

ALASKA LEGISLATURE COMMITTEE FILES 2001-2002 8672

10568 SENATE HEALTH EDUCATION & SOCIAL SERVICES



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the HESS RE/ HB115
 Committee on HB115 Committee Name Dated April 27-01
Bill / Subject

I am very much against HB115.

Only a highly trained medical doctor, should be able to make the very important decision to commit a person or not.

Making it easier to put people away, is not the solution to severe alcohol problems.

HB115 not only would open the door to violations of individuals freedom,

But also will result in lawsuits, when those rights are violated.

Please vote NO
on HB115

SIGNED:

Pom Wedemeyer

Testifier

Representing

307 MINNIE ST FAIRBANKS ALASKA 99701

Address / Phone Number

456-6762

SENATOR LYDA GREEN

CONSTITUENT & PHONE MESSAGE CONTACT FORM

Name: Marlin Bozone Date: 4/27/01

Phone: 376 2411 VR: 25-447 R

Address: PO Box 671951 Chugiak, AK 99567-1951

Message: He requests that you schedule House Bill 115 for a hearing in the HESS
committee.

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

Lyda's Response/Staff Instructions: _____

FACSIMILE TRANSMISSION FROM THE
ALASKA CIVIL LIBERTIES UNION FOUNDATION

P.O. Box 201844 Anchorage, Alaska 99520-1844
907-258-0044, Fax 907-258-0288, E-Mail: akclu@alaska.net

TO: Senator Lyda Green FAX NO: 465-3805
WITH: Senate HESS Committee
FROM: Jennifer Rüdinger DATE: 4-26-01
NO. PAGES IN TRANSMISSION (INCLUDING COVER SHEET): 3

THIS IS A PRIVILEGED AND CONFIDENTIAL COMMUNICATION, TRANSMITTED FOR THE EXCLUSIVE USE OF THE ADDRESSEE. IT MAY NOT BE COPIED OR DISSEMINATED EXCEPT BY THE ADDRESSEE. SHOULD YOU RECEIVE THIS COMMUNICATION IN ERROR, PLEASE CALL ME IMMEDIATELY BY COLLECT PHONE CALL AND MAIL THE COMMUNICATION TO ME AT THE ABOVE ADDRESS BY FIRST CLASS MAIL. THANK YOU.

NOTES:

Please distribute to Senate HESS
Committee members today re: HB 115.
I'm sorry I will be unavailable to
testify ...

Thank you!

Jennifer Rüdinger

Jennifer Rudinger
1711 Lore Rd. #315
Anch, AK 99507
VR: 17-337N

Subject: AkCLU Statement in opposition to HB 115 -- to HES Committee

Date: Thu, 26 Apr 2001 18:11:00 -0800

From: "Jennifer Rudinger" <akclu@alaska.net>

**To: <Senator_Lyda_Green@legis.state.ak.us>, <Senator_Loren_Leman@legis.state.ak.us>,
<Senator_Jerry_Ward@legis.state.ak.us>, <Senator_Gary_Wilken@legis.state.ak.us>,
<Senator_Bettye_Davis@legis.state.ak.us>**

CC: <Representative_Mary_Kapsner@legis.state.ak.us>

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

My name is Jennifer Rudinger, and I am the Executive Director of the Alaska Civil Liberties Union. I understand that House Bill 115 (expanding the definition of "mental health professional" for purposes of civil commitment) is scheduled for a hearing in Senate HES tomorrow afternoon. Unfortunately, I will be unavailable to testify tomorrow, so I am sending my comments to you now for your consideration.

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 concern and the concerns of her constituents 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 a better way 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? 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,

Jennifer Rudinger
Executive Director, AkCLU

Subject: HB 115 - testimony against

Date: Tue, 24 Apr 2001 21:57:51 EDT

From: SEPearce@aol.com

To: Senator_Lyda_Green@legis.state.ak.us

Dear Senator Green:

TESTIMONY AGAINST HB 115
BEFORE THE SENATE HEALTH EDUCATION
AND SOCIAL SERVICES COMMITTEE

[HB 115 physician assistant or advanced nurse practitioner to certify the need for emergency treatment as a result of intoxication.]

From both a financial and a medical point of view, this legislation is ill considered. Sections 2 and 3, revising 47.37.180, say that an advanced nurse practitioner and a physicians assistant are as capable as trained medical doctors to make overall health decisions, without physician oversight for "emergency commitments" which can last for 48 hours or up to 10 days.

Further, In Section 4 of the bill revising 47.37.190(a), an even broader change is introduced. This proposed revision gives advanced nurse practitioners and physician assistants, under non-emergency situations, 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?

It is folly to think that we can save healthcare costs by making it easier to involuntarily commit people and force them into treatment. This type of treatment is expensive because the patient often becomes a patient for life in the mental health system.

There are also hidden costs in this legislation. Add to this the human cost of not treating the undiagnosed (unlooked for) and undiscovered physical ailments. There is also the risk of expensive lawsuits from patients given improper medical attention and undue loss of liberty.

Also, this bill does not remedy the shortage of qualified resources and it will inevitably compound the existing problems which will end up requiring legislative attention in the future.

Sincerely,

Steven Pearce

Director

300 LENORA STREET, #B252 * SEATTLE, WASHINGTON 98121 * 1-877-448-8517

E-mail: sepearce@aol.com

CITIZENS COMMISSION ON HUMAN RIGHTS (CCHR). CCHR is a psychiatric watchdog organization. CCHR is an international organization with more than 130

chapters in 31 countries and a chapter located in Anchorage, AK



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 while making these evaluations available for people in rural areas.

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

SENATOR LYDA GREEN

CONSTITUENT & PHONE MESSAGE CONTACT FORM

Name: John Yates _____ Date: 4/18/01 _____

Phone: 524-3867 _____ VR: 36-610 D _____

Address: PO Box 238 _____ McGrath, AK 99627-0238 _____

Message: HB 115: Emergency Commitment Orders & Treatment. He urges you to
schedule a hearing for HB 115. _____

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

Lyda's Response/Staff Instructions: _____

Subject: HB115**Date:** Wed, 02 May 2001 23:25:45 -0800**From:** Elizabeth Morton <emorton@alaska.net>**To:** Lyda Green <Senator_Lyda_Green@legis.state.ak.us>,
Loren Leman <Senator_Loren_Leman@legis.state.ak.us>,
Gary Wilken <senator_garywilken_@legis.state.ak.us>,
Bettye Davis <Senator_Bettye_Davis@legis.state.ak.us>

I am concerned that if HB 115 is passed as written that the number of people authorized to commit a person will increase so much that there is a danger that the civil rights of the people who might be involuntarily committed might be compromised. I think that power is better left to the doctors and psychiatric nurses as is the case now. I think that there is a danger that the more people that have that power the more chances for that power to be abused.

Elizabeth E. Morton
3177 19th Ave.
Fairbanks, AK 99709

VR: 30-305/11

SENATE COMMITTEE REPORT

DATE: 4/12/01

FURTHER: Judiciary

DATE TURNED IN TO OFFICE: 05/05/01

Health, Education and Social Services Committee considered

CS FOR HOUSE BILL NO. 115(HES)

EMERGENCY COMMITMENT ORDERS

and recommends:

- be replaced with SCS CS HB115 (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#
DH&SS	3/17/01	x		1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>Andrew N. Rubin</i>	✓			
<i>Bethie ...</i>	✓			
<i>... Wilber</i>			✓	
CHAIR: <i>Lynne Green</i>			✓	

SENATE COMMITTEE REPORT

DATE: 4/12/01

FURTHER: Judiciary

DATE TURNED IN TO OFFICE: 05/05/01

Health, Education and Social Services Committee considered

CS FOR HOUSE BILL NO. 115(HES)

EMERGENCY COMMITMENT ORDERS

and recommends:

- be replaced with SCS CS HB115 (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#
DH&SS	3/17/01	x		1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	Do PASS	Do NOT PASS	No REC	AMEND
<i>Andrew A. Duncan</i>	✓			
<i>Betty Brown</i>	✓			
<i>Tom Wilke</i>			✓	
CHAIR: <i>Lynne Green</i>			✓	

SENATE COMMITTEE REPORT

DATE: 4/12/01

FURTHER: Judiciary

DATE TURNED IN TO OFFICE: 05/05/01

Health, Education and Social Services Committee considered

CS FOR HOUSE BILL NO. 115(HES)

EMERGENCY COMMITMENT ORDERS

and recommends:

- be replaced with SCS CS HB115 (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#
DH&SS	3/17/01	x		1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>Arew A. Duncan</i>	✓			
<i>Bethie ...</i>	✓			
<i>Tom Miller</i>			✓	
CHAIR: <i>Lynne Green</i>			✓	

HB

142

**Alaska Temporary Assistance Program Amendments:
Bill Summary
CS HB 142 (HES)**

Division of Public Assistance
April 20, 2001

Section 1 puts the State of Alaska in compliance with federal Temporary Assistance for Needy Family (TANF) statute that exempts welfare recipients living in certain Alaska Native villages from the 60-month limit on benefits.

Section 2 clarifies statutory language regarding the Alaska Temporary Assistance Program (ATAP) seasonal benefit reduction imposed on able-bodied, two-parent families during the months of July, August, and September. This amendment is a response to a Superior Court ruling against the state, and must be enacted in order for the Division of Public Assistance to continue the policy of 2-parent seasonal reduction, regardless of employment status or which parent is the family's principal wage earner.

Section 3 repeals a provision now in statute which exempts incapacitated adults (those who are physically or mentally unable to perform gainful activity) from completing a Family Self-Sufficiency Plan (FSSP). This change will help these vulnerable families address their challenges by requiring them to engage in appropriate self-sufficiency activities such as wellness plans, treatment activities or pursuit of disability benefits. Even if the adult cannot work, the FSSP can be used to promote activities that will enhance well being and quality of life for the individual and the family.

Section 4 Gives the DHSS the authority to draft implementing regulations.

Sections 5 & 6: Effective Dates

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: HB 142
 (H) Publish Date: 2/23/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
 Title: ATAP Program Amendments BRU: Public Assistance
 Component: ATAP
 Sponsor: Rules
 Requester: Governor Component Number: 220

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)

FUND SOURCE	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
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)*
 Although this proposed legislation may allow more than 20% of the eligible ATAP caseload to receive benefits beyond 60 months, there are no projected financial impacts. The ATAP program is partially funded by the federal TANF block grant which does not vary regardless of the number of families served. Also, federal law requires the State to contribute a fixed amount of state funds toward the program, called maintenance of effort (MOE). Additionally, caseloads are projected to continue their downward trend.

Prepared by: Jim Nordlund Phone _____
 Division: Director of Public Assistance Date/Time _____
 Approved by: Elmer A. Lindstrom, Special Assistant Date 2/15/01 4:29 PM
 Agency: Department of Health & Social Services

Amendment to CS HB 142 (HES)

ATAP Amendments

- ❖ The language “a child who is experiencing a disability” may be too broad. There are many things that are considered disabilities, including ADD, ADHD, and hearing impairments (not necessarily deafness). Some of these disabilities do not require the intensified care that would warrant an exemption from the summer month deduction in ATAP benefits.
- ❖ The language in this amendment would require that a child is experiencing a disability in such a way that a parent would be required to provide 24-hour care.
- ❖ This language is already used in AS 47.27.035(c), which lists exemptions from participation in work activities.
- ❖ The department assures me that this language is defined in regulation in relation to participation in work activities and that definition would be further reiterated in relation to this amendment.

AMENDMENT

OFFERED IN THE SENATE
TO: CSHB 142(HES)

BY SENATOR GREEN

- 1 Page 1, line 14, following "disability":
- 2 Insert "that requires the parent to provide 24-hour care"

AMENDMENT

OFFERED IN THE SENATE

TO: CSHB 142 (HES)

Page 1, line 14,
following: "disability" insert: ",which requires the parent to provide 24-hour care as supported by documentation from a physician or other licensed medical professional"

AMENDMENT

OFFERED IN THE SENATE

BY SENATOR GREEN

TO: CSHB 142(HES)

1 Page 2, line 5, following ".":

2 Insert "In this subsection, "child who is experiencing a disability" has the
3 meaning given in AS 47.80.900 for the term "person with a developmental disability,"
4 except that the person is under the age of 18."

AMENDEMENT

OFFERED IN THE SENATE
TO: CSHB 142 (HES)

- 1 Page 2, line 5, following "family":
- 2 Insert "**For purposes of this section, disability means a child with a developmental disability as defined in AS 47.80.900.**"

(b) The department shall, by regulation, establish minimum requirements for training and experience of persons who teach the use of orientation and mobility aids or assistive technology devices to students who are 16 years of age or older and who are blind or visually impaired. The department shall consider the standards adopted by national organizations that provide services to the blind and visually impaired when setting requirements under this section. (§ 2 ch 102 SLA 1998)

Cross references. -- For one year grace period for persons employed on September 14, 1998, see § 3, ch. 102, SLA 1998 in the 1998 Temporary and Special Acts.

Editor's notes. -- Section 4, ch. 102, SLA 1998 provides that nothing in this section "modifies or terminates a contract in effect on September 14, 1998."

Article 6. General Provisions.

Section
900. Definitions

Sec. 47.80.900. Definitions. In this chapter

(1) "council" means the Governor's Council on Disabilities and Special Education created by AS 47.80.030;

(2) "department" means the Department of Health and Social Services;

(3) "facilities for persons with handicaps" means publicly or privately operated facilities, or specified portions of facilities, designed primarily for the delivery of services to those persons; the term includes but is not limited to residential facilities;

(4) "habilitation" means education or training for the handicapped to enable them to function better in society;

(5) "least restrictive setting" means a residential or other setting for meeting the needs of a handicapped person which requires the least amount of restriction of personal liberty by enabling the person to function in as normal an environment as possible and to live as normally as possible, within the limitations of the handicap;

(6) "person with a handicap" means a person with a developmental disability as defined in (7) of this section or a person who is hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically or otherwise health impaired, or who has a specific learning disability; the term includes but is not limited to "exceptional children" as defined in AS 14.30.350;

(7) "person with a developmental disability" means a person who is experiencing severe, chronic disability that

(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(B) is manifested before the person attains age 22;

(C) is likely to continue indefinitely;

(D) results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and

(E) reflects the person's need for a combination, and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated;

(8) "residential facility" means a publicly or privately operated facility that provides 24-hour care for four or more persons with handicaps, excluding family, foster family, or adoptive homes;

(9) "substantial handicap" means a disability that prevents or substantially impedes the person's participating in and benefiting from the social, economic, educational, recreational, or other opportunities generally available to peers in the community who are not similarly handicapped. (§ 2 ch 165 SLA 1978; am § 4 ch 13 SLA 1992; am § 3 ch 77 SLA 1992)

22-GH1023\O
Lauterbach
4/28/01

SENATE CS FOR CS FOR HOUSE BILL NO. 142(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): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to the Alaska temporary assistance program; and providing for an
2 effective date."

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

4 * Section 1. AS 47.27.015 is amended by adding a new subsection to read:

5 (h) When determining under (a)(1) of this section whether an adult has
6 received benefits for a total of 60 months, the department shall disregard the months
7 that are required to be disregarded under 42 U.S.C. 608(a)(7)(D).

8 * Sec. 2. AS 47.27.025(c) is amended to read:

9 (c) The department shall, for the months of July, August, and September,
10 reduce by 50 percent the maximum assistance for which the family is otherwise
11 eligible if the family's eligibility for assistance is based on AS 47.27.010(4), unless
12 the second needy parent is determined, under regulations of the department, to
13 be physically or mentally unable to perform gainful activity [THE
14 UNEMPLOYMENT OF THE FAMILY'S PRINCIPAL WAGE EARNER].

1 However, if the commissioner determines that temporary economic conditions have
2 resulted in decreased employment opportunities during those months and a reduction
3 in assistance would impose an undue hardship on a family, the department may waive
4 application of this subsection with respect to that family.

5 * **Sec. 3.** AS 47.27.030(c)(2) is repealed.

6 * **Sec. 4.** The uncodified law of the State of Alaska is amended by adding a new section to
7 read:

8 **TRANSITION: REGULATIONS.** Notwithstanding sec. 6 of this Act, the Department
9 of Health and Social Services may immediately proceed to adopt regulations necessary to
10 implement the changes made by this Act. A regulation adopted under this section takes effect
11 under AS 44.62 (Administrative Procedure Act), but not before the effective date of the
12 statutory change authorizing the regulation.

13 * **Sec. 5.** Sections 2 and 4 of this Act take effect immediately under AS 01.10.070(c).

14 * **Sec. 6.** Except as provided in sec. 5 of this Act, this Act takes effect July 1, 2001.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

TONY KNOWLES, GOVERNOR

P.O. BOX 110601
JUNEAU, ALASKA 99811-0601
PHONE: (907) 465-3030
FAX: (907) 465-3068

April 27, 2001

Honorable Lyda Green, Chair
Senate Health, Education and
Social Services Committee
State Capitol; Room 125
Juneau, AK 99801-1182

Dear Chairman Green,

The Department of Health and Social Services respectfully requests a hearing in the Senate Health, Education and Social Services Committee on Committee Substitute for House Bill 142 (HES) "An Act relating to the Alaska temporary assistance program; and providing for an effective date."

CS HB 142 (HES) includes provisions necessary for the department to continue to reduce benefits for most two-parent families during the summer months. A recent court decision will make it administratively complicated for the department to reduce benefits for two-parent families in the absence of this legislation. Both the House and Senate versions of the FY 02 operating budget assume seasonal reductions in benefits for two-parent families.

CS HB 142 (HES) is similar to CS SB 116 (HES), which you previously heard, and identical to CS SB 116 (JUD) which is now in the Senate Finance Committee. CS HB 142 (HES) differs from CS SB 116 (HES) in that the House Bill would expand the exemption from the two-parent family reduction to include the small number of two parent families that include a disabled child. The department finds either of the versions of the bill acceptable.

Honorable Lyda Green
Page 2

The original zero fiscal note submitted to the bill at the time of introduction also applies to the House (HES) CS. Attached is a one page summary of the bill's provisions. Your favorable consideration of this request will be most appreciated.

Sincerely,



Elmer A. Lindstrom
Special Assistant to the Commissioner

CC: Mike Abbott, Legislative Director
Office of the Governor

HB

160

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSHB 160(HES)
 (H) Publish Date: 4/4/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
 Title: An Act requiring the reporting of induced BRU: Health & Social Services
 termination of pregnancies Component: Bureau of Vital Statistics
 Sponsor: Rep. Coghill
 Requester: House HSS Component Number: _____

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 (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)

Prepared by: HOUSE HEALTH, EDUCATION & SOCIAL SERVICES COM Phone 465-3759

REPRESENTATIVE FRED DYSON Date 4/3/01
 Chairman

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: CSHB 160(JUD)
(H) Publish Date: 4/28/01

Revision Date/Time (Note if correction): 4/5/2001 Dept. Affected: Health & Social Services
Title: An Act requiring the reporting of induced terminations of pregnancies BRU: State Health Services
Sponsor: Coghill et.al. Component: Bureau of Vital Statistics
Requester: House (JUD) Component Number: 961

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	15.8	16.1	16.4	16.8	17.1	17.4
Travel	3.0	1.0	1.0	1.0	1.0	1.0
Contractual	44.0	3.0	3.0	3.0	3.0	3.0
Supplies	0.5	0.5	0.5	0.5	0.5	0.5
Equipment	8.5				4.5	
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	71.8	20.6	20.9	21.3	26.1	21.9

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	71.8	20.6	20.9	21.3	26.1	21.9
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	71.8	20.6	20.9	21.3	26.1	21.9

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	1	1	1	1	1	1
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The Department anticipates 2000 - 2500 reports per year.

Personal Services: one 1/2-time Administrative Clerk II to process reports of induced termination.

Travel: first year - travel to each provider to establish procedures, install programs and train staff
succeeding yrs travel to oversee system functionality.

Contractual: first year

(a) 30k Build an Induced termination of pregnancy subsystem in the new vital statistics information system

(b) 4k lay-out and print reporting form

(c) 10K develop and adopt regulations succeeding yrs Print forms

Supplies: standard office supplies - (Yearly cost)

Equipment: first year Computer and furniture for new Admin Clerk succeeding yrs Replace computer

Prepared by: Karen E. Pearson, MS Phone 465 3092
Division: Public Health Date/Time: _____
Approved by: Elmer A. Lindstrom, Special Assistant Date 4/10/01 12:12 PM
Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

FISCAL NOTE

STATE OF ALASKA
2002 LEGISLATIVE SESSION

Fiscal Note Number: 3
Bill Version: CSHB 160(JUD)
(H) Publish Date: 4/3/02

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
Title: REPORTING OF INDUCED TERMINATIONS OF PREGNANCIES BRU: State Health Services
Component: Bureau of Vital Statistics
Sponsor: COGHILL
Requestor: HOUSE (FIN) Component Number: 961

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008
Personal Services	33.4	34.4	35.4	36.4	37.4	38.4
Travel	3.0	1.0	1.0	1.0	1.0	1.0
Contractual	44.0	3.0	3.0	3.0	3.0	3.0
Supplies	0.5	0.5	0.5	0.5	0.5	0.5
Equipment	8.5				4.5	
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	89.4	38.9	39.9	40.9	46.4	42.9

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

CHANGE IN REVENUES (0)						
---------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	89.4	38.9	39.9	40.9	46.4	42.9
1005 GF/Program Receipts						
1037 GF/Mental Health						
Othe (Specify Type--do not abbrevia						
TOTAL	89.4	38.9	39.9	40.9	46.4	42.9

Estimate of any current year (FY2002) cost: _____

Check this box (X) if funding for this bill is included in the Governor's FY 2003 budget proposal:

POSITIONS

Full-time						
Part-time	2	2	2	2	2	
Temporary						2

ANALYSIS: (Attach a separate page if necessary)

The Department anticipates 2000 - 2500 reports per year.
PERSONAL SERVICES: .25 Public Health Specialist I to provide training for providers and quality assurance for the program; .5 Administrative Clerk II to process reports of induced termination.
TRAVEL: First Year - travel to each provider to establish procedures, install programs and train staff; Succeeding Years - travel to oversee system functionality.
CONTRACTUAL: First Year - a) \$30.0 to build an induced termination of pregnancy subsystem in the vital statistics information system; b) \$4.0 for layout and printing of reporting form; c) \$10.0 to develop and adopt regulations; Succeeding Years - print forms.
SUPPLIES: standard office supplies

Prepared by: Karen E. Pearson, MS Phone 465-3090
 Division: Public Health Date/Time 04/01/2002
 Approved by: Elmer A. Lindstrom, Deputy Commissioner Date 04/02/2002
 Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

FISCAL NOTE # 3

STATE OF ALASKA
2002 LEGISLATIVE SESSION

BILL NO. CSHB 160(JUD)

ANALYSIS CONTINUATION

EQUIPMENT: First Year - computer and furniture for new Admin Clerk; Succeeding Years - replace computer in Year 5.

STATE POLICIES IN BRIEF

As of
MARCH 1, 2002

■ Abortion Reporting Requirements

BACKGROUND: For the last three decades, the federal Centers for Disease Control and Prevention (CDC) and the states have partnered to collect statistics on abortions in the United States. States are not required to submit abortion data to CDC, but an overwhelming majority do. Providers typically use a state form based on a federally designed standard, which asks for information about the facility, about the patient's demographic characteristics and medical history, and about the abortion procedure itself, including the method used and its timing (in weeks' gestation). Most states have adjusted their forms to include questions about medical (nonsurgical) abortion, given the 2000 approval of the abortion drug mifepristone. States provide only aggregate data, which show only general demographic trends, to CDC.

REQUIRE REGULAR, CONFIDENTIAL REPORTING TO THE STATE

by hospitals, facilities or physicians

44

Alabama	Indiana	Montana	Rhode Island
Arizona	Iowa	Nebraska	South Carolina
Arkansas	Kansas	Nevada	South Dakota
Colorado	Kentucky	New Mexico	Tennessee
Connecticut	Louisiana	New York	Texas
Delaware	Maine	North Carolina	Utah
Florida	Massachusetts	North Dakota	Vermont
Georgia	Michigan	Ohio	Virginia
Hawaii	Minnesota	Oklahoma	Washington
Idaho	Mississippi	Oregon	Wisconsin
Illinois	Missouri	Pennsylvania	Wyoming

COLLECT DATA ON A VOLUNTARY BASIS

in the absence of a legal requirement

4 + DC

District of Columbia	New Jersey
Maryland	West Virginia
New Hampshire	

DO NOT COLLECT DATA

because of legal or funding constraints

2

Alaska	(not funded by state)
California	(law that includes requirement is enjoined)

*State-prepared reporting form specifically includes medical (nonsurgical) procedures.

Legal Induced Abortion Reporting in the United States

Why is legal abortion reporting important?

Legal induced abortion data are used to

- Define characteristics of women at high risk for unintended pregnancy.
- Monitor trends in the number, rate, and ratio, of abortion, types of procedures used, and gestational age (in weeks) when abortions are performed.
- Calculate pregnancy rates (in conjunction with births and fetal deaths).
- Evaluate the effectiveness of family planning programs and programs to prevent unintended pregnancy.

Reporting issues

- 47 states, New York City, and the District of Columbia collect data on legal induced abortions.
- 44 reporting areas collect abortion data as required by state statute/regulation or law.
- Every hospital, Medicare facility, or licensed clinician in required areas must report each induced abortion performed to the central department of health by means of a standardized form for that reporting area.
- The time period for filing reports after legal induced abortion varies widely by state.

Abortion Reporting, by Reporting Area and Type of Reporting—United States, 2000



* Currently this state does not collect data on induced termination of pregnancy.

Source: Reporting of medical abortions: Information for providers. *Am J Obstet Gynecol*, 2000; 183:S24-S25

September, 2000

Legal Induced Abortion Reporting in the United States

	Reporting form includes medical (nonsurgical) procedures	Time for Reporting	Contact state/reporting area office for more info
Alabama *		10 days after end of month	(334) 206-5426
Alaska †	Y	_____	(907) 465-3090
Arizona *		Monthly	(602) 542-1216
Arkansas *		5 days after procedure	(501) 661-2036
California ‡	NA	_____	(916) 323-2662
Colorado †		5 days after procedure	(303) 692-2160
Connecticut *		7 days after procedure	(860) 509-7897
Delaware *	Y	30 days after end of month	(302) 739-4776
Dist. of Col.	Y	_____	(202) 442-5865
Florida *		Monthly	(904) 359-6900
Georgia *		10 days after procedure	(404) 656-4750
Hawaii †		1 month after procedure	(808) 586-4600
Idaho *	Y	15 days after end of month	(208) 334-5992
Illinois *		10 days after end of month	(217) 782-6554
Indiana *		Twice a year	(317) 233-2700
Iowa *		30 days after procedure	(515) 281-5787
Kansas *	Y	Annually	(785) 296-8627
Kentucky *	†	15 days after end of month	(502) 564-4212
Louisiana *		15 days after procedure	(504) 568-5152
Maine *	Y	10 days after end of month	(207) 287-5445
Maryland		_____	(410) 767-6783
Massachusetts *		30 days after procedure	(617) 753-8824
Michigan *	Y	7 days after procedure	(517) 335-8705
Minnesota *	Y	by April 1 for previous year	1-800-657-3900
Mississippi *	Y	5 days after procedure	(601) 576-7960
Missouri *	Y	45 days after procedure	(573) 751-6381

	Reporting form includes medical (nonsurgical) procedures	Time for Reporting	Contact state/reporting area office for more info
Montana *		30 days after procedure	(406) 444-5249
Nebraska *	Y	15 days after end of month	(402) 471-3121
Nevada *		No time for report specified	(775) 684-4242
New Hampshire ‡	Y	_____	(603) 271-4650
New Jersey **	Y	No time for report specified	(609) 984-6702
New Mexico *	Y	5 days after procedure	(505) 827-2338
New York †	Y	72 hours after procedure	(518) 474-3077
New York City *	Y	5 days after procedure	(212) 788-4520
North Carolina *	Y	Monthly	(919) 733-3526
North Dakota *	Y	30 days after procedure	(701) 328-2360
Ohio *	Y	15 days after discharge †	(614) 466-2531
Oklahoma *		_____	(405) 271-3430
Oregon *	Y	5 days after procedure	(503) 731-4108
Pennsylvania *	Y	15 days after end of month	(717) 783-2548
Rhode Island †	Y	7 days after procedure	(401) 222-2812
South Carolina *		7 days after procedure	(803) 898-3324
South Dakota *	Y	by Jan. 15 for previous year	(605) 773-4961
Tennessee *		10 days after procedure	(615) 741-1954
Texas *	Y	by Jan. 31 for previous year	(512) 458-7111
Utah *	Y	10 days after procedure	(801) 538-6105
Vermont *	Y	7 days after procedure	(802) 863-7275
Virginia †	Y	3 days after procedure	(804) 225-5076
Washington *	Y	Monthly for previous month	(360) 236-4313
West Virginia **	Y††	_____	(304) 558-9100
Wisconsin *	Y	by Jan. 15 for previous year	(608) 266-2838
Wyoming *	Y	20 days after procedure	(307) 777-7591

Note: State abortion reporting statutes are subject to modification or change at any time, therefore it is important to verify state reporting requirements with the state's office of vital statistics.

* Induced termination of pregnancy reporting is specifically required by state statute or regulation.

† Reporting is done in accordance with the state's fetal death reporting statute or regulation.

‡ Currently this state does not collect data on induced termination of pregnancy.

§ State collects abortion data in accordance with its death certification statutory law.

¶ Reporting requirements refer to reporting by hospitals.

** A broad health statute provides legal authority for abortion data collection.

†† Category not specified but includes fill-in procedure column

NA Not available

Source: Reporting of medical abortions: information for providers. *Am J Obstet Gynecol*, 2000; 183:S24-S25; Unpublished data, Alan Guttmacher Institute, 2000.

For information on the medication, mifepristone, recently approved by the FDA for termination of early pregnancy: <http://www.fda.gov/cder/drug/infopage/mifepristone/>.

For further information on abortion surveillance, or the latest legal abortion statistics reported by CDC: <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/mm4851a3.htm>

Legal Induced Abortion

Lisa M. Koonin, M.N., M.P.H.,¹ and Jack C. Smith, M.S.¹

PUBLIC HEALTH IMPORTANCE

Legal induced abortion is one of the most frequently performed surgical procedures in the United States. Each year since 1980, the number of abortions in this country has remained relatively stable at approximately 1.3–1.4 million abortions per year (1). Recent reports show that in 1991, 339 abortions were provided for every 1,000 live births and that about 24 of every 1,000 females of reproductive age (15–44 years old) had an abortion (1).

Induced abortions usually are linked to unintended pregnancies, which often occur despite the use of contraception (2–4). In the mid-1980s, about 1.2 million of the live births that occurred each year were unintended (either mistimed or unwanted at conception) (5). Improving contraceptive practices as well as access to and education about safe, effective, and low-cost contraception and family planning services may help minimize the need for abortion in this country (6).

Fewer than one woman in 100 develops a major complication from induced abortion, and fewer than one in 100,000 dies (7,8). The risk of morbidity and mortality from legal abortion is directly related to gestational age at the time of abortion—the earlier the gestation, the safer the procedure (9,10).

The surveillance of legal induced abortion is important for numerous reasons. Surveillance is used to identify characteristics of those who have abortions, in particular, women at high risk of unintended pregnancy. Ongoing surveil-

lance is essential to monitor trends in the number, ratio, and rate of abortions in this country.^{*} We need statistics on the number of pregnancies ending in abortion to add to birth and fetal death statistics so that we can accurately estimate pregnancy rates and calculate other outcome rates, such as the rate of ectopic pregnancies per 1,000 pregnancies. In turn, abortion and pregnancy rates can be used to evaluate the effectiveness of family planning and unintended pregnancy prevention programs. This is especially important for teenage pregnancy programs, because a large proportion of teenage pregnancies are terminated by abortion (1). Ongoing surveillance also gives us an opportunity to assess changes in clinical practice patterns related to abortion, such as changes in types of procedure over time. Finally, abortion data are used as denominators to calculate abortion morbidity rates and mortality rates.

Legal abortion rates vary widely among countries—ranging from a high of >100 abortions per 1,000 women of reproductive age in the former Soviet Union to a low of 5 per 1,000 in the Netherlands. The induced abortion rate in the United States (24 per 1,000) is higher than rates reported by Australia, Canada, and most Western European countries; the U.S. rate is lower than rates reported by the former Soviet Union, China, Cuba, and Eastern European countries (11). Abortion rates for teenagers are much higher in the United States than in most Western European countries and in some Eastern European countries (11) (for additional information about related topics and surveillance

^{*} The **ratio** is the number of abortions per 1,000 live births. The **rate** is the number of abortions per 1000 females 15–44 years old.

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National Center for Chronic Disease Prevention
and Health Promotion
Centers for Disease Control and Prevention
Atlanta, Georgia

activities, see the Unintended Pregnancy and Childbearing and the Pregnancy in Adolescents chapters).

HISTORY OF DATA COLLECTION

During the late 1960s and early 1970s, a new reproductive health event, legal induced abortion, was emerging as a result of judicial and legislative changes occurring in this country. At that time, the incidence of induced abortion in the United States was unknown. In 1969, recognizing both the importance of abortion as a public health issue and the need for national abortion statistics, CDC began the continuous epidemiologic surveillance of abortion in the United States.

That same year, CDC published the first report of legal induced abortions. The term **legal** was used to contrast those abortions with illegal procedures or self-induced procedures that still occurred. Since then, reports of annual data for 1969–1990 have been published regularly.

To assess morbidity associated with legal induced abortion from 1971 through 1978, CDC sponsored a multicenter, observational study of complications following legal induced abortion (12). This study, known as the Joint Program for the Study of Abortion (JPSA), continued the initial investigation (JPSA I) sponsored by the Population Council of New York. On the basis of data from about 80,000 abortions performed in 32 institutions between 1971 and 1975 (JPSA II) and 84,000 abortions performed in 13 institutions between 1975 and 1978 (JPSA III), CDC offered the medical community recommendations, which have significantly reduced the number and severity of abortion complications and the number of related deaths in this country.

Today, abortion statistics are compiled by CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and National Center for Health Statistics (NCHS) as well as the Alan Guttmacher Institute, an independent, nonprofit research organization. Abortion data compiled by NCHS are collected from participating states and registration areas. Information on each induced abortion is provided to NCHS on magnetic tape as a

part of the Vital Statistics Cooperative Program. In 1988, the last year for which statistics were reported, NCHS reports included data from 14 states† and New York City (13). The Alan Guttmacher Institute conducts periodic direct surveys of abortion providers in the United States (14); however, the institute does not conduct continuous annual surveys or collect information on the characteristics of women obtaining abortions.

CDC SURVEILLANCE ACTIVITIES

NCCDPHP is responsible for national surveillance to document the number and characteristics of women obtaining abortions, and NCHS is responsible for compiling abortion data in selected states. On occasion, NCCDPHP and NCHS collaborate in producing abortion surveillance reports.

A legal induced abortion is defined as a procedure performed by a licensed physician or someone acting under the supervision of a licensed physician, with the intent to "terminate a suspected or known intrauterine pregnancy and to produce a nonviable fetus at any gestational age" (9). Data on the reasons for the legal induced abortion are not collected by many states and are not provided to NCCDPHP.

Until the late 1970s, state health departments had independently developed their own abortion reporting forms or had used fetal death reporting forms, which were problematic for reporting induced abortions. In 1977, with the assistance of state health departments, NCHS developed a model abortion reporting form to collect demographic information and data on gestational age and the type of procedure performed; the form does not include personal identifiers of the woman. This reporting form has been modified periodically and serves as the primary tool for collecting abortion statistics in most states.

NCCDPHP compiles tabular data, aggregated at the state and area levels, received from 52 reporting areas: 50 states, New York City, and the District of Columbia. The total number of legal

† States include Colorado, Indiana, Kansas, Maine, Missouri, Montana, New York, Oregon, Rhode Island, South Carolina, Tennessee, Utah, Vermont, and Virginia.

induced abortions are available from all reporting areas, most of which provide information on the characteristics of women obtaining abortions. Each year, in about 45 reporting areas, data are provided from the central health agencies.[§] In the remaining reporting areas, data are provided from hospitals and other medical facilities. No patient or physician identifiers are provided to CDC. Data are reported by the state in which the abortion occurred. CDC checks the data for numerical accuracy and for consistency with published state reports and resolves discrepancies by communicating with health department personnel. Data are stored in secured files.

CDC computes abortion-to-live-birth ratios by using the number of abortions in a given category (e.g., by state, age, or race) as the numerator and the number of live births (reported by state and area health departments) in the same category as denominators. Abortion rates are computed by using the number of abortions as numerators and Current Population Survey data for females aged 15–44 years as denominators.

Preliminary annual data on legal induced abortions are published in the *Morbidity and Mortality Weekly Report (MMWR)*, and a final and more comprehensive report is published later in the *MMWR's CDC Surveillance Summaries*. National numbers, ratios, and rates of abortions are presented in each report. State-specific characteristics of women obtaining abortions are presented in the *Surveillance Summaries* only.

GENERAL FINDINGS

From 1970 to 1982, the reported number of legal abortions in the United States increased every year; the largest percentage increase occurred during 1970–1972 (Figure 1). From 1976 to 1982, the annual rate of increase slowed continuously, reaching a low of 0.2% for 1981–1982. Since 1980, the number of abortions has remained relatively stable, with only small (<5%) year-to-year fluctuations. The abortion ratio increased each year from 1970 to 1980, remained relatively stable until 1988,

and since then has decreased somewhat each year (Figure 1).

Women who have abortions in this country tend to be young, white, unmarried, and having the procedure for the first time. Specifically, women 20–24 years of age have approximately one third of all abortions, whereas women younger <15 years of age have about 1%. Abortion ratios are highest for women at the age extremes — <19 years (particularly <15 years) and ≥40 years of age (Figure 2). Women aged 30–34 years have the lowest ratios. Among teenagers, the abortion ratio is highest for those <15 years old and lowest for those 19 years old.

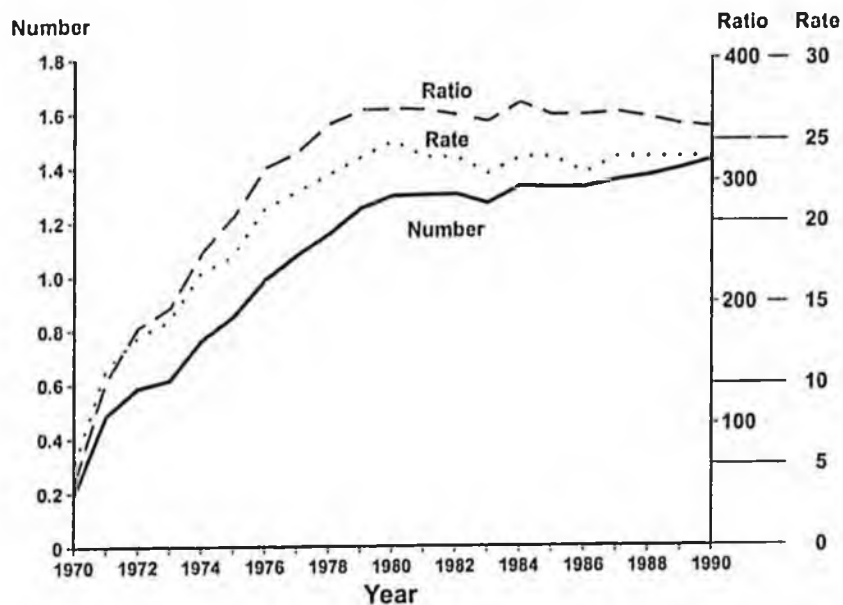
Most reported legal abortions are performed before 8 weeks of gestation, and more than three fourths are done before 13 weeks. Approximately 4% of abortions are performed at 16–20 weeks of gestation, and 1% at ≥21 weeks. Approximately 99% of legal abortions are performed by curettage (which is consistent with the fact that 94% of abortions are performed in the first trimester or early second trimester of pregnancy), and <1% are performed by in-uterine saline or prostaglandin instillation. Hysterectomy and hysterotomy are rarely used to perform abortions.

Abortion ratios vary by race and ethnicity, although these variations are probably related to socioeconomic differences rather than to race per se. Almost two thirds of women obtaining abortions are white; however, the abortion ratio for blacks is about two times higher than that for white women, and the ratio for women of other races (Asian-Pacific Islander, Native American, Alaska Native, or race listed as other) is 1.3 times higher than that for white women. In 1990, the abortion ratios for Hispanics were similar to those for whites. When the proportion of women undergoing legal abortion is analyzed by race and age-group, few differences are found between whites and blacks except among girls <15 years old; the percentage of girls who had an abortion was over twice that of white girls in this age-group (Table 1).

Over three fourths of women who have legal induced abortion are unmarried. The abortion ratio is 11 times higher for unmarried women than for married women.

§ Agencies include state health departments and the health departments of New York City and the District of Columbia.

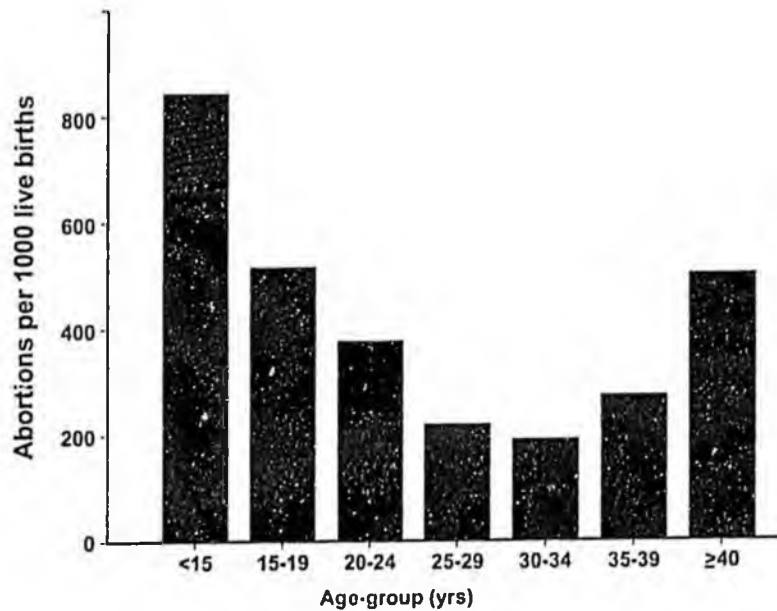
FIGURE 1. Legal abortions — United States, 1970–1990*



* Number of abortions are in millions of women, ratio is number of abortions per 1,000 live births, and rate is number of abortions per 1,000 women aged 15–44 years.

Source: CDC abortion surveillance.

FIGURE 2. Abortion ratio, by age-group — United States, 1990



Source: CDC abortion surveillance.

TABLE 1. Number and percentage of reported legal abortions, by race and age-group — United States, 1990

Age-group* (years)	Race				Total	
	White†		Black and other races		No.	%
	No.	%	No.	%		
< 15	2,215	0.6	2,597	1.3	4,812	0.8
15-19	88,731	22.3	41,597	20.1	130,328	21.5
20-24	132,427	33.2	68,922	33.3	201,349	33.2
25-29	87,044	21.8	49,242	23.8	136,286	22.5
30-34	52,741	13.2	28,171	13.6	80,912	13.4
35-39	27,571	6.9	12,919	6.3	40,490	6.7
≥ 40	8,022	2.0	3,229	1.6	11,251	1.9
Total‡	398,751	100.0	206,677	100.0	605,428	100.0

* Excludes persons of unknown ages.

† Includes Hispanics.

‡ Reported by 30 states and New York City.

Source: CDC, National Abortion Surveillance (17).

The abortion ratio is highest for women who had no live births and lowest for women who had one live birth. Approximately half of women obtaining abortions are having the procedure for the first time, whereas approximately 15% have had at least two previous abortions.

Overall, most women obtain abortions during the first 12 weeks of pregnancy. However, girls <15 years of age are more likely to obtain abortions later in pregnancy than older women. The proportion of women obtaining an early abortion (<8 weeks) increases with age, and the proportion obtaining a late abortion (≥16 weeks) decreases with age. Black women of all ages tend to obtain abortions later in pregnancy than white women.

About 99% of abortions at <12 weeks of gestation are performed by curettage (primarily suction procedures). Beyond 12 weeks of gestation, the most common procedure again is curettage, which is usually reported as dilatation and evacuation. Most intrauterine instillations involve the use of saline and are usually performed at ≥16 weeks of gestation.

For all racial groups, educational level strongly influences when an abortion is performed (15). For example, in 1988, among white women

who obtained an abortion, 60% of those with college educations (≥16 years of school completed) had an early abortion (≤8 weeks), compared with 46% of those who completed high school only. Among minority women who obtained an abortion, about 53% of those with college educations had an early abortion compared with 42% of those who completed high school only.

Also in 1988, about 88% of women who obtained abortions lived in metropolitan areas (15). For these women, the abortion ratio was about 2.2 times greater than the ratio for women who lived in nonmetropolitan areas (373 vs. 168 abortions per 1,000 live births). This difference varied by race. For example, the abortion ratio for minority women living in metropolitan areas was 2.8 times the ratio for those living in nonmetropolitan areas (599 vs. 210 abortions per 1,000 live births). In contrast, the abortion ratio for white women living in metropolitan areas was 1.9 times that of white women living in nonmetropolitan areas (302 vs. 162 abortions per 1,000 live births).

Areas with the highest incidence of legal induced abortion include California, New York City, Texas, and Illinois; the lowest incidence occurs in Wyoming, South Dakota, Alaska, and Idaho

(Table 2) (16,17). Data on women whose state of residence is known indicate that approximately 92% have the abortion performed within that state.

INTERPRETATION ISSUES

Since the 1970s, legal induced abortion has spurred much public controversy, which has affected national and state surveillance activities. In recent years, the abortion issue has influenced a significant number of public policy decisions, including issues related to the public funding of abortions, fetal tissue research, international family planning program development and support, and the possible availability of certain abortion-inducing medications, such as RU 486.

Despite NCCDPHP's ability to monitor national abortion trends, these data have several significant limitations. In 1990, approximately 28% of the abortions were reported from states that do not have centralized reporting; these areas could provide no information on the characteristics of women obtaining abortions. Representativeness is limited when data from all states are not available. In addition, because the number of states that report such information varies from year to year, we must use caution when making temporal comparisons. Nevertheless, the data available from CDC's abortion surveillance system are particularly useful because national characteristic data of women who obtain abortions are not collected by any other system. Also, because this is a continuous surveillance activity, data for each year since 1969 have been compiled, tabulated, and reported.

Differences in the data reported to NCCDPHP and NCHS also must be considered. For example, legal induced abortion data reported to NCHS contain demographic data—including information on educational level and area of residence (metropolitan or nonmetropolitan)—not available from states that provide data to NCCDPHP. The NCHS data system also enables detailed cross-tabulation of these and other characteristics. Because NCHS data are from a limited number of states, they cannot be used to represent national statistics. In 1988, NCCDPHP received the same number of re-

ported abortions as did NCHS for the selected states in their system—these NCHS abortion data represented approximately 22% of all abortions reported to NCCDPHP in that year.

The Alan Guttmacher Institute reports higher numbers of abortions in a given year than does NCCDPHP. However, the institute does not conduct abortion surveillance annually; in the 1980s, data were not collected for 1983, 1986, and 1989. The number of abortions reported to CDC has consistently been about 19% lower than the number ascertained by the Alan Guttmacher Institute (18). Methodologic differences account for this discrepancy. The institute uses an active survey technique to contact all identifiable abortion providers, whereas NCCDPHP primarily compiles data collected by state health departments. The smaller number of abortions reported to NCCDPHP from health departments is likely the result of inconsistencies among states in abortion reporting requirements and methods. Specifically, the completeness of state health department data varies widely because 1) some states require reporting from all licensed facilities whereas others have a voluntary abortion reporting system, 2) the types of providers that must report vary among states, and 3) the completeness of reporting varies among states. These factors probably contribute to underreporting in some states, which can lead to an underestimation of the national abortion rate and ratio.

Because legal induced abortions are usually performed in licensed medical facilities and most states use a standard abortion reporting form for data collection, we suspect that overreporting of abortions (false positives) is rare. However, the data collection forms filled out by providers may contain incomplete data, which in turn would be submitted to NCCDPHP for inclusion in national statistics.

NCCDPHP's definition of legal induced abortion is very similar to the definitions used by NCHS and the Alan Guttmacher Institute. NCHS uses the term **induced termination of pregnancy** in its reports and defines it as the "purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant, and which does not result in a live birth . . . and excludes management of prolonged re-

TABLE 2. Reported number, ratio, and rate of legal abortions and percentage of abortions obtained by out-of-state residents, by state of occurrence — United States, 1990

State	Number of abortions*	Ratio†	Rate‡	Abortions obtained by out-of-state residents (%)¶
Alabama	15,012**	237	16	NR
Alaska	1,489**	125	11	NR
Arizona	15,783	229	19	2.5
Arkansas	5,953	163	11	3.2
California	357,579††	585	50	NR
Colorado	12,679	237	16	8.2
Connecticut	18,776	375§§	24	NR
Delaware	5,557	500	34	NR
District of Columbia	19,969	NR¶¶	NR	52.9
Florida	66,071	332	24	NR
Georgia	39,245	349	24	8.3
Hawaii	4,748	232	18	0.8
Idaho	1,390	85	6	9.0
Illinois	67,350	345	25	NR
Indiana	14,351	167	11	3.6
Iowa	7,166**	182	12	NR
Kansas	7,516†††	193§§	14	46.5
Kentucky	10,921	202	13	29.3
Louisiana	13,020	181	13	NR
Maine	4,607	266	16	12.6
Maryland	22,425	279§§	19	6.8
Massachusetts	39,739	430	27	3.9
Michigan	36,183	236	16	4.2
Minnesota	17,156	252	17	10.7
Mississippi	6,842	157	11	22.7
Missouri	16,366	207	14	10.8
Montana	3,365	290	19	23.6
Nebraska	6,346	260	18	20.2
Nevada	7,226	331	26	11.2
New Hampshire	4,259**	243	16	NR
New Jersey	41,358	337	23	3.0
New Mexico	5,288	194	15	3.9
New York	159,098	545	37	3.4
City	102,202§§§	787	NR	2.9
State	56,896	351	NR	4.2
North Carolina	36,494	349	23	8.3
North Dakota	1,723	186	12	38.2
Ohio	32,165	193	13	9.6
Oklahoma	10,708**	225§§	15	NR
Oregon	13,658	319	21	9.7
Pennsylvania	52,143	305	19	5.9
Rhode Island	7,782	512§§	33	21.7
South Carolina	13,285	227	16	6.1
South Dakota	946	86	6	19.4

TABLE 2. Reported number, ratio, and rate of legal abortions and percentage of abortions obtained by out-of-state residents, by state of occurrence — United States, 1990 — continued

State	Number of abortions ^a	Ratio ^b	Rate ^c	Abortions obtained by out-of-state residents (%) ^d
Tennessee	21,144	282	18	17.4
Texas	92,580	293	23	3.9
Utah	4,786	132	12	15.2
Vermont	3,184	384	23	29.8
Virginia	32,992	334	21	6.0
Washington	31,443	397	27	4.9
West Virginia	2,500	111	6	11.7
Wisconsin	6,848	232	15	6.1
Wyoming	363	52	4	12.4
Total	1,429,577	345 ^{eee}	24	8.2

^a Abortion data from central health agency unless otherwise noted.

^b Abortions per 1,000 live births (live-birth data from central health agency unless otherwise specified).

^c Abortions per 1,000 women aged 15–44 years (from Bureau of the Census, Current Population Survey, March 1990).

^d Based on number of abortions for which residence status of women was known.

^e Reported from hospitals and/or other medical facilities in state.

^f CDC estimate.

^g Live births reported by NCHS (16).

^h >1,000 abortions per 1,000 live births.

ⁱ >1,000 abortions per 1,000 women aged 15–44.

^j Excludes 330 Kansas residents obtaining abortions in other states.

^k Reported from New York City Health Department.

^l Differs from the preliminary ratio (344) published in MMWR (1).

NR: Not reported

tion of products of conception following fetal death" (19).

Because of multiple levels of reporting—from the facility or doctor to the state health department and then to NCCDPHP—reporting complexity is part of this surveillance system. This complexity is exacerbated by the political sensitivities and legal issues surrounding abortion in every state. This creates a surveillance situation that is dynamic and not completely in the control of the state health agency collecting data.

The timeliness of surveillance data can be described as having two components: 1) the interval between the performance of the abortion and the reporting of the event to the state health department and subsequently NCCDPHP, and 2) the interval between the receipt of such data by NCCDPHP and dissemination of the results of the analysis. Since 1991, the interval between the abortion and publication of a report has been about 3 years.

EXAMPLES OF USING DATA

CDC's need for abortion data at the national level is used by states to justify state legislation requiring abortion reporting. In turn, states compare their data with national data to make and assess policy and program decisions related to abortion. States also use abortion data to monitor teen pregnancy prevention programs and to plan for providing family planning and STD treatment and prevention services to groups at high risk for unintended pregnancies.

FUTURE ISSUES

Although no year 2000 objectives specifically call for reducing the number of legal induced abortions provided in this country, several objectives indirectly address this issue:

- Objective 5.1: Reducing teen pregnancies.
- Objective 5.2: Reducing the proportion of pregnancies that are unintended.

- Objective 5.7: Increasing the effectiveness with which family planning methods are used.

Achieving these objectives will affect the need for abortion services (20) and will require all states to collect abortion data needed to fully assess our progress in reducing abortions.

Not all states have recognized the need for state-based abortion surveillance, and some states have recognized the need but have been unable to gather information because of the sensitivities that abortion generates. Data on the number and characteristics of women having abortions in all states are needed to have an accurate picture of legal induced abortion in this country. Moreover, a larger emphasis must be placed on preventing unintended pregnancy, particularly among teenagers. States that do not have age- and race/ethnicity-specific data on abortions will be in a weak position for assessing their needs, addressing teen pregnancy and unintended pregnancy in high-risk groups, and evaluating the effectiveness of their programs.

Ultimately, recent judicial rulings, executive orders, and legislative changes related to parental consent for abortions for minors, restrictions on the availability of services, the possible availability of RU 486, and the funding of abortion services may affect the number of abortions performed, the characteristics of women having abortions, and the methods used for abortion surveillance. Therefore, ongoing abortion surveillance continues to be a dynamic process that can contribute valuable information about an important public health issue.

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Appendix A

U.S. Standard Report of Induced Termination of Pregnancy

TYPE/PRINT
OR
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

U.S. STANDARD
REPORT OF INDUCED TERMINATION OF PREGNANCY

STATE FILE NUMBER

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES — CENTERS FOR DISEASE CONTROL AND PREVENTION — NATIONAL CENTER FOR HEALTH STATISTICS — 1987 REVISION

1. FACILITY NAME (if not clinic or hospital, give address) Merrywood Clinic		2. CITY, TOWN, OR LOCATION OF PREGNANCY TERMINATION Louisville		3. COUNTY OF PREGNANCY TERMINATION Jefferson	
4. PATIENT'S IDENTIFICATION 25466		5. AGE LAST BIRTHDAY 23		6. MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
7. DATE OF PREGNANCY TERMINATION (Month, Day, Year) November 20, 1997		8a. RESIDENCE-STATE Ohio		8b. COUNTY Hamilton	
8c. CITY, TOWN, OR LOCATION Cincinnati		8d. INSIDE CITY LIMITS? (Yes or No) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8e. ZIP CODE 45202	
9. OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Specify: Puerto Rican		10. RACE <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input checked="" type="checkbox"/> White <input type="checkbox"/> Other (Specify) _____		11. EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 12 _____	
12. DATE LAST NORMAL MENSTRUATION BEGAN (Month, Day, Year) September 5, 1997		13. CLINICAL ESTIMATE OF GESTATION (Weeks) 10 weeks		14. PREVIOUS PREGNANCIES (Complete each section)	
		14a. LIVE BIRTHS		14b. OTHER TERMINATIONS	
		14a. Now Living		14a. Spontaneous	
		14b. Now Dead		14b. Induced (Do not include this termination)	
		Number _____ <input checked="" type="checkbox"/> None		Number _____ <input checked="" type="checkbox"/> None	
		Number _____ <input checked="" type="checkbox"/> None		Number _____ <input checked="" type="checkbox"/> None	
15. TYPE OF TERMINATION PROCEDURE (Check only one)					
<input checked="" type="checkbox"/> Suction Curettage					
<input type="checkbox"/> Medical (Nonsurgical), Specify Medication(s) _____					
<input type="checkbox"/> Dilation and Evacuation (D&E)					
<input type="checkbox"/> Intra-Uterine Instillation (Saline or Prostaglandin)					
<input type="checkbox"/> Sharp Curettage (D&C)					
<input type="checkbox"/> Hysterotomy/hysterectomy					
<input type="checkbox"/> Other (Specify) _____					
16. NAME OF ATTENDING PHYSICIAN (Type/Print) Edmund Matthew Stone, M.D.			17. NAME OF PERSON COMPLETING REPORT (Type/Print) Julia Lynn Koval		

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: Danielle Serino
From: Jennifer Rudinger
Date: February 13, 2002
Re: (CS) House Bill 160 – An Act requiring the reporting of induced termination of pregnancies.

Dear Danielle,

Per your request, I am writing to expressly convey the AkCLU's support for CSHB 160, an Act requiring the reporting of induced termination of pregnancies, as this bill is currently drafted. As I testified last year, the AkCLU understands that the State has an important interest in collecting and maintaining aggregate statistical records of how many abortions are performed in Alaska, the age of the patients who receive abortions, and whether these patients already have children or have had prior pregnancies terminated. These statistics could give the State a more accurate picture of women's health needs, thereby enabling the State and health care providers to improve their delivery of medical services to women in Alaska.

We believe that the current version of HB 160, as amended in the House Judiciary Committee last April 28th, explicitly protects doctor/patient confidentiality and safeguards the privacy rights of patients and providers, and we are gratified that Rep. Coghill and the Committee expressed their intent to protect individuals' privacy. CSHB 160 not only passes Constitutional muster as currently drafted, but we urge its immediate passage, and we will urge the Governor to sign this bill into law once it is presented to him.

Please let me know if I may be of further assistance. Thank you, and thanks to Rep. Coghill, for your hard work on this important legislation.

Sincerely,



Jennifer Rudinger
Executive Director

LEGAL SERVICES

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

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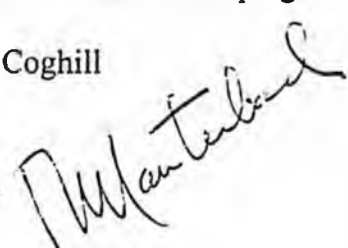
MEMORANDUM

January 18, 2002

SUBJECT: Sectional Summary of CSHB 160(JUD); draft version "L"
(Reporting of induced terminations of pregnancies)

TO: Representative John Coghill
Attn: Danielle

FROM: Terri Lauterbach
Legislative Counsel



You have requested a sectional summary of the above-described bill.

As a preliminary matter, please note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents. This memo is simply a brief summary. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, let me know.

Section 1. Requires facilities and physicians to report induced terminations of pregnancies to the state registrar. Requires the state registrar to prepare a statistical report based on the facility and physician reports.

Sections 2 - 4. These sections provide confidentiality for the reports of induced terminations of pregnancies in several contexts.

Section 5. Adds "induced termination of pregnancy" to the list of circumstances when a person will be required to provide facts known to the person on demand of the state registrar.

Section 6. Amends the definition of "fetal death" to exclude induced termination of pregnancy.

Section 7. Adds "induced termination of pregnancy" to the meaning of "vital statistics."

Section 8. Defines "induced termination of pregnancy."

TML:med
02-022.med

Alaska State Legislature

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Session:
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Representative John Coghill

SPONSOR STATEMENT for HB 160

REPORTING OF ABORTIONS

Currently, the State of Alaska does not monitor or collect any abortion data. This hampers efforts on a state and national level in publishing and evaluating accurate abortion data in relation to important maternal health information.

House Bill 160 would implement a reporting system for abortions in Alaska by requiring physicians to submit an induced termination of pregnancy report within three days after the procedure to the Bureau of Vital Statistics, who would publish the aggregated data in an annual report.

Abortion data in the United States is collected and evaluated by the Centers for Disease Control and the Alan Guttmacher Institute. Data from abortion surveillance is used in conjunction with birth data and fetal death computations to estimate pregnancy rates and other maternal health rates. Abortion data is also used in defining characteristics of women who are at high risk for unintended pregnancy. Moreover, ongoing annual surveillance is used to monitor trends in the number, ratio, and rate of abortions in the United States and provide data for assessing changes in clinical practice patterns related to abortion.

This information is collected by the states, and it is compiled and published at the national level by the Centers for Disease Control and Prevention. However, some states, including Alaska, have no abortion reporting system. The Alan Guttmacher Institute periodically conducts surveys of abortion providers and uses the results together with the CDC data to estimate the number of abortions and the abortion rate.

The Centers for Disease Control and the National Center for Health Statistics advocate the collection of detailed abortion data since it is vital to accurate evaluations of abortion related topics and essential for both health and public policy issues.

The information that House Bill 160 would require to be reported is modeled after the federal guidelines for induced termination of pregnancy reports, established by the National Center for Health Statistics.

HB

162

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: HB162
 (H) Publish Date: 3/22/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
 Title: "An act relating to absences under the
longevity bonus program." BRU: Longevity Bonus
 Component: Longevity Bonus Grants
 Sponsor: (H)HESS
 Requester: (H)STA Component Number: 26

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	(146.7)	(136.8)	(127.5)	(118.9)	(110.8)	(103.3)
Miscellaneous						
TOTAL OPERATING	(146.7)	(136.8)	(127.5)	(118.9)	(110.8)	(103.3)

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	(146.7)	(136.8)	(127.5)	(118.9)	(110.8)	(103.3)
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	(146.7)	(136.8)	(127.5)	(118.9)	(110.8)	(103.3)

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)

 See Page 2 for Bill Analysis.

Prepared by: James L. Kohn Phone 465-2159
 Division: Division of Alaska Longevity Programs Date/Time 03/21/01
 Approved by: Jim Duncan, Commissioner Date 3/21/01
 Agency: Department of Administration

For distribution information, call the Governor's Legislative Office

Bill Analysis HB 162

Section 1:

The average longevity bonus (ALB) check is \$221. There were 1,305 ALB recipient absences between 31 and 60 days in CY 2000. If the program issued a check for each of those absences the additional cost would be \$288.4. This is the cost associated with Section 1 of the bill.

Section 2:

If 10% of ALB recipients were absent for 30 days more than the current allowable absence they would forego one additional check and the program would save an estimated \$435.1.

The cost of ALB payments between calendar years 1997 - 2000 decreased an average of 6.767%. This percentage decrease has been applied to the FY 2002 estimated increment for each of the out years.

Section 1 cost =	\$288,405	(1,305 X 221).
Section 2 savings =	(\$435,149)	(19,690 X .10 X 221).
Net Year 2002	(S146,744)	

ALASKA STATE LEGISLATURE



REPRESENTATIVE GRETCHEN GUESS

SECTIONAL ANALYSIS HB 162

"An Act relating to absences from the state under the longevity bonus program."

Section 1:

Amends AS 47.45.030(a) by increasing the allowable paid absence from 30 to 60 consecutive days. Longevity bonus recipients would be required to report absences exceeding 60 days.

Section 2:

Amends AS 47.45.030 by adding a new subsection (c) which would permanently disqualify a recipient who remains absent from the state for a continuous period exceeding five years.

Section 3:

Amends AS 47.45.070(a)(4) by eliminating the 90 day consecutive rule and altering requirements to five years, which would qualify or permanently disqualify a recipient under AS 47.45.030(c).

(a)(6) is altered to read an unqualified person is one who was found qualified to receive a longevity bonus and was subsequently permanently disqualified under former AS 47.45.030(b) or former AS 47.45.045 (these sections are repealed).

(a)(6) eliminates the disqualification of a recipient who left the state for 12 consecutive months or more, and who did not reapply before January 01, 1997.

Section 4:

Repeals sections AS 47.45.030(b), 47.45.035, and 47.45.045.

Sponsor Statement

HB 162

“An Act relating to absences from the state under the longevity bonus program”

Purpose

This bill changes two longevity bonus date clauses. First, it increases the allowable paid absence from 30 to 60 consecutive days. Second, it extends the unpaid sabbatical from 90 consecutive days to five years.

Background

Recipients of the longevity bonus are people who were at least 65 years of age who resided in the state for at least one year immediately preceding application for a longevity bonus no later than December 31, 1996.

By increasing the allowable paid absence from 30 to 60 days seniors would be able to leave the state for up to 60 days while continuing to receive their longevity bonus. We have heard from many seniors who want to drive out of state to visit their family or need to leave and take care of a family and cannot because of the current 30-day restriction.

Extending the unpaid sabbatical from 90 days to five years would respond to another senior concern. Often either because of the winters, medical treatment, or extended trips to take care of family, longevity bonus recipients leave the state for extended periods of time. Currently, they lose their eligibility for the program if they leave for more than a total of 180 days out of the year or 90 days at one time. Due to this restriction many seniors fly back every 90 days to keep their eligibility. Extending the unpaid leave to five years would allow seniors to leave the state for up to five years without being dropped from the program.

Summary

The longevity bonus is extremely important to many of its recipients, especially those who are low income. By extending the allowable paid absence to 60 days and by extending the unpaid sabbatical to five years, seniors would be able to leave the state without a penalty.

HB

164



Alaska State Legislature

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REPRESENTATIVE FRED DYSON

MEMORANDUM

April 30, 2001

To: Senator Lyda Green
Chair, Senate HESS Committee

From: Fred Dyson 
State Representative

RE: Request for consideration of HB 164, Grandparent rights

I respectfully request that you schedule HB 164 for hearing at your earliest convenience.

Thank you.

- E-mail -
Representative_Fred_Dyson
@Legis.state.ak.us

- Internet -
<http://www.akrepublicans.org>

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: CSHB 164(HES)
(H) Publish Date: 4/5/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
Title: Grandparents' rights regarding CINA. BRU: Family and Youth Services Mngmt
Component: FYS Management

Sponsor: Rep. Dyson
Requester: House (HES) Component Number: 2306

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	0					
Part-time	0					
Temporary	0					

ANALYSIS: (Attach a separate page if necessary)

In its present form, this bill will have no fiscal impact on the Department if enacted.

Prepared by: Theresa Tanoury, Director Phone 465-3191
Division: Family & Youth Services Date/Time: _____
Approved by: Elr. Ar A. Lindstrom, Special Assistant Date 3/26/01 11:44 AM
Agency: Department of Health & Social Services

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April 30, 2001

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Chair, Senate HESS Committee

From: Fred Dyson 
State Representative

RE: Request for consideration of HB 164, Grandparent rights

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Thank you.

- E-mail -
Representative_Fred_Dyson
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<http://www.akrepublicans.org>



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REPRESENTATIVE FRED DYSON

HB 164 Sponsor Statement

"An Act relating to Grandparents

Updated: March 30, 2001

Contact: Representative Fred Dyson's office at (907) 465-2199

Grandparents are often the most stable and healthy influence in the life of a child from a troubled family. HB 164 assures that grandparents will have an opportunity to be heard at; Child in Need of Aid (CINA) hearings and custody hearings when the hearings involve their grandchildren.

Over the past couple of sessions the legislature has focused considerable effort on making our child protection and custody procedures more open, responsive and responsible. We have given foster parents more input and the right to be heard in treatment and in placement decisions and have encouraged more efficient placement procedures.

HB 164 will result in more informed decisions about the treatment and placement of Alaska's abused and neglected children. We also believe this measure will increase the likelihood of children being placed with relatives who may not have otherwise been located, heard, or considered.

The bill specifies that, unless the court specifically finds otherwise, the testimony of parents will be given more weight than a grandparents. This approach protects the primary parental interest while specifically allowing a court to defer to a grandparent for good cause.

Because we recognize that there will be cases where a grandparent is not a suitable option for child placement, HB 164 does not mandate that end. Instead, it requires notification of grandparents who care enough to make themselves known, so they can be part of the process if they will. The intended result is to encourage the department and parents to consider grandparents more frequently as a preferred placement option for children in need.

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- Internet -
<http://www.akrepublicans.org>

HB 164 Sectional Analysis

Revised: April 2, 2001 LS0693\C

Section 1: Inserts "Grandparents" into the list of those who must receive notice of court proceedings that could result in termination of parental rights and responsibilities in Child in Need of Aid (CINA) cases. "Grandparents" are included with; parent, tribe, foster parent or other out-of-home care provider, guardian, and guardian ad litem.

Section 2: Defines the parameters defining when the department must give notice to grandparents.

- The department must first be aware that a child has a grandparent. The department is not required to search for grandparents, the grandparent must contact the department.
- Grandparent must make the department aware of their current mailing address.

Section 3: Requires grandparent notification for informal hearings related to a custody petition and gives them the right to be heard. The court may limit the testimony and presence of a foster parent or a grandparent if it is in the best interest of the CINA.

Section 4: Requires grandparent notification of a permanency hearing for a CINA child. "Grandparents" are included with; parent, tribe, foster parent or other out-of-home care provider, guardian, and guardian ad litem.

Section 5: Amends court Rule 17(b) that allows grandparents to be heard at disposition hearings. This rule is a section of HB 164 because there is no statute that specifically addresses disposition hearings, therefore it could be argued that the bill doesn't warrant mention in Section 6.

Section 6: Itemizes the court rules changes that result from this bill: Rules 3, 7, 10, 15, 17 and 19 are changed consistent with the changes made by this act and spells out that a 2/3 majority vote is required.

SENATE COMMITTEE REPORT

DATE: 4/30/01

FURTHER: Judiciary

DATE TURNED
IN TO OFFICE: 05/03/01

Health, Education and Social Services Committee considered CS FOR HOUSE BILL NO. 164(JUD)
GRANDPARENTS' RIGHTS REGARDING CHILD IN NEED OF AID

"An Act prescribing the rights of grandparents related to child-in-need-of-aid hearings; and amending Rules 3, 7, 10, 15, 17, and 19, Alaska Child in Need of Aid Rules of Procedure."

and recommends:

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

Senate Bill:

- same title
- new title

House Bill:

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

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Zero	FN#
DH & SS	3/26/01		X	1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	Do PASS	Do NOT PASS	No REC	AMEND
<i>Chris A. Lewis</i>	✓			
<i>Gary Lilburn</i>	✓			
<i>Angela...</i>	✓			
CHAIR: <i>Lisa Meier</i>	✓			

Betty Short
3605 Arctic Blvd #2015
Anch., AK 99503
WR: 19-371/D

Subject: HB 164 Grandparents Rights

Date: Thu, 3 May 2001 20:59:19 -0800

From: "Betty Short" <AlaskaShort@worldnet.att.net>

To: <Senator_Lyda_Green@legis.state.ak.us>

CC: <Senator_Loren_Leman@legis.state.ak.us>, <Senator_Jerry_Wald@legis.state.ak.us>, <Senator_Gary_Wilken@legis.state.ak.us>, <Senator_Betty_Davis@legis.state.ak.us>

Dear Senator Green:

As president of the Grandparents Rights Organization I am writing you to plead for expedience of HB 164 through the HESS Committee.

This bill allows a grandparent to have the opportunity to be heard in the hearings held by the state in cases involving "OUR" grandchildren. This is a very important procedure for the courts & DFYS to be able to properly establish what is in the "Best Interest of the Child" as described in AS24.24.150(c)(1-9). How else does a court or caseworker, or CASA, or Attorney at Litem find out what is in the Best Interest of the Child, but to gain input from outside parties.

DFYS refuses grandparents on the basis of "you are not a party to the case" or "you have no rights" or "you are no better than a stranger"; then they utterly thrust them in the hands of strangers, sometimes breaking up the siblings. This is most definitely **emotional and mental abuse**.

We have a grandparent who has evidence, phone recordings, affidavits, witnesses, police report and NO ONE at DFYS will see or talk to her, nor will they return her phone calls. Yet the mother has a 10 years history with DFYS, but DFYS keeps putting the children back into her home.

Can you imagine what it would be like to be dragged away from your parents home and put with strangers. It would be devastating - especially to little children. Grandparents could help speed up investigations with their input and past knowledge and provide a safe and familiar haven for their grandchildren while the investigation is taking place. This would also save DFYS money in Foster Care, plus give room for those who are not so fortunate to have a grandparent available.

Several legislators; Joe Green, Loren Lehman, Fred Dyson, Brian Porter have met with us or come to one of our meetings and heard some stories. They were appalled. They said it's one thing to hear of these stories, but to **really hear them** is heartbreaking.

Through the Anchorage Legislative Office I faxed down several condensed stories, but I don't know if they followed this bill. I hope they did, so you get a chance to read some of them; they are heartbreaking.

Please vote for HB 164 as a new start to helping our grandchildren.

Thanking you in advance for your consideration. If you would like to attend one of our meetings please give me a call at 563-9129 in Anchorage. We meet the 1st & 3rd Monday of every month at Dennys on Dimond at 7:00 pm.

Sincerely,

Betty Short,
President
Grandparents Rights Organization

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSHB 164(HES)
 (H) Publish Date: 4/5/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Health & Social Services
 Title: Grandparents' rights regarding CINA. BRU: Family and Youth Services Mngmt
 Component: FYS Management

Sponsor: Rep. Dyson
 Requester: House (HES) Component Number: 2306

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	0					
Part-time	0					
Temporary	0					

ANALYSIS: (Attach a separate page if necessary)
 In its present form, this bill will have no fiscal impact on the Department if enacted.

Prepared by: Theresa Tanoury, Director Phone 465-3191
 Division: Family & Youth Services Date/Time _____
 Approved by: Elmer A. Lindstrom, Special Assistant Date 3/26/01 11:44 AM
 Agency: Department of Health & Social Services

HB

169

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: HB 169
 (H) Publish Date: 3/9/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Revenue
 Title: School Construction BRU: Revenue Operations
 Component: Treasury Division
 Sponsor: Rules Committee
 Requester: Governor Component Number: 121

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	50.0					
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	50.0	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	50.0					
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	50.0	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 legislation authorizes the sale of 40% of the state's portion of the Master Tobacco Settlement to the Northern Tobacco Securitization Corporation (a subsidiary of the Alaska Housing Finance Corporation) in exchange for the bond proceeds NTSC is able to generate (less costs of issuing the bonds and funding of a debt service reserve).

This would be the second sale of the state's portion of the Master Tobacco Settlement. The first sale was also for 40% of the settlement, which secured an issuance of \$116,050,000 in asset-backed bonds in October 2000. After funding a debt service reserve, a capitalized interest account, costs of issuance, and costs of operation for two years, the October 2000 issuance made \$93 million available for capital projects.

The anticipated term of this issuance is approximately 15 years, with the ability to extend term to a maximum of 30 years if revenues are lower than forecast. The second sale is expected to yield at least \$127,270,151 for capital projects. The increased issuance amount is expected to fully utilize the settlement revenues for a 30-year term. However, to the extent there are residual settlement revenues, they will revert to the state upon final payment of the bonds.

The \$50,000 in contractual expenses will cover legal and financial services for negotiating the sale of the settlement proceeds.

Prepared by: Deven Mitchell, Debt Manager Phone 465-3409
 Division: Treasury Division Date/Time 02/27/2001 8 a.m.
 Approved by: Larry Persily, Deputy Commissioner Date 02/27/2001
 Agency: Department of Revenue

For distribution information, call the Governor's Legislative Office

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: HB 169
 (H) Publish Date: 3/9/01

Revision Date/Time (Note if correction): _____ Dept. Affected: Revenue
 Title: School Construction BRU: Alaska Housing Finance Corp.
 Component: Operations
 Sponsor: Rules Committee
 Requester: Governor Component Number: 110

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	127,270.2					
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CHANGE IN REVENUES ()	(9,727.0)	(9,855.8)	(8,672.9)	(8,769.1)	(8,884.9)	(9,001.1)
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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 capital expenditures are the proceeds from the sale of revenue bonds issued by the Northern Tobacco Securitization Corp. (NTSC) under Section 2 of this legislation. Debt service to repay the bonds will come from tobacco settlement funds that otherwise would have gone to the state treasury in future years. The annual reduction in unrestricted state revenue shown above is based on the purchase of 40% of the state's proceeds from the Master Settlement Agreement, factoring in cigarette consumption from the WEFA base case estimate.

Operational costs for the NTSC and for AHFC in the transaction will be covered either by future budget authorizations or as part of the issuance costs of NTSC. No budget authorizations are necessary with this fiscal note.

Prepared by: John Bitney, Legislative Liaison Phone 330-8445
 Division: Alaska Housing Finance Corp. Date/Time Feb. 27, 2001, 3 p.m.
 Approved by: Larry Persily, Deputy Commissioner Date Feb. 27, 2001
 Agency: Department of Revenue

For distribution information, call the Governor's Legislative Office

HB

203



Alaska State Legislature

*Representative Peggy Wilson
Putting Alaska's Families First*

SPONSOR STATEMENT

HB 203

“ An Act making an appropriation to the Legislative Council for a study of school district cost factors; and providing for an effective date.”

Alaska has a constitutional obligation to provide a full education for all students. The challenge inherent in this mission is to account for diverse geographic, cultural and economic conditions.

The formula currently employed, while well-intentioned, has unintentional consequences. A design error, which tracked expenses as opposed to actual costs of doing business in each school district, has resulted in flawed district cost factors. Failure to precisely measure differential costs across the state has resulted in inequitable funding.

What is the cost of providing an education in each school district as it relates to Anchorage as a base? What are the exact costs of electronic communications in Yakutat? What is the specific cost of fuel in Dillingham? What are the property insurance rates in Tok? What does it cost to get a school fire code inspector to Angoon?

HB 203 will provide factual answers to these questions. HB 203 proposes an independent study of school cost differentials to be contracted by the Legislative Council at the cost of \$350,000.

Contact Representative Peggy Wilson

3/23/01

Juneau: State C
Wrar

Repr

fax: (907) 465-3175
1874-3955

SPONSOR STATEMENT

386-3024

Alaska State Legislature

*Representative Peggy Wilson
Putting Alaska's Families First*

SPONSOR STATEMENT

HB 203

“ An Act making an appropriation to the Legislative Council for a study of school district cost factors; and providing for an effective date.”

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What is the cost of providing an education in each school district as it relates to Anchorage as a base? What are the exact costs of electronic communications in Yakutat? What is the specific cost of fuel in Dillingham? What are the property insurance rates in Tok? What does it cost to get a school fire code inspector to Angoon?

HB 203 will provide factual answers to these questions. HB 203 proposes an independent study of school cost differentials to be contracted by the Legislative Council at the cost of \$350,000.

Contact Representative Peggy Wilson

4/18/01

SENATE COMMITTEE REPORT

DATE: 4/17/01

FURTHER: Finance

DATE TURNED
IN TO OFFICE: 04/28/01

Health, Education and Social Services Committee considered CS FOR HOUSE BILL NO. 203(FIN)

APPROPRIATION: STUDY OF SCHOOL COST FACTORS

"An Act making an appropriation to the Legislative Council for a study of school district cost factors; and providing for an effective date."

and recommends:

- be replaced with SCS CS HB 203 (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#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>Chris A. Hansen</i>			✓	
<i>Gary Hill</i>	✓			
<i>Benjamin Davis</i>	✓			
CHAIR: <i>Lyle Green</i>			✓	

22-LS0768\O
Cramer
4/26/01

SENATE CS FOR CS FOR HOUSE BILL NO. 203(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 WILSON, Lancaster, Cissna, Stevens, Chenault, James, Bunde, Dyson

A BILL

FOR AN ACT ENTITLED

1 "An Act making an appropriation to the Legislative Budget and Audit Committee for a
2 study of school district cost factors; and providing for an effective date."

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

4 * **Section 1. LEGISLATIVE INTENT.** The Alaska State Legislature intends that the
5 Legislative Budget and Audit Committee, in consultation with the Department of Education
6 and Early Development, use the appropriation made by sec. 2 of this Act to prepare and
7 contract for the preparation of a study recommending district cost factors to be used as a
8 component of the formula for determining funding of public education under AS 14.17.460
9 and submit the study to the legislature by January 15, 2003. The study

10 (1) should be based on the cost of providing an education in each school
11 district, including the cost of classroom instruction and administrative support, the cost of a
12 school lunch program, the cost of shipping school materials and supplies, and other costs that
13 relate directly or indirectly to the operation of a school;

14 (2) should use Anchorage as a base value for comparing costs between school

1 districts;

2 (3) may consider information from state, federal, or private sources to
3 document cost differentials between districts; and

4 (4) shall be completed by contract.

5 * **Sec. 2.** LEGISLATIVE BUDGET AND AUDIT COMMITTEE. The sum of \$350,000 is
6 appropriated from the general fund to the Legislative Budget and Audit Committee for a study
7 of school district cost factors.

8 * **Sec. 3.** LAPSE. The appropriation made by this Act lapses June 30, 2003.

9 * **Sec. 4.** This Act takes effect July 1, 2001.



Public School Funding Formula *District Cost Factors*

study methodology shows that those schools with correspondence students have an elevated cost factor. For example, Galena's cost factor is set in statute at 1.348 but using the cost study methodology with FY99 correspondence dollars assigns Galena a cost factor of 6.631. The increases the methodology calculates for districts with correspondence students are not warranted by increased costs. Additionally, because the formula simply divides each district's average basic need per student by the statewide average basic need per student, the impacts affecting districts with correspondence studies are also carried into the statewide average.

By using a calculation based on adjusted average daily attendance and average basic need to calculate cost factors any imperfections in the adjustment to average daily attendance or in the determination of basic need, are incorporated into district cost factors. Further, without identifying the underlying elements of true cost differences there is not a process to evaluate outcomes.

Conclusion

The 1998 Alaska School Operating Cost Study reported that compensating districts for actual district costs incurred was an unsatisfactory long-term solution. Based on our review of the methodology, and the outcome of calculations using FY99 data, we agree with the study's conclusion that the current methodology is unsatisfactory.

We recommend that a request-for-proposal be developed that requires identification of the underlying elements affecting school costs and determines a methodology for measuring those underlying elements. This will improve our cost factor methodology from that of compensating districts for current basic need to an improved method of allocating funding based on differences in applicable costs.



Public School Funding Formula *District Cost Factors*

Consideration should be given to the elements that contribute to costs in school districts. The investigation should evaluate whether the previously studied elements of travel, supplies, utilities, insurance, and communication correctly identify cost elements in districts, or whether other items should be added, or if different factors driving school district costs are applicable. Once the underlying elements are identified, a measurement tool applicable to each element should be identified.

The results obtained from recalculating cost factors using FY99 data under the 1998 cost study methodology do not provide a basis to recommend changes to existing cost factors because the formula does not adequately evaluate for cost differences in district level costs and the methodology does not adequately account for changes in the foundation formula after SB 36.

Recommendation

The department recommends that district cost factors remain at their current levels as designated in statute under AS 14.17.460 because there is not any empirical data to support changing the district cost factors at this time. The department also recommends that a new district cost model be developed to properly account for cost differences between districts on an ongoing basis.



IV. Conclusion – Continuous Improvement

Alaska adopted the Quality Schools Initiative with the understanding that *ALL* children can reach higher standards. Furthermore, the Quality Schools Initiative promises that no child will be left behind. This indeed is an enormous undertaking and is the first time the State of Alaska has made such a promise to *all* children.

That promise means every child will read, write and do math at higher levels than ever before. It means schools and parents will no longer let children move through the grades without gaining essential skills along the way. It means more children will have a bright future and will become good citizens.

It means Alaska's policy makers need to follow through and provide the support and necessary resources that teachers and schools need in order for Alaska to make good on its promise to youth.

Members of the task force recognized from the outset the challenge in estimating the funds needed to educate *all* Alaska students to high standards. In structuring the assignment for the task force, members relied on the staff of the Department of Education & Early Development to provide extensive background information. Issues related to prior statutory amendments to the foundation formula, cost-of-doing-business in relationship to annual allocations of funds through the formula, analyses of district expenditures of funds, and individual and professional experiences all played a significant role in the formulation of the recommendations.

Task force members extensively examined the recent report entitled *Alaska's Public School Funding Formula: A Report to the Alaska State Legislature*. In reviewing the report, the task force

- agreed that districts had lost purchasing power;
- concluded that a new methodology needs to be determined to more precisely fund the cost-of-doing-business in each Alaska community;
and
- recognized that the foundation formula's funding floor reduction should be suspended until a new district cost factor study is conducted and fully implemented.

ALASKA SCHOOL OPERATING COST STUDY

REVIEW OF CALCULATED COST FACTORS

PREPARED FOR:

**Alaska Department of Education
and Early Development**

**801 WEST 10TH STREET
JUNEAU ALASKA, 99801**

PREPARED BY:



Juneau • Anchorage

January 2001

Statement of the Situation

In early 1998, the McDowell Group prepared the *Alaska School Operating Cost Study* for the State of Alaska Legislative Budget and Audit Committee. The purpose of the study was to determine adjustment factors that compensate for the impact of school size and geographical location on school operating costs. These factors were incorporated into the Public School Funding Formula.

It is important to stress that this study dealt with only one piece – operating costs – of a large and complex puzzle termed the School Foundation Formula. It was not intended to determine the cost of basic educational (Basic Need), but only how to allocate a portion of Basic Need (i.e., certain school operating costs) as defined by legislative appropriation. Also, Basic Need is only a starting point for public school funding; many adjustments are made for local contributions, federal impact aid, special needs, and other factors. Since the report was published, additional legislation has been enacted which has “adjusted” the District Cost Factors; all of these adjustments have been determined outside of the study analysis.

In our report, we cautioned the Committee that this was an important step, but only a first step in the process of transforming the funding process into one that has a scientific and empirical basis. Previous to 1998, District Cost Factors were based primarily on outdated (1985) household market basket costs unrelated to the cost of operating schools. A major advance of the Alaska School Operating Cost Study was, for the first time since statehood, to base District Cost Factors on what it cost to actually operate schools. The priority focus of the study effort was placed on the most significant part of operating costs, namely school level or instructional costs accounting for at least 70% of the total. The second major advance was to base school level (instructional) costs on standards for staffing schools of various sizes. The result was a sound defensible means of allocating instructional costs consistent from district to district that allows for updating based on changes in ADM.

However, such a standard was not possible for district level costs and the solution was an imperfect one that now prevents updating of the district level cost component of the DCF. Instead of a uniform standard like that calculated for school size, districts were simply allocated district level costs based on each district's actual expenditures per student in FY 1996, the most recent year available at the time of the study. As a result of this acknowledge shortcoming, we recommended that the Committee implement a transition period to evaluate if adjustments are needed, and put further work into understanding the non-personnel and administrative costs, research that eventually could lead to standards for district level costs.

The Alaska Department of Education and Early Development is now in the process of recalculating the cost factors using 1999 data. Several issues and concerns about the District Cost Factors have emerged in this work. The McDowell Group views this situation as an excellent opportunity to review the assumptions, strengths and limitations of our earlier study.

Recommendations for Further Work

The 1998 McDowell Study put significant analysis into school level (instructional) costs, which comprise the major percentage of school operating costs. This analysis produced a methodology that can be updated yearly with the assurance of providing meaningful allocations.

As stated in the 1998 report, the State of Alaska should continue to improve its Public School Funding Formula and engage a similar quantitative effort into district level costs. Though the magnitude of these costs is well below instructional costs, they comprise a value that is certainly significant and can impact many districts, especially those on the margin of adequate funding. Data collection and standardization has apparently improved to the point that such a study will produce meaningful results.

Updating the District Cost Factors using the current methodology with 1999 data will result in more questions than answers. We recommend that the current DCF's be maintained and the Department's efforts be placed in re-examining the methodology.

There are two primary approaches to an analysis of district level costs. The first is a study similar to the one in 1993 that seeks to understand the reasons for why these costs vary by school size and location. For these types of indirect costs, a typical study would be to determine major cost pools and identify unique drivers for the pools. A private industry approach to understanding indirect costs is to develop cost pools based on distinct activities, hence the name activity-based costing (or ABC). The ABC approach has become quite popular in the public sector as well, as it can lead to the creation of standards that can be used to monitor and control indirect costs.

The second approach is a rate-setting approach. Indirect cost would be examined to the extent that expenditure goals could be developed. A funding methodology could then be devised to provide incentives to school districts for achieving these goals. This approach requires a more clearly defined public policy component than the activity-based approach.

In closing, the McDowell Group offers a two-step recommendation. The first is to assemble a preliminary study team comprised of Alaska education experts with a mix of rural and urban school district operations experience. This study team would determine and examine critical issues and develop project objectives. The second step is to design an on-going cost research program that specifies data that will properly account for regional and school size differences in district level and administrative costs.

Alaska State Legislature

Representative Peggy Wilson
Putting Alaska's Families First

TO: Senator Lyda Green, HESS Chairman

FROM: Representative Peggy Wilson *SW*

DATE: April 18, 2001

RE: HB 203 "An Act making an appropriation to the Legislative Council for a study of school district cost factors; and providing for an effective date."

Alaska has a Constitutional obligation to provide a full education for all students. The proposed study will account for diverse geographic, cultural and economic conditions. HB 203 will provide factual information on district cost factors based on a new design methodology.

HB 203 proposes an independent study of cost differentials to be contracted by the Legislative Council at the cost of \$350,000.

I would like to respectfully ask that H B 203 be calendered at your earliest convenience. If you have any questions, don't hesitate to call me.