 1050	Valdez
Wrangell Mental Health Services, Inc.	Mark	Walker		874-2373	874-2576	P.O. Box 1615	Wrangell
YK Health Corporation CMHC	Sandra	Mironov	sandra_mironov@ykhc.org	543-6100	543-6159	P.O. Box 528	Bethel
Yukon Flats CARE Center	Stephen	Pollitt	spollitt@salg.org	662-2587	662-3333	P.O. Box 33	Ft. Yukon
Yukon/Koyukuk MH and Alcohol Program	Maureen	Suttman	maureensuttman@hotmail.com	656-1617	656-1581	P.O. Box 17	Galena
DMHDD	Leonard	Abel	leonard_abel@health.state.ak.us	465-2668	465-3370	P.O. Box 110601	Juneau
Parents, Inc.	Sanja	Bolling	sanja@parentsinc.org	337-7671	337-7678	4743 E Northern Lights Blvd.	Anchorage
DMHDD	Karl	Brimner	karl_brimner@health.state.ak.us	465-2668	465-3371	P.O. Box 110601	Juneau
A.P.I	Randall	Burns	randall_burns@health.state.ak.us	269-7251	269-7106	2900 Providence Drive	Anchorage
DHSS/Commissioner's Office	Diane	DiSanto	diane_disanto@health.state.ak.us	561-1000	269-7800	Box 24040	Anchorage

Membership  
Other Mental Health Stakeholders

**ALASKA COMMUNITY MENTAL HEALTH SERVICES ASSOCIATION**  
**Master List**  
 Updated: February 23, 2001

ORGANIZATION	FNAME	LNAME	E-MAIL	PHONE	FAX	ADDRESS	CITY
Disability Law Center	Cindy	Drinkwater	akpa@dlcak.org	565-1000	565-1002	3330 Arctic Blvd #103	Anchorage
DMHDD	Karen	Forrest	karen_forrest@health.state.ak.us	465-2668	465-3370	P.O. Box 110601	Juneau
DFYS	Joanne	Gibbens	joanne_gibbens@health.state.ak.us	465-3397	465-3191	P.O. Box 110630	Juneau
DMHDD	Anne	Henry	anne_henry@health.state.ak.us	465-2668	465-3370	P.O. Box 110601	Juneau
DMHDD	Yvonne	Jacobson	yvonne_jacobson@health.state.ak.us	465-2668	465-3370	P.O. Box 110601	Juneau
AMHTA	Jeff	Jessøe	jeff_jessøe@mhta.revenue.state.ak.us	269-7966	269-7960	550 West 7th Ave	Anchorage
DMA Program Officer	Teri	Keklak	teri_keklak@health.state.ak.us	561-2171		4501 Business Park Blvd., Suite 24	Anchorage
DMA Director	Bob	Labbe	bob_labbe@health.state.ak.us	465-2204	465-3355	P.O. Box 110660	Juneau
AMHB Member	Beth	Lacrosøe	Blacrosøe@go.com	225-8552	247-7744	P.O. Box 8552	Ketchikan
DHSS Deputy Commissioner	Jay	Livey	jay_livey@health.state.ak.us	465-3068	465-3030	P.O. Box 110601	Juneau
AMHB Executive Director	Walter	Majoros	wmajoros@pobox.alaska.net	465-3079	465-3071	431 N. Franklin St. # 200	Juneau
AMHTA	Mary E.	Rider	me_rider@mhta.revenue.state.ak.us	269-7966	269-7960	550 7th Ave. #1820	Anchorage
	Doug	Smith	dougs@gci.net				
DFYS Director	Theresa	Tanoury	theresa_tanoury@health.state.ak.us	465-3397	465-3191	P.O. Box 110630	Juneau
DMHDD	Den	Walgman	den_walgman@health.state.ak.us	269-3623	269-3600	701 E Tudor Rd. Ste 260	Anchorage
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Membership  
 Other Mental Health Stakeholders

# ALASKA COMMUNITY MENTAL HEALTH SERVICES ASSOCIATION

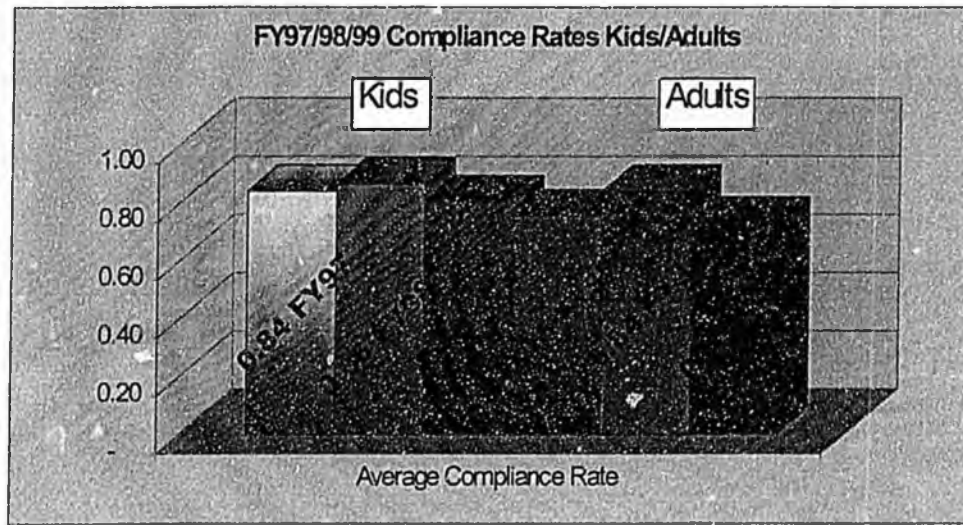
## Master List

Updated: February 23, 2001

ZIP Code
99801
99559
99576
99576
99611
99921
99921
99901
99573
99627
99901
99803
99803
99557
99687
99827
99752

Membership  
Other Mental Health Stakeholders

The following chart is a graphical representation of data illustrated in Table 2.



The above graph indicates that providers are not meeting medical necessity standards at the same rate they met the larger group of standards (in which medical necessity standards were imbedded) in previous years. It is believed that a focused review targeting the medical necessity standards (appendix VII) will bring about greater awareness and subsequent system wide improvement in this area. Table 3 illustrates the degree to which each provider met the medical necessity standards.

**Table 3**

FY99 individual provider performance meeting medical necessity standards (combined adult and children cases)

Provider	Met Standards %	Provider	Met Standards %
Juneau Alliance for the Mentally Ill	69	Bristol Bay MHC	48
Juneau CMHC	44	Central Peninsula MHC	68
Juneau Youth Services	61	Kenai Community Care Ctr.	81
Reach, Inc. (Juneau)	60	Providence-Kodiak Island MHC	33
Sitka CMHC	74	KNA CMHC (Aniak)	23
Wrangell MHS	71	Life Quest (Wasilla)	56
North Slope Borough (Barrow)	11	SELS (Wasilla)	42
Railbelt (Nenana)	45	Seward Life Action Council	50
Tok Area MHC	58	Sound Alternatives (Cordova)	80
Yukon-Koyukuk (Galena)	25	South Peninsula CMHC	59
Copper River NA	53	<b>State wide Average</b>	<b>77</b>

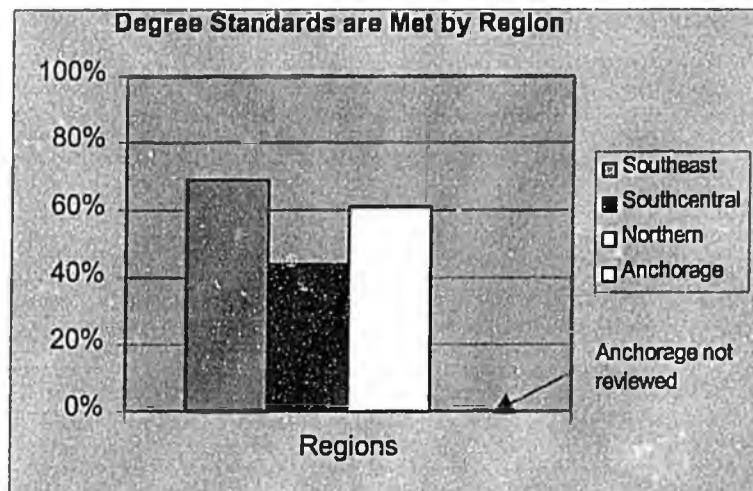
**Table 4**

FY99 regional performance meeting medical necessity standards  
(combined adult and children cases)

Region	Met Standards
Southeast	69%
Southcentral	44%
Northern	61%
Anchorage	not reviewed
<b>State wide average</b>	<b>77%</b>

Note: Anchorage region providers were not reviewed during FY99

The following is a graphical representation of table 4:



# FISCAL NOTE

**STATE OF ALASKA**  
**2001 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: HB 174  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Health & Social Services  
 Title: Mental Health Information & Records BRU: Institutions & Administration  
 Component: Mental Health/DD Admin  
 Sponsor: RLS by Request of Leg Budget & Audit  
 Requester: H(HES) Component Number: 310

**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						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

<b>CAPITAL EXPENDITURES</b>						
-----------------------------	--	--	--	--	--	--

<b>CHANGE IN REVENUES ( )</b>						
-------------------------------	--	--	--	--	--	--

**FUND SOURCE** (Thousands of Dollars)

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

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)

Section 2 of this bill requires Community Mental Health Centers receiving State mental health grant funds to report confidential information to the Division about State-funded consumers' demographics, service and cost of service, and to notify the Division in the case of a missing, injured or deceased State-funded consumer. These data reporting requirements are being included in the FY02 Request for Mental Health Grant Proposals.

This statutory change bears no direct cost implication for the Division.

Prepared by: Sarah Brinkley, Administrative Manager Phone 465-3167  
 Division: DMHDD Date/Time 3/17/01 3:13 PM  
 Approved by: Elmer A. Lindstrom, Special Assistant Date 3/17/01 3:13 PM  
 Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office



