

ALASKA LEGISLATURE COMMITTEE FILES, 2003-2004 8672

10759 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

Paina Frankelm  
931 Alizoth Ave  
PTKI AK 97209

March 8, 2004

The Honorable Tom Anderson  
Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

Dear Representative Anderson,

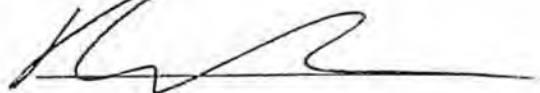
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HB434 would enhance freedom of choice in healthcare, enabling residents to take responsibility for their own health while protecting the safety of Alaskans by ensuring access to only highly trained medical professionals who have met stringent licensing standards. It also ensures that the practice of naturopathic medicine is commensurate with the current educational standards and training.

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For the past 17 years the State of Alaska has allowed residents the freedom to access licensed, well-trained, safe and effective naturopathic doctors. Passir , HB434 will extend Alaska residents' freedom of choice when it comes to their own personal healthcare. They will not be forced to see separate physicians and incur double cost for medical treatment. Please, pass this bill that will uphold the freedom of choice in healthcare and bring the practice of naturopathic medicine current with the education naturopathic physicians receive.

Thank You,



D.S. McKay  
7516 SW 25<sup>th</sup> Ave.  
Portland OR 97219

March 8, 2004

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

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Thank You,

D.S. McKay

Cora Volke  
6219 SW Kelly Ave  
Portland, OR 97239

March 8, 2004

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

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Thank You,

Cora A Volke

Richard M. Krebs  
1235 SE Pershing  
Portland OR 97202

March 8, 2004

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

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Thank You,

  
Richard Krebs.

Stephanie K. Farrell  
534 N Stafford St  
Portland, OR 97217

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Juneau, Alaska 99801

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Stephanie K Farrell

Lauren Perez

3320 SE 29th Ave  
Portland, OR 97202

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State Capitol, Room 432  
Juneau, Alaska 99801

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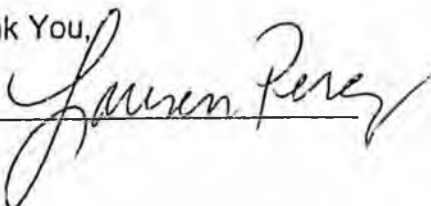
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Lauren Perez

Kori Giudice  
3149 SE Alder Ct  
Portland, OR 97214

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Juneau, Alaska 99801

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Thank You,



Dana Richey  
818 NE 65th Ave  
Portland OR 97213

March 8, 2004

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

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Thank You,

Dana L Richey

1428 SE Madison St. #1  
Portland, OR 97214  
503 233-4476

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Alaska House of Representatives  
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Juneau, Alaska 99801

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Thank You,

*Katherine L.K.*

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Katherine L.K.

DAIVATI BHARADVAJ ND  
2220 SW 1st Ave  
PORTLAND OR 97201

March 8, 2004

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

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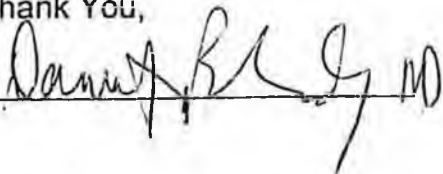
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Thank You,

  
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22 NE Graham Apt A  
Portland OR 97212  
503 281-0787

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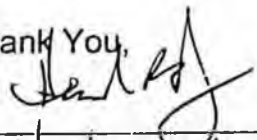
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Thank You,

  
Heidi Brubaker

6333 SE 73rd Ave  
Portland, OR 97206  
503-732-8612

March 8, 2004

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

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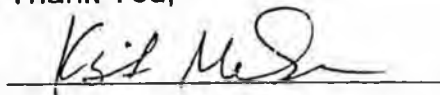
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Thank You,

  
Kristen McElveen

kristen haglund  
5250 SW Landline Dr, #11  
Portland, OR 97239

March 8, 2004

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

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Thank You,

kristen haglund

Tim Hyatt  
180 SW 7th St.  
Dundee, OR 97115

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

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Thank You,

Tim Hyatt

Micah Williams

1510 SE TACOMA ST #8

Portland OR 97202

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Thank You,

Micah Williams

3020512 Naverlun #10  
Portland, OR 97202  
503-234-3838

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Alaska House of Representatives  
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Juneau, Alaska 99801

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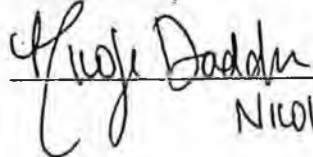
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Thank You,

  
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Nicole Daddma

Tannis Kleckler  
0329 SW Whitaker St #18  
Portland, OR 97239

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Thank You,

Tannis Kleckler  
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6955 SW Raleighwood Way #32  
Portland, OR 97225

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Thank You

  
Jeff Green

Sheryl Geldreich  
6810 SW 26th Ave #4  
Portland, OR 97219

March 8, 2004

The Honorable Tom Anderson  
Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

Dear Representative Anderson,

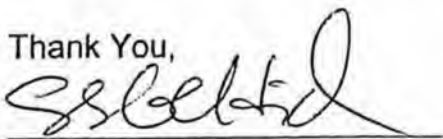
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Thank You,



18755 SW 90th ave, #235  
Tualatin OR, 97062  
503-885-0566

March 8, 2004

The Honorable Tom Anderson  
Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

Dear Representative Anderson,

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Thank You,

Wendy Hale  
Wendy Hale

R. MacDougal  
1035 SW Bertha Blvd #6  
Portland, OR 97219  
911-570-1107

March 8, 2004

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

Dear Representative Anderson,

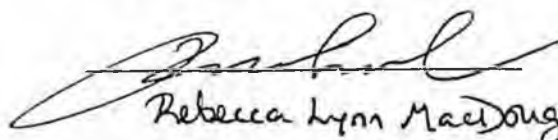
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Thank You,

  
Rebecca Lynn MacDougal, Naturopathic Student

Brittani Dowse  
1223 SE 26th Ave #4  
Portland, OR 97214

March 8, 2004

The Honorable Tom Anderson  
Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

Dear Representative Anderson,

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Thank You,

Brittani Dowse

J. Celeste Ruland  
1867 SE Byham Blvd  
Portland, OR 97202

March 8, 2004

The Honorable Tom Anderson  
Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

Dear Representative Anderson,

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Thank You,

J. Celeste Ruland

J. Celeste Ruland

Gabriel Archdeacon  
2414 SE Madison St.  
Portland, OR 97214

March 8, 2004

The Honorable Tom Anderson  
Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801


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Gabriel Archdeacon

Melinda Nickels  
2745 SE 25th Pl.  
Portland OR 97202

March 8, 2004

The Honorable Tom Anderson  
Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

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Melinda Nickels

Shawn Palmer  
4616 SE. 31<sup>st</sup> Ave Apt B  
Portland OR 97202

March 8, 2004

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

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Thank You,



Tracy Chan  
5939 SW Beaverton Hwy #43  
Portland, OR 97221

March 8, 2004

The Honorable Tom Anderson  
Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

Dear Representative Anderson,

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Tracy Chan  
TRACY CHAN

Simily Mahar  
7 Allen Ave.  
Fair Haven, VT 05743

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State Capitol, Room 432  
Juneau, Alaska 99801

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Thank You,

---

MARIE A. CASSELL  
2004-NE 17th AVE #C  
PORTLAND, OR 97212

March 8, 2004

The Honorable Tom Anderson  
Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

Dear Representative Anderson,

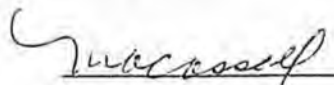
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Thank You,

  
\_\_\_\_\_

3735 SE Milwaukie #2  
Portland, OR 97202

March 8, 2004

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Alaska House of Representatives  
State Capitol, Room 432  
Juneau, Alaska 99801

Dear Representative Anderson,

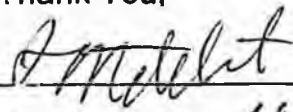
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Thank You,

  
\_\_\_\_\_  
Laure Adetula

**HB**

**440**



FRANK H. MURKOWSKI  
GOVERNOR

GOVERNOR@GOV.STATE.AK.US

STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

P.O. Box 110001  
JUNEAU, ALASKA 99811-0001  
(907) 465-3500  
FAX (907) 465-3532  
WWW.GOV.STATE.AK.US

February 4, 2004

The Honorable Pete Kott  
Speaker of the House  
Alaska State Legislature  
State Capitol, Room 208  
Juneau, AK 99801-1182

Dear Speaker Kott:

Under the authority of article III, section 18, of the Alaska Constitution, I am transmitting a bill relating to the Alaska Pioneers' Home (APH) and Alaska Veterans' Home (AVH).

The purpose of the bill is two-fold: to authorize the establishment of an AVH under the umbrella of our existing APH system and to provide long-term financial stability for both our AVH and APH programs.

For over a decade, the State of Alaska has struggled to develop a viable plan for an AVH. The time has come to move beyond planning to make an AVH a reality. With passage of this bill, the state would have clear statutory authority to serve veterans within the APH system by identifying one or more homes as an AVH consistent with the requirements of the United States Veterans' Administration.

In addition, the bill would require that, as a condition for receipt of assistance to pay the cost of care in a home, a home resident could be required to apply for other state or federally sponsored programs whose benefits could reduce the amount of that assistance.

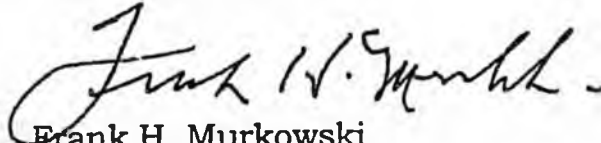
Taken together, these changes are designed to ensure the sustainability of the APH and AVH system over the long-term. Additional federal and other third-party payments are critical in order to maintain the high quality of care the homes provide and home residents expect and deserve. Over time, the Department of Health and Social Services is optimistic that several millions of dollars of additional resources can be obtained in third-party reimbursements annually to support operation of the homes.

The Honorable Pete Kott  
February 4, 2004  
Page 2

In the absence of additional third-party receipts, the APH and the AVH would remain unduly dependent on state general fund support and resident fees. Given the state's ongoing fiscal constraints and the impracticality of requiring home residents to pay for the full cost of care, failure to adopt the measures included in this bill may well jeopardize the APH and AVH over the long term.

I urge your prompt and favorable action on this measure.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Frank H. Murkowski".

Frank H. Murkowski  
Governor

Enclosure

AMENDMENT

OFFERED IN THE HOUSE

BY REPRESENTATIVE WILSON

TO: CSHB 440(MLV)

- 1 Page 6, line 29, following "Maintenance":  
2 Insert "and operation"  
3  
4 Page 6, line 30:  
5 Delete "The"  
6 Insert "Except as otherwise provided in this subsection, the"  
7 Following "maintain":  
8 Insert "and operate"  
9  
10 Page 6, line 31 following "Sitka":  
11 Insert ", Anchorage, Fairbanks, Juneau, Ketchikan, Palmer,"  
12 Following "and":  
13 Delete "at"  
14  
15 Page 7, line 1, following "maintain":  
16 Insert "and operate"  
17  
18 Page 7, line 3, following "maintained":  
19 Insert "and operated"

# STATE OF ALASKA

DEPARTMENT OF HEALTH & SOCIAL SERVICES  
DIVISION OF ALASKA PIONEER HOMES

*Frank H. Murkowski,  
Governor*

PO Box 110690  
Juneau, AK 99811-0690  
Phone (907)465-4400  
FAX (907)465-4108  
(907)465-8886

House Bill 440 (MVA)  
Sectional Analysis  
March 22, 2004

Section 1: Amends AS 08.68.395(g)(2), dealing with nursing practices, to add a reference to the Alaska Veterans' Home within the definition of "health care facility". The section also updates the reference to the current administration of the Homes by the Department of Health and Social Services.

Section 2: Amends AS 15.05.020, dealing with rules for determining residence of a voter, to change the reference to the Alaska Pioneers' Home to include the Alaska Veterans' Home. The section also reorders the numbering by deleting numbering for current sections (7) and (9) for which the language was repealed in 1972.

Section 3: Amends AS 17.37.070(6), dealing with facilities monitored by the state with regard to medical use of marijuana to change the reference to Alaska Pioneers' Home by adding "Alaska Veterans' Home."

Section 4: Amends the AS 18.07.111(8) definition of "health care facility" under the Certificate of Need program, to add the Alaska Veterans' Home to the list of facilities excluded from the requirement for a Certificate of Need. The section also updates the reference to the administration of the Homes by the Department of Health and Social Services.

Section 5: Amends AS 18.35.300 to include the Alaska Veterans' Home as a place where smoking is prohibited.

Section 6: Amends the AS 36.30.990(1) (A) definition of "agency" within the State Procurement Code to include the Alaska Veterans' Home.

Section 7: Amends AS 37.05.146(c)(31) dealing with the handling of public receipts to add "and Alaska Veterans' Home" to the term "Alaska Pioneers' Home."

Section 8: Amends AS 37.05.990(2) definition of "state agency," "agency," "department," or similar terms dealing with state fiscal procedures to include the Alaska Veteran's Home.

Section 9: Amends the Executive Budget Act definition of "agency" in AS 37.07.120(1) to include the Alaska Veterans' Home.

Section 10: Amends the State Personnel Act in AS 39.25.120(c)(8) to clarify that Alaska State Veterans Home managers in the state service are partially exempt positions.

Section 11: Amends AS 44.29.020(a)(16) to include the Alaska Veterans Home within the duties of the Department of Health and Social Services.

Section 12: Amends AS 47.25.140 to remove the statutory prohibition for payment of public assistance to a resident of the Alaska Pioneers' Home.

Section 13: Adds a new section, as AS 47.25.140(b), to clarify that the Alaska Pioneers' Home or the Alaska Veterans' Home is not a "public institution" under the State's public assistance law. The effect is to identify the Alaska Pioneers' Home and Alaska Veterans' Home as a facility in which residents may receive a Medicaid benefit under federal Medicaid regulations. Under the federal Medicaid regulations (42 CFR 435.1009 "public institution") a person living in a "public institution" of more than 16 beds is prohibited from receiving Medicaid benefits, unless that person is living in a medical institution. This clarification will allow payment for Medicaid services, but Medicaid will not cover the cost for room and board provided by the Pioneers' or Veterans' Homes.

Section 14: Amends AS 47.45.240(c) dealing with the powers, duties, and limitations of the Older Alaskans Commission so as to not permit the Commission to investigate, review, or undertake any responsibility for the Alaska Veterans' Home.

Section 15: Repeals and reenacts AS 47.55 to provide for general operational policies and adoption of regulations necessary for the Department of Health and Social Services to maintain the Alaska Pioneers' Home and Alaska Veterans' Home. Subsection (a) provides that the state "shall" maintain Pioneer Home in Sitka and other places and that the state "may" maintain one or more Veterans' Homes. However, the section designates the Palmer Pioneer Home as the only Pioneer Home that may be maintained as a Veterans' Home without a subsequent change in the statute. The reenacted section provides for department receipt of money from various sources, including the federal government, for general conduct of business and for the department to perform all executive or administrative duties necessary and advisable to conduct business and carry out the purposes of the chapter. The section also authorizes the department to engage in activities directed to increase revenue from a home, including lease of excess bed or floor space, or lease of space or buildings that are not in use or are underutilized. The leased space is limited to 50% of the total floor space in a facility.

Section 16: Repeals and reenacts AS 47.55.020 to establish the requirements for persons who wish to enter a home. The section continues the current Alaska Pioneers' Home eligibility requirement for a person to be 65 years of age or older and to have been a resident of the state continuously for more than one year prior to application for admission. The section extends those same requirements to a person who wants to enter an Alaska Veterans' Home. The section also sets out requirements for payment and provision for payment assistance from the state for those who are not able to pay the charges in full. The reenacted section continues the present prohibition of eviction of a person due to their inability to pay the monthly rate if the person is otherwise in compliance with other requirements of the chapter. Payment assistance provided to a resident under the section continues to be a debt to the state as in current law. Qualifications for payment assistance are set out in the section, including provisions for exclusion of specified real and personal property, income, and assets in determining eligibility for payment assistance. Under the bill, veterans benefits paid under Title 38, Section 1110 of federal law are made available to pay for the cost of care. Authorization is added for the department to require a person to apply for other state or federally sponsored programs as a condition for receipt of payment assistance.

Section 17: Amends AS 47.55.030(a) to reference both the Alaska Pioneers' Home and the Alaska Veterans' Home with regard to admission and payment.

Section 18: AS 47.55.030(c) is amended to reference both the Alaska Pioneers' Home and the Alaska Veterans' Home with regard to current notice requirements for a change in the rates charged.

Section 19: AS 47.55.040, regarding transfer of an insane person from a home, is amended to reference both the Alaska Pioneers' Home and the Alaska Veterans' Home.

Section 20: AS 47.55.050 regarding appropriation of funds by the legislature for maintenance and receipt of funds from various sources for support of a home is amended to reference both the Alaska Pioneers' Home and the Alaska Veterans' Home.

Section 21: AS 47.55.060 is amended to clarify that trust fund provisions for a home apply to both the Alaska Pioneers' Home and the Alaska Veterans' Home.

Section 22: AS 47.55.070 dealing with indebtedness to the state is repealed and reenacted to reference both the Alaska Pioneers' Home and the Alaska Veterans' Home and to remove numbering for several subsections that were repealed in 1990.

Section 23: AS 47.55.095 is amended to add "Alaska Veterans' Home" to the section that limits enforcement of claims against an estate.

Section 24: Amends AS 47.55 to add a definition section.

The section defines "department" to be the Department of Health and Social Services, in line with the recent transfer of organizational relationship of the Pioneer Homes system to that department.

The term "home" is defined to include both the Alaska Pioneers' Home and Alaska Veterans' Home.

The definition of "physical disability or other reason" is relocated to the definition section from the body of the current law in section AS 47.55.020.

The term "resident of the state" is defined, by reference to existing law AS 47.25.430(a), to mean a person who is living in the state voluntarily with the intention of making the state the person's home and who is not living in the state for a temporary purpose.

The term "veteran" is defined to mean a person who has not been dishonorably discharged from the armed forces of the United States. The term includes the Alaska National Guard or the Alaska Territorial Guard.

Section 25: This section of the bill repeals:

AS 44.20.020(a)(17), which is a separate listing of veterans' home facilities as a duty of the Department of Health and Social Services. The reference is incorporated in AS 44.20.020(a)(16) under section 11 of the bill.

Sections 1-15, ch.4, SSSLA 2002 provided amendments to many of the same sections that are changed in this bill, and those amendments are contingent upon implementation

of a pilot project. The pilot project cannot be implemented as envisioned, and so, the contingent language is removed to avoid conflict with the provisions of this bill.

Section 26: Adds a new section to uncodified law that permits a resident of an Alaska Pioneers' Home or Alaska Veterans' Home to remain living in the same facility they are living in when the federal Veterans Administration certifies a home for veterans. This addition to the statute assures residents that they will not be required to move from the facility in which they live unless they wish to do so. Section (b) of the new uncodified language requires the commissioner to promptly post the date of certification on the Alaska Online Public Notice System.

Section 27: Adds a new section authorizing adoption of regulations necessary to implement the changes made by the bill, in accordance with the effective date of the respective statutory changes.

Section 28: Provides instruction to the revisor of statutes for changing the heading of AS 47.55 in line with the changes to the body of the chapter: "Alaska Pioneers' Home and Alaska Veterans' Home."

Section 29: Provides for an immediate effective date for section 27 that authorizes regulations for implementation of the bill.

Section 30: Provides for an effective date for the bill of July 1, 2004 except for section-29.

## **Frequently Asked Questions: Alaska Veterans Home & Alaska Pioneer Homes**

### **Q: How will the Alaska Veterans Home fit into the Alaska Pioneer Homes system?**

The Palmer Pioneers' Home will be converted into the Alaska Veterans Home, but will remain as one of the six Homes within the Alaska Pioneer Home system. "Certifying" the Alaska Veterans Home means that the facility will be renovated to address deferred maintenance, and to meet requirements of the federal Veterans Administration. After renovation, the federal Veterans Administration will pay \$26.95 per day to the State for each veteran served in the Alaska Veterans Home. Using a nationwide formula, the federal Veterans Administration calculated that Alaska requires a facility providing 79 beds. The federal Veterans Administration is firm in its intent to certify one facility in Alaska, however they may increase the capacity to 82 beds, the capacity of the Palmer Pioneers' Home.

### **Q: If I am a veteran living in an Alaska Pioneer Home, will I have to move to the Alaska Veterans Home?**

The choice of whether to move to the Alaska Veterans Home is up to the veteran. Residents who are living in a Pioneer Home will not be required to move to or from the Alaska Veterans Home. When the Alaska Veterans Home is open, veterans on the Pioneer Home waiting list will be given an opportunity to choose to enter the Alaska Veterans Home or another Pioneer Home. Admission to a Pioneer Home will continue to be based on availability of a bed and services appropriate to the need of the applicant.

### **Q: Will people living in the Palmer Pioneers' Home be required to move to another Pioneers' Home?**

No. Current residents of the Palmer Pioneer Home will not be asked to move to another Home. The agreement between the Alaska Department of Health & Social Services and the federal Veterans Administration provides for a transition period of several years, during which time current residents of the Palmer Pioneers' Home will not have to move. Beyond the transition period, the federal Veterans Administration will permit 20 beds in the facility to continue to be used by non-veterans.

### **Q: Will people who are not veterans be allowed to move to the Palmer Pioneers' Home after it's converted to the Alaska Veterans Home?**

Yes. After a transition period, the federal Veterans Administration requires that 62 of the 82 beds in the facility be reserved for veterans. The remaining 20 beds in the facility are available to veterans or non-veterans.

### **Q: Will a veteran be charged a different rate?**

No. The rates are based on the level of care the resident requires and will not differ because the resident is a veteran.

### **Q: If I am a veteran and intend to move into the Alaska Veterans Home, will I be able to keep my federal veterans disability benefits for my spouse?**

Yes. The decision to make veterans disability payments is a federal Veterans Administration decision. If a resident (including a resident who is a veteran) is not able to

pay the level of care rate, payment assistance is available. Certain income and assets are excluded from the qualification for payment assistance, including veterans benefits paid under federal law, as cited in the bill to designate an Alaska Pioneer Home as the Alaska Veterans Home, currently before the Alaska Legislature.

**Q: How much will the federal Veterans Administration pay?**

The federal Veterans Administration is willing to pay the state \$26.95 per day for domiciliary care provided to veterans in the Alaska Veterans Home. That amount will pay part of the daily rate billed to the resident.

**Q: I already have payment assistance from the State. Do I also need to apply for "federally sponsored programs" like Medicaid?**

If you require payment assistance and are eligible for Medicaid, you probably won't notice a difference – Pioneer Homes services and rates won't change. However, part of your payment assistance will be federally funded. The federal funding will help sustain Alaska Pioneer Homes into the future, because State General Funds will not be paying the entire cost of payment assistance for residents.

Virginia Smiley, Administrative Services Manager  
Division of Alaska Pioneer Homes  
465-4422

# Fact Sheet: Alaska Pioneer Homes

## The facilities

There are six Alaska Pioneer Homes with a total of 602 beds. The homes are located in:

Anchorage -- <http://hss.state.ak.us/dalp/alp/anchorage/home.htm>

Fairbanks -- <http://hss.state.ak.us/dalp/alp/fairbanks/home.htm>

Juneau -- <http://hss.state.ak.us/dalp/alp/juneau/home.htm>

Ketchikan -- <http://hss.state.ak.us/dalp/alp/ketchikan/home.htm>

Palmer -- <http://hss.state.ak.us/dalp/alp/palmer/home.htm>

Sitka -- <http://hss.state.ak.us/dalp/alp/sitka/home.htm>

## The services we provide to clients

For the last decade the Alaska Pioneer Homes have been licensed as assisted living facilities, offering a high degree of professional services to meet residents' needs. Typically, residents of the Homes are not able to live without some form of daily assistance, and may require nursing and other physical and emotional support services offered in a licensed assisted living facility. Professional services range from assurance of a safe environment and occasional help with daily life skills, to skilled nursing, personal care, and other support services including end of life care. Many residents receive a level of service that would otherwise be delivered in a nursing home or under the Older Alaskan Home and Community-Based Medicaid waiver.

## The residents

Occupancy of Pioneer Homes fluctuates, but system-wide as of January 2004 there are 427 residents. All residents require a safe home environment, room and board, and opportunities for social interaction and recreation. Of the 427 residents, 253 require the high levels of professional care available 24-hours a day. Another 117 residents need assistance with basic living skills at some time during the day, and 57 residents are fairly self-sustaining, occasionally requiring emergency assistance.

## Veterans in Pioneer Homes

During FY 2003, the Alaska Pioneer Homes served 553 seniors, of whom about 20 percent are veterans and about 26 percent had qualified for Medicaid before going into the Home. There were over 2,600 qualified Alaskan residents on the waiting list, which means they are over age 65 and intend to enter the Alaska Pioneer Homes in the future.

## Rates and how residents pay them

The rates for the Alaska Pioneer Homes range from \$2,135 per month for housing with some assistance in making appointments and other social services, to \$6,450 for the highest level of care including 24-hour supervision, extensive assistance with activities of daily living, and intermittent health care. About 60 percent of Pioneer Home residents depend on the state-funded payment assistance program to pay for at least part of the monthly rate.

For more information:

Dave Williams, Project Coordinator

Division of Alaska Pioneer Homes

465-5737

## Chronology, Alaska Veterans Home

**1970s** – Alaska begins 20-year search for a way to address veteran's benefits within the State.

**1999** – Feasibility Study for a State Veterans Home requested by Department of Military & Veterans' Affairs, Division of Veterans' Affairs, State of Alaska, and partners including the American Legion, Disabled American Veterans, and the Veterans of Foreign Wars. Health Dimensions Consulting Group feasibility study recommends a comprehensive survey of Alaskan veterans to assess their preferences for long-term care services.

**May 2002** – HCS SB 2001(FIN) SLA 2002 authorizes a pilot project to give veterans a preference for 125 beds in the Pioneer Homes system, contingent on an agreement between the federal Department of Veterans Affairs and the State of Alaska. The agreement is not negotiated; the bill's provisions do not take effect.

**July 2003** – Alaska Legislature's "Alaska State Veterans Home Feasibility Study", completed by the McDowell Group, supports the need for 70 to 80 veterans beds in the Pioneer Homes system. The McDowell report provides three options: 1) convert Palmer Pioneers' Home to a State Veterans Home, 2) Convert 60 beds in the Anchorage Pioneers' Home and 19 Beds in Fairbanks Pioneers' Home, or 3) build a new, freestanding, 60-bed State Veterans Home in or near Anchorage.

**July 30, 2003** – Governor Murkowski identifies creation of a State Veterans Home in Palmer as an Administration priority, following face-to-face meetings in Washington DC with Secretary of Veteran's Affairs Anthony J. Principi.

**July 2003** – State submits initial federal Veterans Administration application.

**August 2003** – federal Veterans Administration representatives visit Palmer and Anchorage facilities. Veterans Administration facilities, geriatrics and care coordination representatives find Palmer appropriate for conversion with identified maintenance improvements and upgrades to facility systems.

**Sept 2003** – Veterans Administration conditionally approves 79 beds for Palmer facility. Federal Veteran Administration participation is calculated at 65 percent of the total allowable cost of improvements. All 82 beds at Palmer are ultimately approved – *minimum* of 62 beds are designated for veterans.

**Sept 2003** – Health & Social Services Commissioner Joel Gilbertson presents the Palmer option to Pioneers of Alaska Convention.

**Dec 2003** – federal Veterans Administration approves "General Renovations, 79-bed Veterans Home, Palmer, AK." Federal Veterans Administration lists Alaska in its top rank for federal renovation funds, pending appropriation of state matching funds. Construction cost, facility size, and proximity to military health center justify Palmer's high priority for funding.

**January 2004 – Construction schedule says Palmer Pioneers' Home can be renovated in 453 days, after completion of federal Department of Veterans Affairs construction/acquisition grant and legislative approval of state funding match.**

**Feb 2004 – Congressional Bill (HR 2673) provides for federal Veterans Administration payment to Pioneer Homes. No information as yet on how the Veterans Administration will employ the language.**

**Calendar**

- **April 2004 – A study of the feasibility of converting the Palmer Pioneers' Home into a Veteran's Home, requested by the legislature and awarded to ASCG Incorporated (engineers/architects) will identify costs for renovation and the amount of state matching funds required for federal Veterans Administration participation. A subcontractor (McDowell Group) will conduct a community impact analysis and collaborate on development of a transition plan for the federal construction/acquisition grant application.**
- **May 2004 – Alaska Veterans Home bill passes; State certifies 35% matching funds.**
- **Sept 2004 – Begin transition plan, making admissions to the Alaska Veterans Home in Palmer.**
- **April 2006 – Earliest possible beginning date for federal Veterans Administration per diem payments to Alaska -- \$26.95/day for residents of the Alaska Veterans Home.**

**For more information:**

Virginia Smiley, Administrative Services Manager  
Division of Alaska Pioneer Homes  
465-4422

HB

443



## Representative Beth Kerttula

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Alaska State Legislature District 3

**Sponsor Statement  
House Bill 443  
Teachers and Nurses Housing Loan Program**

Alaska, like the rest of the United States, is currently facing a critical shortage in nurses. In addition to a growing need for nurses, more than 50% of nurses working today will be reaching retirement age in the next 15 years. There have been many ideas to attract qualified nurses to Alaska, including expanding the nursing school at the University of Alaska, Anchorage, student loan forgiveness and housing loan programs.

Last year, the Legislature passed Senate Bill 25, which allowed the Alaska Housing Finance Corporation (AHFC) to offer housing loans to teachers and nurses without requiring a down payment. Under current law, the program can be offered to Registered Nurses (RNs), who are licensed under 08.68.230(a), but not Licensed Practical Nurses (LPNs), who are licensed under section (b) of the same statute. House Bill 443 would correct this inequity.

There are 7,847 RNs in Alaska who are currently eligible for this program. In contrast, there are only 834 LPNs, and according to Department of Labor projections, the need for LPNs will grow by about 30 per year. While there is demand for both types of nurses in Alaska, LPNs make less money than RNs - it seems counterintuitive to exclude them from this program. I would appreciate your support for House Bill 443.

# Health Care Occupations **12**

## By education, employment, wages

training levels. (See Exhibit 11.) Fifty percent of health related jobs in 2010, dominated by Registered Nurses\* and a variety of health care technician occupations, will require an associate degree or significant postsecondary vocational training. One in five will require a bachelor's degree or higher; these include health care practitioner occupations such as Physical Therapists and Physicians. The remaining jobs include health care technical and support occupations and require varying levels of on-the-job training.

### Outlook for health related occupations is good

The projected job growth in health care services reflects an aging population, technological advances in medicine, cost cutting measures and increasing administrative requirements. Even though the overall demand for health care services is projected to rise significantly, future need for individual health occupations will vary. The growth rates for specific occupations range from an increase of nearly 165 percent for medical assistants to a decline of 8 percent for Orthotists & Prosthetists.

Nursing Aides, Orderlies & Attendants, and Registered Nurses, the two largest health related occupations in 2000, together will contribute nearly 5,000 new jobs over the forecast period. (See Exhibit 12.) Population growth and aging are expected to be the primary factors driving this increase.

Cost containment in the health care industry will stimulate employment for health related aides and assistants. Some services formerly provided by specialists such as Physical Therapists, Dentists, Pharmacists, and Physicians will be shifted to lower-paid workers. The rapid growth for medical assistants, projected to be Alaska's single fastest growing occupation, reflects this trend. With a projected growth rate of 139 percent, Physical Therapy Aides are expected to grow significantly faster than physical therapists over the forecast period. The number of Medical Records & Health Information Technician positions will climb

\*Based on US Bureau of Labor Statistics classification, all RNs are grouped in the Associate Degree category.

#### 2001 Statewide Wage Quartile

\$	Less than \$12.35
\$\$	\$12.35 - \$16.71
\$\$\$	\$16.72 - \$23.83
\$\$\$\$	\$23.84 & higher

	Wage Quartile	Employment		
		2000	2010	Numeric Change
<b>Bachelor's and Above</b>				
Physical Therapists	\$\$\$\$	276	535	259
Pharmacists	\$\$\$\$	332	535	203
Medical & Clinical Laboratory Techs	\$\$\$\$	270	452	182
Dentists	\$\$\$\$	346	490	144
General Practitioners	\$\$\$\$	217	331	114
Internists, General	\$\$\$\$	136	244	108
Occupational Therapists	\$\$\$\$	138	243	105
Physician Assistants	\$\$\$\$	157	233	76
Dietitians & Nutritionists	\$\$\$\$	100	173	73
Speech-Language Pathologists	\$\$\$\$	201	272	71
Chiropractors	N/A	143	193	50
Optometrists	\$\$\$\$	88	126	38
Audiologists	\$\$\$\$	34	71	37
Veterinarians	\$\$\$\$	162	190	28
Psychiatrists	\$\$\$\$	47	69	22
Occupational Health/Safety Workers	\$\$\$\$	173	178	5
Orthotists & Prosthetists	\$\$\$\$	101	93	-8
<b>Associate Degree or Significant Postsecondary Vocational training</b>				
Registered Nurses	\$\$\$\$	4,439	8,556	4,117
Medical Records & Health Info Techs	\$\$	375	746	371
Dental Hygienists	\$\$\$\$	403	753	350
Licensed Practical Nurses	\$\$\$	487	750	263
Radiologic Techs	\$\$\$	289	545	256
Medical Transcriptionists	\$\$\$	241	439	198
Respiratory Therapists	\$\$\$	108	212	104
Medical & Clinical Laboratory Techs	\$\$\$	141	242	101
Surgical Technologists	\$\$\$	96	195	99
EMTs & Paramedics	\$\$	323	409	86
Massage Therapists	\$\$	193	270	77
Physical Therapist Assistants	\$\$	49	120	71
Diagnostic Medical Sonographers	\$\$\$\$	64	129	65
Cardiovascular Techs	\$\$\$	46	107	61
Veterinary Techs	\$\$	87	108	21
<b>Med- or Long-term Training or Experience</b>				
Dental Assistants	\$\$	619	1,465	846
Medical Assistants	\$\$	366	968	602
Pharmacy Techs	\$\$	300	519	219
Opticians, Dispensing	\$\$\$	182	257	75
<b>Short-term Training or Experience</b>				
Nursing Aides, Orderlies & Attendants	\$\$	1,196	2,059	863
Home Health Aides	\$	858	1,260	402
Physical Therapist Aides	\$\$	54	129	75
Medical Equipment Preparers	\$\$	64	125	61
Veterinary Assistants	\$	137	165	28
Pharmacy Aides	\$	45	53	8

Shading denotes occupations with higher than average wages and estimated growth rates, and projected increase of 75 or more between 2000 and 2010.

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

# 13 Health Care Occupations

## Nonresident\* & over-45 workers

### 2001

\*Did not receive a 2001 or apply for a 2002 Alaska Permanent Fund dividend

	% of Workers 45 and Over	% Non- Resident Workers	Training Available in Alaska
<b>Bachelor's and Above</b>			
Physical Therapists	26.9	16.9	
Pharmacists	44.8	18.4	
Medical & Clinical Laboratory Techs	59.7	19.1	Yes
Dentists	N/A	N/A	
General Practitioners	43.2	25.1	
Internists, General	37.0	21.2	
Occupational Therapists	35.7	16.4	
Physician Assistants	55.1	22.4	Yes
Dietitians & Nutritionists	33.0	9.0	Yes
Speech-Language Pathologists	50.5	16.2	
Chiropractors	52.4	35.7	
Optometrists	41.2	15.8	
Audiologists	60.0	0.0	
Veterinarians	35.4	15.8	
Psychiatrists	52.2	14.2	
Occupational Health/Safety Workers	N/A	N/A	
Orthotists & Prosthetists	50.0	50.0	

<b>Associate Degree or Significant Postsecondary Vocational Training</b>			
Registered Nurses	52.8	17.7	Yes
Medical Records & Health Info Techs	27.6	12.0	Yes
Dental Hygienists	37.5	9.5	Yes
Licensed Practical Nurses	53.2	13.3	Yes
Radiologic Techs	37.9	23.8	
Medical Transcriptionists	54.7	6.2	Yes
Respiratory Therapists	39.5	15.3	
Medical and Clinical Laboratory Techs	33.6	13.0	Yes
Surgical Technologists	39.0	29.1	
EMTs & Paramedics	22.0	14.8	Yes
Massage Therapists	39.2	14.8	Yes
Physical Therapist Assistants	20.0	10.0	
Diagnostic Medical Sonographers	40.0	17.2	
Cardiovascular Techs	43.5	19.2	
Veterinary Techs	8.2	19.1	

<b>Med- or Long-term Training or Experience</b>			
Dental Assistants	19.0	11.6	Yes
Medical Assistants	21.4	12.3	Yes
Pharmacy Techs	21.7	11.7	
Opticians, Dispensing	28.6	10.6	

<b>Short-term Training or Experience</b>			
Nursing Aides, Orderlies & Attendants	31.1	9.1	Yes
Home Health Aides	32.6	12.2	Yes
Physical Therapist Aides	24.1	13.3	
Medical Equipment Preparers	40.0	10.5	
Veterinary Assistants	19.9	16.2	
Pharmacy Aides	17.8	5.3	

Shading denotes occupations with higher than average wages and estimated growth rates, and projected increase of 75 or more between 2000 and 2010.

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section

to more than 700 by 2010, reflecting heightened medical records scrutiny by third-party payers, courts and consumers.

Employment of home health workers, such as Home Health Aides, will increase as more individuals choose to remain in their homes rather than move to long-term care or assisted living facilities.

Only one health related occupation is expected to experience an employment decline over the forecast period. The specialty occupation of Orthotists & Prosthetists will shed eight jobs, with a projected employment level of 93 in 2010. This decrease in occupational employment will result from a continued shift of orthopedic and prosthetic work to other health care occupations such as Occupational and Physical Therapists.

### Replacement needs

In addition to new jobs resulting from employment growth, job opportunity also results from the need to replace workers who retire, enter other occupations, or leave the labor force for other reasons. Retirement, and thus the age of incumbent workers, plays a major role in the future need for workers in high skilled occupations. Ten of the 17 health related occupations requiring a BA or more face major future workforce replacement needs. Based on 2001 data, over 40 percent of the workers in these occupations will reach retirement age within the next 15 years. Of the health related occupations requiring either an AA degree or significant postsecondary vocational training, one-third face similar replacement needs. (See Exhibit 13.)

Retirement plays a lesser role in determining replacement needs for workers in the lower skilled health related occupations. Workers in these occupations are more apt to transfer to other occupations than remain in the occupation until retirement age. For occupations requiring on-the-job training, the percentages of workers nearing retirement are generally lower than for higher skilled occupations. The degree of transition in and out of the lower skilled occupations

depends in part on the relative attractiveness of other entry level jobs and general economic conditions.

### Nonresidents capture many top jobs

Exhibit 13 lists the percentage of nonresident health care workers by occupation in 2001. Nonresident employment in high-wage/high-growth occupations such as Physical Therapists (nearly 17 percent nonresident employment) and Pharmacists (over 18 percent nonresident employment) represent lost opportunity for Alaska's workers.

### Wages vary widely

Earnings in health related occupations vary widely based on education and skill attainment. (See Exhibit 12.) All of the health related occupations requiring a BA or above had estimated earnings in the highest wage quartile. Dentists and Physicians whose wages are reported to DLWD earn more than \$55 per hour, but unreported self-employed earnings could raise that figure considerably.

Ten of the 15 health related occupations requiring an associate degree or significant postsecondary education pay wages higher than the average for all occupations, more than \$16.71 per hour. The Dispensing Opticians occupation is the only on-the-job training occupation that generally pays more than the all-occupation average wage. (See Exhibit 12.)

### In-state training availability

High-skill/high-wage health occupations require specific training and/or education, often leading to certification or licensure. Of the 17 health related occupations offering both good employment opportunity and higher than average wages, noted by shading on Exhibits 12 and 13, training is available in Alaska for only seven. (See Exhibit 13.)

### Conclusion

Alaska's health care industry, employment star of the 1990s, will continue to generate job opportunities throughout the coming decade. Health related employment exists in all regions of the state, requiring varying levels of education and training. Future employment opportunities will arise from both employment growth and the need to replace retiring workers.

#### **Nurses working in Alaska in 1997 Where were they in 2002?**

Given the difficulty in filling nursing positions, the need to retain incumbent workers has received increasing attention. DLWD analyzed 1997 and 2002 administrative data to help shed light on the career attachment of Alaska's nurses.

##### **Of the RNs working in Alaska in 1997 — In 2002**

- 47% Working as RNs in Alaska
- 8% Working in other health related occupations (such as medical and health services managers)
- 5% Working in non-health related occupations
- 40% Not working in Alaska wage and salary jobs

##### **Of the LPNs working in Alaska in 1997 — In 2002**

- 35% Working as LPNs in Alaska
- 14% Working in other health occupations (such as nursing aides & orderlies)
- 6% Working in non-health related occupations
- 43% Not working in Alaska wage and salary jobs

**University/Industry Alaskan Nursing Education Task Force**

**FINAL REPORT**

**April 2002**



**Supported and funded by a grant from HRSA**

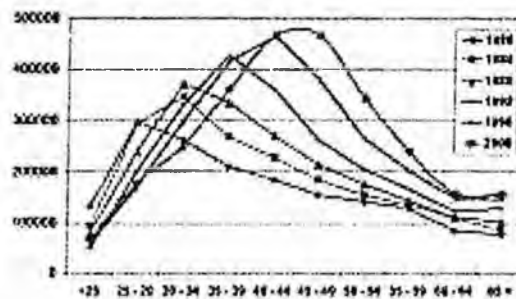
fill vacancies. Other recruitment and retention efforts are costing millions of dollars more.

### Factors Contributing to the Shortage

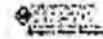
Reasons for the shortage are complex. Some contributing factors are as follows:

- there are expanding, often more appealing, career options available for young and working people today
- a drop in numbers of nursing school graduates in the past two decades has resulted in an aging nurse workforce, with an average age of about 44 years

**Age Distribution of the Registered Nurse Population, 1980-2000**



Source: National Sample Survey of Registered Nurses, *Estimates of Nursing, 22th, 11/00*



- pay scales for nurses have remained relatively flat in recent years
- recruitment and retention bonuses and benefits programs, as well as overall salary enhancements, are offered by many providers, but are limited by the current reimbursement environment
- workplace conditions (fast pace, long hours, shift work, insufficient nursing and support staff, very sick patients who are discharged early, excessive paperwork, safety concerns) have tended to drive practicing nurses into exhaustion and out of the profession
- changing patterns of hospitalization and illness have created a demand for increasingly specialized nurses adept with rapidly advancing technology and medical knowledge, as well as for more nurses generally

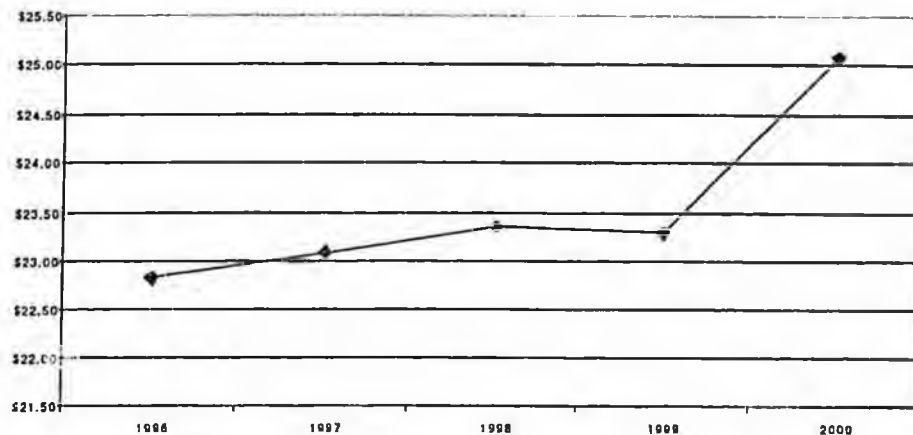
Nursing school faculty are also in very short supply. Nationally the average age for faculty exceeds 50 years, and there is not a well-developed career path for nursing educators at the masters and doctoral levels.<sup>1</sup>

<sup>1</sup> Hinshaw, Ada Sue, PhD, RN, FAAN: A Continuing Challenge: The Shortage of Educationally Prepared Nursing Faculty. *Nursing*

<sup>1</sup> Hinshaw, Ada Sue, PhD, RN, FAAN: A Continuing Challenge: The Shortage of Educationally Prepared Nursing Faculty. *Nursing World, Online Journal of Issues in Nursing* (Vol. 6, #1), January 31, 2001.

The Alaskan health care industry is in the throes of an escalating nursing shortage. Always dependent on importing nurses from outside the state, Alaska's providers are in direct competition for this scarce resource with larger systems in other states. Until 2000, nursing salaries in Alaska were flat for several years, contributing to a lack of incentive for nurses to migrate to the state.

Mean Salaries of Alaskan Nurses 1996-2000



According to Alaskan nursing administrators, temporary agency nurses from the continental United States – sometimes called “travelers” – are often reluctant to come to the state, particularly after the terrorist attacks on September 11, 2001. The demand and benefits for their services elsewhere in the country are high, and they are able to avoid excessive air travel and Alaska's difficult weather and living conditions.

Similar to the experience of other schools in the country, it has proven difficult to recruit faculty to the University of Alaska's School of Nursing. This has limited the capacity of the school to expand its student population.

The current situation in Alaska is deteriorating:

- During the period 1992-1998, the number of registered nurses working in Alaskan hospitals (in full time equivalents) increased 5%.  
During the same timeframe, the number of inpatient days increased 51%.  
This resulted in a 30% decline in the ratio of RNs to inpatient days, compared to a national increase of 26% in this ratio.<sup>1</sup>

The number of Alaskan nurses per 100,000 residents fell by 20% between 1996 and 2000 (compared to a national decrease of 10%).<sup>2</sup>

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<sup>1</sup>HRSA, Bureau of Health Professions. *HRSA State Health Workforce Profiles – Alaska*, December 2000, p.29.

- The age distribution of Alaskan nurses is even more striking than in the nation as a whole, with a higher peak in the 41-50 year age group, and lower percentages at the younger ages.
- Most of the nearly 7,000 registered nurses in the state in 2000 were working either full or part-time, with fewer than 1,000 out of the workforce. 1

A survey conducted in January 2001 by staff at the Alaska State Hospital and Nursing Home Association revealed about 400 nursing vacancies in health care facilities in the state at the time. Overall the vacancies in 2001 represented 11% of nursing positions in hospitals and long term care settings. Because only about half of nurses work in such facilities in Alaska, this under-represents the shortage experienced by the industry as a whole. There was considerable geographic variation found, with higher percentages of vacancies in certain regions of the state -- Southeast at 15%, and the Southwest and North at 22%.<sup>2</sup>

The State Department of Labor projects a greatly increased demand for nurses in Alaska, along with a high rate of separation due to retirement, resulting in an additional 220 annual openings each year through 2008. This represents an overall growth rate of about 40% industry-wide over the decade ending that year. The projected need for licensed practical nurses (LPNs) is 30 per year and for Nursing Assistants 49 per year. 3

The number of projected openings is calculated using an economic forecasting model, the Micro Matrix System. This is a joint state-federal methodology that incorporates data derived from annual employment numbers by industry, past history, intermittent occupational staffing surveys, and industry-specific economic indicators. The model includes occupation-specific adjustments for changing technologies, expected rates of separation (due to aging, retirement and death), and other change factors. It does not consider vacancies due to turnover of personnel in existing positions, but is rather a predictor of demand for additional positions and personnel. The projection is updated on a regular basis. The projection of 220 annual openings for Alaska's registered nurses includes 155 due to industry growth and 65 from separations.

Some of the increasing demand for nurses is the result of the aging of the American population. Alaska is experiencing a significant escalation of its senior population, at a rate predicted at 250% over the next two decades. In the past many retirees left the state, but that trend has reversed and many adult children are bringing their elderly parents to the state to better care for them. This has already begun to put a strain on health care and other systems. It will require the health care industry to respond to a population, which

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1 *Ibid.*, p. 11.

2 Judy Nyman, Alaska State Hospital and Nursing Home Association telephone survey, January 2001.

3 State of Alaska Department of Labor, *Alaska Occupational Forecast to 2008*, November 2000.

change factors that will drive up demand in the industry, and is reflected in the forecasting model described above.

### **Previous Efforts Toward Resolution of the Shortage in Alaska**

For the past three years, the Alaska health care industry has been involved in assessment of workforce needs. It has engaged in discussions and collaborative projects with the University of Alaska to try to ensure that the state eventually become as self-sustaining as feasible in the production of graduate health professionals in a variety of fields. Not only will this fulfill existing and future workforce needs in Alaskan facilities and offices, but it will help establish a more stable workforce, less inclined to leave the state after a short tour of duty.

Rural facilities are particularly interested in ensuring that nursing education be readily accessed by potential students, and delivered as close to their home communities as possible, so they will be more likely to enter and complete the program and stay to practice in rural locations. Industry has made substantial contributions in time, effort, and funds to improving the workforce picture, and has made an ongoing commitment to support health professional educational programs in a variety of ways, including providing clinical sites for students, tuition support and adjunct faculty.

University of Alaska campuses have responded to this need with a number of productive initiatives, including commissioning a comprehensive study of the allied health workforce, and working to focus resources to address apparent deficiencies and needs. This study did not include nursing because the foundation-funded Alaska Colleagues In Caring project is currently accumulating both supply and demand data on nursing occupations in the state.

The University of Alaska Anchorage (UAA) School of Nursing has undertaken a number of innovative measures to address the shortage. This has included:

- increasing its use of web-based coursework
  - adding a distance-delivery component to its associates degree program
  - providing location flexibility for RN-to-bachelors degree and masters level students
  - establishing a distance-delivered practical nursing (PN) program
  - seeking to expand the use of the summer semester.

## **Nursing Education Programs**

### **Registered Nurse Preparation**

Graduates from either associates degree or bachelors degree nursing education programs sit for the same national licensing examinations that result in the designation Registered Nurse (RN). The nursing curriculum in associates degree programs takes a minimum of

two academic years to accomplish. Bachelors programs are planned to take a minimum of four years, if a student has not had previous educational preparation in nursing. Along with their nursing courses, the students must simultaneously meet the institution's requirements for completion of the associates or bachelors degree. This results in associates degree programs taking at least three years to complete for essentially full-time students. The bachelors level programs typically take five years or more.

This is a departure from the past when students were generally able to complete nursing programs, including all pre- and co-requisites, in two or four years. Due to rapidly proliferating curriculum content, this is no longer the case.

While practical nurse programs do not prepare registered nurses, those working as licensed practical nurses (LPNs) may decide at some point in their careers to advance their education and become RNs by enrolling in college in either an associates or bachelors degree nursing program. Thus the practical nurse programs, besides providing employees at that level, also provide a stream of potential students for future registered nurse preparation.

Alaskan facilities have tended to have a low demand for practical nurses compared to those in other states. Alaskan nursing administrators have generally preferred to hire registered nurses, with their full scope of practice, rather than practical nurses who legally have a more limited range of skills to offer.

#### University of Alaska Anchorage (UAA)

The University's School of Nursing in Anchorage provides several levels of nursing education -- practical nursing, associate of applied science, bachelor and master of science -- as well as bridge programs for licensed practical nurses to become registered nurses through the associates degree program, and RNs with associates degrees to obtain their bachelors degrees.

A vocational practical nursing program is a recent addition. In its first quarter, it is being distance-delivered to a rural location (Bethel) as well as provided to Anchorage students in the same distance-delivered format. A vocational program for practical nursing focuses on hands-on clinical skills, with limited academic requirements. There are few pre- and co-requisite courses.

UAA has an established associates degree nursing program in Anchorage, which is currently being provided in a distance-delivered format to two additional locations (Fairbanks and Kodiak). It is expected that the program will be offered in other locations in the future on a rotating basis. Industry representatives and university faculty at other campuses indicated that the initial schedule for rotation was too limited, and have suggested that Fairbanks and Juneau may be large enough to have ongoing annual programs, with smaller sites being included on a less frequent rotation.

Students typically take at least three years to complete this associates degree program, one for pre- and some co-requisites, and two for the nursing curriculum. At the completion of the associates degree program, a student may sit for the national registered nurse licensing examination (NCLEX-RN). The overall pass rate for the UAA School of Nursing's associates degree program over the past fourteen years has been 95%, over the established national benchmark of 85%.

As mentioned above, the UAA School of Nursing also has a Bachelor of Science in Nursing program, as well as Master of Science programs, and provides bridging programs between the various educational levels. It tends to have a backlog of qualified candidates for the bachelors program, with accepted students typically waiting one to two semesters to enter. Approximately 59% of at least minimally qualified applicants for the associates degree program are rejected, many due to the school's limited enrollment capacity. It has been successful in recent years in increasing its population of Alaska Native nursing students through the RRANN (Recruitment and Retention of Alaska Native Nurses) program, which provides these students support in completing their education.

#### Weber State University (WSU)

Weber State University, based in Ogden, Utah, was invited to provide its nursing education programs in several locations in Alaska over the last decade.

At first WSU offered just an academic practical nurse program in several communities. This is somewhat different from the UAA vocational practical nurse program in that it has significant academic pre- and co-requisites. Both types of practical nurse programs prepare students to sit for the practical nurse licensing examination (NCLEX-PN).

Recently, Weber State began providing an associates degree nursing program in Alaska, using a fully distance-delivered, on-line format for its didactic component. Clinical instruction is provided either by local adjunct faculty, or delivered by Utah faculty who travel to Alaska to oversee clinical intensives. The WSU program requires academic pre- and co-requisite courses similar to the UAA associates degree program, with the additional requirement that entering students already be Certified Nursing Assistants (CNAs), giving them an underpinning of fundamental nursing skills.

This Weber State program is designed to provide articulation between levels. Its students are enabled to sit for the licensed practical nurse examination after completing the first year of their associates degree nursing curriculum, which is virtually the same as the academic practical nurse program. Once the second year of the associates degree program is complete, graduates may take the registered nurse licensing examination. The overall pass rate on national exams for all levels and locations of the WSU program is 90% on the first try. Their associates degree program is also expected to take approximately three years to accomplish, taking into consideration the pre- and co-requisites and the two-year nursing coursework.

The Weber State approach is much appreciated by those who have participated in its program, and is mostly lauded for its distance-delivered and flexible nature, its industry-responsiveness and student support. Some students benefit from the ability to sit for the LPN exam after the first year. They can then work as LPNs while continuing in the program, or can stop out for a time if necessary and still have a salable credential.

Directors of Nursing at WSU's clinical sites in Alaska are pleased with the knowledge level of the graduates, and that most have remained in their home communities. Weber State initially came to Alaska at the invitation of the University of Alaska Southeast to provide their model of education primarily to the southeast island communities of the state, whose prospective nurses are often unwilling or unable to attend school in Anchorage. It does not anticipate remaining in the state in the long term. WSU has responded to the interest of and invitation from Alaskans, and would reduce its presence if the university system in Alaska offered a similar alternative.

### **The Challenge**

The school of nursing of the University of Alaska Anchorage planned to enroll more than 40 associates degree students each year (including 24 in the distance-delivered component every other year), and about 60 to the bachelors program, or a few more than 100 students per year. The Weber State program would potentially admit another 24 enrollees every two years, at least through 2003. With minimal net attrition, the annual projection of graduate numbers, given stable output at this level, would average about 110 nurses annually.

This figure, compared with the anticipated annual openings of 220, is woefully inadequate to meet the projected nursing workforce needs of the state, much less contribute to reducing current vacancy rates. An accelerating loss of nurses through retirement, as well as increasing demand, is anticipated. Thus production of graduate nurses will have to double to just keep up with projected demand. This provides a significant opportunity for the University to partner with industry to provide innovative programs responsive to statewide need.

The practical nurse program at UAA anticipates graduating about 28 students annually, including from at least one distance site. Weber State would add about 24 practical nurse graduates every other year to that number, at least through 2004, when their presence in the state will be reevaluated based on whether Alaska sites continue to request their program and their Board of Regents approves continuation. The Alaska Vocational Technical Center (AVTEC) Anchorage location has proposed to the Board of Nursing to begin offering an LPN program later this year, admitting 20 students each year. So beginning in 2003 and continuing at least through 2004, there will be an average of 56 graduates of practical nursing programs in Alaska. It is expected that a number of these graduates will immediately continue on into registered nurse preparation programs. Nevertheless, this level of output should satisfy the industry's need for practical nurses, and should help offset the need for registered nurses to a limited extent until the supply of professional nurses catches up with demand.



## Legislature passes bill to attract teachers, nurses to Alaska

A program designed to help attract and retain teachers and nurses in rural Alaska has been authorized by the Alaska Legislature. In May, the Legislature passed a bill to allow AHFC to provide housing loans without a down payment to Alaska teachers, school personnel and registered nurses. The legislation creates a new AHFC option to provide housing loans to full-time teachers and nurses without a down payment. Qualified applicants may use any of AHFC's loan programs to purchase owner-occupied, single-family housing.

The bill also allows regional education areas to apply for AHFC's multi-family lending programs when building or purchasing housing for teachers.

The provision to extend the measure to nurses was added in the House at the request of Gov. Murkowski. Speaking in support of the bill, Rep. Peggy Wilson (R-Wrangell) said, "There is a huge gap in both [teachers and nurses]. We have vacancies at this time that we can't fill because we just don't hire them in the state. So this is just another recruitment and retention tool that we can use in our toolbox." Gov. Murkowski signed the bill into law on June 18.

Also on the horizon, U.S. Sen. Lisa Murkowski has introduced a bill to provide \$50 million in grants to small-population states for school districts to acquire, build or rehabilitate rural housing for teachers or other staff. Following public hearings, AHFC anticipates making the 100 percent financing option available to teachers and nurses by the end of August.

## This year, A

- Received three national Assistance Provider Incentives for enhancing the quality of services for developmental disabilities.

- Helped nearly 6,000 Alaskans with \$894 million in low-interest loans to purchase 2,153 first-time homes.

- Brought to more than 100 communities multi-family loan financing and tax credits. Since 1998, in low-interest loans, rents, to assist developers in building 9,000 units of rental housing throughout the state.

- Formed 100 new communities.



## Inside

Rural Refinancing

2

CEO & Chair Letter

2

HomeChoice Grows

3

Cold Climate  
Housing Research

4



- Conducted 100 community meetings, attracting 10,000 people. Classes also were held for Realtors and builders.

- Provided 187 veterans with \$38.7 million. In November, more than 70 percent of the Veterans Mortgage Program loans were repaid.

- Increased the number of communities served from fewer than 2,500 in 1998 to 12 communities served in 2003. Year is paid to private lenders for Alaskans who earn less than \$10,000 a year.

# NATHANIEL L. HADDOCK, M.D.

INTERNAL MEDICINE

1420 GLACIER AVENUE  
JUNEAU, ALASKA 99801

TELEPHONE (907) 586-6226  
FAX (907) 586-6155

April 6, 2004

Alaska State Legislature, District 3  
State Capitol  
Juneau, Alaska 99801

**RE: House Bill 443**

To Whom It May Concern:

It is my experience that in today's healthcare system, LPNs perform virtually all of the duties and responsibilities that RNs perform. LPNs are a vital link in our healthcare system that should not be forgotten about.

I believe that LPNs are entitled to be included in House Bill 443.

Your consideration is greatly appreciated.

Sincerely,



Nathaniel L. Haddock, M.D.

HB

471



Health, Education, and Social Services Committee  
Alaska State Legislature  
House of Representatives  
Representative Peggy Wilson - Chair

LETTER OF INTENT

The HESS Committee acknowledges the importance of supporting education in the State of Alaska. Therefore, it is the consensus of the Committee that the base student allocation be increased from \$4,169 to \$4,379; and in each following year, beginning July 1, 2005, an increase in the base student allocation of two percent.

"The HESS Committee recognizes the need to identify sources of available funds for this increased education funding. We identify the remaining authorized Constitutional Budget Reserve (CBR) draw for 2004 and the Permanent Fund Earnings Reserve as sources that can be used for this education funding increase."

*Rep. Peggy Wilson*

# *Alaska State Legislature*

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## **House Special Committee on Education**

Representative Carl Gatto, Chair

### **SPONSOR STATEMENT**

HOUSE BILL 471

“AN ACT RELATING TO THE FUNDING OF PUBLIC EDUCATION; AND PROVIDING FOR AN EFFECTIVE DATE.”

HB 471 increases the Base Student Allocation from \$4,169 to \$4,379 this year and provides for a 2% annual increase beginning July 1, 2005.

# LEGAL SERVICES

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LEGISLATIVE AFFAIRS AGENCY  
STATE OF ALASKA

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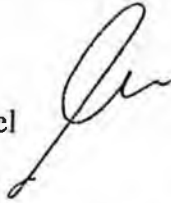
State Capitol  
Juneau, Alaska 99801-1182  
Deliveries to: 129 6th St., Rm. 329

## MEMORANDUM

February 20, 2004

**SUBJECT:** Base Student Allocation (CSHB 471(EDU))

**TO:** Representative Carl Gatto  
Attn: Cody

**FROM:** Jean M. Mischel  
Legislative Counsel 

Enclosed is CSHB 471 (EDU) as passed out of committee Thursday. Despite our conversation yesterday regarding "proper form" of the committee amendment, we have determined that inserting the date, as the committee has done, into the body of the bill is useful.

Normally, the purpose achieved by using the proper form is to keep dates from appearing in the permanent statutes as much as possible. The dates are obsolete after a certain time and can require removal by amendment in a revisor's bill eventually. In this case, however, a date in the statute provides a start date for the funding increases.

What is not clear from this bill, and which should be clarified in a later CS or amendment, is whether the 2% increases are compounded or whether they start at the base allocation each year. As written (which I don't believe is the intent), this language could be interpreted as non-compounding. I apologize for not pointing this out sooner. Let me know if you'd like an amendment or CS to clarify this language.

If I may be of further assistance, please advise.

JMM:med  
04-216.med

Enclosure

## MEMORANDUM

**DATE:** February 19, 2004  
**TO:** The House Finance Committee & House HSS Committee  
**FROM:** The House Special Committee on Education  
**RE:** HB 361 and HB 471 Education Funding

The House Special Committee on Education broke into a Subcommittee on Education Funding and spent three days of hearings and committee work on education funding. Testimony from all parts of the state was very persuasive and indicated that to allow further cuts to education will accelerate the deterioration of Alaska's primary and secondary education system.

In fact, testimony was received from many school districts, indicating that to be made whole, the funding to the formula will need to increase between \$380 and \$400 (including the PERS/TRS). The Committee utilized the Anchorage request in the amount of \$388 as Anchorage has a multiplier of 1 in the formula.

As a result of testimony and committee work, the sub-committee passed two bills to the full House Special Committee on Education:

HB 361: amount of increase over FY 2004 is \$35,789,260

This Bill separately funds the increase for K-12 Pers/TRS contribution for one year. Also, notwithstanding the requirements of student formula funding it allows these monies to be counted for purposes of local contribution funding caps.

HB 471: amount of increase over FY 2004 is \$42,500,000

This Bill increases the student formula by \$210 and codifies a 2% annual increase to the formula beginning July 1, 2005.

The effect of both of these actions is an increase of funding to K-12 in the amount of \$78,289,260.

The House Special Committee on Education recommends the utilization of the following sources of funding for these increases:

- Constitutional Budget Reserve Excess from FY 2004 Appropriation
- Excess Earnings from the Earnings reserve Account of the Permanent Fund

\* The Committee notes that the University of Alaska also has an unanticipated need for funding its PERS/TRS obligation and urges the House Finance Committee to fund that need as well.

**HB**

**500**



# REPRESENTATIVE RALPH SAMUELS

## HOUSE DISTRICT 29

### House Bill 500 Sponsor Statement

"An Act relating to medical review organizations; and providing for an effective date."

House Bill 500 simply adds the Joint Commission on Accreditation of Health Care Organizations (JCAHO) to the narrow definition of a "review organization."

The Joint Commission on Accreditation of Health Care Organizations is the principle independent organization that performs accreditation of hospitals throughout the United States, including Alaska. JCAHO recently implemented a new program requiring hospitals to undergo a Periodic Performance Review (PPR) to achieve continuous standards compliance and, thus, continuous provision of safe, high-quality health care.

The current statute defines a "review organization" expressly and narrowly and is silent as to the major organization conducting hospital accreditation in our state, JCAHO. Without the change I am proposing in this legislation, a party in an unrelated civil action, could argue vigorously that JCAHO is well known within the health care community as the primary accreditation instrument for hospitals in the United States, and that it would have been a very easy matter for the legislature to have included it in the definition of a "review organization." It could be asserted that the courts have no business re-writing statutes to include provisions that it thinks the legislature would have included if it had thought of it at the time that provision was enacted. Thus, there is a very real danger that information provided to JCAHO as part of this process would not be treated as confidential.

This legislation is necessary so that hospitals will feel free to fully report all the information required by JCAHO in an open manner.

Email: [Representative\\_Ralph\\_Samuels@legis.state.ak.us](mailto:Representative_Ralph_Samuels@legis.state.ak.us)

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HB

502

# STATE OF ALASKA



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## REPRESENTATIVE JIM HOLM DISTRICT 9

### HB 502 "DISPENSING OPTICIANS: BOARD & REGULATION" Sponsor Statement

17 March

*"An Act relating to dispensing opticians and dispensing optician apprentices."*

HB 502 clarifies the education and training requirements to become an optician, allows qualified opticians from other states to practice in Alaska, and sets out requirements to fit and sell contact lenses. This bill also transfers the Optician's apprenticeship program to the U.S. Department of Labor. Currently, the amount of training does not meet the threshold for the Department of Labor. The State of Alaska needs to be on par with other states and require a high amount of training and high degree of licensing in this field.

The current statute is unclear and inadequate. HB 502 puts specific qualifications on the amount of hours an optician must have to qualify for both spectacles and contact lenses. This legislation raises the amount of hours required to least 4,000 hours of training to dispense eyeglasses and at least 2,000 more hours to dispense contact lenses. This distinction clarifies the language and requires an appropriate amount of training for the Opticians in Alaska to effectively serve the public.

AMENDMENT

OFFERED IN THE HOUSE

TO: HB 502

- 1 Page 2, line 16:
- 2 Delete "or"
- 3 Insert "and"

AMENDMENT

OFFERED IN THE HOUSE

TO: HB 502

- 1 Page 4, line 11:
- 2 Delete "orally"
- 3 Insert "by direct communication"

AMENDMENT

OFFERED IN THE HOUSE

TO: HB 502

- 1 Page 4, lines 25 - 26:
- 2 Delete "however, the exemption in this paragraph does not authorize an
- 3 unlicensed person to sell contact lenses of any type;"

# LEGAL SERVICES

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Juneau, Alaska 99801-1182  
Deliveries to: 125 6th St., Rm. 329

## MEMORANDUM

March 4, 2004

**SUBJECT:** Sectional summary of HB 502 relating to dispensing opticians and apprentices (Work Order No. 23-LS1731\D)

**TO:** Representative Jim Holm  
Attn: Matt

**FROM:**  Theresa L. Bannister  
Legislative Counsel

You have requested a sectional summary of the above-described bill. As a preliminary matter, 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.

**Section 1.** Amends the license-requirement section to use the term "dispensing optician." Deletes "spectacles" (covered by "eyeglasses") and "artificial eyes" from the listed items to be dispensed.

**Section 2.** Replaces "dispenses" with "act as a dispensing optician for." Deletes "spectacles" and "artificial eyes." Makes a technical change.

**Section 3.** Increases the number of hours of training required, whether as an apprentice or as a practicing optician. Establishes separate training requirements for eyeglasses and for contact lenses. Conforms the apprentice training requirements to the change in sec. 6 regarding the entity with whom the person must register.

**Section 4.** States that there is no examination requirement for licensing persons who have licenses in other jurisdictions, if the other jurisdiction's licensing requirements are at least substantially equivalent to this state's.

**Section 5.** Adds two new subsections. The first subsection allows persons designated as master opticians by the American Board of Opticianry to receive licenses for eyeglasses. The second subsection allows persons with certain designations from certain identified contact lens organizations to be issued licenses for contact lenses.

**Section 6.** Requires an apprentice to register with the U.S. Department of Labor rather than the Department of Community and Economic Development. Removes language characterizing the apprenticeship as service. Removes an obligation of the Board of Dispensing Opticians.

Representative Jim Holm

March 4, 2004

Page 2

**Section 7.** Changes what must be stated in the authorization that is needed for fitting contact lens. Allows duplicate contact lenses to be dispensed from a written prescription that provides the information necessary to exactly duplicate the previous contact lenses. Prohibits providing contact lenses after the most recent prescription expires unless authorized by the prescription issuer.

**Section 8.** Limits the exemption for preassembled articles sold as merchandise. Prohibits the sale of contact lenses under the exemption.

**Section 9.** Provides some transition provisions for persons who have completed certain requirements when the bill takes effect and for persons in a training program when the bill takes effect.

If I may be of further assistance, please advise.

TLB:med

04-266.med



## Alaska Division of Legislative Audit

### Audit Digest #08-20022-03



\* Requires Acrobat Reader



**SUMMARY OF:** A Sunset Review of the Department of Community and Economic Development, Board of Dispensing Opticians, September 12, 2003.

#### PURPOSE OF THE REPORT

In accordance with Title 24 and Title 44 of the Alaska Statutes (sunset legislation), we have reviewed the activities of the Board of Dispensing Opticians. The purpose of this audit was to determine if there is a demonstrated public need for the continued existence of the Board of Dispensing Opticians.

#### REPORT CONCLUSIONS

Under AS 44.66.050(d)(4), part of a sunset review is to provide "*an assessment of alternative methods of achieving the purposes of the program.*" In the prior audit we considered the merits of regulating opticians through a registration process and placing primary reliance on the successful completion of nationally recognized examinations to ensure competency.

Most states do not "regulate" or license opticians at all. According to the Opticians Association of America, only 22 states license dispensing opticians. Texas has a voluntary registration program – which allows the individual to advertise as a "registered optician" if they have met certain established criteria related to competency. Such an approach may be a viable alternative for Alaska.

Under this approach, an individual could advertise as being a registered optician once they provided proof to the Division of Occupational Licensing (OccLic) that they had met the necessary testing and continuing education requirements. Presumably, such designation would have some commercial advantages, assuring consumers the practitioner had met an established standard of competency.

The future operational viability of the board is questionable. In the long term, the number of new applicants seeking licensure as opticians may be reduced significantly due to creation of the optician assistant designation. Combined with fiscal instability brought on by licensing fee revenues insufficient to cover the operating costs of the board, the long-term viability of the Board of Dispensing Opticians (BDO) is problematic. Given these concerns, we recommend the legislature not extend the termination date for the board. Accordingly, the board will terminate operations at June 30, 2005.

In our view, the public can be adequately protected by competition in the marketplace, ongoing supervision of assistants, or professional standards already established for practicing opticians and ophthalmologists.

#### FINDINGS AND RECOMMENDATIONS

If the legislature decides to extend the termination date for the Board of Dispensing Opticians (BDO), we believe it is important for the board to take the following two actions.

Recommendation No. 1

The board should develop and propose legislation to clarify statutes related to the various aspects of dispensing optician licensing.

Opticianry statutes should be amended to address the following concerns:

The amount of apprentice training hours necessary for licensure should be clarified. Currently, AS 08.71.110(a)(2)(A) states an individual must complete "at least 1,800 hours of training as an apprentice...". In regulation, BDO specifies the individual complete a board-approved course, accumulate 1,800 hours of training, and pass the necessary examinations to be licensed in dispensing spectacles. The regulations also state that in order for an individual to be licensed to dispense contact lenses they must complete an additional 1,800 hours and pass the relevant national examination. State law makes no distinction related to these endorsements.

Modification of apprentice registration requirements at AS 08.71.160.


Recognition, in statute, of a process to license individuals from other jurisdictions.

Recommendation No. 2

The Division of Occupational Licensing in conjunction with the board should increase optician's licensing fees to eliminate the cumulative deficit.

Another increase in optician's licensing fees is necessary to eliminate the cumulative deficit. Licenses are renewed every two years; therefore, the revenue generated in the renewal year must be sufficient to fund most of the board's costs of the nonrenewal or subsequent year. The recent increase in licensing renewal fees for dispensing opticians and optician's apprentices appears to be sufficient to cover the board's costs for the two-year period. Depending on the amount of revenue collected in the nonrenewal year, the increased licensing fee may also reduce a small portion of the board's continuing deficit. Alaska Statute 08.01.065(c) requires fees for an occupation to be set to approximate the regulatory costs for the occupation. We recommend the board and OccLic review the regulatory costs and licensing fees to ensure that BDO sufficiently eliminates the cumulative deficit and meets annual operating costs.



\* Requires Acrobat Reader 

October 2, 2003

Members of the Legislative Budget  
and Audit Committee:

In accordance with the provisions of Title 24 and Title 44 of the Alaska Statutes (sunset legislation), the attached report is submitted for your review.

DEPARTMENT OF COMMUNITY  
AND ECONOMIC DEVELOPMENT  
BOARD OF DISPENSING OPTICIANS  
SUNSET REVIEW

October 2, 2003

Audit Control Number  
08-20022-03

This audit was conducted as required by AS 44.66.050 and under the authority of AS 24.20.271(1). Alaska Statute 44.66.050(c) lists criteria to be used to assess the demonstrated public need for a given board, commission, agency, or program subject to the sunset review process. Currently under AS 08.03.010(c)(9), the Board of Dispensing Opticians is scheduled to terminate on June 30, 2004. If the legislature takes no action to extend the termination date, the board would be allowed one year in which to conclude its administrative operations.

In our opinion, the termination date for the Board of Dispensing Options should not be extended. As discussed in the Report Conclusions section, various changes made in the opticianry statutes in 2002 have led to a situation that makes the board's long-term viability problematic. We recommend the legislature consider a registration process for opticians, but not extend the termination date and allow the board to go into its one-year wrap-up period.

The sunset review was conducted in accordance with generally accepted government audit standards. Fieldwork procedures utilized in the course of developing this report are set out in the Objectives, Scope, and Methodology section.

Pat Davidson, CPA  
Legislative Auditor

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