

ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10567 SENATE HEALTH EDUCATION & SOCIAL SERVICES

POM for Senator Green



From: Ms. Lorraine M Tardy *VR: 23-429/R* Telephone: 333-5740
7501 E 20th Ave

Anchorage, AK 99504 NON Constituent Registered Voter: V
Email:

Bill: HB 112 Title: ABORTION: INFORMED CONSENT; INFORMATION
Message:

I would like all legislators to support HB 112 that requires women to be given full disclosure of physical and psychological damages caused by abortion before they have an abortion. Thank you.

Entered in ANC on 3/15/01 POMID:99718

Distribution: 60

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Message 8 out of 37.

SENATOR LYDA GREEN

CONSTITUENT & PHONE MESSAGE CONTACT FORM

Name: Brenda Bean Date: 3-20-01

Phone: 747-3239 VR: 02-310 D

Address: 708 Sirstad Sitka, AK 99835

Message: She opposes HB 112 and any legislation that funds abortions-especially
without consent from the legislature to allocate the funds.

Check if No Response Needed - Message Only. Message Taken by: srh

Lyda's Response/Staff Instructions:

HB

113

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: C SHB 113(L&C)
(H) Publish Date: 3/7/01

Revision Date/Time (Note if correction): 02/23/2001 5:05p.m. Dept. Affected: DCED
Title: Health Care Insurance Payments BRU: Insurance Operations
Component: Insurance Operations
Sponsor: Representative Green
Requester: House Labor & Commerce Component Number: 354

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

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

Estimate of any current year (FY2001) cost: 0.0

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

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
The bill has no fiscal impact on this component

Prepared by: Robert A. Lohr, Director Phone 907-269-7900
Division: Insurance Date/Time 02/23/2001 5:05p.m.
Approved by: Commissioner Deborah B. Sedwick Date 2/23/2001
Agency: Department of Community & Economic Development

For distribution information, call the Governor's Legislative Office

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: CSHB 113(L&C)
 (H) Publish Date: 3/7/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
 Title: An Act relating to health care insurance BRU: Centralized Administrative Services
payments for hospital or medical... Component: Retirement and Benefits
 Sponsor: Representative Green
 Requester: L&C Component Number: 64

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	*	*	*	*	*	*

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

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

Estimate of any current year (FY2001) cost: _____

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This legislation requires an insurer to pay "clean claims" within 10 or 20 working days of receipt, depending on filing method. If not, interest is assessed. The bill would also require an insurer who mistakenly pays a member instead of the provider to make a second payment to the provider and then attempt recovery from the member. These changes could increase administrative overhead and claims costs. We currently require Aetna, our third party administrator, to pay 80% of claims within 12 calendar days. If not, penalties are assessed on Aetna for late payment. The penalties come to the plan (not providers).

Continued on page 2

Prepared by: Guy Bell, Director Phone 465-4471
 Division: Retirement and Benefits Date/Time February 23, 2001
 Approved by: Commissioner Jim Duncan Date February 23, 2001
 Agency: Department of Administration

For distribution information, call the Governor's Legislative Office

Fiscal Note HB 113 (L & C) – Continued

In addition, the bill does not clearly define a "clean claim." Without a clear definition, we are concerned about added administrative overhead.

The State's contribution as an employer is capped by collective bargaining agreements and by statute for non covered employees. Any increase in cost will be borne by employees.

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 3
 Bill Version: CSHB 113(HES)
 (H) Publish Date: 4/10/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
 Title: "An Act relating to health care insurance
payments for hospital or medical..." BRU: Centralized Admin. Services
 Sponsor: Representative Green Component: Retirement & Benefits
 Requester: House Finance Component Number: 64

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (TRS 1034)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2001) cost: 0.0

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

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

CSHB113(HES) requires medical insurers to adjudicate claims within 30 calendar days of receipt. Currently the State of Alaska requires its third party administrator- Aetna - to pay 80% of claims within 12 calendar days. If it does not, penalties are assessed on Aetna for late payment. The penalties are paid to the plan. Although the state's medical plans are self-insured and the state is not legally bound to mandates and requirements set out in Title 21, the state has generally followed such mandates and requirements as a matter of public policy. Given the timelines set out in the committee substitute, the Department of Administration believes this legislation would have no fiscal impact on state administered medical plans.

Prepared by: Guy Bell, Director Phone 465-4471
 Division: Retirement and Benefits Date/Time April 3, 2001
 Approved by: Jim Duncan, Commissioner Date April 3, 2001
 Agency: Department of Administration

For distribution information, call the Governor's Legislative Office

SENATE COMMITTEE REPORT

DATE: 4/27/01

FURTHER:

DATE TURNED IN TO OFFICE: 05/05/01

HESS Committee considered CS FOR HOUSE BILL NO. 113(HES) am
HEALTH CARE INSURANCE PAYMENTS

"An Act relating to health care insurance payments for hospital or medical services; and providing for an effective date."

and recommends:

- be replaced with SCS CS HB 113 (HES)
- 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#
DCED	3/7/01		x	1
Admin	4/10/01		x	3

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>Wm. A. Heman</i>	✓			
<i>Betty Davis</i>	✓			
<i>Cory Keel</i>	✓			
CHAIR: <i>Lyle Green</i>			✓	

PROMPT PAYMENT LAWS

* = contained in state Unfair Business Practice Act

State	Prompt Pay Law	"Clean Claim" Defined	Uniform Claim Form	Timeframe: Non-Electronic	Timeframe: Electronic	Notice/Timeframe for Incomplete/Contested Claim	Interest Incurred	Enforcement and Penalties	Other
Alabama	Yes Code of Ala. §27-1-19	No	No	25 working days after receipt	Same	Insurer must: 1) Notify within 2 weeks of receipt; 2) specify which items are in dispute; 3) pay undisputed portion within 30 days of receipt of claim	1.5% per month	--	Permits assignability of benefits
Alaska	No	--	--	--	--	--	--	--	--
Arizona	Yes A.R.S. § 20-3101	Yes	No	30 days after receipt, or as specified in contract	Same	Insurer must: 1) Send written request for additional information within 30 days of receipt; 2) specify reasons for delay in processing; 3) approve/deny claim within 30 days after receipt of additional info., or as specified in contract.	Legal rate	Insurers must provide semi-annually to director report of grievance resolutions. Director may examine insurers with significant numbers of unresolved grievances.	Specifically applies to third party intermediaries
Arkansas	No	--	--	--	--	--	--	--	--
California	Yes Cal Health & Saf Code § 1371	No	No	30 working days after receipt (45 days for HMOs)	Same	Plan must: 1) Notify within 30 days of receipt if contested/denied (45 days for HMOs); 2) pay undisputed portion of the claim; 3) identify portion of claim that is contested and reasons for contesting/denying; 4) pay within 30 days (45 for HMOs) after receipt of necessary info.	10% per annum	--	Defines a "reasonably contested" claim

State	Prompt Pay Law	"Clean Claim" Defined	Uniform Claim Form	Timeframe: Non-Electronic	Timeframe: Electronic	Notice/Timeframe for Incomplete/Contested Claim	Interest Incurred	Enforcement and Penalties	Other
Colorado	Yes CRS § 10-16-106.5	Yes	Yes	45 calendar days after receipt	30 calendar days after receipt	Carrier must: 1) Notify within 30 calendar days of receipt; 2) explain what info. is needed; 3) dispense of claim within 90 calendar days of initial receipt	10% per annum	3% of total claim if originally contested/incomplete claim not paid within 90 days of receipt; Ins. Commissioner may assess additional penalties	Retroactive denials allowed in certain cases; carrier may deny claim if info. requested is not received within 30 days of request
Connecticut *	Yes Conn. Gen. Stat. § 38a-816	No	No	45 days, or as stipulated by contract, after receipt	Same	--	15% per annum	Penalties assessed pursuant to Unfair Business Practice Act	--
Delaware *	Yes 18 Del. C. § 2304 et seq.	No	No	45 days after receipt	Same	Insurer must notify within 30 days of receipt if claim is denied	Maximum allowed by law	Insurance Commissioner may assess penalties under Unfair Business Practice Act	--
District of Columbia	No	--	--	--	--	--	--	--	--
Florida	Yes Fla. Stat. § 627.613	No	No	45 days after receipt	Same	Insurer must: 1) Notify within 45 days of receipt; 2) pay within 60 days of receipt of necessary information; 3) pay/deny all claims within 120 days of receipt	10% per annum	--	Permits retroactive denials if insurer finds that provider improperly billed patient

State	Prompt Pay Law	"Clean Claim" Defined	Uniform Claim Form	Timeframe: Non-Electronic	Timeframe: Electronic	Notice/Timeframe for Incomplete/Contested Claim	Interest Incurred	Enforcement and Penalties	Other
Georgia	Yes O.C.G.A. §§ 33-20A 6; 33-24-59.5	No	No	15 working days of receipt	Same	Insurer must: 1) Notify within 15 days of receipt; 2) state reasons for failure to pay; 3) itemize documents needed to process; 4) pay undisputed part of claim; 5) pay/deny claim within 15 working days of receiving necessary info.	18% per annum	Penalties may be assessed under general insurance laws	Insurance Commissioner requires all insurers to file data on the speed of claims handling with their quarterly reports
Hawaii	Yes HRS §§ 431:13-108; 431:13-201	No	No	30 days after receipt	15 days after receipt	Insurer must: 1) Notify within 15 days (7 days for electronic); 2) identify contested portion and reason for contesting/ denying claim and may request additional information; 3) pay within 30 days (7 days for electronic) after receiving information	15% per annum; may be suspended by Insurance Commissioner in certain cases	In determining gravity of penalty, Insurance Commissioner may consider relevant factors bearing upon violation.	--
Idaho	No	--	--	--	--	--	--	--	--
Illinois	Yes 215 ILCS 5/356y	No	No	30 days after receipt	Same	Insurer must notify of any known failure to provide sufficient documentation within 30 days after receipt	9% per year; must be paid within 30 days of the claim payment	Insurance Dept. may enforce the act pursuant to its general enforcement powers	--
Indiana	No	--	--	--	--	--	--	--	--
Iowa	No	--	--	--	--	--	--	--	--
Kansas	No	--	--	--	--	--	--	--	--
Kentucky	No	--	--	--	--	--	--	--	--

State	Prompt Pay Law	"Clean Claim" Defined	Uniform Claim Form	Timeframe: Non-Electronic	Timeframe: Electronic	Notice/Timeframe for Incomplete/Contested Claim	Interest Incurred	Enforcement and Penalties	Other
Louisiana	Yes R.S. 22:250:31 et seq.	No	Yes	45 days after receipt, if submitted within 45 days of the date of service; 60 days after receipt if submitted after 45 days	25 days after a correctly completed uniform claim form is transmitted	Non-electronic: Insurer must review claim within a reasonable time of receipt; if incomplete, notice must be given within 3 business days (2 business days for electronically submitted claims) of review	12% per annum	Monetary penalties, suspension/revocation of cert. of authority	
Maine	Yes 24-A M.R.S. § 2436	No	No	30 days after receipt and ascertainment of the loss is made	Same	Insurer must: 1) Notify claimant within 30 days of receipt that additional info. is required; 2) pay within 30 days of receipt of such information	18% per annum	Reasonable attorney fees paid by insurer if overdue benefits are recovered in an action against insurer or if overdue benefits are paid after receipt of notice of the attorney's representation	
Maryland	Yes Md. Ins. Code § 15-1005; Md. Health Code § 15-102.3	No	No	30 days after receipt	Same	Insurer must: 1) Send notice of refusal to reimburse within 2 weeks of receipt; 2) include reason for refusal/ what info. is necessary; 3) reimburse within 30 days after receipt of necessary documentation	1.5% for 31 st through 60 th day; 2% from 61 st through 120 th day; 2.5% after 120 th day	--	Insurer may retroactively deny reimbursement up to 6 months after claim payment is made
Massachusetts	No	--	--	--	--	--	--	--	--

Advocacy Resource Center
April 2000

State	Prompt Pay Law	"Clean Claim" Defined	Uniform Claim Form	Timeframe: Non-Electronic	Timeframe: Electronic	Notice/Timeframe for Incomplete/Contested Claim	Interest Incurred	Enforcement and Penalties	Other
Michigan	Yes MSA § 24.12006	No	No	30 days after receipt	Same	Insurer must: 1) Specify materials constituting satisfactory proof of loss within 30 days after receipt; 2) pay supported portion of claim within 60 days after receipt; 3) pay remainder of claim within 60 days of receipt of information	12% per annum	--	--
Minnesota	Yes 2000 S/D 2767 (eff. 1/1/01)	Yes	No	30 days after receipt	Same	--	1.5% per month	Commissioner may not assess a financial administrative penalty against a plan for violation of the law	Plan must itemize interest payments made separately from other payments; plan may require provider to bill plan or TPA for interest
Mississippi	Yes Miss. Code Ann. § 83-9-5	No	No	45 days after receipt	Same	Payment is overdue if not made within 45 days after necessary information is received; if necessary information is not supplied for the entire claim, the amount supported by reasonable proof is overdue if not paid within 45 days of receipt of such proof	18% per annum	Person entitled to benefits may bring action to recover benefits, interest and any other damages allowable by law	--
Missouri	Yes § 376.383 R.S. Mo	No	No	45 days after receipt	Same	Insurer must: 1) Send notice of refusal to pay and include reason for refusal or state that more info. is necessary; 2) pay or deny within 10 days after additional info. is received	12% per annum	--	--

State	Prompt Pay Law	"Clean Claim" Defined	Uniform Claim Form	Timeframe: Non-Electronic	Timeframe: Electronic	Notice/Timeframe for Incomplete/Contested Claim	Interest Incurred	Enforcement and Penalties	Other
Montana *	Yes Mont. Code Ann. § 33-18-32.	No	No	30 days after receipt of a proof of loss	Same	Insurer must pay or notify the insured or assignee of the reasons for failure to pay in full and/or request additional information within 30 days. If the insurer fails to do this, the insured/assignee may report the delay to the Commissioner of Insurance. The Commissioner may investigate to determine if the insurer has failed to pay without good reason, and whether the delay is a general course of business practice.	Upon a determination that a delay is a general course of business practice and for a year thereafter, claims not paid within 30 days without good reason will incur interest at 18% per annum	--	--
Nebraska	No	--	--	--	--	--	--	--	--
Nevada	Yes NRS 683A	No	No	30 days of approval of claim (must be approved within 30 days of receipt)	Same	If additional info. is needed, insurer must notify within 20 days; approve/deny within 30 days after receiving additional info.	Rate of interest established pursuant to law	--	--
New Hampshire	No	--	--	--	--	--	--	--	--
New Jersey	Yes N.J. Stat. § 17B:27-44.2	No	Yes	40 calendar days after receipt	30 calendar days after receipt or time allowed under medicare, whichever is shorter	Insurer must: 1) Notify within 30 days of reason for denial, what info. is needed to process; 2) pay undisputed portion of claim; 3) pay within 40 days (30 for electronic) of receipt of necessary info.	10% per annum	TPA must demonstrate that it will comply with the law, as condition of continued authorization to do business	Payers must maintain claims information that is audited and submit annually to Commissioner, Governor and Legislature; Commissioner may act further if info. warrants

Advocacy Resource Center
April 2000

State	Prompt Pay Law	"Clean Claim" Defined	Uniform Claim Form	Timeframe: Non-Electronic	Timeframe: Electronic	Notice/Timeframe for Complete/Contested Claim	Interest Incurred	Enforcement and Penalties	Other
New Mexico	Yes SB 164 (2000)	Yes	Yes	45 days after receipt	30 days after receipt	If plan is unable to determine liability for or refuses to pay a claim within specified timeframes, the plan must make a good faith effort to notify the participating provider within 30 days (45 for manual submission) of reasons for denial or specific information required to determine liability	18% per annum	--	Prohibits contractual hold harmless agreements
New York	Yes	No	Yes	45 days after receipt	Same	--	12% per annum or the rate set by the tax commissioner for corporate taxes	--	--
North Carolina	Yes N.C. Gen. Stat. § 58-3-100	No	No	30 days to acknowledge claim, but only if it contains sufficient info. for the insurer to identify the specific coverage involved	--	--	--	Commissioner may invoke civil penalty for violation	--
North Dakota	No	--	--	--	--	--	--	--	--

State	Prompt Pay Law	"Clean Claim" Defined	Uniform Claim Form	Timeframe: Non-Electronic	Timeframe: Electronic	Notice/Timeframe for Incomplete/Contested Claim	Interest Incurred	Enforcement and Penalties	Other
Ohio	Yes ORC Ann § 3901.38	No	No	24 days of a completed claim form, or as specified in contract	Same	--	As agreed to by the parties, or as specified in statute	Aggrieved party may file written complaint; Superior/county court may issue cease and desist order and may require penalties as specified by law	--
Oklahoma *	Yes 36 Okl. St. § 1219	No	No	30 days after receipt to notify policyholder of the cause for delay in payment; 60 days to pay before interest is incurred	Same	--	T-Bill rate plus 2%	--	--
Oregon	No	--	--	--	--	--	--	--	--
Pennsylvania	Yes 40 P.S. §§ 991.2101, 991.2166	Yes	No	45 days after receipt	Same	--	10% per annum	--	--
Rhode Island	No	--	--	--	--	--	--	--	--
South Carolina	No	--	--	--	--	--	--	--	--
South Dakota	No	--	--	--	--	--	--	--	--

State	Prompt Pay Law	"Clean Claim" Defined	Uniform Claim Form	Timeframe: Non-Electronic	Timeframe: Electronic	Notice/Timeframe for Incomplete/Contested Claim	Interest Incurred	Enforcement and Penalties	Other
Tennessee	Yes (TennCare HMOs) Tenn. Code Ann. § 56-32-226	No	No	90% of claims must be paid within 30 days of receipt; 99.5% must be processed within 60 days of receipt	Same	HMO must notify provider that claim has been denied and specify reasons; provider has 60 days to request reconsideration and must submit additional documentation, if necessary, within 60 days; if HMO doesn't respond within 60 days, provider may request that denial be independently reviewed	--	Provider may pursue contractual and legal action if he does not request independent review	--
Texas	Yes Tex. Stat. Ann. Art. 20A.15a	Yes	No	45 days after receipt	Same (21 days for submission of prescription benefit claim)	Insurer must: 1) pay the total amount of the claim; 2) pay the portion of the claim not in dispute and notify the physician why the remaining portion is in dispute; or 3) notify the physician why the claim will not be paid., within 45 days of receipt	18% per annum	Penalties of up to \$1000 per day	Attorney's fees may be recovered
Utah *	Yes R590-89-7	No	No	30 days after receipt	Same	--	--	Penalties may be imposed under general unfair business practices act	--
Vermont	Yes 18 VSA § 9418	No	No	45 days after receipt	Same	Insurer must: 1) Notify claimant that claim is contested or denied; 2) include specific reasons and describe information necessary to process; 3) pay within 45 days after receipt of information	12% per annum (may be suspended by Commissioner in certain cases)	Commissioner may impose penalty, not to exceed \$500 per violation, if a pattern of denial is established	--

Advocacy Resource Center
April 2000

Virginia	Yes Va. Code Ann. § 38.2- 3407.15	Yes	No	40 days after receipt	Same	Carrier has 30 days after receipt to request info. and documentation necessary to process or determine if claim is clean	As established by law	Penalties under unfair trade practice law	Retractive denials permitted, with restrictions
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State	Prompt Pay Law	"Clean Claim" Defined	Uniform Claim Form	Timeframe: Non-Electronic	Timeframe: Electronic	Notice/Timeframe for Incomplete/ Contested Claim	Interest Incurred	Enforcement and Penalties	Other
Washington	Yes (reg.) WAC § 284- 43-321	Yes	No	95% of the monthly volume of clean claims must be paid within 30 days of receipt; 95% of the monthly volume of all claims must be paid or denied within 60 days of receipt	Same	Denial must include specific reason why the claim was denied. In cases of denials based on medical necessity, the carrier must disclose the basis for the decision.	12% per annum; interest must be added to the amount of the unpaid claim	--	--
West Virginia	No	--	--	--	--	--	--	--	--
Wisconsin	Yes Wis. Stat. § 628.46	No	No	30 days after receipt	Same	Insurer must pay any partial amount supported by written notice of claim	12% per annum	--	--
Wyoming	Yes Wyo. Stat. § 26-15-124	No	No	45 days after receipt of proof of loss and supporting evidence	Same	Exceptions to the 45 day rule shall be made if there is any question as to the validity or amount of the claim.	10 % per year	Attorney fees may be awarded	--

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Advocacy Resource Center
April 2000

**ALASKA
PULMONARY
CLINIC, LLC**

Suite C-402
2741 DeBarr Rd
Anchorage, AK 99508
(907) 274- LUNG (5864)
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February 28, 2001

Representative Joe Green
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

Re: HB 113 – The Alaska Prompt Pay Bill

Dear Representative Green:

I am a private practice physician specializing in Internal Medicine and Lung disease. I practice at Alaska Regional and Providence Hospital, as well as being on the consulting staff at Seward, Soldotna, Juneau and Wrangell Hospitals. I am writing to ask for your support of HB 113 for the following reasons:

- 1) Delayed, inaccurate and denied 3rd party payor claims payments have been an on-going problem for my practice for many years.
- 2) Delayed and inaccurate claims payments have resulted in my having to hire additional office staff just to handle and monitor the increased paper work
- 3) This increased cost of overhead (to cope with insurance company delays) has to be passed on to other "consumers"

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February 28, 2001

- 4) Currently 3rd party payors have little incentive to streamline their claims reimbursement process since it is in their benefit to retain the money as long as possible. HB 113's interest penalties should help motivate them to expedite the process. This will ultimately reduce the cost burden to Alaska's medical consumers.

Thank you for your assistance.

Sincerely yours,

George L Stewart, MD



Dwight M. Ellerbe, MD

Facial Plastic & Reconstructive Surgery
Pediatric and Adult Otolaryngology

Diplomate:
American Board of Facial Plastic
and Reconstructive Surgery

American Board of
Otolaryngology/Head and Neck
Surgery

American Board of Pediatrics

February 28, 2001

Representative Joe Green
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

Re: HB113-The Alaska Prompt Pay Bill

Dear Representative Green:

I am a private practice physician specializing in ENT. I practice in Anchorage, Alaska at Providence Medical Center and Alaska Regional Hospital. I am writing to ask for your support of HB113 for the following reasons:

1. Delayed, inaccurate and denied 3rd party payor claims payments have been an ongoing problem for my practice for years.
2. Delayed claims by payors can run as much as 6 months behind with tactics like "incorrect code," or "you unbundled this code," and my favorite "we lost your claim, you'll have to start over." I employ a certified medical coder as my office manager, and have also attended numerous coding courses myself. Our actual error rate on insurance coding is very near zero. Our experience has been that the insurance companies make frequent errors, but we pay the price in delayed payments.
3. Nearly every bill that I receive from the vendors who serve me give me a grace period of 30 days before charging interest. I'm sure you find the same to be true in your business and home affairs. I feel I should be treated similarly when I submit bills for payment.
4. Insurance companies are not known for giving their customers (our patients) the option of delaying payment or "loosing" statements without applying penalties or threatening to drop coverage.
5. The inaccuracy and delayed payment of claims have resulted in my having to hire additional office staff just to handle and monitor the increased paperwork.

2841 DeBarr Road, Suite 43 ♦ Anchorage, Alaska 99508
907-279-8800 Fax 907-279-8810

6. The additional staff has to be paid for by someone, and unfortunately, patients in the state of Alaska are currently shouldering this burden in the form of higher medical costs.
7. Currently 3rd party payors have little incentive to streamline their claims reimbursement procedures, and HB113's interest penalties should help motivate them to expedite the process and ultimately reduce costs to Alaska's medical consumers.
8. Our letters of appeal go unanswered for extended periods of time, and many are returned with requests for information that we have already provided them. We know what documentation is usually required or requested, and make sure we submit it with the initial bill.

Sincerely,



Dwight M. Ellerbe, MD

Cc: Alaska State Medical Association
Alaska Physicians & Surgeons



"Promot Thorough Concerned"

Diplomates American Board of Family Practice

2211 EAST NORTHERN LIGHTS BOULEVARD, ANCHORAGE ALASKA 99508

F. LELAND JONES M.D.
KENNETH S. LAUFER M.D.
R. MATISON WHITE, JR., M.D.
RICHARD R. TAYLOR, JR., M.D.
CHARLES L. AARONS M.D.

GLENN J. SCHULTES M.D.
GARY I. CHILD, D.O.
TIMOTHY COALWELL, M.D.
MARIO A. LANZA, M.D.
MICHELE A. CHASE, M.D.
DARREN B. LEWIS, M.D.

March 1, 2001

Representative Joe Green
State of Alaska
House of Representative
State Capitol
Juneau, AK 99801-1182

RE: HB 113 - The Alaska Prompt Pay Bill

Dear Representative Green:

I am a private practice physician specializing in Family Practice. I practice in Anchorage, AK with privileges at both ARH and PAMC. I am writing to ask for your support of HB113 for the following reasons:

- 1) Delayed, inaccurate and denied 3rd party payor claims payments, has been an on-going problem for my practice for years.
- 2) Delayed and inaccurate claims payments have resulted in my having to hire additional office staff just to handle and monitor the increased paper work.
- 3) The additional staff has to be paid for by someone and, unfortunately, patients in the State of Alaska are currently shouldering this burden in the form of higher medical costs.
- 4) Currently 3rd party payors have little incentive to streamline their claims reimbursement procedures. HB 113's interest penalties should help motivate them to expedite the process and ultimately reduce costs to Alaska's medical consumers.

Sincerely,


Charles Aarons, MD

February 27, 2001

Representative Joe Green
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

Re: HB113 - The Alaska Prompt Pay Bill

Dear Representative Green:

I am a private practice physician specializing in ophthalmology practice in Anchorage, AK at Providence hospital. I am writing to ask for your support of HB113 for the following reasons:

- 1.) Delayed, inaccurate and denied 3rd party payor claims payments, has been an on-going problem for my practice for years.
- 2.) Delayed and inaccurate claims payments have resulted in my having to hire additional office staff just to handle and monitor the increased paper work.
- 3.) The additional staff has to be paid for by someone, and unfortunately, patients in the state of Alaska are currently shouldering this burden in the form of higher medical costs.
- 4.) Currently 3rd party payors have little incentive to streamline their claims reimbursement procedures, and HB113's interest penalties should help motivate them to expedite the process and ultimately reduce costs to Alaska's medical consumers.

Sincerely,

Edward H. Hagan, MD

Mark E. Richey, M.D., P.C.

Obstetrics, Gynecology & Infertility

February 28, 2001

Representative Joe Green
State of Alaska
House of Representatives
State Capitol
Juneau, Alaska
99801-1182

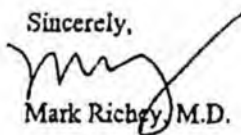
RE: HB113- The Alaska Prompt Pay Bill

Dear Representative Green:

I am a private practice physician specializing in Obstetrics and Gynecology. I practice in Anchorage, Alaska at both Providence and Alaska Regional Hospitals. I am writing to ask for your support of HB113 for the following reasons:

1. Delayed, inaccurate, and denied third party payor claims payments have been an ongoing problem in my practice for years.
2. Delayed and inaccurate claims payments have resulted in my having to hire additional office staff just to handle and monitor the increased paperwork.
3. The additional staff has to be paid for by someone, and, unfortunately, patients in the state of Alaska are currently shouldering this burden in the form of higher medical costs.
4. Currently, third party payors have little incentive to streamline their claims reimbursement procedures, and HB113's interest penalties should help motivate them to expedite the process and ultimately reduce costs to Alaska's medical consumers.


Sincerely,


Mark Richey, M.D.

1200 Airport Heights, Suite 205
Anchorage, Alaska 99508



Phone 1-(907) 272-4443
Fax 1-(907) 272-2262



3200 Providence Drive
P.O. Box 196504
Anchorage, Alaska
99519 5604

1e 907.562.2211

February 28, 2001

Rep. Joe Green
Alaska State Capitol
Juneau, AK 99801-1182

FAX: (907) 465-4316

Dear Representative Green,

On behalf of the Providence Health System in Alaska, I am writing this letter to urge your support of House Bill 113, relating to health care insurance payments for hospital or medical services, and to ask you to review one section of this bill for clarification.

This proposal would ultimately ensure health organizations, such as ourselves, receive timely payment from insurance carriers and we truly support the spirit behind this effort.

However, we would like clarification of one statement within this legislation prior to its advancement through committee. We feel the paragraph in Section 1 (e) where it states: "*The policy may not contain a provision requiring that services be provided by a particular hospital or person, except as applicable to a health maintenance organization under AS 21.86*" needs further explanation to ensure it does not affect organizations that have preferred provider agreements with insurance carriers.

We thank you for your commitment to ensuring Alaskans receive the highest quality of medical care available. Your support of legislation that helps the medical community directly positively impacts the healthcare of all Alaskans.

If you have any questions or comments, please feel free to call me at (907) 261-3055 or Jerome Selby, Regional Director of Planning and Development and Government Relations, at (907) 261-3134.

Sincerely,



Doug Bruce
Chief Executive Officer
Providence Health System in Alaska

CC: Gene O'Hara
Rebecca Parker



Fairbanks Clinic

Quality Care Since 1932

February 23, 2001

SENT VIA FAX 907-561-2063 (Jim Jordan)

Representative Joe Green
House of Representatives
State Capitol, Room 403
Juneau, AK 99801-1182

Dear Representative Green:

Dr. Lawrason asked me to provide you with the following information:

As a rule it takes 40-60 days before we receive payments from insurance companies—I feel it is a trend! For example, if several charges are billed on the same form the smaller ones are paid very quickly whereas the larger amounts are being set aside, often with no explanation for the delay. They often engage/hire a third party to negotiate a lesser amount with us. There are several weeks of phone calls back and forth and/or checking of any preexisting status even though we had obtained prior authorization. The slowdown in payments commonly worsens when their insurance companies' fiscal year is at an end—then different delay tactics are used.

Please feel free to contact me for any further information. You may reach me on my direct line at (907) 451-4200.

I applaud your efforts to give us "a cloud" to speed up the time of reimbursement for our services.

Sincerely,

Dita De Boer
Clinic Manager



Alaska Ear Nose & Throat, Inc.

William R. Fell, MD
Jerome List, DDS, MD
Deborah Kiley, ANP

Tel: (907) 261-3096
Fax: (907) 261-3094

February 23, 2001

Representative Joe Green
House of Representatives
State Capitol Room 403
Juneau, Alaska 99801-1182

Dear Representative Green:

This letter is written in an effort to describe the on-going difficulties that our office is experiencing in prompt payment of claims for services rendered by our physicians. This time consuming problem requires a full-time employee to provide follow-up of claims filed with insurance companies for our two physicians and part-time nurse practitioner.

Of particular concern are claims for surgical procedures. 80% of all claims over \$3000.00 are not paid according to provisions of Alaska State Statute 3 AAC 26.070, which requires payment or written notice of denial "within 15 working days after receipt of properly executed claim". Costly claims are routinely "pending for further information" without request for this information in a timely manner.

Our office responds the same day to an insurance request for further information, and our requests for acknowledgment of receipt of this information are consistently ignored. It is not unusual that a request for "additional documentation" is responded to several times, with the insurance company stating that they "never received the material". This seems to be a consistent response whether the documents are sent by fax or U.S. Mail.

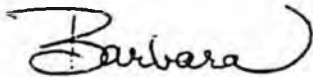
Another concerning problem is the practice of some insurance companies to employ the services of an "independent business" to negotiate fees. These companies contact our office by telephone or fax, and request a reduction in the fee for services, in return for "prompt payment" usually stating a check will be sent "within 24 hours". Additionally, they request that there be no "balance billing" to the patient, including exclusion of the patient's co-pay. I find this practice to be a form of extortion, and I know from experience, that when this offer is denied, payment is further delayed.

3340 Providence Drive, Suite 357 • Anchorage, Alaska 99508

I am hoping that some sort of legislation will take place to hold insurance companies responsible for prompt payment of what they term "clean claims". At the very least, interest should be paid on claims held over 30 days.

Please feel free to contact me should you have any questions or if you would like any further information.

Respectfully,

A handwritten signature in cursive script that reads "Barbara".

Barbara Starr
Office Manager

February 27, 2001

Representative Joe Green
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

Re: HB113 - The Alaska Prompt Pay Bill

Dear Representative Green:

I am a private practice physician specializing in PEDIATRIC EYE. I practice in Anchorage, AK at ProV/ARW hospital. I am writing to ask for your support of HB113 for the following reasons:

- 1.) Delayed, inaccurate and denied 3rd party payor claims payments, has been an on-going problem for my practice for years.
- 2.) Delayed and inaccurate claims payments have resulted in my having to hire additional office staff just to handle and monitor the increased paper work.
- 3.) The additional staff has to be paid for by someone, and unfortunately, patients in the state of Alaska are currently shouldering this burden in the form of higher medical costs.
- 4.) Currently 3rd party payors have little incentive to streamline their claims reimbursement procedures, and HB113's interest penalties should help motivate them to expedite the process and ultimately reduce costs to Alaska's medical consumers.

Sincerely,

Robert W. Smith, MD

February 27, 2001

Representative Joe Green
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

Re: HB113 – The Alaska Prompt Pay Bill

Dear Representative Green:

I am a private practice physician specializing in Ophthalmology. I practice in Anchorage, AK at Providence hospital. I am writing to ask for your support of HB113 for the following reasons:

These are all very real problems.
BS

- 1.) Delayed, inaccurate and denied 3rd party payor claims payments, has been an on-going problem for my practice for years.
- 2.) Delayed and inaccurate claims payments have resulted in my having to hire additional office staff just to handle and monitor the increased paper work.
- 3.) The additional staff has to be paid for by someone, and unfortunately, patients in the state of Alaska are currently shouldering this burden in the form of higher medical costs.
- 4.) Currently 3rd party payors have little incentive to streamline their claims reimbursement procedures, and HB113's interest penalties should help motivate them to expedite the process and ultimately reduce costs to Alaska's medical consumers.

Sincerely,

Griff Steiner, MD


MD



Women's Care of Alaska

A Professional Corporation

OBSTETRICS AND GYNECOLOGY

Wynd Counts, M.D.

February 28, 2001

Representative Joe Green
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

RE: HB 113 – The Alaska Prompt Pay Bill

Dear Representative Green:

I am a private practice physician specializing in OB/GYN. I practice in Anchorage, Alaska at both Alaska Regional Hospital and Providence Medical Center. I am writing to ask for your support of HB 113 for the following reasons:

- Delayed, inaccurate and denied 3rd party payor claims payments, has been an on-going problem for my practice for years.
- Delayed and inaccurate claims payments have resulted in my having to hire additional office staff just to handle and monitor the increased paperwork.
- The addition staff has to be paid for by someone, and unfortunately, patients in the state of Alaska are currently shouldering this burden in the form of higher medical costs.
- Currently 3rd party payors have little incentive to streamline their claims reimbursement procedures, and HB 113's interest penalties should help motivate them to expedite the process and ultimately reduce costs to Alaska's medical consumers.

Sincerely,

Wynd Counts, M.D.

Action Memo

Date: Tuesday, February 27, 2001
To: Alaska Physicians & Surgeons Members
From: Michael Haugen
Re: HB113 Prompt Pay Bill

Dear APS Member:

The Alaska Prompt Pay Bill HB113 is currently before the House Labor & Commerce Committee. HB113 will force 3rd party payors to pay "clean claims" within 20 business days, or face possible interest penalties. Attached is a form letter of support addressed to the representative in your district who currently sits on the Labor & Commerce Committee.

Faxing the support letter to your representative will let him know that the physician community is paying attention, and should help keep the momentum building in support of the bill.

To fax your support letter to Representative Joe Green call the following number:
907- 465-4316.

Sincerely,
Michael Haugen
Executive Director

CONFIDENTIAL

February 27, 2001

Representative Joe Green
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

Re: HB113 - The Alaska Prompt Pay Bill

Dear Representative Green:

I am a private practice physician specializing in Ophthalmology. I practice in Anchorage, AK at Providence hospital. I am writing to ask for your support of HB113 for the following reasons:

- 1.) Delayed, inaccurate and denied 3rd party payor claims payments, has been an on-going problem for my practice for years.
- 2.) Delayed and inaccurate claims payments have resulted in my having to hire additional office staff just to handle and monitor the increased paper work.
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- 4.) Currently 3rd party payors have little incentive to streamline their claims reimbursement procedures, and HB113's interest penalties should help motivate them to expedite the process and ultimately reduce costs to Alaska's medical consumers.

Sincerely,


_____, MD

February 27, 2001

Representative Joe Green
State of Alaska
House of Representatives
State Capitol
Juneau, AK 99801-1182

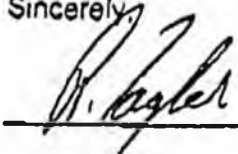
Re: HB113 - The Alaska Prompt Pay Bill

Dear Representative Green:

I am a private practice physician specializing in Family Practice practice in Anchorage, AK at Providence hospital. I am writing to ask for your support of HB113 for the following reasons:

- 1.) Delayed, inaccurate and denied 3rd party payor claims payments, has been an on-going problem for my practice for years.
- 2.) Delayed and inaccurate claims payments have resulted in my having to hire additional office staff just to handle and monitor the increased paper work.
- 3.) The additional staff has to be paid for by someone, and unfortunately, patients in the state of Alaska are currently shouldering this burden in the form of higher medical costs.
- 4.) Currently 3rd party payors have little incentive to streamline their claims reimbursement procedures, and HB113's interest penalties should help motivate them to expedite the process and ultimately reduce costs to Alaska's medical consumers.

Sincerely,


MD

Richard R. Taylor, M.D.
Medical Park Family Care
2211 E. Northern Lights Blvd.
Anchorage, AK 99508-4142
Ph 907-279-8486 / Fax. 907-279-3149

ALASKA STATE MEDICAL ASSOCIATION

4107 Laurel Street Anchorage, Alaska 99508 (907) 562-0304 (907) 561-2063 (fax)

March 20, 2001

Honorable Fred Dyson
Chairman House Education and Social Services Committee
House of Representatives
State Capitol, Room 104
Juneau, AK 99801-1182

RE: CS HB 113 (L&C)

Dear Representative Dyson,

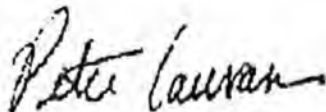
The Alaska State Medical Association (ASMA) represents Alaska's patients and the physicians who care for them.

Simply put, CS HB 113 establishes a parameter of 30 calendar days in which a health insurer must pay a "clean claim" or provide a description of any deficient items. If this doesn't happen, interest accrues on the unpaid amounts. This measure applies to all covered claims for hospital, nursing, medical, dental, and surgical services.

Obviously a key element to this bill is the definition of a "clean claim". The definition of a "clean claim" in AS 21.54.020 (1) (2), page 3 lines 23-25 is patterned after the Medicare definition. It is anticipated that regulations will be adopted that will identify those items on the industry standard claim form (HCFA 1500) that will need to be completed fully for a claim to be "clean". This standard is expected to be a national standard and is currently being developed via the promulgation process for adopting the HIPAA confidentiality for medical information standards. (Determination of the minimum amount of confidential medical information necessary for the payment of a health insurance claim is the key element.)

ASMA supports CS HB 113 (L&C) and urges you to support it as well. We feel it establishes realistic standards for prompt payment of health insurance claims in today's environment.

Sincerely,



BY: Peter Lawrason MD, President
FOR: Alaska State Medical Association

Alaska State Legislature

WHILE IN SESSION
CAPITOL BUILDING
JUNEAU, ALASKA 99801-1102
(907) 465-4931
1-800-870-4931
(907) 465-4316 FAX

INTERIM ADDRESS
716 WEST 4TH AVENUE
ANCHORAGE, ALASKA 99501
(907) 269-0123
(907) 269-0124 FAX



CHAIRMAN, LEGISLATIVE COUNCIL
VICE CHAIR, ECONOMIC DEVELOPMENT
TRADE & TOURISM
MEMBER, RESOURCES
MEMBER, ETHICS
MEMBER, MILITARY & VETERANS AFFAIRS

BUDGET SUBCOMMITTEES
ALASKA COURT SYSTEM
DEPT. OF CORRECTIONS
DEPT. OF LAW

Representative Joe Green

District 10

SPONSOR STATEMENT

HOUSE BILL 113

“An Act relating to health care insurance payments for hospital or medical services; and providing for an effective date.”

House Bill 113 builds upon a national trend to develop fair payment provisions that enable health insurance companies to make sound business decisions while ensuring that patients receive benefit payments in an appropriate time frame. This concept of "prompt pay" legislation has been successfully adopted and implemented by 39 states.

House Bill 113 requires health insurers to pay benefits within twenty working days of receiving a "clean claim" if the claim is submitted in a traditional paper method or ten working days if made electronically. If a payment is not made on time the insurer is charged interest on the outstanding claim. HB 113 also establishes a definition for "clean claim" that recognizes an insurance company's need to make payment decisions based upon complete and accurate information.

HB

114

**CS for HB 114 (JUD) Inhalant Abuse
By Representative Mary Kapsner**

SECTIONAL ANALYSIS

Sec.	Statute	Existing	Changes
1	AS 11.76.200 Criminal Law Miscellaneous Offenses Abuse of inhalants	None. New section added.	A person commits the offense of abuse of inhalants if the person smells or inhales any inhalant, other than alcoholic beverages, with the intent of causing intoxication. This section doesn't apply to the administration of a controlled substance, drug, or other substance in a medical context. A court may suspend the imposition of sentence, place the defendant on probation under AS 12.55.085 (Code of Criminal Procedure; Sentencing and Probation; Suspending imposition of sentence), and require the defendant to complete an inhalant abuse treatment program.
2	AS 47.10.019 Welfare, Social Services & Institutions Children in Need of Aid Children's Proceedings Limitations on determinations	The court can't find a minor to be a child in need of aid under this chapter solely on the basis that the child's family is poor, lacks adequate housing, or exhibits a lifestyle that is different from the standard of the community. This section may not be construed to prevent a court from finding that a child is in need of aid if the child has been subjected to conduct or conditions described in AS 47.10.011-47.10.015 (deals with abandonment, neglect, and physical harm).	Adds to the list that a child has been taken into protective custody and placed with a relative, another person willing to care for the minor, a shelter, a program, or a facility under AS 47.37.165 (see Sec. 4). Why is some of this stuff in there?
3	AS 47.12.030(b) Welfare, Social Services & Institutions Delinquent Minors Juvenile Delinquency Provisions inapplicable	List of offenses for which a minor may be charged as an adult.	Adds the offense of abuse of inhalants as described in Sec. 1 of this Act.
4	AS 47.37.165 Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Services for minors	None. New section added.	An officer can take a minor into custody who is not otherwise subject to arrest, detention, or protective custody if the officer has reasonable cause to believe the minor is under the influence of alcohol, inhalants, or drugs and subject to citation for violation of AS 04.16.050 (Alcoholic Beverages; Regulation of Sales and Distribution; Possession, control, or consumption by persons under the age of 21) or AS 11.76.200 (see Sec. 1). The minor must also be unwilling or unable to exercise judgement necessary to protect their health and safety. If an officer takes a minor into custody, they

**CS for HB 114 (JUD) Inhalant Abuse
By Representative Mary Kapsner**

SECTIONAL ANALYSIS

Sec.	Statute	Existing	Changes
			<p>must take the minor to their parent or guardian or to a relative, shelter, program, or facility suitable for the minor or use the procedures provided in AS 47.37.170 (Welfare, Social Services & Institutions; Uniform Alcoholism and Intoxication Treatment Act; Treatment and services for intoxicated persons and persons incapacitated by alcohol or drugs). An officer, relative, other person, or a representative of a shelter, program, or facility shall notify the minor's parent or guardian ASAP when the minor is not placed with the parent or guardian. when a minor has been placed and is required to be released from a treatment facility, they will be returned to their parent or guardian or a relative or another person willing to care for the minor. If no suitable person can be found, the department can be notified by the person or program caring for the minor.</p>
5	<p>AS 47.37.170(b) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Treatment and services for intoxicated persons and persons incapacitated by alcohol or drugs</p>	<p>Deals with procedures for people who appear to be incapacitated by alcohol or drugs.</p>	<p>Adds inhalants.</p>
6	<p>AS 47.37.170(d) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Treatment and services for intoxicated persons and persons incapacitated by alcohol or drugs</p>	<p>Deals with procedures for people who appear to be incapacitated by alcohol or drugs.</p>	<p>Adds inhalants.</p>
7	<p>AS 47.37.170(f) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Treatment and services for intoxicated persons and persons incapacitated by alcohol or drugs</p>	<p>Deals with procedures for people who appear to be incapacitated by alcohol or drugs.</p>	<p>Adds inhalants.</p>
8	<p>AS 47.37.170(g) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Treatment and services for intoxicated persons and persons incapacitated by alcohol or drugs</p>	<p>Deals with procedures for people who appear to be incapacitated by alcohol or drugs.</p>	<p>Adds inhalants.</p>
9	<p>AS 47.37.170(i) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act</p>	<p>Deals with procedures for people who appear to be incapacitated by alcohol or drugs.</p>	<p>Adds inhalants.</p>

**CS for HB 114 (JUD) Inhalant Abuse
By Representative Mary Kapsner**

SECTIONAL ANALYSIS

Sec.	Statute	Existing	Changes
	Treatment and services for intoxicated persons and persons incapacitated by alcohol or drugs		
10	AS 47.37.180(a) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Emergency commitment	Deals with when a person may be committed for emergency treatment, including being incapacitated by alcohol or drugs.	Adds inhalants
11	AS 47.37.190(a) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Involuntary commitment	List of who may petition the court for an involuntary commitment order for a person who is an alcoholic or drug abuser.	Adds inhalant abuser.
12	AS 47.37.205(a) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Procedure for recommitment following 30-day commitment	Outlines procedure for recommitting an alcoholic or drug abuser.	Adds inhalant abuser.
13	AS 47.37.235(c) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Limitations on liability; bad faith application a felony	Punishment for initiating an involuntary commitment petition without having good cause to believe that the person is an alcoholic or drug abuser.	Adds inhalant abuser.
14	AS 47.37.270(1) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Definitions	Definition for alcoholic or drug abuser.	Adds inhalant abuser. Defined as someone who demonstrates increased tolerance, suffers from withdrawal, has habitual lack of self-control concerning usage causing significant hazard to their health, and continues to use despite the consequences. Additionally, they use inhalants on more than an occasional basis, use of inhalants has damaged their health or is likely to, and use impairs their judgement so that they continue to use inhalants despite the consequences. How is B different from A except in the fact that is about inhalants only.
15	AS 47.37.270(10) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Definitions	Definition of hazardous volatile material or substance.	Inhalant added to this definition heading.
16	AS 47.37.270(11) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Definitions	Definition of incapacitated by alcohol or drugs.	Adds inhalants.
17	AS 47.37.270(14)	Definition of intoxicated person.	Adds use of inhalants to the definition.

**CS for HB 114 (JUD) Inhalant Abuse
By Representative Mary Kapsner**

SECTIONAL ANALYSIS

Sec.	Statute	Existing	Changes
	Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Definitions		

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSHB 114(HES)
 (H) Publish Date: 3/16/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
 Title: Relating to abuse of inhalants BRU: Juvenile Justice
 Component: Probation Services
 Sponsor: Representative Kapsner
 Requester: House HES Component Number: 2134

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	***	***	***	***	***	***

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

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

FUND SOURCE (Thousands of Dollars)

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

Estimate of any current year (FY2001) cost: 0.0

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

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

***The Division has been unable to obtain any estimates as to the number of juvenile inhalant abusers we might expect to see sentenced to periods of incarceration for violation of this offense. Without an understanding of the extent of the problem, there is no reasonable way to estimate the fiscal impact on the youth facility budgets throughout the state. Because of the possibility of significant neurological impairment associated with inhalant abuse, even a small number of these offenders may tax the resources of our youth facilities. The Division is submitting an indeterminate fiscal note to indicate we believe there would be a fiscal impact, but there are too many unknowns to be able to calculate what that impact might be.

Amending this bill to make inhalant abuse a violation rather than a misdemeanor would negate the concern for the fiscal impact this bill would have on youth detention center services.

Prepared by: George Buhite Phone 465-2212
 Division: Juvenile Justice Date/Time 2/15/01 4:23 PM
 Approved by: Elmer A. Lindstrom, Special Assistant Date 2/22/01 8:41 AM
 Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: CSHB 114(HES)
(H) Publish Date: 3/16/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
Title: An Act relating to abuse of inhalants BRU: Alcohol and Drug Abuse Svcs
Component: Alcohol and Drug Abuse Grants
Sponsor: Kapsner
Requester: House HESS Component Number: 1239

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	75.0	75.0				
Supplies						
Equipment						
Land & Structures						
Grants & Claims	289.0	289.0	289.0	289.0	289.0	289.0
Miscellaneous						
TOTAL OPERATING	364.0	364.0	289.0	289.0	289.0	289.0

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	364.0	364.0	289.0	289.0	289.0	289.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	364.0	364.0	289.0	289.0	289.0	289.0

Estimate of any current year (FY2001) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

If HB 114 is not amended it mandates treatment that is not available in many areas of the state. If not amended it is estimated that no more than 30 adults and 30 juveniles would be required to enter treatment and have their sentence suspended in any given year. In a survey of persons in substance abuse treatment in August 1998 they found that 175 (31%) of 550 clients had a history of use of inhalants. It is difficult to determine from this how many might be arrested and sent to treatment in a given year. We feel that the numbers above represent a reasonable estimate.

Based on this number we would estimate a cost of 212.0 a year in added treatment costs. This is based on using intensive outpatient level of care and mandating contact with the person for at least one year. On the next page is the calculation for this cost.

Prepared by: Ernest Turner, Director Phone 465-2071
Division: Alcoholism and Drug Abuse Date/Time 2/20/01 4:45pm
Approved by: Elmer A. Lindstrom, Special Assistant Date 2/22/01 8:37 AM
Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

ANALYSIS: (continued)

In addition, many programs would need specific training for providing this level of care to adult inhalant abusers. The estimated costs would be \$75.0 for FY02 and FY03 for training to bring someone with appropriate expertise in both adult and adolescent treatment to Alaska, provide training in several rural sites and cover costs of follow-up visits to reinforce training. This would also leave us with trained persons, a developed curriculum and allow for future training to be done by persons already trained in Alaska.

Phase I Intensive Outpatient 6 weeks	
Assessment	\$100
10 Hours intensive outpatient/week @\$45	\$2,700
Two written reports for courts	\$60
Total Phase I costs	\$2,860
Phase II Continuing Care 20/weeks	
1 group per week @\$20	\$400
Five care coordination of 30 min.	\$75
Five written reports for courts	\$150
Total Phase II costs	\$625
Phase III Extended Continuing Care 26 weeks	
1 group every 2 weeks @\$20	\$260
Six care coordination of 30 min.	\$90
Six written reports for courts	\$180
Total Phase III costs	\$530
Total 12 month costs including indirect costs @20% \$4,818	

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 3
 Bill Version: CSHB 114(JUD)
 (H) Publish Date: 4/20/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
 Title: "An Act relating to abuse of inhalants." BRU: Legal & Advocacy Service
 Component: Public Defender Agency

Sponsor: Representative Kapsner
 Requester: (H) Judiciary Component Number: 1631

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

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

FUND SOURCE (Thousands of Dollars)

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

Estimate of any current year (FY2001) cost: 0.0

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

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill is not expected to have any fiscal impact on the Public Defender Agency.

Prepared by: Barbara Brink, Director Phone 334-4414
 Division: Public Defender Agency Date/Time April 18, 2001
 Approved by: Jim Duncan, Commissioner Date 4/18/01
 Agency: Department of Administration

For distribution information, call the Governor's Legislative Office

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 4
 Bill Version: CSHB 114(JUD)
 (H) Publish Date: 4/20/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
 Title: Relating to abuse of inhalants BRU: Juvenile Justice
 Component: Probation Services
 Sponsor: Representative Kapsner
 Requester: House (JUD) Component Number: 2134

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

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

FUND SOURCE (Thousands of Dollars)

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

Estimate of any current year (FY2001) cost: 0.0

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

POSITIONS

Full-time						
Part-time						
Temporary						

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

This version of the bill makes inhalant abuse a violation rather than a misdemeanor and would result in a zero fiscal impact to the Division of Juvenile Justice.

Prepared by: George Buhite Phone 465-2212
 Division: Juvenile Justice Date/Time 4/18/01 9:53 AM
 Approved by: Elmer A. Lindstrom, Special Assistant Date 4/18/01 9:53 AM
 Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

FISCAL NOTE

**STATE OF ALASKA
2001 LEGISLATIVE SESSION**

Fiscal Note Number: 5
 Bill Version: CSHB 114(JUD)
 (H) Publish Date: 4/20/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
 Title: An act relating to abuse inhalants BRU: Alcohol & Drug Abuse Svcs
 Component: Alcohol/Drug Abuse Grants
 Sponsor: Rep. Kapsner
 Requester: House (JUD) Component Number: 1239

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	75.0	75.0				
Supplies						
Equipment						
Land & Structures						
Grants & Claims	289.0	289.0	289.0	289.0	289.0	289.0
Miscellaneous						
TOTAL OPERATING	364.0	364.0	289.0	289.0	289.0	289.0

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	364.0	364.0	289.0	289.0	289.0	289.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	364.0	364.0	289.0	289.0	289.0	289.0

Estimate of any current year (FY2001) cost: 0.0

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

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

CS HB 114(HES) mandates treatment for persons convicted of inhalant abuse and that is not available in many areas of the state. ADA estimates that no more than 30 adults and 30 juveniles would be required to enter treatment and have their sentence suspended in any given year. In a survey of persons in substance abuse treatment in August 1998 they found that 175 (31%) of 550 clients had a history of use of inhalants. It is difficult to determine from this how many might be arrested and sent to treatment in a given year. We feel that the numbers above represent a reasonable estimate.

Based on this number we would estimate a cost of 289.0 a year in added treatment costs. This is based on using intensive outpatient level of care and mandating contact with the person for at least one year. On the next page is the calculation for this cost.

Prepared by: Ernest J. Turner, Director Phone (907) 465-2071
 Division: Alcoholism and Drug Abuse Date/Time 4/18/01 9:57 AM
 Approved by: Elmer A. Lindstrom, Special Assistant Date _____
 Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

ANALYSIS: (continued)

Contractual Line 300 -

In addition, many programs would need specific training for providing this level of care to adult inhalant abusers. The estimated costs would be \$75.0 for training/year for a two year period to bring someone with appropriate expertise in both adult and adolescent treatment to Alaska, provide training in several rural sites and cover costs of follow-up visits to reinforce training. This would also leave us with trained persons, a developed curriculum and allow for future training to be done by persons already trained in Alaska.

Grants Line 700 -

Phase I Intensive Outpatient 6 weeks

Assessment	\$100
10 Hours intensive outpatient/week @\$45	\$2,700
Two written reports for courts	\$60
Total Phase I costs	\$2,860

Phase II Continuing Care 20/weeks

1 group per week @\$20	\$400
Five care coordination of 30 min.	\$75
Five written reports for courts	\$150
Total Phase II costs	\$625

Phase III Extended Continuing Care 26 weeks

1 group every 2 weeks @\$20	\$260
Six care coordination of 30 min.	\$90
Six written reports for courts	\$180
Total Phase III costs	\$530

Total 12 month costs including indirect costs @20% \$4,818/person

HB114

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Bill would make inhalant abuse a crime

By CATHY BROWN Associated Press Writer

JUNEAU--Rep. Mary Kapsner wants to make inhalant abuse a crime punishable by treatment.

Kapsner, D-Bethel, is sponsoring a bill that would make inhalant abuse a misdemeanor and require courts to put offenders on probation and have them get treatment.

The bill also lets law enforcement officers or emergency medical workers take someone who's high on inhalants into protective custody until the drug wears off.

A relative, doctor or treatment center administrator could also petition a judge to put a person incapacitated by inhalant abuse into treatment for 30 days without the addict's consent. The administrator could petition to extend that commitment to 180 days.

Inhalant abuse can kill users or cause lasting physical harm, including brain damage, Kapsner said at a news conference Tuesday on the bill.

"The goal of this bill is to get assessment and treatment for abusers of inhalants," Kapsner said. The problem is widespread in Alaska, she said.

"We have villages that have very alarming rates," Kapsner said. In one village, she said, there were reports that up to 90 percent of fifth and sixth graders were "huffing."

She appeared at the news conference with representatives from the nonprofit Yukon-Kuskokwim Health Corp., which is scheduled to open Alaska's only inhalant abuse treatment center in August in Bethel. Federal funding paid for the center.

Inhalant abusers need specialized treatment because inhalants affect the body differently than other drugs, said Jim Henkelman, statewide outreach coordinator for the corporation's inhalant intervention project. Treatment

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needs to address behavioral problems caused by the drugs' physical damage, such as impulsiveness and impaired judgment, he said.

Many of those caught under the bill would not need long-term treatment, said Sandra Mironov, behavioral health administrator for the health corporation. Some might just need education. An assessment would determine how long they'd been using and how severe their problem is, she said.

Children abuse inhalants in urban and rural areas, Henkelman said. But the problem is more pronounced in rural areas because urban young people have greater access to marijuana and alcohol.

More than 1,400 substances can be intoxicating if inhaled, including gasoline, glue and hairspray, Henkelman said.

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HB 114

Unofficial results showed LeDoux leading with 1,114 votes over Heinrichs' 439 and McFarland's 376, according to the borough clerk's office.

LeDoux replaces Gary Stevens, who defeated her in the race for state House.

Absentee and questioned ballots are to be counted by next week. The Borough Assembly will certify the election Thursday and the new mayor is to be sworn in March 5.

LeDoux will finish the rest of Stevens' term. He would have faced re-election in October.

-- The Associated Press

Juneau

House passes bill protecting voters from workers' mistakes

The state House has passed a bill that would protect voters from some election workers' mistakes.

The bill allows absentee or questioned ballots to be counted even if they don't have the required signatures from an election worker.

Rep. John Coghill, R-North Pole, introduced House Bill 109 after hearing from a voter in his district who cast a questioned ballot in November and later learned it didn't count because an election worker forgot to sign the ballot envelope. Coghill said voters shouldn't be penalized if they've done everything right.

"It's a pretty tough thing to get an envelope back in the mail saying, 'Your vote didn't count because an election official made a mistake,'" Coghill said.

Rep. John Davies, D-Fairbanks, said he initially hesitated to support the bill because of concerns it could open the door to election fraud, but changed his mind after spending an hour talking with Division of Elections officials about other safeguards against fraud.

"I'm satisfied they have enough checks and balances in the system," Davies said.

Out of almost 51,000 absentee and 22,000 questioned ballots cast in November, three were disqualified because an election official's signature was missing, according to the state Division of Elections.

The bill passed the House on Wednesday 38-0. It now goes to the Senate.

-- The Associated Press

JUNEAU

Rural lawmaker wants to get tough on 'huffing'

State Rep. Mary Kapsner wants to make inhalant abuse a crime punishable by treatment.

Kapsner, D-Bethel, is sponsoring a bill that would make inhalant abuse a misdemeanor and require courts

to put offenders on probation and have them get treatment.

The bill also would let law enforcement officers or emergency medical workers take someone who's high on inhalants into protective custody until the drug wears off.

A relative, doctor or treatment center administrator could also petition a judge to put a person incapacitated by inhalant abuse into treatment for 30 days without the person's consent. The administrator could petition to extend that commitment to 180 days.

Inhalant abuse can kill users or cause lasting physical harm, including brain damage, Kapsner said at a news conference Tuesday.

"The goal of this bill is to get assessment and treatment for abusers of inhalants," Kapsner said. The problem is widespread in Alaska, she said.

"We have villages that have very alarming rates," Kapsner said. In one village, she said, there were reports that up to 90 percent of fifth- and sixth-graders were "huffing."

-- The Associated Press

WASILLA

New lease on life for Mat-Su trash this weekend

Valley residents have an opportunity this weekend to recycle household stuff that they might otherwise throw away.

Valley Community for Recycling Solutions is sponsoring a one-stop dropoff Saturday from 11 a.m. to 3 p.m. at the Mat-Su central landfill off the Palmer-Wasilla Highway.

Residents can recycle newspaper, aluminum, glass, plastic including HPDE #2, magazines and more. For a complete list and directions, go to the group's website at <http://www.valleyrecycling.org>.

Mollie Boyer, the group's executive director, said the group eventually hopes to set up a permanent recycling center at the landfill.

-- The Associated Press

Close Window

HB

115

22-LS0059\O
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SENATE CS FOR CS FOR HOUSE BILL NO. 115(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SECOND LEGISLATURE - FIRST SESSION

BY THE SENATE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVES KAPSNER, James, Dyson, Wilson, Cissna, Joule

SENATOR Olson

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to the services of certain medical professionals in civil proceedings for
2 the commitment of certain intoxicated persons; allowing a physician assistant or
3 advanced nurse practitioner to certify the need for emergency treatment as a result of
4 intoxication; and providing for an effective date."

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

6 * Section 1. AS 47.37.180(b) is amended to read:

7 (b) The certifying physician, physician assistant, advanced nurse
8 practitioner, spouse, guardian, or relative of the person to be committed, or any other
9 responsible person, may make a written application for commitment under this
10 section, directed to the administrator of the approved public treatment facility. The
11 application must state facts to support the need for emergency treatment and be
12 accompanied by a physician's, physician assistant's, or advanced nurse
13 practitioner's certificate supporting the need for emergency treatment and stating that
14 the physician, physician assistant, or advanced nurse practitioner has examined the

1 person sought to be committed within two days before the certificate's date.

2 * Sec. 2. AS 47.37.180(f) is amended to read:

3 (f) A copy of the written application for commitment and of the physician's,
4 physician assistant's, or advanced nurse practitioner's certificate, and a written
5 explanation of the person's right to legal counsel, shall be given to the person within
6 24 hours after commitment by the administrator, who shall provide a reasonable
7 opportunity for the person to consult with legal counsel.

8 * Sec. 3. AS 47.37.190(a) is amended to read:

9 (a) A spouse or guardian, a relative, the certifying physician, physician
10 assistant, advanced nurse practitioner, or the administrator in charge of an approved
11 public treatment facility may petition the court for a 30-day involuntary commitment
12 order. The petition must allege that the person is an alcoholic or drug abuser who (1)
13 has threatened, attempted to inflict, or inflicted physical harm on another and that
14 unless committed is likely to inflict physical harm on another; or (2) is incapacitated
15 by alcohol or drugs. A refusal to undergo treatment does not constitute evidence of
16 lack of judgment as to the need for treatment. The petition must be accompanied by a
17 certificate of a licensed physician, physician assistant, or advanced nurse
18 practitioner who has examined the person within two days before submission of the
19 petition, unless the person whose commitment is sought has refused to submit to a
20 medical examination, in which case the fact of refusal must be alleged in the petition.
21 The certificate must set out the physician's, physician assistant's, or advanced nurse
22 practitioner's findings of the examination in support of the allegations of the
23 petition.

24 * Sec. 4. AS 47.37.200(a) is amended to read:

25 (a) At the hearing for a 30-day commitment required under AS 47.37.190(b),
26 the court shall hear all relevant testimony, including, if possible, the testimony of at
27 least one person [LICENSED PHYSICIAN] who has examined the person whose
28 commitment is sought under AS 47.37.180(b) or 47.37.190(a). The person whose
29 commitment is sought shall be present unless the court believes that being present is
30 likely to be injurious to the person, in which case the court may conduct the hearing
31 telephonically. The court may examine the person in open court, or, if advisable,

1 examine the person out of court. If the person has refused to be examined under
2 AS 47.37.180(b) or 47.37.190(a) [BY A LICENSED PHYSICIAN], the person shall
3 be given an opportunity to request examination by a court-appointed licensed
4 physician, physician assistant, or advanced nurse practitioner. If the person fails
5 to request a medical examination and there is sufficient evidence to believe that the
6 allegations of the petition are true, or, if the court believes that more medical evidence
7 is necessary, the court may issue a temporary order committing the person to a private
8 or public facility for a period of not more than five days for purposes of a diagnostic
9 examination.

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

Steven Pearce
8101 E. 5th Ave #C
Anch., AK 99504
wr. 24-439/u

Subject: HB 115 Concerns

Date: Thu, 03 May 2001 17:54:48 -0700

From: Steven Pearce <cohrights@qwest.net>

To: Senator_Lyda_Green@legis.state.ak.us

Dear Senator Green:

According to testimony given on HB 115 in the House, "Anne Henry, Special Projects Coordinator, Division of Mental Health & Developmental Disabilities, Department of Health & Social Services, came forth to testify on HB 115. She stated:

"The Division of Mental Health & Developmental Disabilities supports the efforts to expand the pool of mental health professional available to do mental health civil commitments..."

Now, in a response to criticism of HB 115, on May 2nd she now states:

"The number of people hired to do emergency services evaluations should not increase."

These statements about HB 115 are clearly in conflict with each other.

Add to this comments by Rep. Kapsner in her sponsor statement: "Licensure that includes masters level mental health clinicians enlarges the pool of Mental Health Professionals." "Expanding the pool of qualified professionals..."

Clearly the intent is to enlarge the pool of mental health professionals, which would lead to increased evaluations and likely increased commitments and more dependence on long term care.

Clearly the language in HB 115 regarding commitment due to being intoxicated is geared toward expanding the pool of who can certify commitment.

It is inherent in the mental health statutes that commitment entails a loss of liberty, and increasing the number of practitioners that can do mental health commitments and drug commitments to cover practitioners that are less qualified to make these medical decisions will do damage to health and increase costs to the state.

I would also like to point out that it is not just the Citizens Commission on Human Rights that is concerned about this bill. The ACLU has concerns as well which have been communicated to the sponsor of this bill, Rep. Kapsner and the members of the Senate Health Education & Social Services Committee. I see none of those suggestions reflected in the current bill.

I respectfully request that this proposed legislation be thoroughly reviewed based on the above concerns.

Sincerely,

Steven Pearce
Director

Citizens Commission on Human Rights of Seattle
300 LENORA STREET, #B252 * SEATTLE, WASHINGTON 98121 *
1-877-448-8517 * E-mail: sepearce@aol.com

22-LS0059L
 Ford
 5/3/01

SENATE CS FOR CS FOR HOUSE BILL NO. 115()
 IN THE LEGISLATURE OF THE STATE OF ALASKA
 TWENTY-SECOND LEGISLATURE - FIRST SESSION

BY

Offered:
 Referred:

Sponsor(s): REPRESENTATIVES KAPSNER, James, Dyson, Wilson, Cissna, Joule

SENATOR Olson

A BILL

FOR AN ACT ENTITLED

1 "An Act allowing a physician assistant or advanced nurse practitioner to certify the
 2 need for emergency treatment as a result of intoxication."

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

4 * Section 1. AS 47.37.180(b) is amended to read:

5 (b) The certifying physician, phvsician assistant, advanced nurse
 6 practitioner, spouse, guardian, or relative of the person to be committed, or any other
 7 responsible person, may make a written application for commitment under this
 8 section, directed to the administrator of the approved public treatment facility. The
 9 application must state facts to support the need for emergency treatment and be
 10 accompanied by a physician's, phvsician assistant's, or advanced nurse
 11 practitioner's certificate supporting the need for emergency treatment and stating that
 12 the physician, physician assistant, or advanced nurse practitioner has examined the
 13 person sought to be committed within two days before the certificate's date.

14 * Sec. 2. AS 47.37.180(f) is amended to read:

1
2
3
4
5

(f) A copy of the written application for commitment and of the physician's, physician assistant's, or advanced nurse practitioner's certificate, and a written explanation of the person's right to legal counsel, shall be given to the person within 24 hours after commitment by the administrator, who shall provide a reasonable opportunity for the person to consult with legal counsel.

SENATE CONCURRENT RESOLUTION NO.
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-SECOND LEGISLATURE - FIRST SESSION

BY SENATOR OLSON

Introduced:
Referred:

A RESOLUTION

1 **Suspending Rules 24(c), 35, 41(b), and 42(e), Uniform Rules of the Alaska State**
2 **Legislature, concerning House Bill No. 115, relating to the definition of 'mental health**
3 **professional' for certain mental health proceedings and treatments; relating to the**
4 **services of certain medical professionals in civil proceedings for the commitment of**
5 **certain intoxicated persons; allowing a physician assistant or advanced nurse**
6 **practitioner to certify the need for emergency treatment as a result of intoxication.**

7 **BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

8 That under Rule 54, Uniform Rules of the Alaska State Legislature, the provisions of
9 Rules 24(c), 35, 41(b), and 42(e), Uniform Rules of the Alaska State Legislature, regarding
10 changes to the title of a bill, are suspended in consideration of House Bill No. 115, relating to
11 the definition of "mental health professional" for certain mental health proceedings and
12 treatments; relating to the services of certain medical professionals in civil proceedings for the
13 commitment of certain intoxicated persons; allowing a physician assistant or advanced nurse
14 practitioner to certify the need for emergency treatment as a result of intoxication.

Subject: Concerns about HB 115 and expansion of mental health professionals

Date: Wed, 02 May 2001 16:02:01 -0700

From: Steven Pearce <cohrights@qwest.net>

To: Senator_Lyda_Green@legis.state.ak.us

May 2, 2001

Senator Green:

I'm E-mailing you regarding HB 115, which is currently being being considered in the Senate HES Committee. This bill deals with mental health professionals and who can certify the need for emergency treatment as a result of intoxication.

This bill is significant in that it gives too much power to those in the healthcare industry by expanding the law on who can involuntarily commit Alaskan citizens and potentially denies citizens their civil liberties.

Additional information that I have been able to discover. HB 115 is not so narrowly focused after all. With the new definitions and inclusion of more practitioners, the potential number of those that would be granted legal authority to commit Alaskans or be able to "medically" certify commitment increases dramatically. Currently from testimony in the House it is estimated that 140 currently deal with either mental health or intoxication commitments of which about half are "qualified" under current law to do so. Yet Alaska is supposed to have 600 Physicians and about 150 physicians assistants.

Under proposed language in HB 115, expanding the intoxication laws to allow advanced nurse practitioners would theoretically allow 440 more people to certify commitments. Due to the changes in the definition of "mental health professional" adding counselors and clinical social workers could enable another 500-1000 or more (depending on exact qualifications) practitioners who can ascertain "medical conditions" and can initiate involuntary commitments and loss of liberty.

More on this below - in an editorial I have written on this issue.

ARE YOUR CIVIL LIBERTIES BEING DENIED?

Would you like to be involuntarily committed by your Marriage Counselor? Under a new law being worked on in Juneau (House Bill 115) the definition of "mental health professional" is expanded to include "marital and family therapist," "professional counselor," and "clinical social worker," among the practitioners who would gain the legal authority to have you involuntarily put in a psychiatric institution.

People that are distraught over current life situations could be "hauled off" ? supposedly for their own good ? for a 48-hour period while a judge (whom you don't see) makes a "probable cause" decision based on the information presented by the Marriage Counselor!

You then are taken to an evaluation facility where you are held for up to 72 hours. These times do not include Saturdays, Sundays and holidays or transportation time to and from facilities. So you could be held for 5 days before you are required to be examined by anyone.

This is a chilling scenario and one which does not correspond with the purpose of the 1981 Alaska civil commitment laws which aim to balance the legal and constitutional rights to liberty and public safety concerns "by providing due process safeguards at all stages of commitment proceedings."

Another part of this bill is problematic - the part that deals with commitment of those who are intoxicated. HB 115 proposes changing the law to allow physicians assistants and advanced nurse practitioners to be the "equal" of physicians with regards to certifying the medical condition of being intoxicated.

Under this bill, in an emergency situation an advanced nurse practitioner or physicians assistant can certify commitment on someone for being intoxicated, which can lead to an individual being held for up to 10 days before getting in front of a judge.

Further, under non-emergency situations, HB 115 gives them the authority to certify additional 30-day involuntary commitments. This gives them the power of a physician without the appropriate medical knowledge - and therein lies the problem.

The logic behind giving physicians assistants and advanced nurse practitioners the right to certify medical conditions on their own is based upon a fallacy which is part of the psychiatric and pharmaceutical industry's marketing campaign - that behavior problems, whether chemically induced or supposedly "mental phenomena," exist separately from overall physical health - which is simply not true. Medical conditions are capable of causing and contributing to someone being "intoxicated." Are we to ignore this for the sake of expediency?

As Sydney Walker M.D. stated in "A Dose Of Sanity," "...patients are victims of a dangerous trend in modern psychiatry: the failure to diagnose" and that "very little is undiagnosable, but much is not being diagnosed." It is folly to think that we can save healthcare costs by making it easier to involuntarily commit people and force them into treatment.

What this bill really leads to is more long-term cost to taxpayers because these individuals often become patients for life in the mental health system. Then add to this the hidden cost in human terms of not treating the undiagnosed and undiscovered physical ailments. If we allow less qualified health care practitioners to make health decisions, this can also open up expensive lawsuits from patients who were not given health care, but rather addiction care or psychiatric care instead.

HB 115 does not remedy the shortage of qualified health care resources in Alaska. It simply lowers the standards on health care for all Alaskans, gives too much power to those in the health care field who are not medical doctors and potentially denies citizens basic civil liberties. This inevitably will lead to more problems needing to be addressed in the future.

Steven Pearce, Director
Citizens Commission on Human Rights
Washington *Alaska * Montana
300 Lenora Street, #B252
Seattle, Washington 98121
1-877-448-8517 (toll free)
E-mail: sepearce@aol.com

HB115 Emergency Commitment Orders

HES CS

FOR THE FLOOR

The changes made in Senate HESS were:

- ❖ Removed section 1 dealing with expanding the definition of mental health professional.
- ❖ On page ²~~3~~, line ²¹~~4~~ after “physician’s” added “, physician’s assistant’s, or advanced nurse practitioner’s.” This language had unintentionally been left out of this section.

CS for HB 115 (HES) EMERGENCY COMMITMENT ORDERS & TREATMENT

By Representative Mary Kapsner

ordered amendments
1-3
4/24/01

Sectional Analysis

Mike Foed

Sec.	Statute	Existing	Changes
1	AS 47.30.915(11) Welfare, Social Services & Institutions Mental Health Miscellaneous Provisions Definitions	Definition of mental health professional.	Definition expanded to include marital and family therapists licensed by the Board of Marital and Family Therapy and professional counselors licensed by the Board of Professional Counselors. Also, updated reference to social worker to reference the fact that the Board of Social Work Examiners now licenses social workers.
2	AS 47.37.180(b) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Emergency commitment	A certifying physician, spouse, guardian, relative, or any other responsible person of the person to be committed can make written application for commitment directed to the administrator of the public treatment facility. The application must state facts to support the need for emergency treatment and be accompanied by a physician's certificate supporting the need for emergency treatment that states that the physician examined the person within two days of commitment.	Additionally, physician assistants and advanced nurse practitioners may make application and provide a certificate and examine the patient.
3	AS 47.37.180(f) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Emergency commitment	A copy of the written application for commitment and the physician's certificate and a written explanation of the person's right to legal counsel must be given to the person within 24 hours after commitment by the administrator.	The certificate may also be from a physician assistant or an advanced nurse practitioner.
4	AS 47.37.190(a) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Involuntary commitment	A spouse or guardian, relative, certifying physician or the administrator in charge of a treatment facility can petition the court for a 30-day involuntary commitment order. A certificate of a licensed physician who has examined the person within two days, unless the person has refused to submit to a medical examination must accompany the petition. The certificate must set out the physician's findings in support of the allegations.	A certifying physician assistant or advanced nurse practitioner may also petition the court for an involuntary commitment order. A certificate of a physician assistant or advanced nurse practitioner may also accompany the petition. Note: CS needed for page 3, line 4 to add physician assistant or advanced nurse practitioner.

**CS for HB 115 (HES) EMERGENCY COMMITMENT ORDERS & TREATMENT
By Representative Mary Kapsner**

Sectional Analysis

Sec.	Statute	Existing	Changes
5	AS 47.37.200(a) Welfare, Social Services & Institutions Uniform Alcoholism and Intoxication Treatment Act Hearing on petition for involuntary commitment	At the hearing for a 30-day commitment, the court must hear all testimony, including the testimony of at least one physician who has examined the person, if possible. If the person has refused to be examined by a physician, the person will be given the opportunity to request examination by a court-appointed physician.	Reference to testimony given changed to at least one person (which would include whoever examined the person). References to other sections of this chapter added for clarification. The court may also appoint a physician assistant or advanced nurse practitioner. Note: Suggested CS for page 3, line 17: perhaps a physician should be the only one able to be appointed by the court?
6	effective date		This Act takes effect immediately.

Do we need to change the effective date to allow for regulations?

AMENDMENT

OFFERED IN THE SENATE

TO: CSHB 115(HES)

1 Page 3, line 4, following "physician's":

2 Insert "physician assistant's, or advanced nurse practitioner's"

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSHB 115(HES)
 (H) Publish Date: 3/26/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
 Title: Certifications for alcohol commitments BRU: Alcoholism and Drug Abuse Svcs
 Component: Alcohol and Drug Abuse Grants
 Sponsor: Representative Kapsner
 Requester: House (HES) Component Number: 1279

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

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

FUND SOURCE (Thousands of Dollars)

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

Estimate of any current year (FY2001) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill will allow physicians assistants and advanced nurse practitioners to sign Certificates of Necessity and to perform other alcohol and drug abuse commitment functions under Title 47.

There will be no additional costs incurred by the Division of Alcoholism and Drug Abuse.

Prepared by: Ernest Turner Phone 465-5810
 Division: Alcoholism and Drug Abuse Date/Time 1/26/01 12:55PM
 Approved by: Elmer A. Lindstrom, Special Assistant Date 3/17/01 3:03 PM
 Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

SENATOR LYDA GREEN

PHONE MESSAGE CONTACT FORM

Name: Bill Hogan, Exec. Dir. at Lifequest Date: 04/19/01

Phone: 352-32307

Address: _____

Message: He supports HB 115, Emergency Commitment Orders & Treatment. This is very important for rural areas, where access to doctors is limited. If you have any questions, please give him a call.

Check if No Response Needed - Message Only. Message Taken by: AH

Lyda's Response/Staff Instructions: _____

PHYSICIAN'S CERTIFICATE OF NECESSITY FOR INVOLUNTARY COMMITMENT
AS 47.37.190 (30 DAY COMMITMENTS OR RECOMMITMENTS)

Patient: _____
Date of Birth: _____
Date and Time of Examination: _____
Date of this certificate: _____
Name of physician: _____

I have examined the patient named above and hereby certify to the following facts and opinions in support of a petition for the necessity for the involuntary commitment of the patient named above.

A. Qualifications (check one box to indicate status)

- I am licensed under the laws of the State of Alaska to practice medicine.
 I am a medical officer of the Government of the United States while in Alaska in the performance of official duties.
 I am a medical officer of the State of Alaska.
 I am a physician currently licensed under the laws of the State of _____.

B. Patient is an Alcoholic or Drug Abuser. As a result of my examination and information presented to me it is my opinion that the patient is (check one) _____ an alcoholic, _____ a drug abuser, or _____ an alcoholic and a drug abuser.

It is my opinion that patient demonstrates increased tolerance to alcohol or drugs, suffers from withdrawal when alcohol or drugs are not available, patient's habitual lack of self-control concerning the use of alcohol or drugs causes significant hazard to the patient's health, and patient continues to use alcohol or drugs despite the adverse consequences.

C. Patient is incapacitated. It is my opinion that patient is incapacitated by alcohol or drugs. Patient's judgment is so impaired that patient:

- (1) is incapable of realizing and making rational decisions with respect to the need for treatment and
- (2) is unable to take care of the person's basic safety or personal needs, including food, clothing, shelter, or medical care

The facts which support my opinions are as follows:

I also relied on the following facts communicated by others:

Date: _____
Signature of M.D.: _____
Printed name: _____

Mary Lou Follett, ANP, RNCS, MS, MA

RECEIVED

APR 19 2001

April 20, 2001

Dear Senator Green:

I am writing to you to urge you to schedule a hearing for HB115. I am an Advanced Nurse Practitioner in the State of Alaska. I practiced as a Public Health Nurse for many years, traveling here in Southeast rural communities before opening a local clinic and doing a private practice.

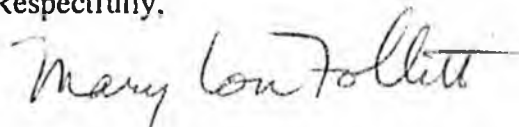
I am writing to you today to urge your support of this bill, because HB115 is very important to Alaskan families. I have seen the tragic results of alcoholism and drug abuse, and am aware of the difficulties in getting people into treatment when they are so wracked with addiction that they are endangering their lives. I have seen all forms of abuse and domestic violence linked to out of control addiction. Families, communities and indeed all of us pay a price when we are unable to get help for these individuals.

Often, an alcoholic will cycle in and out of jail because there is no doctor in a community to sign the Certificate of Necessity to begin the civil commitment process. It takes a great deal of time, documentation and coordination of multiple parties to effect an alcohol civil commitment. But in rural areas, and in most areas outside of Alaska's three major cities, there are no doctors to even begin the process. HB115 allows physician assistants and advanced nurse practitioners, the people who practice medicine and know the people of the rural communities, to do these important evaluations and sign the Certificates of Necessity.

I support and urge you and the legislature to support HB115. It is an important bill in the pursuit of healthier, safer lives for Alaskans, Alaskan families and communities.

Thank you for your support.

Respectfully,



Mary Lou Follett, ANP, RNCS, MS, MA.

12175 Glacier Hwy A201
Juneau, AK 99801
VR: 04-370/D



Confidential

The information in this fax is confidential and intended for the designated recipient's use only. If you receive this in error, please return by mail to the address below:

Alaska Children's Services
4600 Abbott Road
Anchorage, Alaska 99507

To: Senator Lyda Green Fax No: _____

From: Chris Reynolds MS Fax No: (907) 563-6922

Date: 4/20/01 No. of Pages, Including Cover Sheet: 2

Re: _____

Comments: _____

4600 Abbott Road, Anchorage, Alaska 99507-4314 • (907) 346-2101 • Fax (907) 346-2748



ACS is a Christian mission of American Baptist Churches • USA, Evangelical Lutheran Church in America, United Methodist Church, and Christian Church (Disciples of Christ). A United Way agency, ACS is Accredited by the Joint Commission on Accreditation of Healthcare Organizations.

American Counseling Association of Alaska
2440 East Tudor Road, #311
Anchorage, AK 99508

April 19, 2001

Dear Senator Lyda Green,

I am writing you out of concern for HB 115, which is currently in your HES committee. As the president of the Alaska Chapter of the American Counseling Association, I am concerned that Licensed Professional Counselors (LPC's) are not in the state's definition of a "mental health professional."

Licensed Professional Counselors have at least 60 hours of graduate training in counseling, as well as two years of post graduate supervision prior to being licensed. This standard is in excess of what is required for licensure as a Licensed Psychological Associate (which is included in the definition of a mental health professional.) The statutes clearly need to be updated to include licenses that the state of Alaska has added throughout the years.

The rest of the bill, pertaining to civil commitment evaluations, will also serve to increase the accountability of people who are doing these evaluations. Every effort should be made to ensure that these commitments are done in the most ethical and professional manner, and HB 115 will serve to increase the standard of care for Alaska residents.

Please schedule HB 115 for a hearing in your committee. Thank you, and please contact me if you have any questions or need further information. I can be reached at the following number and address:

(907) 563-5340 ext. 20
acaak@alaska.net

Sincerely,



Chris Reynolds, President
American Counseling Association of Alaska

VR: 17-345/D

Representative Mary Kapsner

State Capitol • Juneau, Alaska 99801-1182

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

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

House District 39

Lower Kuskowukm and Upper Bristol Bay

Aktachak

Akiak

Aleknagik

Atmautluak

Bethel

Chefornak

Clarks Point

Dillingham

EEK

Eluk

Elwok

Goodnews Bay

Kasigluk

Kipnuk

Koliganek

Kongiganak

Kwethluk

Kwigillingok

Manokotak

Napakiaik

Napaskiak

New Stuyahok

Nunapitchuk

Oscarville

Platinum

Portage Creek

Quinhagak

Togiac

Tuntutuliak

Twin Hills

MEMORANDUM

TO: SENATOR LYDA GREEN
Chairman-HESS Committee

FROM: REPRESENTATIVE MARY KAPSNER *Mary*

DATE: April 17, 2001

RE: Scheduling CS HOUSE BILL NO. 115 (HES)

I would like to request a hearing in the Senate HESS Committee on Committee Substitute for HOUSE BILL NO. 115, "Emergency Commitment Orders." This bill passed unanimously out of the House last thursday and I would appreciate a Senate HESS hearing on this bill at your earliest convenience.

Thank you.

Alaska Civil Liberties Union

An Affiliate of the American Civil Liberties Union

P. O. Box 201844, Anchorage, AK 99520-1844

Phone: (907) 258-0044 Fax: (907) 258-0288 Email: akclu@alaska.net

To: Senate HES Committee (Senators Green, Leman, Ward, Wilken and Davis)
From: Jennifer Rudinger, Executive Director *JR*
Date: April 26, 2001

Statement in Opposition to (CS) House Bill 115

Dear Chairperson Green and Honorable Members of the Senate HES Committee:

I understand that House Bill 115 (expanding who can recommend civil commitment) is scheduled for a hearing in Senate HES tomorrow afternoon. Unfortunately, I will be unavailable to testify tomorrow, so I am submitting my comments to you now for your consideration. I have also e-mailed this statement to you and to Rep. Kapsner this evening.

This bill makes fundamental changes regarding who can determine when someone should be committed and suffer loss of liberty, and there are good reasons why we require physicians to make these types of decisions – advanced nurse practitioners and physician's assistants are NOT QUALIFIED to make such drastic decisions! Furthermore, this bill does not just apply for emergency commitments. It also gives the power to the advanced nurse practitioners and physicians assistants to certify the need for 30-day involuntary commitment. This is substantial time of loss of liberty, and legal protections require medical protections to be in place as well.

I did meet with Rep. Kapsner last month to learn about the bill, and I understand her concerns about the shortage of physicians in rural areas. After discussing it with the Chairman of my Legislative Committee, I went back to her and conveyed to her (through her aide) that we have some grave concerns about this bill, and I proposed a number of alternative solutions. I am writing to you now to tell you what I suggested to her aide might be some better ways to go about this:

- (1.) If someone is a threat to themselves or others, the police can protect the person's immediate safety, but we think that commitment proceedings should at least require a p.a. to conduct the exam under direct supervision by a physician, even if the physician is only "present" telephonically.
- (2.) We also suggested a second approach, which is to ensure that p.a.'s and advanced nurse practitioners receive adequate training BEFORE being able to commit anyone.
- (3.) Finally, I suggested that if Rep. Kapsner and the co-sponsors of HB 115 going to go ahead and push for this expansion of the definition of a "mental health professional," why not at least limit the amount of time that a p.a. or advanced nurse practitioner can commit someone to, say, 48 or 72 hours?

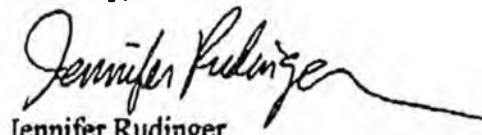
AkCLU Statement in Opposition to HB 115
Page 2 of 2

Then, within that 48 or 72 hour time period, it would be required that a physician must examine the patient before a longer commitment could be recommended.

None of these suggestions are perfect, but we feel that they are much more narrowly tailored to address the sponsor's concerns about a shortage of mental health professionals while still affording some consideration for the rights of those whose liberty is being taken from them.

Thank you for your consideration of this very important matter. I am sorry that I cannot be available tomorrow to testify in person.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Rudinger". The signature is written in black ink and extends to the right with a long, thin horizontal stroke.

Jennifer Rudinger
Executive Director