

ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10536 SENATE HEALTH EDUCATION & SOCIAL SERVICES 381

thanks for your work

**Subject: thanks for your work**

**Date:** Thu, 19 Apr 2001 20:22:06 -0800

**From:** "M & M" <bigshaheen@gci.net>

**To:** <Senator\_Bettye\_Davis@legis.state.ak.us>

I would like to thank you for your continued efforts to get a hearing for SB38. It is obvious you are facing an uphill battle. Your willingness to listen to (and hear) the testimony in Labor & Commerce and your continued efforts to give people the opportunity to be heard in HES is greatly appreciated.

**Subject: SB38 (HB65)****Date:** Fri, 20 Apr 2001 14:23:57 -0800**From:** "Gomez, Deborah" <Deborah\_Gomez@Natchiq.com>

**To:** "Gene Therriault" <"Senator Gene Therriault"@legis.state.ak.us>,  
 "Kim Elton" <"Senator Kim Elton"@legis.state.ak.us>,  
 "Alan Austerman" <"Senator Alan Austerman"@legis.state.ak.us>,  
 "Loren Leman" <"Senator Loren Leman"@legis.state.ak.us>,  
 "Robin Taylor" <"Senator Robin Taylor"@legis.state.ak.us>,  
 "John Cowdery" <"Senator John Cowdery"@legis.state.ak.us>,  
 "Lyda Green" <"Senator Lyda Green"@legis.state.ak.us>,  
 "Georgianna Lincoln" <"Senator Georgianna Lincoln"@legis.state.ak.us>,  
 "Bettye Davis" <"Senator Bettye Davis"@legis.state.ak.us>,  
 "Rick Halford" <"Senator Rick Halford"@legis.state.ak.us>,  
 "Donny Olson" <"Senator Donny Olson"@legis.state.ak.us>,  
 "John Torgerson" <"Senator John Torgerson"@legis.state.ak.us>,  
 "Dave Donley" <"Senator Dave Donley"@legis.state.ak.us>,  
 "Lyman Hoffman" <"Senator Lyman Hoffman"@legis.state.ak.us>,  
 "Drue Pearce" <"Senator Drue Pearce"@legis.state.ak.us>,  
 "Jerry Ward" <"Senator Jerry Ward"@legis.state.ak.us>,  
 "Johnny Ellis" <"Senator Johnny Ellis"@legis.state.ak.us>,  
 "Pete Kelly" <"Senator Pete Kelly"@legis.state.ak.us>,  
 "Randy Phillips" <"Senator Randy Phillips"@legis.state.ak.us>,  
 "Gary Wilken" <"Senator Gary Wilken"@legis.state.ak.us>

**CC:** "Harry Crawford" <"Representative Harry Crawford"@legis.state.ak.us>,  
 "Ethan Berkowitz" <"Representative Ethan Berkowitz"@legis.state.ak.us>,  
 "Richard Foster" <"Representative Richard Foster"@legis.state.ak.us>,  
 "Joe Hayes" <"Representative Joe Hayes"@legis.state.ak.us>,  
 "Beth Kerttula" <"Representative Beth Kerttula"@legis.state.ak.us>,  
 "Beverly Masek" <"Representative Beverly Masek"@legis.state.ak.us>,  
 "Eldon Mulder" <"Representative Eldon Mulder"@legis.state.ak.us>,  
 "Drew Scalzi" <"Representative Drew Scalzi"@legis.state.ak.us>,  
 "Con Bunde" <"Representative Con Bunde"@legis.state.ak.us>,  
 "Eric Croft" <"Representative Eric Croft"@legis.state.ak.us>,  
 "Joe Green" <"Representative Joe Green"@legis.state.ak.us>,  
 "Bill Hudson" <"Representative Bill Hudson"@legis.state.ak.us>,  
 "Vic Kohring" <"Representative Vic Kohring"@legis.state.ak.us>,  
 "Lesil McGuire" <"Representative Lesil McGuire"@legis.state.ak.us>,  
 "Lisa Murkowski" <"Representative Lisa Murkowski"@legis.state.ak.us>,  
 "Gary Stevens" <"Representative Gary Stevens"@legis.state.ak.us>,  
 "Mike Chenault" <"Representative Mike Chenault"@legis.state.ak.us>,  
 "John Davies" <"Representative John Davies"@legis.state.ak.us>,  
 "Gretchen Guess" <"Representative Gretchen Guess"@legis.state.ak.us>,  
 "Jeannette James" <"Representative Jeannette James"@legis.state.ak.us>,  
 "Albert Kookesh" <"Representative Albert Kookesh"@legis.state.ak.us>,  
 "Kevin Meyer" <"Representative Kevin Meyer"@legis.state.ak.us>,  
 "Scott Ogan" <"Representative Scott Ogan"@legis.state.ak.us>,  
 "Jim Whitaker" <"Representative Jim Whitaker"@legis.state.ak.us>,  
 "Sharon Cissna" <"Representative Sharon Cissna"@legis.state.ak.us>,  
 "Fred Dyson" <"Representative Fred Dyson"@legis.state.ak.us>,  
 "Andrew Halcro" <"Representative Andrew Halcrow"@legis.state.ak.us>,

"Reggie Joule" <"Representative Reggie Joule"@legis.state.ak.us>,  
"Pete Kott" <"Representative Pete Kott"@legis.state.ak.us>,  
"Carl Morgan" <"Representative Carl Morgan"@legis.state.ak.us>,  
"Brian Porter" <"Representative Brian Porter"@legis.state.ak.us>,  
"Bill Williams" <"Representative Bill Williams"@legis.state.ak.us>,  
"John Coghill" <"Representative John Coghill"@legis.state.ak.us>,  
"Hugh Fate" <"Representative Hugh Fate"@legis.state.ak.us>,  
"John Harris" <"Representative John Harris"@legis.state.ak.us>,  
"Mary Kapsner" <"Representative Mary Kapsner"@legis.state.ak.us>,  
"Ken Lancaster" <"Representative Ken Lancaster"@legis.state.ak.us>,  
"Carl Moses" <"Representative Carl Moses"@legis.state.ak.us>,  
"Norman Rokeberg" <"Representative Norman Rokeberg"@legis.state.ak.us>,  
"Peggy Wilson" <"Representative Peggy Wilson"@legis.state.ak.us>

To our Honorable Legislators:

It is imperative that SB 38 (HB65) be seriously considered this session. I hope that the people you represent will have the opportunity to also be heard on these Bills that represent life and death situations which effect whole families. These Bills represent real live people in Alaska with families representing all different cultural backgrounds, and who need this critical assistance. As Chair of the Anchorage Women's Commission, President-Elect of the Alaska Federation of Business and Professional Women and a Board Member of the YWCA, I hear a great deal about the needs of the women in our State, especially the health issues. Our women organizations, all non-profit, provide health seminars to keep Alaska women informed, and our seminars are always packed with women seeking more information. We take this personally because breast and cervical cancer kills us--and we are and have been the main caregivers for ourselves, our sisters, daughters, mothers, nieces, friends--and don't forget that our male relatives also also susceptible to breast cancer, and most often the women are the caregivers. We are aware of this disease and the need to make funding available to those who cannot afford the care.

Thank you for pushing these Bills forward toward passage.

Very sincerely,

Deborah A. Gomez

Sincerely,  
Deborah Gomez

# POM for Senator Davis



**From:** Ms. Barbara A Akins  
PO Box 90644

**Telephone:** 264-3660

**Email:** Anchorage, AK 99509

NON Constituent

Registered Voter: V

**Bill:** SB 38    **Title:** MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
**Message:**

**I urge your support in SB 38 to release state funds for providing treatment for low income women diagnosed with breast or cervical cancer.**

Entered in ANC on 4/09/01 POMID: 907

Distribution: 5

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Message 1 out of 13.

## POM for Senator Davis



From: Ms. Hattie L Gardner  
PO Box 201752

Telephone: -

Anchorage, AK 99520  
Email:

NON Constituent

Registered Voter: V

Bill: SB 38 Title: MEDICAL ASSISTANCE: BREAST/CERVICAL CANCER  
Message:

**I support this bill to be passed out of committee immediately.**

Entered in ANC on 4/09/01 POMID: 908

Distribution: 14

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Message 2 out of 13.

# POM for Senator Davis



From: Ms. Cathy D Lee  
8721 Cross Pointe Lp

Telephone: -

Anchorage, AK 99504  
Email: cdlee@gci.net

NON Constituent

Registered Voter: V

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
Message:

I also support SB 15 Insurance coverage for contraception, compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska seniors.

Entered in ANC on 4/10/01 POMID: 975

Distribution: 14

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Message 3 out of 13.

### POM for Senator Davis



From: Ms. Sharon O Avery  
211 McCarrey St #11

Telephone: -

Anchorage, AK 99508  
Email: mslucy@gci.net

NON Constituent

Registered Voter: V

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
Message:

**I support funding for breast and cervical cancer, also SB 15, insurance coverage for contraception.**

Entered in ANC on 4/10/01 POMID: 979

Distribution: 14

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Message 4 out of 13.

# POM for Senator Davis



From: Shirley Whittingham  
1000 Woodcrest Cir

Telephone: 373-399

Wasilla, AK 99654

NON Constituent

Registered Voter: V

Email:

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER

Message:

**I support SB 38 and HB 65.**

Entered in MAT on 4/10/01 POMID: 1024

Distribution: 60

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Message 5 out of 13.

## POM for Senator Davis



From: Ms. Rose M Mayer  
PO Box 233711

Telephone: -

Anchorage, AK 99523  
Email:

NON Constituent

Registered Voter: V

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
Message:

I support SB 38, funding for uninsured victims of breast cancer and cervical cancer and SB 15, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska seniors.

Entered in ANC on 4/10/01 POMID: 1074

Distribution: 14

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Message 6 out of 13.

## POM for Senator Davis



**From:** Ms. Barbara A Akins  
PO Box 90644

**Telephone:** -

**Email:** Anchorage, AK 99509

NON Constituent

Registered Voter: V

**Bill:** SB 38    **Title:** MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
**Message:**

**I support SB 38, funding for uninsured victims of breast and cervical cancer and SB 15, insurance coverage for contraception.**

**Entered in ANC on** 4/10/01 **POMID:** 1078

**Distribution:** 14

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Message 7 out of 13.

## POM for Senator Davis



From: Ms. Betty M Jones  
PO Box 190363

Telephone: -

Anchorage, AK 99519  
Email: bmjones@gci.net

NON Constituent

Registered Voter: V

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
Message:

I support SB 38, funding for uninsured victims of breast and cervical cancer and SB 15, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska seniors.

Entered in ANC on 4/10/01 POMID: 1082

Distribution: 14

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Message 8 out of 13.

## POM for Senator Davis



From: Ms. Mattie R Powell  
3220 Montclair Ct

Telephone: -

Anchorage, AK 99503

NON Constituent

Registered Voter: V

Email:

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER

Message:

I support SB 38, funding for uninsured victims of breast and cervical cancer and SB 15, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska Seniors.

Entered in ANC on 4/10/01 POMID: 1086

Distribution: 14

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Message 9 out of 13.

# POM for Senator Davis



**From:** Ms. Mary J Strayhorn  
8601 E 20th Ave

**Telephone:** 337-5467

**Anchorage, AK 99504**

**NON Constituent**

**Registered Voter: V**

**Email:**

**Bill:** SB 38    **Title:** MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER

**Message:**

**I support SB 38, funding for uninsured victims of breast and cervical cancer and SB 15, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska seniors.**

**Entered in ANC on 4/11/01 POMID: 1099**

**Distribution: 14**

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Message 10 out of 13.

## POM for Senator Davis



From: Ms. Inez R Magalena  
8101 Peck Ave #G-60

Telephone: -

Anchorage, AK 99504  
Email:

NON Constituent

Registered Voter: V

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
Message:

I support SB 38, funding for uninsured victims of breast and cervical cancer and SB 15, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska seniors.

Entered in ANC on 4/11/01 POMID: 1104

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Message 11 out of 13.

## POM for Senator Davis



From: Ms. Ton. R Goodloe  
8718 Cross Pointe Lp

Telephone: -

Anchorage, AK 99504  
Email:

NON Constituent

Registered Voter: V

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
Message:

I support SB 38, funding for uninsured victims of breast and cervical cancer and SB 15, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska seniors.

Entered in ANC on 4/11/01 POMID: 1108

Distribution: 14

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Message 12 out of 13.

# POM for Senator Davis



**From:** Ms. Heather M Arnett  
268 River Watch Rd

**Telephone:** 260-5493

**Email:** Soldotna, AK 99669

NON Constituent

Registered Voter: V

**Bill:** SB 38    **Title:** MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
**Message:**

**We strongly support HB 65 which allow the state to accept medicaid funding to assist uninsured women with breast or cervical cancer. Please pass this bill.**

**Entered in SOL on** 4/23/01 **POMID:** 1565

**Distribution:** 6

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Message 13 out of 13.

## POM for Senator Davis



**From:** Ms. Judy L Hargis  
8920 Pioneer Dr

**Telephone:** 269-4565

Anchorage, AK 99504  
**Email:** wjhargis@gci.net

**Constituent**

**Registered Voter:** V

**Bill:** SB 38    **Title:** MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
**Message:**

**Thank you for being a supporter of SB 38 and thank you, Judy.**

**Entered in ANC on** 4/23/01 **POMID:** 1582

**Distribution:** 1

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Message 1 out of 22.

## POM for Senator Davis



From: Mr. Richard A Burt  
PO Box 210285

Telephone: 274-6397

Anchorage, AK 99521  
Email:

Constituent

Registered Voter: Y

Bill: HB 225 Title: ALCOHOLIC BEVERAGE TAX  
Message:

**Please vote no on new alcohol tax. Higher taxes on tobacco did not reduce smoking appreciably. Taxes do not change behavior, they only give budget makers more money to spend on pet projects. If this tax theory is valid I would think a republican legislature would tax abortions.**

Entered in ANC on 4/06/01 POMID: 802

Distribution: 60

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Message 2 out of 22.

# POM for Senator Davis



**From:** Ms. Myrna J Ramsay  
6832 Tamir

**Telephone:** 337-6858

**Anchorage, AK 99504**  
**Email:**

**Constituent**

**Registered Voter: U**

**Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER**  
**Message:**

**I support SB 38, funding for uninsured victims of breast and cervical cancer and SB 15, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska Seniors.**

**Entered in ANC on 4/10/01 POMID: 1063**

**Distribution: 14**

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Message 5 out of 6.

## POM for Senator Davis



From: Ms. Dolores Y Waldron  
1905 Rosemary St

Telephone: -

Anchorage, AK 99508  
Email: dwaldron@chugach.net

Constituent

Registered Voter: V

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
Message:

I support SB 38, funding for uninsured victims of breast and cervical cancer and SB 15, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska seniors.

Entered in ANC on 4/10/01 POMID: 1070

Distribution: 14

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Message 6 out of 6.

## POM for Senator Davis



From: Ms. Brazine Jackson  
3961 Defiance St

Telephone: -

Anchorage, AK 99504  
Email: ewbjbj@gci.net

Constituent

Registered Voter: V

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
Message:

I support SB 38, funding for uninsured victims of breast and cervical cancer and SB 15, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses for care for Alaska Seniors.

Entered in ANC on 4/10/01 POMID: 992

Distribution: 14

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Message 4 out of 6.

## POM for Senator Davis



From: Ms. La Forest B Clark-Simmons  
1915 Rosemary St

Telephone: -

Anchorage, AK 99508

Constituent

Registered Voter: V

Email:

Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER

Message:

I support SB 38 and SB 15, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska Seniors.

Entered in ANC on 4/10/01 POMID: 988

Distribution: 14

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Message 3 out of 6.

## POM for Senator Davis



**From:** Ms. Wisteria D Johnson  
8063 Pioneer Dr

**Telephone:** -

**Anchorage, AK 99504**

**Constituent**

**Registered Voter: V**

**Email:**

**Bill: SB 38 Title: MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER**

**Message:**

**I support SB 38 and SB 115, insurance coverage for contraception. I also support compliance with court-ordered payment for abortion services for the poor and full funding for nurses to care for Alaska seniors.**

**Entered in ANC on 4/10/01 POMID: 984**

**Distribution: 14**

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Message 2 out of 6.

## POM for Senator Davis



**From:** Ms. Diane E Brooks  
2106 Sunrise Dr

**Telephone:** -

**Email:**  
Anchorage, AK 99508

**Constituent**

**Registered Voter:** V

**Bill:** SB 38      **Title:** MEDICAL ASSISTANCE:BREAST/CERVICAL CANCER  
**Message:**

also HB 65: I work in HES area and deal with people everyday in medical issues. I fully support the passage of these bills. I have also lost friends to cancer and it is important that all have an opportunity for medical care.

**Entered in ANC on** 4/09/01 **POMID:** 909

**Distribution:** 12

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Message 1 out of 6.

**Subject: SB38, the Breast and Cervical Cancer Treatment bill**

**Date: Mon, 23 Apr 2001 16:39:03 +0000**

**From: mclain.karen@att.net**

**To: Senator\_Betty\_Davis@legis.state.ak.us**

Dear Senator Davis,

Please pass SB38, the Breast and Cervical Cancer Treatment bill, out of the HES committee. I will be following your actions regarding this bill, since I am a strong believer in its passage.

I know you are already a strong supporter of this bill and appreciate your every effort toward its passage.

Karen R. McLain  
200 W 34th Ave #1174  
Anchorage AK 99503

SB38 - I strongly urge you to pass this bill

**Subject: SB38 - I strongly urge you to pass this bill**

**Date: Mon, 23 Apr 2001 15:30:53 -0000**

**From: "Sasha Prewitt" <caribcrazy@hotmail.com>**

**To: Senator\_Lyda\_Green@legis.state.ak.us, Senator\_Loren\_Leman@legis.state.ak.us,  
Senator\_Jerry\_Ward@legis.state.ak.us, Senator\_Gary\_Wilken@legis.state.ak.us**

**CC: Senator\_Bettye\_Davis@legis.state.ak.us**

Good Morning Ladies and Gentlemen,

I am contacting you this morning regarding SB38, the Breast and Cervical Cancer treatment bill. As a survivor of cervical cancer, I have been following this bill for the past couple months and strongly urge each of you to pass SB38 out of the HES committee.

This bill could make a tremendous difference to women struggling with the financial burden that cancer brings. Please pass this important bill.

I would like to recognize and thank Bettye Davis for her strong support on SB38.

Thank you in advance for your time and consideration.

Sincerely,

Sasha Prewitt

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**Subject: SB 38 Breast & Cervical Cancer Treatment bill**

**Date:** Mon, 23 Apr 2001 10:26:37 -0800

**From:** Maria Knutson <amk@mtaonline.net>

**To:** Senator\_Lyda\_Green@legis.state.ak.us, Senator\_Loren\_Leman@legis.state.ak.us,  
Senator\_Jerry\_Ward@legis.state.ak.us, Senator\_Gary\_Wilken@legis.state.ak.us,  
Senator\_Bettye\_Davis@legis.state.ak.us

Dear Senators,

Please pass SB38, the Breast & Cervical Cancer Treatment bill out of the HES Committee. This 70/30 Federal matching program is needed for Alaskan women. The conduit used to distribute these funds is available. The Medicaid program would be used to distribute the funds. Many women that have been given a diagnosis through the federal programs are now in dire health because they do not have the means to pay for treatment. The funds are available now, please pass SB38.

Thank you for your time.  
Respectfully,

A. M. Knutson  
A cancer survivor and concerned voter.

**Subject:** Monday's SB38 Hearing

**Date:** Sun, 22 Apr 2001 09:23:56 -0700

**From:** "Sherry Jaeger" <sjaeger@gci.net>

**To:** <ceklein@pobox.alaska.net>, "Johnny Ellis" <"Senator Johnny Ellis"@legis.state.ak.us>, "Loren Leman" <"Senator Loren Leman"@legis.state.ak.us>, "Lyda Green" <"Senator Lyda Green"@legis.state.ak.us>, "Jerry Ward" <"Senator Jerry Ward"@legis.state.ak.us>, "Bettye Davis" <"Senator Bettye Davis"@legis.state.ak.us>, "Gary Wilken" <"Senator Gary Wilken"@legis.state.ak.us>

Good Morning:

I'm sure you are very busy this time of year and I won't take much of your time. I understand that you will be having a hearing on SB38 Monday afternoon which will enable Alaska to access and utilize Federal funds. As an active community volunteer, I have carefully reviewed this bill, it appears the many positive benefits will far outweigh any negatives at this time. Since I will not be available to speak to each of you personally by Monday, I would like to encourage and request your support and passage of this bill. Thank you for your consideration.

Sherry Jaeger

Please pass SB38

**Subject: Please pass SB38**

**Date:** Sun, 22 Apr 2001 17:49:22 -0800

**From:** "MERNIE" <merniec@gci.net>

**To:** <Senator\_Bettye\_Davis@legis.state.ak.us>

Please pass SB38, the Breast and Cervical Cancer Treatment bill, out of the HES committee. I will be following your actions regarding this bill, since I am a strong believer in its passage.

**Subject: SB 38**

**Date:** Sun, 22 Apr 2001 20:35:42 -0800

**From:** "Tom Coolidge" <tcoolidg@micronet.net>

**To:** <Senator\_Bettye\_Davis@legis.state.ak.us>

I am so happy that SB 38 will finally be heard in the Senate HESS Committee. I thank you for your support of this important legislation.

Shelley Coolidge

**Subject: Monday's SB38 Hearing**

**Date:** Sat, 21 Apr 2001 18:21:56 -0700

**From:** Christine Klein <ceklein@pobox.alaska.net>

**To:** Johnny Ellis <"Senator Johnny Ellis"@legis.state.ak.us>,  
Loren Leman <"Senator Loren Leman"@legis.state.ak.us>,  
Lyda Green <"Senator Lyda Green"@legis.state.ak.us>,  
Jerry Ward <"Senator Jerry Ward"@legis.state.ak.us>,  
Bettye Davis <"Senator Bettye Davis"@legis.state.ak.us>,  
Gary Wilken <"Senator Gary Wilken"@legis.state.ak.us>

*Good Afternoon:*

I understand that you will be having a hearing on SB38 Monday afternoon which will enable Alaska to access and utilize Federal funds. As an active community volunteer, I have carefully reviewed this bill, it appears the many positive benefits will far outweigh any negatives at this time. Since I will not be available to speak to each of you personally by Monday, I would like to encourage and request your support and passage of this bill. Have a nice day, and thank you for your time. Christine Klein

**SENATE COMMITTEE REPORT  
First Committee of Referral**

\*\*\* CORRECTED REPORT \*\*\*

DATE: 1/16/01

FURTHER: HESS  
Finance

Date of 5-Day Notice: 1/24/01  
(in accordance with Uniform Rule 23)

DATE TURNED  
IN TO OFFICE: 3/12/01

Labor and Commerce Committee considered

SENATE BILL NO. 38

MEDICAL ASSISTANCE: BREAST/CERVICAL CANCER

"An Act relating to a new optional group of persons eligible for medical assistance who require treatment for breast or cervical cancer; and providing for an effective date."

and recommends:

be replaced with \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)

adopt previous \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)

attached amendment(s)

adopt Letter of Intent by \_\_\_\_\_ Committee

further referral to \_\_\_\_\_ Committee

Senate Bill:

same title

new title

House Bill:

same title

technical title

new: SCR # \_\_\_\_\_

**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#
DH+SS	1/8/01	589.2		1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>Alan Gustafson</i>			✓	
<i>Loren D. Hansen</i>			✓	
<i>John ...</i>			✓	
<i>Bette Davis</i>	✓			
CHAIR: <i>Paul ...</i>			✓	

**SB**

**38**

**(File 2)**

# FISCAL NOTE

STATE OF ALASKA  
2001 LEGISLATIVE SESSION

Fiscal Note Number: I CORRECTED  
 Bill Version: SB 38  
 (S) Publish Date: 1/17/01

Revisor: Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Health & Social Services  
 Title: Relating to eligibility of certain women screened BRU: Medical Assistance Adm  
to have breast and cervical cancer for Medicaid Component: Medicaid State Programs  
 Sponsor: Rules  
 Requester: \_\_\_\_\_ Component Number: 967

## 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	589.2	636.3	687.2	742.2	801.6	865.7
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>589.2</b>	<b>636.3</b>	<b>687.2</b>	<b>742.2</b>	<b>801.6</b>	<b>865.7</b>

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ( )						
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FUND SOURCE	(Thousands of Dollars)					
1002 Federal Receipts	413.4	446.5	482.2	520.8	562.5	607.5
1003 GF Match	175.8	189.8	205.0	221.4	239.1	258.2
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
<b>TOTAL</b>	<b>589.2</b>	<b>636.3</b>	<b>687.2</b>	<b>742.2</b>	<b>801.6</b>	<b>865.7</b>

Estimate of any current year (FY2001) cost: 0.0

POSITIONS						
Full-time						
Part-time						
Temporary						

**ANALYSIS:** *(Attach a separate page if necessary)*  
 Legislation recently adopted by Congress creates a new Medicaid eligibility group for women diagnosed with cancer who were screened under the Breast and Cervical Cancer Detection Program funded through the Centers for Disease Control. Medicaid eligibility for these women lasts through treatment and includes all Medicaid covered services. The four grantees in Alaska diagnosed 39 women with breast cancer and 33 women with cervical cancer last year. Sixty-one percent of the breast cancer patients and eighteen percent of the cervical cancer patients were Alaska Native. Alaska Native women are not eligible for coverage under this option as they have creditable health insurance coverage as defined in the Public Health Service Act. Average Medicaid expenditures in FY 00 for women treated with these cancers were \$17,500 and \$12,100 respectively. Assumptions for this fiscal note were a federal match rate of 70.17 percent for FY02 (the State Children's Health Insurance match rate) and an eight percent growth rate for each succeeding year.

Prepared by: Nancy Weller, State Federal and Tribal Relations *NW* Phone 465-3355  
 Division: Medical Assistance Date/Time 1/5/01 2:42 PM  
 Approved by: Karen Gardner, State Auditor Date 1/8/01  
 Agency: Department of Health and Social Services

For distribution information, call the Governor's Legislative Office

Page 1 of 1

312

22-GH1073V  
Lauterbach  
4/30/01

**SENATE CS FOR CS FOR HOUSE BILL NO. 65( )**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-SECOND LEGISLATURE - FIRST SESSION**

BY

Offered:  
Referred:

Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to a new optional group of persons eligible for medical assistance who**  
2 **require treatment for breast or cervical cancer; and providing for an effective date."**

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

4 \* **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section  
5 to read:

6 **ADDITIONAL PERSONS ELIGIBLE FOR MEDICAL ASSISTANCE.** (a) In  
7 addition to the other persons listed under AS 47.07.020(b), persons who have been diagnosed  
8 with breast or cervical cancer and who are eligible for coverage under 42 U.S.C.  
9 1396a(a)(10)(A)(ii)(XVIII) are eligible under AS 47.07.020(b) for medical assistance, subject  
10 to other provisions of AS 47.07.020.

11 (b) It is the intent of the legislature that not more than \$175,800 of general fund  
12 money be spent on services under (a) of this section for fiscal year 2002 and that not more  
13 than \$189,500 of general fund money be spent on services under (a) of this section for fiscal  
14 year 2003.

1 \* Sec. 2. The uncodified law of the State of Alaska is amended by adding a new section to  
2 read:

3 REPORT TO THE LEGISLATURE. The Department of Health and Social Services  
4 shall report to the legislature by the 30th day of the Second Regular Session of the Twenty-  
5 Second Alaska State Legislature and by the 30th day of the First Regular Session of the  
6 Twenty-Third Alaska State Legislature on the following matters:

7 (1) the environmental, behavioral, or genetic factors that have been associated  
8 with the onset of the types of breast or cervical cancer diagnosed in the persons eligible for  
9 services under sec. 1 of this Act in peer-reviewed clinical studies published in periodical  
10 medical literature that have postulated an association between one or more of these factors  
11 and an increase in the incidence of breast or cervical cancer; and

12 (2) recommendations, if any, about behavioral actions that may reduce the  
13 occurrence or likelihood of these types of breast or cervical cancers.

14 \* Sec. 3. This Act is repealed two years after the effective date of this Act.

15 \* Sec. 4. This Act takes effect immediately under AS 01.10.070(c).

Senator Lyda Green  
Alaska State Senate  
Juneau, Alaska

Dear Ms. Green,

It is a difficult thing for me to publicly testify in support of Senate Bill 38.. I am not afraid to testify; I have done it before. It brings to focus a personal experience that I am trying to put behind me.

A year and a half ago I went for a routine mammogram and my life changed completely. I had a lumpectomy followed by radiation. It sounds so easy to say, but it is definitely not an easy experience.

What I want to talk about today is what a diagnosis of cancer does to a person's emotional well being. I have always been a pretty level person, one who takes crisis, stress, and pressure in stride. I was in no way prepared for the emotional devastation a breast cancer diagnosis would bring me. It has taken me a year and a half of daily yoga, quitting a high pressure job for a half time one, and a lot of sleepless nights to begin to get back to "normal". After years of non use my tear ducts have had a real work out.

This experience has been hard on my family also. Seeing a woman who had always been a strong, positive person; one they had depended upon to be the level influence in their lives, become so emotionally and physically devastated was very difficult. Through it all I had tremendous support from a loving husband, all of my adult children, many friends and extended family; and thanks to their support and to good medical care, I am cancer free and nearly back to being the person I was.

What I simply cannot imagine is someone going through this without the support system I had. And I never had to think about the money! If I had had that added worry I would probably never have been able to come before you today to add my voice in support of this bill. I would just not have been strong enough emotionally. How someone can deal with all of the emotional and physical ups and downs of this disease and still have to worry about how to pay for treatment is something I cannot understand.

Thank you for considering this important legislation. It won't save women from breast or cervical cancer, but it will help them fight the tremendous battle that they must personally face.

Sincerely,



Sue Oliphant  
2155 Fritz Cove Road  
Juneau, AK 99801

(907) 789-1384  
suesandy@AK.net

Testimony of Kathleen A Coleman  
April 27, 2001

All the roads of my life have led me to this moment.

As an Environmental Scientist in New Mexico in the 1970s I was assigned to write a press release encouraging women to get mammograms. At that time early detection was the most accurate method for detecting for breast cancer. The odds of getting breast cancer in the life time of a women was 1 in 12 or 13. In the 1980s as a Health Physicist I made a presentation at a women's health forum at the Washington State Capitol encouraging women to get mammmograms, at that time breast cancer was identified as an epidemic. In the 1990s I administered Alaska's contract with the US FDA to assure standardized quality for mammograms. In this milliniem, mammograms are still the most reliable method to detect breast cancer, the odds of getting breast cancer in the lifetime of a woman has risen to 1 in 7 or 8.

For me, now breast cancer has a uniquely personal face to it. I have become one of those statistics. Before I left state government in 1998 an abnormality was detected on my mammogram. The radiologist said no additional action was required at that time but that I should continue with mammograms on a six month basis. When I left state service I took a different insurance policy. When the new policy arrived about a month after I left state service a rider had been placed on the policy stating the policy would never cover any breast issues.

Fast forward to summer 2000, under the Alaska Breast and Cervical Cancer Early Detection Program (BCCEDP), I was diagnosed with invasive ductal carcinoma—rather common breast cancer. The surgeon that performed the biopsy advised I had about three weeks to be on my way to some type of treatment. Without insurance I was abruptly alone in learning all there is to know about my disease, what treatments are available and how to finance those treatments. Without insurance I was not referred anywhere. This is clearly a position no one wants to find themselves in. I read everything on the web. Doctors charge \$250-\$500 to review the seven pages of lab work from my biopsy. I call every level of government and there is no financial assistance available to me. Some hospitals have charity programs for those with less than \$1500 worth of assets—including their cars. Generally hospitals do not make financial arrangements until the individual has a debt. When asked for estimates for their services, the hospitals give a broad range.

In Juneau, some women with breast cancer choose a mastectomy whether or not the severity of their disease warrants it. This is by far the least expensive option, radiation therapy that accompanies a lumpectomy is not available in Juneau. I choose a lumpectomy followed by six weeks of radiation therapy to be performed in Anchorage. In addition to financial arrangements for the hospital, additional financial arrangements need to be made for the surgeon, a radiation oncologist, a medical oncologist, xray, nuclear medicine, pathologist, housing and transportation.

I finished my radiation treatment January 30. I have every reason to believe this incidence of cancer is over for me. While concentrating on healing, having to put so much energy into figuring out a treatment plan and how to finance that treatment is a heavy additional burden for a cancer patient to carry. My bills are \$50,000. While the cancer is

over, it will be many, many years before all of the bills will be paid. It is my understanding SB 38 is not retroactive.

I was on the right track all those years ago encouraging women to get mammograms, as the state is right to offer the BCCEDP. But this only gets us part of the way there. For those of us that are uninsured this bill is the next critical step, authorized by the federal government the state may now provide the essential treatment.

I urge you to do everything possible to pass this bill into law.

**SITE: FAIRBANKS LIO**

**COMMITTEE: SHESS**

**DATE: 4/30/01**

**SUBJECT OF MEETING:**

**SB38:**

**UPDATE: #1**



# PLEASE SIGN IN

**PLEASE PRINT:**

**NAME**

**ADDRESS (MAILING & ZIP)**

**REPRESENTING**

**DO YOU WANT  
TO TESTIFY?  
Y or N**

NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
Mary Louden Johnson		Fbx Breast Cancer Support Group	Y



# Alaska State Legislature

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

committee on SB 38, dated April 23, 2001  
bill/subject

I would like to make 4 points

- ① I support SB 38 & urge you to pass this bill. If you do not support this bill at least allow my verbal testimony & allow others from around the state the same. Written testimony DOES NOT allow for questions or discussion. It does not allow for an exchange of ideas.
- ② I strongly urge you to allow us verbal testimony on Monday of next week or at a future HESS meeting. There are options! You could AT LEAST allow 3 reps. from each area to speak!
- ③ This bill is a 70/30 (fed/state) cost projection. I am not thinking about SB 38 from an emotional place. I am thinking about \$ & saving lives. You have the op. to save Alaskan women or let them die.
- ④ I expect that you or one of your Staff members

Signed: will contact me. There are less than 20 days left -

Testifier let's not waste time.

VICTORIA SWANBERG, REP:SB

Representing (Optional)

PO BOX 92972 Anchorage, AK 99589

Address

254-4060

Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the WCCF committee name

committee on SP38, dated SEP 27 2000,  
bill/subject

Committee memo

I urge you to pass SB38. If you were to hear testimony and look at the statistics - women, Alaskan women do need this funding. By you holding up this bill - women are doing who don't need to. I don't know if you can live with that thought - that I don't want. Therefore I urge you to pass this bill!

Thank you! Just so you know - I own a 3rd generation business and my family still lives in Alaska.

Signed: [Signature]  
Testifier

Representing (Optional)  
425 S. 15th St. Apt. 255A Anchorage 98148  
Address

[Blank]  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Hess  
 committee name  
 committee on SB38, dated April 23, 2001  
 bill/subject

(See attached letter.)

## Brief Summary Points:

We have the opportunity to allow Alaskan Women access to treatment they did not have before. - with a pricing that is manageable. A 70/30 match is unusual, compared to a 50/50 split.

TREATING cancer in the early stages will save the State money in the long run.

I support this bill and ask you to pass it.

Thank you - Michelle Dwyer

Signed: Michelle M. Dwyer  
 Testifier

Liana M. Craig Foundation  
 Representing (Optional)

PO Box 110674  
 Address

707. 560-7953  
 Phone No.

April 23, 2001

My name is Michelle Timpton and I am here on behalf of Diana Craig, who recently died from cervical cancer, at the age 28.

Diana was in a temporary - transitional period in her life at the time of diagnosis. And was without health insurance. She could have benefited from this program.

In order to receive treatment, she had to liquidate any meager assets to qualify for Medicaid.

I realize cancer treatment is complex & has other issues involved, <sup>but</sup> the bottom line is cost.

Cervical Cancer is treatable & preventable w/ early diagnosis & treatment. Cost costs everybody less when it is caught & treated in the early stage.

You have done a good job in securing screening / detection programs & now it ~~only~~ only makes sense to follow up w/ a treatment program.

This treatment program will save the state money in the long run. Since a person is diagnosed with any type of cancer, time is of the essence.

One way or another they will need treatment

So we can spare them the AGONY of the onset & progression of the disease w/ early detection, followed w/ treatment.

OR (still w/out ins)

we can allow it to progress & let it take the normal course that will w/out care manifest itself into an emergency which then falls back on to the state, costs 3 times as much had it have been dealt w/ at an early intervention.

SB 38 will Save Lives & Money.

I support SB 38 & ask you to pass this bill.

Thank you,  
Michelle Fingert  
U.M.C. Foundation  
907.360-9953



# Alaska State Legislature

Please enter into the record my testimony to the HESS committee name  
 committee on \_\_\_\_\_, dated APRIL 13 2001  
 bill/subject

I URGE YOU TO PASS THIS THROUGH LEGISLATION. IT IS A MISCONCEPTION TO BELIEVE THAT ONLY women who are on welfare or are very active are diagnosed with this disease. THAT IS NOT TRUE. THIS IS A VIABLE OPTION TO THESE WOMEN NOW. THE MONEY IS AVAILABLE. WE MUST SUPPORT THIS BILL. ALL WOMEN DESERVE THIS CHANCE NOW AT RECEIVING THIS FUNDING. WHERE THERE IS A NEED FOR SERIOUS THERAPY FOR TREATMENT. THIS 75/25 FEDERAL/STATE FUNDING SPLIT IS A GOOD DEAL AT THE MOMENT.

I URGE YOU TO PASS THIS BILL WITHOUT DELAY. BY DOING THIS WE CAN SAVE THESE WOMENS LIVES EARLY DETECTION IS KEY AS

Signed: Nick Swamy  
 Testifier  
 \_\_\_\_\_  
 Representing (Optional)  
USOG MEMORIAL  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone No.



# Alaska State Legislature

(See reverse also)

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

committee on 5878-Privat. Health, dated 4-23-01  
bill/subject Cancer Treatment

My name is Carla Williams. I came to the LIO today to give verbal testimony at today's hearing, but we were denied this opportunity. I have, under separate cover, submitted testimony that supports that the 250% of poverty funding level is reasonable and necessary. The figures I used in this cost analysis were moderate to low.

Regarding the idea that people should not have any assets to qualify for this program I would like to remind the committee that in Ben Labby's Medicaid presentation a couple of weeks ago, Ben said that some of the more recent Medicaid programs were created so people didn't HAVE to spend down. I think that people are finally starting to realize that adding an ounce of compassion to these programs, saying that you

Signed: Carla Williams  
Testifier

(See reverse)

Representing (Optional)  
1300 N. SAK PL Anchorage AK 99516  
Address

47-1776 7653 - Day 545-9666 Home 200  
Phone No.

don't have to lose absolutely everything and be totally destitute, is in the long run best for everyone.

As a Reach to Recovery volunteer, I visit women who have just had breast cancer surgery. After years of visits to their homes, I can assure the senators that I have never gone to the home of a poor woman who had a Cadillac in the driveway or new furniture.

If this bill is passed, 70% of the funds will come from the federal government, which is a good thing for the state and a good thing for women. Please don't start talking about taxes going up. There are a lot of federal programs, i.e. railroad spur to Anchorage downtown, building six marine centers or building a road to nowhere, that are directed to our state from the federal government and I've not heard a peep from the state legislators about these programs raising our taxes.

Here is something that will benefit our state by paying us \$400,000 a year, which will go directly into our economy to sectors and support staff. IT will help women who are in - to a little IT finishes something that was started in the '90s and



# Alaska State Legislature

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

committee on SB 38, dated 4/23/01  
bill/subject

I am a nurse at a large Imaging Center in Anchorage, I coordinate the Anchorage Women's Breast Cancer Support Group - which has a membership of over 500 women with breast cancer and I am a member of the Alaska Breast Cancer Advocacy Partners - In short, I speak with a lot of women who have breast cancer

A very large part of my job involves interacting with women recently diagnosed with breast cancer. I help them find information + support, answer questions + direct women to other resources in the Anchorage community.

Women diagnosed with breast cancer through the Breast + Cervical Screening program have the same questions, fears + concerns as other women - with one notable exception - I worry about "how much will this cost" and "How can I pay for this"

There are no agencies that offer funds to women for cancer treatment. In some states - Tobacco money has been set aside for catastrophic health treatment - not here.

(continues)

Signed: Shelley M. Poolstige  
Testifier

Representing (Optional)  
2001 Dolly Korden Av. Anchorage AK 99516  
Address

907-345-6666  
Phone No.



# Alaska State Legislature

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

committee on SB 38, dated 4/23/01  
bill/subject

The American Cancer Society provides some very limited funds for travel in order to access treatment and a few prescription drugs for treatment.

Certainly health providers + hospitals treat women regardless of their ability to pay - no one is turned away. However, these women are offered payment plans, their care is not necessarily donated. At a prior committee hearing we heard that these women are faced with bills from \$50,000-\$750,000 and higher. They have bills from the hospital, surgeon, anesthesia, oncologist, + radiation oncologist in addition to any co-paying medical treatment that is needed. These women must work out payment with all of these entities.

The women that I have met over the past 5 years from the grant program have primarily been single women or single parents working at jobs that don't offer an insurance plan. Some are married women where the primary wage earner has lost a job + therefore their insurance. They don't have retirement plans or other assets to tap into to pay for treatment. I think it has been established by others at previous hearings that these women don't really have an option to purchase insurance due to the high premiums charged for individual policies.

(continued)

Signed: Shelley Poolidge  
Testifier

Representing (Optional)

2001 Dolly Varden Av Anchorage, AK 99516  
Address

711-345-6666  
Phone No.



# Alaska State Legislature

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

committee on SR 38, dated 4/23/01  
bill/subject

As a nurse, one of the greatest concerns is the women that choose sub-optimal treatment because of cost. In the last committee hearing, we heard from a woman Bernice Starkey, who chose lumpectomy for breast cancer, a surgery that removes only the cancerous lump. This surgery should be coupled with radiation therapy for treatment to be complete. Ms Starkey testified that she is aware of the need for radiation but simply can't afford the treatment. Ms Starkey's risk of a cancer recurrence is greater because of her sub-optimal treatment. If this cancer returns, treatment will be more difficult + more costly. I think it is a tragedy that women choose to forego standard treatment because they can't afford it.

In the early 90's - Alaska determined that this group of women were in need of assistance for breast + cervical cancer screening. It is logical to assume that this same group of women are also in need of cancer treatment assistance.

The cost is minimal when compared with the benefits.

Please Support SR 38

(end)

Signed: Shelley Prud'homme  
Testifier

Representing (Optional)

2001 Dolly Garden Av. Anchorage AK 99516  
Address

107-345-1044  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the HESG  
committee name

committee on CR 35, dated 23 April 2001.  
bill/subject

SENATOR GREEN, CHAIR  
COMM MEMBERS SENATORS DAVIS, HALFORD, LEHMAN  
WARD AND WILKINS

IT IS UNFORTUNATE AND VERY DISCOURAGING THAT  
YOUR COMMITTEE DID NOT HAVE TIME TO ACCEPT  
PUBLIC TESTIMONY FROM THE ANCHORAGE  
ATTENDEES AT HEO ON APRIL 23RD. MANY  
BREAST CANCER SURVIVORS, FAMILY MEMBERS  
AND PROFESSIONALS WERE WILLING TO  
TESTIFY ON THIS CRITICAL ISSUE. TO BE DENIED  
THE OPPORTUNITY WAS A DISHEARTENING.  
THE FAILURE OF THIS COMMITTEE TO TAKE  
TIMELY ACTION ON THIS BILL HAS HAD A  
DEVASTATING IMPACT ON WOMEN WHO

Signed: Lil Sammie Oleson  
Testifier

CR 35 BREAST CANCER SURVIVORS  
Representing (Optional)

1317 CRESCENT AVE  
Address

346-4200  
Phone No.

7-101



# Alaska State Legislature

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

committee on \_\_\_\_\_, dated \_\_\_\_\_  
bill/subject

ARE diagnosed with BREAST CANCER  
WHO ARE UNINSURED OR UNDERINSURED.  
POTENTIALLY they become candidates  
for the SUICIDE PREVENTION council.

EARLY detection REQUIRES EARLY  
INTERVENTION of medical treatment.

Signed: \_\_\_\_\_

Testifier

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone No.

14 2 1





SOA/HSS/MCFH, AK-BCCEDP  
3601 C Street, Suite 934  
Anchorage, AK 99503  
907-269-3400 Revised 03/20/2001  
Diagnostic Providers Page 1

**ANCHORAGE**

<b>#30, Alaska Diagnostic Laboratories</b> 4001 Dale St, Ste 105 Anchorage, AK 99508	Phone: 562-7208	Fax: 563-9070
<b>#31, Alaska Radiology Associates</b> 4001 Dale St, Ste 105 Anchorage, AK 99508	Phone: 563-3679	Fax: 563-9070
<b>#34, Alaska Regional Hospital Diagnostic Imaging</b> PO Box 143889 Anchorage, AK 99514	Phone: 264-1249	Fax: 264-1641
<b>#87, Alkray Radiology</b> POB 201024 Anchorage, Alaska 99508	Phone: (814) 864-9933	Fax: (814) 864-3394
<b>#35, David Anderson, MD</b> 2841 DeBarr Rd, Ste 42 Anchorage, AK 99508	Phone: 264-1204	Fax: 264-1995
<b>#38, Owen Bell, MD</b> 2501 E 42nd Anchorage, AK 99508	Phone: 561-1925	Fax: 561-1429
<b>#52, Laurie Bleicher, MD</b> 4001 Laurel #209 Anchorage, AK 99508	Phone: 561-2533	Fax: None
<b>#70, John DeKeyser, MD</b> 1200 Airport Hts, Ste 280A Anchorage, AK 99508	Phone: 264-2317	Fax: 264-2320
<b>#49, Roland Gower, MD</b> 2841 DeBarr Rd #41 Anchorage, AK 99508	Phone: 279-3564	Fax: 279-8600
<b>#47, Healthsouth Diagnostic</b> 4003 Lake Otis Pkwy #101 Anchorage, AK 99508	Phone: 562-6655	Fax: 563-6195
<b>#66, Imaging Specialists of Alaska</b> PO Box 140270 Anchorage, AK 99514	Phone: 264-1246	Fax: 279-8463

SOA/HSS/MCFH, AK-BCCEDP  
3601 C Street, Suite 934  
Anchorage, AK 99503  
907-269-3400 Revised 03/20/2001  
Diagnostic Providers Page 2

**ANCHORAGE (Cont'd)**

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<b>#80, James O'Malley, MD</b> 1200 Airport Heights Dr, Ste 220 Anchorage, Alaska 99508	Phone: 264-1580	Fax: 264-1589
<b>#48, Pathology Associates</b> PO Box 111565 Anchorage, AK 99511	Phone: 345-0004	Fax: 345-7783
<b>#64, Providence Alaska Medical Center</b> PO Box 196604 Anchorage, AK 99519	Phone: 261-3675	Fax: 261-3041
<b>#29, Providence Imaging Center</b> 3340 Providence Dr Anchorage, AK 99508	Phone: 261-4867	Fax: 261-4869
<b>#36, Judith Whitcomb, MD</b> 3300 Providence Dr, Ste 108 Anchorage, AK 99508	Phone: 563-3028	Fax: 563-0236
<b>#27, AK Women's Health Services Inc.</b> Jan Whitefield, MD 4115 Lake Otis Pkwy Anchorage, AK 99508	Phone: 563-7228	Fax: 563-6278
<b>#27, AK Women's Health Services Inc.</b> Jane Wiggins, MD 3260 Providence Drive, #522 Anchorage, AK 99508	Phone: 563-5151	Fax: 562-6995
<b>#37, Michelle Young, MD</b> POB 240687 Anchorage, AK 99524	Phone: 562-3055	Fax: 562-3056

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3601 C Street, Suite 934  
Anchorage, AK 99503  
907-269-3400 Revised 03/20/2001  
Diagnostic Providers Page 3

**FAIRBANKS**

#56, James B. Borden, MD Phone: 457-9355 Fax: 457-9356  
1867 Airport Way Suite 140A  
Fairbanks, AK 99701

#33, Breast Cancer Detection Center Phone: 479-3909 Fax: 479-2215  
1905 Cowles St.  
Fairbanks, AK 99701

#73, Fairbanks Memorial Hospital  
Fiscal Services, attn: Anita Phone: 458-5305 Fax: 458-5324  
1650 Cowles Street  
Fairbanks, AK 99701

#54, Richard Hutchison, MD Phone: 451-8775 Fax: 451-7716  
1919 Lathrop, #101  
Fairbanks, AK 99701

#61, Arlene Kirschner, MD Phone: 474-4745 Fax: 474-4746  
1919 Lathrop St, Ste 204  
Fairbanks, AK 99701

#76, Pathology Consultants Phone: 456-7767 Fax: 456-8050  
543 3<sup>rd</sup> Ave, #235  
Fairbanks, AK 99701

#59, Radiology Consultants Phone: 452-6464 Fax: 452-1073  
1867 Airport Way, Ste 130A  
Fairbanks, AK 99701

#75, Tanana Valley Clinic Phone: 459-3500 Fax: 459-4994  
1001 Noble Street  
Fairbanks, AK 99701

**JUNEAU**

#62, Bartlett Regional Hospital Phone: 586-8438 Fax: 463-4919  
3260 Hospital Drive  
Juneau, AK 99801

#67, Diagnostic Radiology Consultants Phone: 463-5043 Fax: 463-5063  
3260 Hospital Drive  
Juneau, AK 99801

SOA/HSS/MCFH, AK-BCCEDP  
3601 C Street, Suite 934  
Anchorage, AK 99503  
907-269-3400 Revised 03/20/2001  
Diagnostic Providers Page 4

JUNEAU (Cont'd)

#41, William Palmer, MD  
3268 Hospital Dr, Ste E  
Juneau, AK 99801

Phone: 586-1895

Fax: 586-2595

#68, Southeast Alaska Pathology  
224 Fourth Street  
Juneau, AK 99801

Phone: 586-3282

Fax: 586-3284

#43, Nell Wagoner, MD  
3268 Hospital Dr, Ste B  
Juneau, AK 99801

Phone: 586-1717

Fax: 586-2677

KETCHIKAN

#12, Ketchikan General Hospital  
Attn: Billing  
PO Box 7798  
Ketchikan, AK 99901

Phone: 225-8015

Fax: 228-8368

#13, Donna Smith-Harrison, MD  
Southeast OB/GYN  
POB 7278  
Ketchikan, AK 99901

Phone: 225-6688

Fax: 247-6688

PALMER

#44, Jeff Hittson, MD  
PO Box 1966  
Palmer, AK 99645

Phone: 346-8255

Fax: 346-8255

#53, Mat-Su Radiology  
PO Box 600  
Palmer, AK 99645

Phone: 745-5731

Fax: 745-3536

#89, Valley Surgical Associates  
Michael Senta, MD  
561 So Denali, Suite D  
Palmer, Alaska 99645

Phone: 745-8100

Fax: 746-2655

SEWARD

#24, Providence Seward Medical Center  
Jim Sefton  
PO Box 365  
Seward, AK 99664

Phone: 224-5205

Fax: 224-7248

**SOLDOTNA**

#94, **John Nels Anderson** Phone: (907) 262-4161 Fax: (907) 262-1545  
265 Binkley  
Soldotna, AK 99669

#58, **Theodore Barton, MD** Fax: 262-5794  
Phone: 262-2602  
206 W. Rockwell, Suite 101  
Soldotna, AK 99669

#55, **Bobbie Behrens, MD** Phone: 262-2615 Fax: 262-8842  
35670 Kenai Spur Hwy  
Soldotna, AK 99669

#77, **Todd Boling, MD** Phone: 262-1443 Fax: 262-2423  
245 N Binkley #203  
Soldotna, AK 99669

#51, **Central Peninsula General Hospital** Phone: 262-8135 Fax: 262-0731  
250 Hospital Place  
Soldotna, AK 99669

#57, **Michael Flannery, MD** Phone: 262-6800 Fax: 262-9276  
170 E Corral  
Soldotna, AK 99669

#86, **Peninsula Pathology Institute** Phone: 262-3557 Fax: 262-6505  
35338 Kenai Spur Highway  
Soldotna, Alaska 99559

#65, **Joseph Sangster, MD** Phone: 262-1443 Fax: 262-2423  
245 N Binkley, #203  
Soldotna, AK 99669

**WASILLA**

#39, **Pamela Hill, MD** Phone: 373-0660 Fax: 373-0662  
950 Bogard Rd, Ste 230  
Wasilla, AK 99654

#40, **David Mayschak, MD** Phone: 376-7874 Fax: 373-7876  
935 West Point Dr, #101  
Wasilla, AK 99654

SOA/HSS/MCFH, AK-BCCEDP  
3601 C Street, Suite 934  
Anchorage, AK 99503  
907-269-3400 Revised 03/20/2001  
Diagnostic Providers Page 6

**WASILLA** (Cont'd)

**#46, Valley Hospital Association**  
950 S Bogard Rd, Ste 106  
Wasilla, AK 99654

Phone: 352-2814

Fax: 352-2815

**Washington**

**#79, Skagit Pathology, Inc.**  
1310 E. Division Street  
Mount Vernon, WA 98274

Phone: 360-424-6137

Fax: 360-416-2293

**#91, Dynacare Northwest, Inc.**  
1310 E Division Street  
Mt. Vernon, WA 98274

Phone: 360-424-6137

Fax: 360-416-2222

SOA/HSS/MCFH, AK-BCCEDP  
3601 C Street, Suite 934  
Anchorage, AK 99503  
907-269-3400 Revised 03/20/2001  
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**TOTAL NUMBER OF STATES AT:**

250% = 35  
 240% = 1  
 225% = 2  
 200% = 23  
 185% = 1

(Still a few missing, mainly US Territories)

State	Percentage of Poverty
Oklahoma	185
Alabama	200
Arizona	200
Arkansas	200
California	200
Connecticut	200
Florida	200
Georgia	200
Hopi Tribe	200
Idaho	200
Illinois	200
Kansas	200
Missouri	200
Montana	200
New Hampshire	200
North Carolina	200
North Dakota	200
Ohio	200
South Carolina	200
Texas	200
Virginia	200
Washington	200
West Virginia	200
Wyoming	200
Mississippi	225
Nebraska	225 <sup>1</sup>
Utah	240
Alaska	250
Cherokee Nation	250
DC	250
Delaware	250
Hawaii	250
Iowa	250

Louisiana	250
Maryland	250
Massachusetts	250
Michigan	250
Minnesota	250
NARA	250
Native American CHC	250
Navajo Nation	250
Nevada	250
New Hampshire	250
New Jersey	250
New Mexico	250
New York	250
North Slope	250
Oregon	250
Pennsylvania	250
Poarch Band of Creek Indians	250
Rhode Island	250
SEARHC	250
South Puget Intertribal	250
Southcentral Foundation	250
Tennessee	250
Vermont	250
Wisconsin	250
Colorado	250 <sup>2</sup>
Indiana	250 <sup>3</sup>
Maine	250 <sup>4</sup>
Kentucky	250 <sup>5</sup>

<sup>1</sup> Went from 200 – 250% last year, only ~1% are >200%.

<sup>2</sup> No income eligibility for Native American women living on reservations

<sup>3</sup> Legislature may require them to drop to 200% in order to include treatment

<sup>4</sup> Was 250% for 50-64, & 200% for 40-49, recently changed to be all 250%, as they could not meet target numbers

<sup>5</sup> <100% - services provided for free; 101% - 250% - services provided on a sliding fee scale.

**SITE: ANCHORAGE LIO**

**COMMITTEE:**

Senate H.E.S.S.

**DATE: 4-23-2001**

**SUBJECT OF MEETING:**

SB198/SB38/HB115

**UPDATE #:**



## PLEASE SIGN IN

**PLEASE PRINT:**

**NAME**

**ADDRESS (MAILING & ZIP)**

**REPRESENTING**

**DO YOU WANT  
TO TESTIFY?**

↓ **Y or N**

NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? ↓ Y or N
Barbara M. DuBois	2500 Curlew Circle, Anchorage 99515	563 6538	U - SB 38
Iyllamae Olsonoski	1317 Crescent Ave, Anchorage 99508	563 6803	U - SB 38
Michelle Plimpton ✓	3136 E 16 <sup>th</sup> Ave, Anchorage 99508	222 2613	U - SB 38
Victoria Shaver ✓	PO Box 92972, Anchorage 99509	275 8763	U - SB 38
Carla Williams	13001 Norak Pl, Anchorage 99516	677 3032	U - SB 38
Linda Vlastuin	3601 C St, Anchorage 99503	269 3428	N - SB 38
Nicole Sweeny	6500 Meadow St, Anchorage 99507	344 9179	N - SB 38
Danielle Plimpton	341 W Tudor #105, Anchorage 99503	562 4334	N - SB 38
Erin Reinikka	425 S 156 th #233A, Seattle, WA 98148	206 431 8327	N - SB 38
Anne Gore	3700 Carleton, Anchorage 99517	248 7392	N - SB 38
3 observers			

**SITE: ANCHORAGE LIO**

**COMMITTEE:**

Senate H.E.S.S.

**DATE: 4-23-2001**

**SUBJECT OF MEETING:**

SB198/SB38/HB115

**UPDATE #:**



# PLEASE SIGN IN

*phone #s?*

**PLEASE PRINT:**

**NAME**

**ADDRESS (MAILING & ZIP)**

**REPRESENTING**

**DO YOU WANT  
TO TESTIFY?**

**Y or N**

NAME	ADDRESS (MAILING & ZIP)	REPRESENTING	DO YOU WANT TO TESTIFY? Y or N
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Carla Williams	13001 Norak Pl, Anchorage 99516		U - SB 38
Linda Vlastuin	3601 C St, Anchorage 99503		N - SB 38
Nicole Sweeny	6500 Meadow St, Anchorage 99507		N - SB 38
Danielle Plimpton	341 W Tudor #105, Anchorage 99503		N - SB 38
Erin Reinikka	425 S 156 th #233A, Seattle, WA 98148		N - SB 38
Anne Gore	3700 Carleton, Anchorage 99517		N - SB 38
3 observers			



*Carla Williams*  
*13001 Norak Place*  
*Anchorage, Alaska 99516*  
*907-345-8060*

April 22, 2001

Senate HESS Committee  
State Capitol  
Juneau, AK. 99801

Re: Written Testimony to 4/23/01 HESS Hearing on HR65-Breast and Cervical Cancer Treatment Bill

Dear Senators Green, Leman, Ward, Wilken, and Davis:


Please consider the following regarding the eligibility income level of 250% of the federal poverty level. It will be submitted as written testimony for the hearing on April 23<sup>rd</sup> at 1:30 p.m.

Attached are two income/expense scenarios, both based on a 47-year-old woman with no prior abnormal paps or mammograms. It is easy to understand why women are telling legislators that they cannot afford individual insurance coverage. Keep in mind that these typical expenses do not cover expenses such as auto accident deductibles, medical problems beyond colds/flu, emergency out-of-state travel expenses, and the numerous other unexpected financial obligations that arise over the course of a year.

The single woman in this analysis has less than \$100 of yearly disposable income remaining after expenses. The head of household woman has less than \$700. Insurance coverage of \$1,488 per year with a \$500 deductible is a minimum 80/20% basic coverage, with rates increasing for age and pre-existing conditions. Ms. Bernice Starkey testified in the Senate Labor Commerce Hearing on SB38 on March 1st that her insurance coverage would have cost \$320 per month or \$3,890 a year. Ms. Sue Ciccone testified that the cheapest insurance she could find, based on her conditions, was \$600 to \$800 per month or \$7,200 to \$9,600 a year, with a \$3,000 deductible.

These premiums exceed the single woman's disposable income, particularly if she has had prior medical conditions. "Prior medical conditions" can be as simple as a "suspicious biopsy." If the woman has had a previous cancer diagnosis, finding coverage is even more difficult, at any cost.

Sincerely,

  
Carla Williams

**Income and Expense Summary**  
**Single 47-year-old woman with no prior abnormal pap or mammogram**

Gross Pay	\$26,075	
Federal Tax	2830	
State ESC \$25,500 Max	133	
FICA Tax	1617	
Deductions	<u>\$4,580</u>	
Net Pay		<b>\$21,495</b>
Rent plus Utilities \$750/mo	9000	
Food \$75/wk	3900	
Car Payment \$190/mo	2280	
*Non-Food Expenses \$150/mo	1800	
Car Insurance \$110/mo	1320	
Gasoline \$20/wk	1040	
Laundry Expense \$10/wk	520	
Car Oil-Lube-Filter/License/IM/tire replacement \$35/mo	420	
Hair Expense \$35/mo	420	
Dentist with xrays and eye exam \$250	250	
Phone \$20/mo	240	
Yearly Medical Exam	120	
Prescriptions	<u>120</u>	
Total Expenses	\$21,430	
Net Pay less Expenses		<b>\$65</b>

**\*\* 80/20% Insurance with no pre-existing conditions**  
**Annual Out-of-Pocket \$2500 No Supplemental or Prescription**

Insurance Deductible \$500/yr	500	
Insurance Cost \$124/mo	<u>1488</u>	
Total Cost of Insurance Coverage		<b>\$1,488</b>

\* Examples of non-food expenses are clothes, shoes, winter gear, kitchen/bath supplies, entertainment, and non-prescription drugs.

\* *Pre-existing conditions may increase the yearly premium dramatically or coverage may not be available at all.*

**Income and Expenses Summary****Head of Household 47-year-old woman with no prior abnormal pap or mammogram  
and one dependent**

Gross Pay	\$35,150	
Federal Tax	3469	
State ESC Max \$25,500	133	
FICA Tax	2179	
Deductions	<u>\$5,781</u>	
<b>Net Pay</b>		<b>\$29,369</b>
Rent plus Utilities \$800/mo	9600	
Food \$120/wk	6240	
*Non-Food Expenses \$250/mo	3000	
Car Payment \$190/mo	2280	
Before/After School Child Care with Assistance \$185/mo	2220	
Car Insurance \$110/mo	1320	
Gasoline \$20/wk	1040	
Dentist with xrays and eye exam \$250 x2	500	
Hair Expense \$45/mo	540	
Laundry Expense \$10/wk	520	
Car Oil-Lube-Filter/License/IM/tire replacement \$35/mo	420	
School Supplies & Fees	300	
Prescriptions	250	
Phone \$20/mo	240	
Yearly Medical Exam \$120 x2	240	
Total Expenses	\$28,710	
Net Pay less Expenses		<b>\$659</b>

**\*\*80/20% Insurance with no pre-existing conditions  
Annual Out-of-Pocket \$2500 No Supplemental or Prescription**

Insurance Deductible \$500	500	
Insurance Cost \$124/mo \$2500 Annual Out of Pocket	1488	
Total Cost of Insurance Coverage		<b>\$1,488</b>

\* Examples of non-food expenses are clothes, shoes, winter gear, kitchen/bath supplies, entertainment, and non-prescription drugs.

\*\* Pre-existing conditions may increase the yearly premium dramatically or coverage may not be available at all.

## MEDICAID SERVICES AND GROUPS NOT IN CURRENT STATE LAW

### OPTIONAL SERVICES

- Chiropractic  
Case Management (for additional populations)  
Christian Science Nurses  
Christian Science Sanatorium  
Clinic services  
Community Supported living arrangements  
Adult dental services (preventive and restorative)  
Dentures  
Diagnostic services  
Emergency Hospital services (for hospitals not enrolled)  
Podiatry  
Preventive Services  
Private Duty Nursing  
Respiratory Therapy  
Screening services  
Home and community care for functionally disabled elderly  
Services of any type of practitioner licensed under state law
- Psychologists and Psychological Associates
  - Licensed Clinical Social Workers
  - Marital and Family Therapists
  - Acupuncturists
  - Licensed Professional Counselors
  - Naturopaths

*Glaucoma*

### OPTIONAL GROUPS

- TB infected individuals  
Women diagnosed with breast or cervical cancer under the CDC Program  
Aged and disabled with incomes to 100% of the Federal Poverty level  
Expanded Working Disabled Option  
Medically Needy families and children  
Medically Needy Aged and Disabled  
Independent Foster Care Adolescents  
Presumptive eligibility for pregnant women  
Presumptive eligibility for children  
Other groups of low income people under a Demonstration Waiver  
Family Planning Waiver

### OTHER SERVICES OR GROUPS THAT HAVE BUDGETARY IMPLICATIONS BUT MAY NOT REQUIRE LEGISLATION

- Alzheimer's and other conditions for nursing facility /waiver admission  
12 month continuous eligibility for children - *Denial, Kid Care*  
Non emergent transportation within communities of residence *Dr. a.u. serv. with income*  
School based services - *Health Care*  
Tobacco cessation services  
More liberal financial eligibility and coverage policies



# Health Care Financing Administration

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January 4, 2001

Dear State Health Official:

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA - the , (Public Law 106-354) amends Title XIX of the Social Security Act to give States enhanced matching funds to provide Medicaid eligibility to a new group of individuals previously eligible under the program. The new option allows states to provide full Medicaid benefits to uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast or cervical cancer, including pre-cancerous conditions and early stage cancer. The Act also allows states to extend presumptive eligibility to applicants in order to ensure that needed treatment begins as early as possible. The Act has an effective date of October 1, 2000.

The Health Care Financing Administration (HCFA) and CDC are committed to facilitating states' efforts to improve access to needed breast and cervical cancer treatment for uninsured women identified under the NBCCEDP as needing such treatment. This letter is a first step in support of that commitment. It provides a brief overview of CDC's NBCCEDP program and outlines the basic provisions of the new Medicaid coverage option.

### **Overview of CDC's National Breast and Cervical Cancer Early Detection Program (CDC Program)**

During 2001, almost 50,000 women are expected to die from breast or cervical cancer in the United States despite the fact that earlier detection and treatment of these diseases could substantially decrease this mortality. Many of these deaths, which will occur disproportionately among women of racial and ethnic minority and low-income groups could be avoided by making cancer screening services available to all women at risk. Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990. This Act established the NBCCEDP, which authorizes CDC to promote breast and cervical cancer screening and to pay for screening services for eligible women.

The NBCCEDP operates in all 50 states, the District of Columbia, 6 U.S. Territories, and American Indian/Alaska Native organizations. Through cooperative agreements with state and territorial Health Departments, the District of Columbia Health Department, and American Indian/Alaskan Native Health Agencies, CDC's NBCCEDP builds the infrastructure for breast and cervical cancer early detection by supporting public and provider education, quality assurance, surveillance, and evaluation activities critical to achieving maximum utilization of the Program's screening, diagnostic and case management services.

Screening services provided by the NBCCEDP include clinical breast examinations, mammograms, pelvic examinations, and Papanicolaou (Pap) tests. Screening services include diagnostic services, such as surgical consultation and biopsy to ensure that all women with abnormal screening results receive timely and adequate diagnostic evaluation and treatment referrals. The law does not, however, allow CDC to pay for treatment services for women who are diagnosed with breast or cervical cancer.

As a condition of participation in the CDC program, 42 U.S.C.300n(a) requires states to agree that low-income women will be given priority in the provision of services. Over the past 10 years, the NBCCEDP has provided more than 2 million screening exams to underserved women, including older women, women with low incomes, and women of racial and ethnic minority groups. The program has diagnosed more than 8,600 breast cancers, over 39,000 pre-cancerous cervical lesions, and 660 cervical cancers. The overall goal of the NBCCEDP is to reduce mortality from breast and cervical cancers, and the success of this effort hinges on the identification and treatment of pre-cancerous conditions and early stage cancers.

### Medicaid Program Requirements

It is difficult for many uninsured women who are screened and diagnosed through the program to obtain timely access to treatment services. The BCCPTA allows States to provide coverage to these women under Medicaid. The following outlines the basic rules regarding the new eligibility option.

**Eligibility.** The BCCPTA adds a new optional categorically needy eligibility group (Section 1902(a)(10)(A)(ii)(XVIII), which is comprised of individuals described in §1902(aa)). In order to qualify under this new optional category, the Act requires that a woman will need to meet the following eligibility requirements:

1. The woman must have been screened for breast or cervical cancer under the CDC Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service (PHS) Act, and found to need treatment for either breast or cervical cancer; and
2. She must be uninsured, that is, she must not otherwise have creditable coverage (including current enrollment in Medicaid), as the term is used under the Health Insurance Portability and Accountability Act (HIPAA) (§2701(c) of the PHS Act (42 U.S.C. 300gg(c)), and she must not be eligible under any of the mandatory Medicaid eligibility groups. There is no requirement that there be a waiting period of prior uninsurance before a woman who has been screened under the CDC program can become eligible for Medicaid under this new option; and
3. She must be under age 65.

Breast and cervical cancer treatment programs have varied from state to state. Some states have run programs separate from Title XV and may wish to combine those programs with Title XV. It is anticipated that variations among states will continue and all programs will continue to evolve.

We have been advised by CDC that a woman has been "screened under the program" if she comes under any of the following three categories:

1. CDC Title XV funds paid for all or part of the costs of her screening services.
2. The woman is screened under a state Breast and Cervical Cancer Early Detection Program in which her particular clinical service has not been paid for by CDC Title XV funds, but the service was rendered by a provider and/or an entity funded at least in part by CDC Title XV funds; the service was within the scope of a grant, sub-grant or contract under that State program; and the State CDC Title XV grantee has elected to include such screening activities by that provider as screening activities pursuant to CDC Title XV.
3. The woman is screened by any other provider and/or entity and the state CDC Title XV grantee has elected to include screening activities by that provider as screening activities pursuant to CDC Title XV. For example, if a family planning or community health center provides breast or cervical cancer screening or diagnostic services, the state would have the option of including the provider's screening activities as part of the state's Title XV program.

overall CDC Title XV activities.

As long as the screening was performed by a provider under the state's Breast and Cervical Cancer Early Detection Program as defined above, the woman meets the Medicaid eligibility requirement. The programs operating in states under the CDC program will be able to provide Medicaid agencies with verification that the woman was screened under the CDC program.

In the context of BCCPTA, a woman is considered to "need treatment" if, in the opinion of the individual's treating health professional (i.e., the individual who conducts the screen or any other health professional with whom the individual consults), the screen (and diagnostic evaluation following the clinical screening) indicates that the woman is in need of treatment services. These services include diagnostic services that may be necessary to determine the extent and proper course of treatment, as well as treatment itself.

In addition to meeting these criteria, the woman will also need to meet any other general Medicaid coverage requirements applicable to Medicaid beneficiaries (e.g., state residency and citizenship or immigration status). There are no Medicaid income or resource limitations imposed by federal law for this new Medicaid eligibility group, and no authority for states to impose such limitations.

**Eligibility Period.** As with other mandatory and optional eligibility categories, under §1902(a)(34) of the Act, a woman's eligibility for coverage under this new option begins up to three months prior to the month in which she applied for Medicaid, if as of this earlier date, she would have met relevant program requirements as described in the eligibility section of this letter. Her eligibility for coverage ends when her course of treatment is completed, or the state has determined that she no longer meets the criteria for this eligibility category (for example, because she has attained age 65 or has creditable coverage) and has determined in accordance with 42 C.F.R. §435.916 that she does not remain eligible for Medicaid under an alternate eligibility category.

A woman is not limited to one period of eligibility. A new period of eligibility and coverage would commence each time a woman who has been screened under the CDC program is found to need treatment of breast or cervical cancer, and meets other eligibility criteria.

**Coverage.** A woman whose eligibility is based on this new option is entitled to full Medicaid coverage; coverage is not limited to coverage for treatment of breast and cervical cancer.

As is the case with Medicaid coverage in general, states may use administrative methods such as prior review and approval requirements, to ensure that services furnished to women under this new option are medically necessary. Services furnished under this new option should be, to the maximum extent possible, consistent with optimal standards of medical practice. Such practice guidelines are located at the National Guideline Clearinghouse, Agency for Health Care Research and Quality: <http://www.ahrq.gov>. With respect to experimental treatments, States may cover experimental treatments although they are not required to do so. Furthermore, routine covered costs associated with the experimental intervention may be covered.

**Presumptive Eligibility.** Presumptive eligibility is a Medicaid option that allows states to enroll Medicaid applicants for a limited period of time before full Medicaid applications are filed and processed, based on a determination by a Medicaid provider of likely Medicaid eligibility. States have the option to use the presumptive eligibility procedure to facilitate the prompt enrollment and immediate access to services for women who are in need of treatment for breast or cervical cancer.

Under this option, states can certify entities that are eligible for payment under a state Medicaid program that the state determines are capable of making presumptive eligibility determinations. A certified entity can enroll women who appear to be eligible in Medicaid on a temporary basis.

Presumptive eligibility begins on the date that a qualified entity determines that the woman appears to meet the eligibility criteria described above. Presumptive eligibility ends on the earlier of the following two dates: the date on which a formal determination is made on the woman's application for Medicaid; or, in the case of a woman who fails to apply for Medicaid following the presumptive eligibility determination, the last day of the month following the month in which presumptive eligibility begins. Federal financial participation is allowed for services provided during this presumptive eligibility period regardless of whether or not the woman applies for Medicaid or is later found eligible for Medicaid.

**Citizenship and Alienage.** The usual rules which govern citizenship and alienage apply to the new optional Medicaid eligibility group. In general, to be eligible for Medicaid an individual must either be a citizen or a qualified alien. (See the web site at <http://aspe.hss.gov/hsp/immigration/restrictions-sum.htm> for a definition of "qualified alien" and a discussion of the restrictions on immigrants receiving federal public benefits including Medicaid, and for a list of exceptions to these restrictions.) Most states have elected to provide Medicaid to qualified aliens. However, many qualified aliens who are in the United States after August 21, 1996 are barred from receiving Medicaid for 5 years beginning with their date of entry with a qualified alien status. The 5 year bar does not apply to certain refugees, asylees, and certain other groups. Otherwise eligible qualified aliens who are subject to the 5 year ban as well as otherwise eligible non-qualified aliens may receive Medicaid coverage for treatment of an emergency medical condition but not including organ transplants and transplant-related services.

Women who do not meet the immigration-related eligibility criteria may still be able to receive Medicaid coverage related to an "emergency condition", other than services related to an organ transplant. Section 1903(v) of the Act permits states to obtain Federal match for services related to an "emergency medical condition" when furnished to an otherwise eligible individual. The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (A) placing the patient's health in serious jeopardy; (B) serious impairment of bodily functions, or (C) serious dysfunction of any bodily part.

Breast or cervical cancers may be identified at various stages. Some women in need of treatment for breast or cervical cancer will have an emergency condition. As with other examples of emergency medical conditions, medical judgment and the facts of a particular case will form the basis for identifying those conditions in screened women that amount to an emergency medical condition.

**Requirement to Submit a State Plan Amendment.** In order to be eligible for payment under this new Act, a state or territory must submit a state plan amendment electing optional categorically needy eligibility group and/or to provide presumptive eligibility. It must also enclose state plan preprint language that should be used by states electing these new options.

**Matching Rate.** The Federal matching rate for the new eligibility group is equal to the enhanced Federal Medical Assistance Percentage (FMAP) used in the State Children's Health Insurance Program (SCHIP) (described in §2105(b) of the Social Security Act (the Act)). That rate is published periodically in the Federal Register, and is posted on web <http://aspe.os.dhhs.gov/health/fmap.htm>.

**Participation of Territories.** Territories that operate Medicaid programs (Puerto Rico, Virgin Islands, American Samoa, Guam and the Northern Marianas Islands) may choose this new option. However, federal payments to those territories are capped by statute. The extent that these territories already receive the maximum federal payment permitted by the new law would not result in any additional federal funding. If the cap on federal payments has not been reached, federal funds at the enhanced matching rate could be available for the new eligibility group.

**Treatment of American Indian and Alaska Native (AI/AN) Women.** Under Section 2701(c) of the Public Health Service Act, a medical care program of the Indian Health Service (IHS) or an Indian tribal organization is considered creditable coverage, as the term is used under HIPAA. But not all AI/AN women are "covered under" this creditable coverage. The term "covered under" implies reasonable access to such a program. In consultation with IHS and the tribes, we intend to develop standards to determine whether individuals are "covered under" such a program.

### Overview of Implementation

Successful implementation of the new benefit will require a coordinated effort between state Medicaid and public health agencies. State breast and cervical cancer programs have been in place for several years so they may be able to provide to state Medicaid agencies important data on the numbers of women screened and diagnosed within a state.

At the federal level, HCFA will be working closely with CDC to help facilitate implementation of the new coverage group. To assist states as they move forward, we are developing the state plan materials, instructions and more detailed questions and answers regarding the new benefit.

We believe that states will be able to design application procedures that are simple and that are closely tied to the case management services offered by most state breast and cervical cancer programs. A simple process will help ensure that women with cancer receive the treatment they need.

We encourage you to submit state plan amendments to your HCFA regional office as quickly as possible. HCFA staff will gladly offer technical assistance to any state that requests it. If you have questions about issues not addressed in this letter, please contact Marlene Jones at HCFA (410) 786-3290 for Medicaid-related issues and Steve Reynolds at CDC (770) 488-3075 for issues concerning NBCCEDP.

Sincerely,

/s/

Timothy M. Westmoreland  
Director

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### Footnotes:

(1) A woman is considered to have been screened under the CDC program and eligible for the new Medicaid optional group if she has received a screening mammogram, clinical breast exam, or Pap test; or she has received diagnostic services following an abnormal clinical breast exam, mammogram, or Pap test; and she has received a diagnosis of breast or cervical cancer or of a pre-cancerous condition of the breast or cervix as the result of the screening or diagnostic service.

(2) Public Law 106 - 554, included the Medicare, Medicaid and SCHIP Benefits

Improvement and Protection Act of 2000 which, at section 710, provides a technical correction that the limitation under section 1903 (f) of the Social Security Act which lii federal matching funds to individuals with incomes below 133 1/3% of the payment ordinarily made under the former Aid to Families with Dependent Children (AFDC) program to a family of the same size does not apply to this eligibility group. The effect date of the technical correction is October 1, 2000. States may cover all women who a screened through the CDC program and determined eligible for the new Medicaid opti regardless of income.

Enclosure

cc:

- HCFA Regional Administrators
- HCFA Associate Regional Administrators for Medicaid and State Operations
- Centers for Disease Control and Prevention Grantees
- Nancy Lee - Centers for Disease Control and Prevention
- Steve Reynolds - Centers for Disease Control and Prevention
- Kathy Cahill - Centers for Disease Control and Prevention
- Don Shriber - Centers for Disease Control and Prevention, State Chronic Disease Direc
- Lee Partridge - Director, Health Policy Unit, American Public Human Services Associati
- Joy Wilson - Director, Health Committee, National Conference of State Legislatures
- Matt Salo - Director of Health Legislation, National Governors' Association
- Heather Mizeru - Director of State Affairs, National Association of Community Health Centers, Inc.

DRAFT

ATTACHMENT 2-2-A  
PAGE 23b

STATE: \_\_\_\_\_

Citation Group Covered

B. Optional Coverage Other Than the Medically Needy (Continued)

1902 (a) (10) (A)

(ii) (XVIII) of the Act \_\_\_\_ [24]. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Con and Prevention Breast and Cervical Cancer Early Detection Program established under XV of the Public Health Service Act in accordance with the requirements of section 15C that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility gro and
- d. have not attained age 65.

1920B of the Act \_\_\_\_ [25]. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1920B (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.



TN No. \_\_\_\_\_ Approval Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Supersedes  
TN No. \_\_\_\_\_



Public Law 106-354  
106th Congress

An Act

To amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program, to amend the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to surveillance and information concerning the relationship between cervical cancer and the human papillomavirus (HPV), and for other purposes.

Oct. 24, 2000

[H.R. 4386]

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the "Breast and Cervical Cancer Prevention and Treatment Act of 2000".

Breast Cancer  
Prevention and  
Treatment Act of  
2000.  
42 USC 1305  
note.

SEC. 2. OPTIONAL MEDICAID COVERAGE OF CERTAIN BREAST OR CERVICAL CANCER PATIENTS.

(a) COVERAGE AS OPTIONAL CATEGORICALLY NEEDY GROUP.—

(1) IN GENERAL.—Section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)) is amended—

- (A) in subclause (XVI), by striking "or" at the end;
- (B) in subclause (XVII), by adding "or" at the end;

and

(C) by adding at the end the following:

"(XVIII) who are described in subsection (aa) (relating to certain breast or cervical cancer patients);".

(2) GROUP DESCRIBED.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended by adding at the end the following:

"(aa) Individuals described in this subsection are individuals who—

- "(1) are not described in subsection (a)(10)(A)(i);
- "(2) have not attained age 65;
- "(3) have been screened for breast and cervical cancer under the Centers for Disease Control and Prevention breast and cervical cancer early detection program established under title XV of the Public Health Service Act (42 U.S.C. 300k et seq.) in accordance with the requirements of section 1504 of that Act (42 U.S.C. 300n) and need treatment for breast or cervical cancer; and
- "(4) are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act (42 U.S.C. 300gg(c))."

(3) **LIMITATION ON BENEFITS.**—Section 1902(a)(10) of the Social Security Act (42 U.S.C. 1396a(a)(10)) is amended in the matter following subparagraph (G)—

(A) by striking “and (XIII)” and inserting “(XIII)”; and  
 (B) by inserting “, and (XIV) the medical assistance made available to an individual described in subsection (aa) who is eligible for medical assistance only because of subparagraph (A)(10)(ii)(XVIII) shall be limited to medical assistance provided during the period in which such an individual requires treatment for breast or cervical cancer” before the semicolon.

(4) **CONFORMING AMENDMENTS.**—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended in the matter preceding paragraph (1)—

(A) in clause (xi), by striking “or” at the end;  
 (B) in clause (xii), by adding “or” at the end; and  
 (C) by inserting after clause (xii) the following:

“(xiii) individuals described in section 1902(aa),”.

(b) **PRESUMPTIVE ELIGIBILITY.**—

(1) **IN GENERAL.**—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended by inserting after section 1920A the following:

“PRESUMPTIVE ELIGIBILITY FOR CERTAIN BREAST OR CERVICAL  
 CANCER PATIENTS

“SEC. 1920B. (a) **STATE OPTION.**—A State plan approved under section 1902 may provide for making medical assistance available to an individual described in section 1902(aa) (relating to certain breast or cervical cancer patients) during a presumptive eligibility period.

“(b) **DEFINITIONS.**—For purposes of this section:

“(1) **PRESUMPTIVE ELIGIBILITY PERIOD.**—The term ‘presumptive eligibility period’ means, with respect to an individual described in subsection (a), the period that—

“(A) begins with the date on which a qualified entity determines, on the basis of preliminary information, that the individual is described in section 1902(aa); and

“(B) ends with (and includes) the earlier of—

“(i) the day on which a determination is made with respect to the eligibility of such individual for services under the State plan; or

“(ii) in the case of such an individual who does not file an application by the last day of the month following the month during which the entity makes the determination referred to in subparagraph (A), such last day.

“(2) **QUALIFIED ENTITY.**—

“(A) **IN GENERAL.**—Subject to subparagraph (B), the term ‘qualified entity’ means any entity that—

“(i) is eligible for payments under a State plan approved under this title; and

“(ii) is determined by the State agency to be capable of making determinations of the type described in paragraph (1)(A).

“(B) REGULATIONS.—The Secretary may issue regulations further limiting those entities that may become qualified entities in order to prevent fraud and abuse and for other reasons.

“(C) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a State from limiting the classes of entities that may become qualified entities, consistent with any limitations imposed under subparagraph (B).

“(c) ADMINISTRATION.—

“(1) IN GENERAL.—The State agency shall provide qualified entities with—

“(A) such forms as are necessary for an application to be made by an individual described in subsection (a) for medical assistance under the State plan; and

“(B) information on how to assist such individuals in completing and filing such forms.

“(2) NOTIFICATION REQUIREMENTS.—A qualified entity that determines under subsection (b)(1)(A) that an individual described in subsection (a) is presumptively eligible for medical assistance under a State plan shall—

“(A) notify the State agency of the determination within 5 working days after the date on which determination is made; and

“(B) inform such individual at the time the determination is made that an application for medical assistance under the State plan is required to be made by not later than the last day of the month following the month during which the determination is made.

“(3) APPLICATION FOR MEDICAL ASSISTANCE.—In the case of an individual described in subsection (a) who is determined by a qualified entity to be presumptively eligible for medical assistance under a State plan, the individual shall apply for medical assistance under such plan by not later than the last day of the month following the month during which the determination is made.

“(d) PAYMENT.—Notwithstanding any other provision of this title, medical assistance that—

“(1) is furnished to an individual described in subsection (a)—

“(A) during a presumptive eligibility period;

“(B) by a entity that is eligible for payments under the State plan; and

“(2) is included in the care and services covered by the State plan,

shall be treated as medical assistance provided by such plan for purposes of clause (4) of the first sentence of section 1905(b).”.

(2) CONFORMING AMENDMENTS.—

(A) Section 1902(a)(47) of the Social Security Act (42 U.S.C. 1396a(a)(47)) is amended by inserting before the semicolon at the end the following: “and provide for making medical assistance available to individuals described in subsection (a) of section 1920B during a presumptive eligibility period in accordance with such section”.

(B) Section 1903(u)(1)(D)(v) of such Act (42 U.S.C. 1396b(u)(1)(D)(v)) is amended—

(i) by striking “or for” and inserting “, for”; and

(ii) by inserting before the period the following:  
 “, or for medical assistance provided to an individual described in subsection (a) of section 1920B during a presumptive eligibility period under such section”.

(c) ENHANCED MATCH.—The first sentence of section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended—

(1) by striking “and” before “(3)”; and

(2) by inserting before the period at the end the following:  
 “, and (4) the Federal medical assistance percentage shall be equal to the enhanced FMAP described in section 2105(b) with respect to medical assistance provided to individuals who are eligible for such assistance only on the basis of section 1902(a)(10)(A)(ii)(XVIII)”.

(d) EFFECTIVE DATE.—The amendments made by this section apply to medical assistance for items and services furnished on or after October 1, 2000, without regard to whether final regulations to carry out such amendments have been promulgated by such date.

Applicability.  
 42 USC 1396a  
 note.

Approved October 24, 2000.

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**LEGISLATIVE HISTORY—H.R. 4386 (S. 662):**

SENATE REPORTS: No. 106-323 accompanying S. 662 (Comm. on Finance).  
 CONGRESSIONAL RECORD, Vol. 146 (2000):

May 9, considered and passed House.

Oct. 4, considered and passed Senate, amended, in lieu of S. 662.

Oct. 12, House concurred in Senate amendment.

WEEKLY COMPILATION OF PRESIDENTIAL DOCUMENTS, Vol. 36 (2000):

Oct. 24, Presidential statement.