

ALASKA LEGISLATURE COMMITTEE FILES, 2003-2004 8672

11118 SENATE HEALTH, EDUCATION & SOCIAL SERVICES



# Alaska State Legislature

Please enter into the record by testimony to the (J)HES  
 Dept. of COMMITTEE NAME  
 committee on Health & Social Serv., dated 11/5/03  
BILL/SUBJECT TODAY'S DATE

I am a school nurse, a home health nurse & parent of two children with special needs adopted through DFYS fourteen years ago. I am a life-long Alaskan.

I urge you to prioritize programs which support the health and safety of children and people of all ages with physical and mental disabilities. Programs which provide services in decentralized, community-based ways are more cost effective and respectful to families and individuals than are programs ~~with~~ providing ~~institutional~~ safety or health care in institutions such as jails or hospitals. Denali Kid Care is a very important example of a program that helps children get needed care in a timely manner from community based clinics, before problems become so severe that families are forced to use expensive emergency hospital services. I support ~~an~~ state income tax.

Signed: Ellen Kleinfelder RN, BSN  
 TESTIFIER  
Self  
 REPRESENTING  
PO Box 367, Homer AK 99603  
 ADDRESS  
907-235-8702  
 PHONE NO.  
 email: leder@xyz.net



# Alaska State Legislature

(page 1)  
of 2

Please enter into the record my testimony to the JHES committee name  
committee on Dept. of Health & Social Services, dated 11/5/03  
bill/subject

I am a 27 year resident of the Homer area and a 20 year employee of the local Community Mental Health Center. I coordinate adult psychosocial rehab services for people who experience mental illness and severe emotional disturbance. I am here to request no further budget cuts be made to services for this population. The cuts DMHDD has experienced most recently have put Alaskans at risk in a variety of ways. Costs are merely shifting - not really being saved. An example: one adult who experiences both mental illness and substance abuse was admitted to an inpatient alcohol treatment program last year <sup>(March 2003)</sup> but was sent home midway through treatment due to the sudden budget cuts that closed that program without notice. He has since relapsed. Another dually diagnosed young adult in our community has been unable to find <sup>inpatient services</sup> a treatment program for people in his age group. He is trying to seek services but is struggling. Another 19 year old individual has been cycling between API of the correctional system and has a tentative connection with community based services due to the pressure on API to discharge prematurely. Cuts to CMHCs has made residential options very tentative. There is a breaking point, which we have reached.

Signed: \_\_\_\_\_ (see pg 2)

Testifier  
Chris Lane - Community mental health center  
Representing (Optional)  
3948 Ben Walters Lane, Homer, AK 99603  
Address  
(907) 235-9243  
Phone No.



# Alaska State Legislature

(page 2)

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

committee on Dept. of Health & Social Services, dated 11/5/03 bill/subject

Further budget cuts to community based services do not save dollars. Instead, the quality of life & independence of Alaskans is severely compromised and the attention and costs are simply shifted to emergency services such as hospitals and jails.

I urge you to recognize this dangerous point we have achieved and stop further budget cut considerations. Instead, it is high time, in my opinion, that we join the rest of the country in charging a state income tax. We need to increase our income in order to preserve a quality of life worth living for all in our State.

Signed: Chris Lange  
Testifier

Community Mental Health Center  
Representing (Optional)

3948 Ben Walters Lane, Homer, AK 99603  
Address

(907) 235-9243  
Phone No.

11/05/2003 10:11 907-235-2420

MICHAEL HOUGH

PAGE 01

JAMES C. HORNADAY ATTORNEY AT LAW  
3733 BEN WALTERS LN #3  
HOMER, AK 99603  
PH # 907 235-2173 FAX # 907 235-2420

11 5 03

To: Legislative Health Education and Social Services Committees fax4008  
From: James C. Hornaday, Citizen  
Re: Committee hearing 11 5 03; Health Care Coverage for Alaskans  
Thank you for the opportunity to present written testimony.  
Unfortunately, business commitments today made it impossible for me to remain for oral testimony.

I am representing only myself. Two questions from the following observations:

1. Recent news stories indicate that nation-wide about 15% of the citizenry do not have health insurance coverage; however 18% of Alaskans do not have health insurance coverage.
2. Recent news stories indicate that last session the Administration and Legislature reduced the number of children covered by Alaska Denali Kid Care.

If the above observations are correct, then I would urge the following:

1. The Administration and Legislature should work to increase the number of Alaskans with health care coverage.
2. Specifically, the Administration and the Legislature should correct their serious error last session when they reduced the number of Alaska children covered by Denali Kid Care and increase the number of Alaska children covered by Denali Kid Care.

Good health of the general citizenry and especially the good health of Alaska children should be a top priority of the Administration and the Legislature.

Thank you for considering my views.

Sincerely,

James C. Hornaday

cc: Rep. Paul Seaton  
345 W. Sterling Hwy  
Homer, Ak 99603

fax 235 4008

Sen Gary Stevens  
112 Mill Bay Road  
Kodiak, Ak 99615

fax 486 5264

1100 5-03

TO (GJ) HES

Coordinate mental health services for children in Homer. I would rather see recipients of the service here than me today, but the truth of the matter is that the youngest portion of our population doesn't have a voice for itself.

I would like to advocate for early intervention services, mental health and programs like infant learning and head start. Money funded for children's services will ultimately recoup benefits for our communities in terms of healthy families and money saved for the state in the long run.

I would like to warn legislators that reduction of grants and services to health and human service agencies supporting healthy families, children and adolescents may appear to save money today but the cost will be great in the future. The dollars that could have gone into early intervention will be spent fourfold for emergency services, hospital care, residential care and the prison system.

I hope you will recognize the value of supporting the children in our communities through continued funding for children's services, mental health, and other early intervention programs.

Molly Stonorov

Molly Stonorov

907-235-8273

PO Box 15005

Tutz Creek, Alaska 99603



# Alaska State Legislature

Please enter into the record by testimony to the (J) HES  
COMMITTEE NAME  
 Dept. of Health  
 committee on ↓ Social Services, dated 11/5/03  
BILL / SUBJECT TODAY'S DATE

*I receive medicaid, APA & SSI every month.  
 I would feel terrible if these services  
 were cut off from me*

Signed: Charles Thompson  
TESTIFIER  
Homer Community  
REPRESENTING  
Box 1042 Homer AK 99603  
ADDRESS  
 \_\_\_\_\_  
PHONE NO.

*11/5/03*



# Alaska State Legislature

Please enter into the record my testimony to the (J)HES committee name  
 committee on Social Service, dated 11/5/03  
 bill/subject

Please do not cut Social Services.  
 \$150 million, you want to eliminate?  
 When was the last time Alaskan  
 politicians took a cut in salary?  
 And Governor, forget that bridge,  
 you want to build! You are doing  
 that because it's a visible thing,  
 and people will say, "hey, look,  
 what Gov. M. did!" Meanwhile, we poor  
 and disabled are invisible. So you  
 don't think we matter. I can't live without  
 my medical coupons that pay my Depression  
 medicine. I would be suicidal within 3 wks!  
 Or worse, end up in API + use up more govt \$.

Signed: Jan H. Horgan

Testifier Mental Health Services in AK

Representing (Optional)  
3971 Main St. Apt 4 Homer

Address  
235 - 6990  
 Phone No.

Thanks  
 for  
 listening.



# Alaska State Legislature

Please enter into the record by testimony to the (J)HES  
COMMITTEE NAME  
 committee on Dept. of Health & Social Serv., dated 11/5/03  
BILL / SUBJECT TODAY'S DATE

I AM Against the proposed budget cuts.  
 I Feel that this would have a very  
 negative effect on the people who are  
 dependent on these services.

Signed: *Homer Lio*  
TESTIFIER  
HOMER AK  
REPRESENTING  
40700 Old Sterling Hwy  
ADDRESS  
2.35- 6926  
PHONE NO.



# Alaska State Legislature

Please enter into the record my testimony to the (J) HES  
 committee name  
 Dept. of  
 committee on Health & Social Serv. dated 11/5/03  
 bill/subject

I get Public Assistance and Medicaid.  
 I need all the mental health  
 services I get I appreciate  
 being able to go to the doctor  
 when I need to.

Please don't cut me off.

Signed: David Forner David Forner  
 Testifier

Representing (Optional)

3914-B Ben Walters Lane

Address

235-3243

Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the (J) HES  
 committee name  
 Dept. of  
 committee on Health & Social Services, dated Nov 5 - 03  
 bill/subject

Thank you for stating for our children. Speaking for my guardian I can assure she would agree with a state tax. I don't know what I would do without my Medicaid. It depressed me to think of it. Thank you.

Signed: Hazel Bentley  
 Testifier

Representing (Optional)  
1152 Seaside Breeze Ct, Homer  
 Address  
235 7982  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the (J) HES  
 committee name  
 Dept. 4  
 committee on Health & Social Services, dated Nov. 5 - 03  
 bill/subject

I would like to thank you for the opportunity to express my opinion. I am an hourly provider for CMHC in Homer. I work directly with my clients on a daily basis and I see each day how much the services I provide enhance my clients lives. I don't have a college degree or a lot of statistics to quote, what I do have is hands-on experience with my clients and I cannot stress how much the services I provide help my clients. These services are essential to the day today health and well being of my clients. I urge this committee to find another way to deal with this problem, and not to cut funding for these programs.

Signed: Arwen Miller  
 Testifier

Representing (Optional)  
P.O. Box 2157 Homer AK  
 Address  
235 1823  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the J HES  
 committee name  
 committee on Dept. of Health & Social Serv., dated 11-07-03  
 bill/s. object

I urge you to reconsider your proposed actions. My husband and myself work - but we still could not afford healthcare for our four children! We are not able to pay healthcare for ourselves - we are also unable to find work with benefits in the lower area. I urge you to stop cutting benefits for our children (Schools, Dental Care) - these children are precious, these children are our future, stop spending money for wars and military needs, put the money back to the needs of our children!

Signed: Margaret Bisher  
 Testifier

Representing (Optional)  
Box 314 Andros Pt. AK 99556  
 Address  
907-235-9494  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the J HES  
committee name  
 committee on Dept. of Health & Social Services dated 11-04-03  
bill/subject

Hi, I am Nikki, I get Medicaid and Medicare and Social Security. I use these for my daily need's. If you cut my Benefits, I would not be able to pay my rent, or my daily need's (Medicine, Food, Plane and so on). Please, reconsider your planned actions!

Signed: Nikki Den  
 Testifier

Representing (Optional)

Address  
907-235-7336  
 Phone No.

To: JHES

11-05-03

pg 1 of 2

Thank you for the opportunity to share ideas and concerns pertaining to the funding and possible reductions to Alaska's Health and Social Services.

I owe Alaska a great deal of gratitude. From the bottom of my heart, Thank You! I am the mother of a 19-year-old son who has a chronic lung disease, Cystic Fibrosis known as C.F. Thank God for Alaska's responsible financial funding of medical services for Max and his disease. Max's medical funding came through programs ~~like~~ such as Handicapped Children's Program, Tetra Option of Medicaid, recently Alaska Medicaid and Adult Public Assistance. CF is an insidious disease that affects all organs in the body; therefore, causing a complex treatment plan. Any cuts to Max's medical treatment plan, would indeed compromise his already fragile health.

pg 2 of 2

I believe any budget cuts would destabilize and derail the hard work, momentum, and progress to the train of Health and Social Services. Please create a form of taxation that protects all funding of Health and Social Services. I believe budget cuts would not be the responsible tactic to solving the state's fiscal concerns. Please fund ~~the~~ state services! Please create a state income tax —

to  
Health  
and  
Social  
Services

Thank you,

Alice Haggerty

Alice Haggerty

PO Box 737

Homer AK 99603

(907) 235-6410

E-mail: alicc@xyz.net

(J) HES re: Dept. of Health & Social Serv. 11/5/03

Why do you want  
to cut us off,

I served my country.

I need to get my  
medicine.

I need to go to the  
Mental Health Center.

Thank you.

David Fomer

3948 Ben Walters Lane

Homer

**LEGISLATIVE AFFAIRS AGENCY  
INFORMATION & TELECONFERENCING**

PO Box 845

Tok, AK 99780

Phone: 883-5020 Fax: 883-5021

Date: 11/5/03

Please accept the enclosed original(s) of written testimony for the \_\_\_\_\_  
teleconferenced hearing that was scheduled on Nov. 5<sup>th</sup>, 2003 9:00am - 1:00pm

A copy of this testimony was transmitted to your committee via fax on 11/5/03

Thank you.

Tok LIO

*Please make sure the people involved in determining the Preferred Drug List try to use generic medications as much as possible. This could save the millions of dollars to state and federal budgets. According to your teleconference, the members determining the Preferred Drug List are physicians. Physicians are notorious for receiving "kickbacks" from pharmaceutical companies for prescribing brand name drugs when generic forms are available. Instead of having a Preferred Drug List Team, the state only needs to get a list of the most prescribed drugs from pharmacies and dispensaries, determine where generic forms are available, and select the highest. This would save time in teleconferences and reduce the influence of pharmaceutical companies. This list could be updated yearly as generic drugs become available.*

*Mary Martin, Volunteer EMT-III**P.O. Box 434**Tok, AK 99780*

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundations) and Section 501(c), 501(j), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Providence Health System - Washington

Employer identification number

51-0216586

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>Sandra Roxem</u>	<u>CEO Medalia</u>			
<u>506 Second Ave, Seattle, WA 98104</u>		<u>1141021.</u>	<u>34,573.</u>	<u>1,568.</u>
<u>Michael J. Madden</u>	<u>VP/CEO So. CA</u>			
<u>506 Second Ave, Seattle, WA 98104</u>	<u>40 +</u>	<u>750,354.</u>	<u>26,415.</u>	<u>0.</u>
<u>Raymond Crerand</u>	<u>CEO NWSA</u>			
<u>506 Second Ave, Seattle, WA 98104</u>	<u>40 +</u>	<u>564,149.</u>	<u>44,019.</u>	<u>0.</u>
<u>Donald A. Bruce</u>	<u>CEO Alaska</u>			
<u>506 Second Ave, Seattle, WA 98104</u>	<u>40 +</u>	<u>554,561.</u>	<u>164,205.</u>	<u>0.</u>
<u>Michael Thomas</u>	<u>Physician</u>			
<u>506 Second Ave, Seattle, WA 98104</u>	<u>40 +</u>	<u>504,863.</u>	<u>18,055.</u>	<u>0.</u>
Total number of other employees paid over \$50,000	<u>2046</u>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>Cornerstone/Anderson</u>	<u>General Contractor</u>	
<u>212 E. 51st Ave, Anchorage, AK 99503</u>		<u>12493053.</u>
<u>Olympia Emergency Services</u>	<u>Emergency Room Physicians</u>	
<u>SPH Emergency, 413 Lilly Rd, Olympia, WA 98506</u>		<u>4371467.</u>
<u>Arthur Andersen, LL2</u>	<u>Accounting, Auditing &amp; Consul</u>	
<u>PO Box 100592, Pasadena, CA</u>		<u>3900053.</u>
<u>Yakima Emergency Physicians</u>	<u>Emergency Room Physicians</u>	
<u>P.O. Box 1687, Yakima, WA 98907</u>		<u>2235284.</u>
<u>Pacific Northwest Cardiovascular AS</u>	<u>Cardiac Services</u>	
<u>1600 N. Jefferson, Suite 101, Seattle, WA 98122</u>		<u>962,500.</u>
Total number of others receiving over \$50,000 for professional services	<u>140</u>	

LHA For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Mr. Chairman,  
Members of the Senate and House Committees on Health, Education, and Social Services

My name is Stephanie Rhoades. I am the innovator and one of two judges who preside over the Anchorage District Court Coordinated Resources Project (CRP), also known as mental health court. This court project began in 1998, then only one of a handful in the nation. Today it is hailed as a national model court for other states developing mental health courts. Why do we have a mental health court, why do other states want them and why should you care about what a mental health court cares about? Let me tell you.

In the 1950s, we began the deliberate process of deinstitutionalization. The number of mental patients in the US dropped from 559,000 in 1955 to 54,000 in 2000. Over the same period of time, our nation's jail and prison population has quadrupled. Two weeks ago Human Rights Watch reported that 25% of all people in jails and prisons in the US are mentally ill. In 1997, the number of incarcerated people with mental disorders in Alaska was 37%. 25% is shocking, 37% is embarrassing.

Mental Health Courts address this problem – a problem known as 'criminalization' of the mentally ill. 'Criminalization' is incarcerating rather than providing treatment for people who engage in criminal behaviors not so much because of criminal intention but because of the symptoms of a brain disorder. Unlike the discrete symptoms of untreated diabetes, asthma or hypertension, symptoms of mental illness are more visible to the public and often trigger a police response. The result: individuals charged with low risk nuisance offenses and incarcerated in high numbers at considerable expense.

The Department of Corrections has become the largest provider of inpatient psychiatric services, yet jails are only equipped for a punitive and anti-therapeutic response. Once released, poor coordination between the criminal justice and mental health systems further prevents a treatment response and perpetuates the recycle of these individuals through the criminal justice system. And once labeled a criminal, an individual is even more likely to be processed through the justice system rather than the behavioral health system for future public displays of their illness.

Since 1998, the mental health court has used its unique role to forge collaboration between the criminal justice and the behavioral health systems to prevent the 'criminalization' of the mentally ill and stop the cycling of those already 'criminalized.' The mental health court identifies and diverts low risk people from jail and into existing behavioral health treatment. This collaboration is clearly successful and

a cost-saver. Since the court's inception, outcome studies show fewer arrests per court participant: 183 arrests in the 12 months prior to court participation reduced to 85 during the period of court participation. A reduction in days of incarceration from 29.5 in the 12 months prior to court participation down to 19.4 days during participation (saving the Department of Corrections approximately \$272,000). And, similar reductions in length of stays at API have also been a salutary effect of the court project (834 API days in the 12 months prior to court participation reduced to 130 days during participation (saving API approximately \$95,000).

In a cost-saving era, it is important to take heed of successes achieved through collaboration. This collaboration saves the State and local communities money with little additional investment. It has the added benefit of being the right thing to do, since it also provides an opportunity for disabled Alaskans to access treatment and improve the quality of their lives. These cost savings are entirely dependent, however, on minimal continued funding for the mental health court and sufficient critical behavioral health services to divert adults with disabilities into.

To prevent unnecessary incarceration of people with mental disorders and to halt their recycle through the justice system, it is critical that an adequate supply of the following elements of the behavioral health system be fully in place: (1) affordable, accessible, safe and sober housing for these vulnerable populations – which include elderly dementia and Alzheimer's patients who cannot safely remain in their homes, (2) expansion of integrated treatment capacity for persons with serious mental illness and co-occurring substance use disorders, (3) case management services for Traumatically Brain Injured Alaskans, (4) expanded case management services for persons with serious mental illnesses, and (5) improved transitional services for our youth.

The Anchorage mental health court looks forward to continuing its collaboration with community behavioral health. The court is committed to serving consumers and the public by reducing the social costs incurred in criminally processing low risk people who are basically ill and require treatment. Future success of our collaboration, however, requires adequate behavioral health supports and services for those in need.

Thank you for your time and attention to these issues.

**Subject: Infant Learning Program Support**

**Date:** Fri, 31 Oct 2003 15:09:06 -0900

**From:** Steve Ito <sito@swr.sd.org>

**To:** jason\_hooley@legis.state.ak.us

Dear Mr. Hooley,

At this time we are unavailable to give testimony in person on November 5, 2003 in support of the Infant Learning Program. Therefore, please distribute our letter to the Senate and House Committees on Health, Education and Social Services.

We feel the Infant Learning Program is a highly valuable program to all parents but especially to those who live in rural Alaska because of the limited access to specialists such as speech and language therapists, occupational therapists, etc. As a new family to Dillingham over four years ago, it was a wonderful surprise to find such a courteous, thoughtful, and professional group of individuals as those in the Infant Learning Program. Our three children and ourselves have benefited from well structured activities provided by the Infant Learning Program teachers. Their attention to detailed observations and testing of our children has identified individual needs that may have been overlooked if not enrolled in the program. The prompt response to follow up on needs and referral specialists shows a commitment to our children. The home visits are a nice personal touch to increasingly impersonal societal norms. It is a nice feeling to consider the people in the Infant Learning Program family friends.

Sincerely,  
Steve, Nicole, Connor, Lane, and Logan Ito  
PO Box 558  
Dillingham, Alaska  
99576

(907) 842-4105

Hb10-ESB  
Newborn



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- Publications

Released: May 22, 2001

**Press Statement  
On  
Universal Newborn Hearing Screening and Intervention**

The American Academy of Pediatrics is pleased to join the National Campaign for Hearing Health today in raising awareness about the importance of universal newborn hearing screening. In its 1999 policy statement to the nation's pediatricians, the American Academy of Pediatrics recommended the development of universal hearing screening programs nationwide. The "Newborn and Infant Hearing Loss: Detection and Intervention" statement also established parameters to ensure that all newborns with hearing loss are identified prior to hospital discharge and that these newborns begin receiving the services they need no later than 6 months of age.

Significant hearing loss is one of the most common health problems at birth. Any delay in diagnosis and intervention has lasting consequences because if undetected, hearing loss in an infant will impede speech, language and cognitive development. According to the AAP policy statement, however, the average age at which hearing loss is detected without newborn hearing screening is approximately 14 months of age—far too late. Pediatricians play a critical role in making sure that all infants have been screened for hearing loss at birth and that those who need follow-up care do not fall through the many cracks in the health care and early intervention systems.

The American Academy of Pediatrics supports federal legislation that would provide states with additional money to develop infrastructure support and further research for universal newborn hearing screening. Effective statewide screening programs will require broad-based support and collaboration of parents, health care and early intervention providers, federal and state legislators and health care payers.

###

*The American Academy of Pediatrics is an organization of 55,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults.*

**American Academy of Pediatrics  
Department of Federal Affairs  
601 13th Street, NW  
Suite 400 North  
Washington, DC 20005**

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Policy Statement

Pediatrics

Volume 103, Number 2

February 1999, pp 527-530

### Newborn and Infant Hearing Loss: Detection and Intervention (RE9846)

#### AMERICAN ACADEMY OF PEDIATRICS

##### Task Force on Newborn and Infant Hearing

This statement endorses the implementation of universal newborn hearing screening. In addition, the statement reviews the primary objectives, important components, and recommended screening parameters that characterize an effective universal newborn hearing screening program.

**ABBREVIATIONS.** UNIISP, universal newborn hearing screening program; EOAE, evoked otoacoustic emissions; ABR, auditory brainstem response; CDC, Centers for Disease Control and Prevention.

Significant hearing loss is one of the most common major abnormalities present at birth and, if undetected, will impede speech language and cognitive development.<sup>1-7</sup> Significant bilateral hearing loss is present in ~1 to 3 per 1000 newborn infants in the well-baby nursery population, and in ~2 to 4 per 100 infants in the intensive care unit population. Currently, the average age of detection of significant hearing loss is ~14 months. The American Academy of Pediatrics supports the statement of the Joint Committee on Infant Hearing (1994), which endorses the goal of universal detection of hearing loss in infants before 3 months of age, with appropriate intervention no later than 6 months of age.<sup>8</sup> Universal detection of infant hearing loss requires universal screening of all infants. Screening by high-risk registry alone (eg, family history of deafness) can only identify ~50% of newborns with significant congenital hearing loss.<sup>9,10</sup> Reliance on physician observation and/or parental recognition has not been successful in the past in detecting significant hearing loss in the first year of life.

To justify universal screening, at least five criteria must be met:

1. An easy-to-use test that possesses a high degree of sensitivity and specificity to minimize referral for additional assessment is available.
2. The condition being screened for is otherwise not detectable by clinical parameters.
3. Interventions are available to correct the conditions detected by screening.
4. Early screening, detection, and intervention result in improved outcome.
5. The screening program is documented to be in an acceptable cost effective range.<sup>11,12</sup>

Although additional studies are necessary, review of both published and unpublished data indicates that all five of these criteria currently are achievable by effective universal newborn hearing screening programs (UNHSP).<sup>5,13,15-28</sup> Therefore, this statement endorses the implementation of universal newborn hearing screening. In addition, this statement reviews the primary objectives, important components, and recommended screening parameters that characterize an effective UNHSP.

The Academy recognizes that there are five essential elements to an effective UNHSP: initial screening, tracking and follow-up, identification, intervention, and evaluation.<sup>13,14</sup> The child's physician and parents, working in partnership, make up the child's medical home and play an important role in each of these elements of a UNHSP.<sup>29</sup>

## SCREENING<sup>11,13,14</sup>

The following are guidelines for the screening element of a UNHSP:

- Universal screening has as its goal that 100% of the target population, consisting of all newborns, will be tested using physiologic measures in both ears. A minimum of 95% of newborns must be screened successfully for it to be considered effective.<sup>16,19,21</sup>
- The methodology should detect, at a minimum, all infants with significant bilateral hearing impairment, i.e. those with hearing loss >35-decibel in the better ear.<sup>1,16,19</sup>
- The methodology used in screening should have a false-positive rate, i.e. the proportion of infants without hearing loss who are labeled incorrectly by the screening process as having significant hearing loss, of  $\leq 3\%$ . The referral rate for formal audiologic testing after screening should not exceed 4%.<sup>16,17,19-21</sup>
- The methodology used in screening ideally should have a false-negative rate, i.e. the proportion of infants with significant hearing loss missed by the screening program, of zero.<sup>21,23</sup>
- Until a specific screening method(s) is proved to be superior, the Academy defers recommendation as to a preferred method. Currently, acceptable methodologies for physiologic screening include evoked otoacoustic emissions (EOAE) and auditory brainstem response (ABR), either alone or in combination. Both methodologies are noninvasive, quick (<5 minutes), and easy to perform, although each assesses hearing differently. EOAE measures sound waves generated in the inner ear (cochlea) in response to clicks or tone bursts emitted and recorded via miniature microphones placed in the external ear canal of the infant. Although EOAE screening is even quicker and easier to perform than ABR, EOAE may be affected by debris or fluid in the external and middle ear, resulting in referral rates of 5% to 20% when screening is performed during the first 24 hours after birth. ABR measures the electroencephalographic waves generated in response to clicks via three electrodes pasted to the infant's scalp. ABR screening requires the infant to be in a quiet state, but it is not affected by middle or external ear debris. Referral rates <3% may be achieved when screening is performed during the first 24 to 48 hours after birth. Referral rates <4% are generally achievable with EOAE combined with automated ABR in a two-step screening system or with automated ABR alone.<sup>16,17,19-21</sup> In a two-step system using EOAE as the first step, referral rates of 5% to 20% for repeat screening with ABR or EOAE may be expected. The second screening may be performed before discharge or on an outpatient basis within 1 month of age. Screening should be conducted before discharge from the hospital whenever possible.

- Each birthing hospital should establish a UNHSP with a designated medical (physician) director and sufficient staff to perform the following:
  1. Develop the screening protocol and select the screening method(s).
  2. Provide appropriate training and monitoring of the performance of staff responsible for performing hearing screening.
  3. Provide the parents or guardians information concerning the screening procedure, costs, potential risks of hearing loss, and the benefits of early detection and intervention.
  4. Establish a system that ensures confidentiality and allows the parents or guardians the opportunity to decline hearing screening. In most institutions, general hospital consent obtained at time of admission is considered to be inclusive of routine care, such as newborn hearing screening.
  5. Ensure that all individuals performing hearing screening are trained properly in the performance of the tests, the risks including psychological stress for the parents, infection control practices, and the general care and handling of infants in hospital settings according to established hospital policies and procedures.<sup>30</sup>
  6. Establish clear guidelines for responsibility of documenting the results of the screening procedure.
  7. Develop mechanisms for communicating results of screening in a sensitive and timely manner to the parents and the child's physician(s). If repeat screening is necessary after discharge from the hospital, ensure that appropriate follow-up is provided.
  8. Work with local, state, and national monitoring systems to identify all cases of significant hearing loss occurring in infants designated initially as free of hearing impairment by the UNHSP (false-negatives).
  9. Secure funding for the program. Funding through third-party reimbursement is essential to cover the costs of the UNHSP, including the initial screen(s), as well as of diagnostic and intervention services. The cost of complete screening in statewide programs ranges from ~\$7 to \$26 per infant screened.<sup>13</sup> Additional studies (some of which are ongoing) are necessary to quantify costs of tracking, diagnostic, and intervention services.<sup>26-28</sup>
  10. Collect critical performance data to ensure that each UNHSP meets the criteria specified in this statement. These data should be reported in a regular and timely manner to a statewide central monitoring program.

#### **TRACKING AND FOLLOW-UP<sup>13-15,26-28</sup>**

The following are guidelines for the tracking and follow-up elements of a UNHSP:

- Universal screening has as its goal that there will be 100% follow-up of all infants referred for formal audiologic assessment and for all infants not screened initially in the birthing hospital whose parents did not refuse screening. A minimum of 95% successful follow-up is required for a UNHSP to be considered an effective screening program.

- State departments of health, in coordination with programs mandated by Part C of the Individuals with Disabilities Education Act, should:
  1. Establish and maintain a central monitoring system for all hearing screening programs within the state. Critical performance data, including number of infants born; the proportion of all infants screened; the referral rate; the follow-up rate; the false positive rate; and the false-negative rate should be collected in a timely manner.
  2. Establish and maintain a tracking program that monitors all referrals and misses. Monitoring should ensure that children with significant hearing loss are not missed, ie, all children designated as free of hearing loss by the UNHSP, but who are later detected to have significant hearing loss, are identified by the statewide tracking program.
  3. Develop mechanisms for communicating results of follow-up activities with the parents/guardians and the child's physician(s), audiologist, and speech language therapist.<sup>29</sup>
  4. Ensure that hearing screening is performed on all out-of-hospital births.
  5. Report the screening performance parameters of individual hospital-based UNHSPs within the state in a timely manner.
  6. Report critical performance data of each UNHSP (without personal identifiers) to a national Early Hearing Detection and Intervention monitoring program established by the Centers for Disease Control and Prevention (CDC).

## IDENTIFICATION AND INTERVENTION<sup>15-15,26-28</sup>

The following are guidelines for the identification and intervention element of a UNHSP:

- Universal screening has as its goal that 100% of infants with significant congenital hearing loss shall be identified by 3 months of age and shall have appropriate and necessary intervention initiated by 6 months of age.<sup>6,7</sup>
- Appropriate and necessary care for the infant with significant hearing loss should be directed and coordinated by the child's physician within the medical home, with support from appropriate ancillary services.<sup>2</sup>
- A regionalized approach to identification and intervention for infants with significant hearing loss is essential, ensuring access for all children with significant hearing loss to appropriate expert services. It is recognized that professionals with demonstrated competency to provide expert services in the identification and intervention of significant hearing loss in young infants are not available in every hospital or community. The child's physician, within the medical home, working with the state department of health must ensure that every infant with significant hearing loss is referred to the appropriate professional(s) within the regionalized system.
- It is anticipated that there will be increased demand for qualified personnel to provide age-appropriate identification and intervention services for young infants with significant hearing loss. As a result, there will be a need for the training and education of additional expert care providers.

## EVALUATION<sup>13-15,26-28</sup>

The following are guidelines for the evaluation element of a UNHSP:

- The UNHSPs should be evaluated on an ongoing and regular basis by the state monitoring system for performance with regard to parameters enumerated in "Screening" above.
- Tracking and follow-up should be evaluated on an ongoing and regular basis by the state monitoring system, as well as through a national monitoring system to be established by the CDC.
- Intervention services should be evaluated on an ongoing and regular basis by the state department of health to ensure that sufficient expert services are available for children identified with significant hearing loss, that the services are accessible to the children in need, and that outcomes from interventions provided are effective.

## OTHER RECOMMENDATIONS AND ISSUES

The following are additional recommendations of the Academy for developing a UNHSP:

- The Academy recommends that each American Academy of Pediatrics chapter assume a leadership role in state-based efforts to promote optimal implementation of UNHSPs. Effective statewide programs require broad-based support and collaboration. Collaboration should include (but not be limited to) appropriate professional organizations, parent advocacy groups, deaf and hard-of-hearing adults, physicians, audiologists, speech and language therapists, nurses, administrators, payers, legislators, and state departments of health and special education.
- The Academy shall identify, develop, and disseminate educational materials regarding effective hearing screening programs.<sup>17</sup>
- To promote additional research and the development of the needed infrastructure to provide universal newborn hearing screening, the Academy recommends the following:
  1. The National Institutes of Health support ongoing research to improve the efficacy of screening, identification, and intervention.
  2. The Health Resources and Services Administration promote the development of a state-based early hearing loss identification and intervention network.
  3. The CDC establish and maintain a national monitoring and evaluation program for early hearing loss identification and intervention.

Physicians should provide recommended hearing screening, not only during early infancy but also through early childhood for those children at risk for hearing loss (eg, history of trauma, meningitis) and for those demonstrating clinical signs of possible hearing loss.<sup>9,14</sup> Although most hearing loss in children is congenital (ie, present at birth), a significant portion of hearing loss is acquired after birth.<sup>2-4</sup> Regardless of the age of onset, all children with hearing loss require prompt identification and intervention by appropriate professionals with pediatric training and expertise.

TASK FORCE ON NEWBORN AND INFANT HEARING, 1998-1999

## Bill Text



### BILL ID: HB 108

00

#### HOUSE BILL NO. 108

01 "An Act relating to establishing a screening, tracking, and intervention program  
02 to the hearing ability of newborns and infants; providing an exemption to licensu  
03 an audiologist for certain persons performing hearing screening tests; relating t  
04 insurance coverage for newborn and infant hearing screening; and providing for an  
05 effective date."

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

07 \* Section 1. The uncodified law of the State of Alaska is amended by adding a  
08 to read:

09 LEGISLATIVE FINDINGS. The legislature finds that

10 (1) hearing loss occurs in newborns and infants more frequently than  
11 health condition for which newborn or infant screening is required;

12 (2) 80 percent of the language ability of a child is established by t  
13 child is 18 months of age, and appropriate language training is vitally important  
01 development of cognitive, social, emotional, and academic skills;

02 (3) early detection of hearing loss in a child and early intervention  
03 treatment have been demonstrated to be highly effective in facilitating a child's  
04 development in a manner consistent with the child's age and cognitive ability;

05 (4) children with hearing loss who do not receive early intervention  
06 treatment frequently require special education services, and these services are p  
07 for the vast majority of children with hearing needs in the state; and

08 (5) appropriate testing and identification of newborns and infants wi  
09 loss will facilitate early intervention and treatment and may serve the public pu  
10 promoting the healthy development of children while reducing public expenditures.

11 \* Sec. 2. The uncodified law of the State of Alaska is amended by adding a ne  
12 read:

13 LEGISLATIVE INTENT. Subject to the availability of appropriations to imple  
14 AS 47.20.300 - 47.20.390, enacted by sec. 6 of this Act, the Department of Health  
15 Services shall implement the program required by this Act so that at least 90 per  
16 newborns and infants in the state are being screened for hearing loss by January

17 \* Sec. 3. AS 08.11.120(b) is amended to read:

18 (b) Notwithstanding the provisions of this chapter,

19 (1) a nurse licensed under AS 08.68 may perform hearing sensitiv  
20 evaluations;

21 (2) an individual licensed as a hearing aid dealer under AS 08.5  
22 deal in hearing aids;

23 (3) an individual holding a class A certificate issued by the Co  
24 of Executives of American Schools of the Deaf may teach the hearing impairo

25 (4) an individual may engage in the testing of hearing as part o  
26 hearing conservation program that complies with the regulations of the Occu  
27 Safety and Health Administration of the federal government if the individua  
28 certified to do the testing by a state or federal agency acceptable to the  
29 Safety and Health Administration;

30 (5) an individual may perform a hearing screening test under  
31 AS 47.20.310 if authorized to do so under a protocol adopted under  
01 AS 47.20.310(e) by the Department of Health and Social Services.

02 \* Sec. 4. AS 18.50 is amended by adding a new section to read:

03 Sec. 18.50.162. Notification about hearing screening. When the burea  
04 receives a certificate of live birth under AS 18.50.160 for a newborn who w  
05 delivered outside of a hospital, the bureau shall forward the names and add  
06 the parents to the department employees who administer the screening progra  
07 in AS 47.20.310 - 47.20.390. Those department employees shall notify the c

08 parents of the merits of having the child screened for hearing ability.

09 \* Sec. 5. AS 21.42 is amended by adding a new section to read:

10 Sec. 21.42.349. Coverage for newborn and infant hearing screening. (

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

12 delivery, delivers, or renews in this state a health care insurance plan sh

13 coverage for newborn and infant hearing screening under the schedule descri

14 of this section if the plan covers services provided to women during pregna

15 childbirth and the dependents of a covered individual.

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

17 (1) a newborn or infant hearing screening test to be performed w

18 30 days after the child's birth; and

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

20 child may have a hearing impairment, a confirmatory hearing diagnostic test

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

22 provisions that are applicable to other benefits, such as deductible or cop

23 provisions.

24 \* Sec. 6. AS 47.20 is amended by adding new sections to read:

25 Article 2. Newborn and Infant Hearing Screening, Tracking,

26 and Intervention Program.

27 Sec. 47.20.300. Department to implement program. The department shal

28 plan, develop, and implement a hearing screening, tracking, and interventio

29 to facilitate compliance with the requirements of AS 47.20.300 - 47.20.390.

30 Sec. 47.20.310. Screening requirements. (a) Subject to (b) of this

31 the physician in attendance at or immediately after the birth of a child in

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

02 person attending the newborn child in a hospital in this state, shall, unle

03 contraindicated, cause the child to be tested to determine whether the chil

04 potential hearing impairment using the methods determined by the department

05 (e) of this section. Unless medically contraindicated, the screening shall

06 the newborn is released from the hospital or before the infant is 30 days o

07 whichever is earlier. Each birthing center that provides maternity and new

08 services shall provide that each newborn in the center's care is referred f

09 appointment to a licensed audiologist or to a hospital or other newborn hea

10 screening provider before discharge. Unless medically contraindicated, the

11 shall occur before the infant is 30 days old.

12 (b) Notwithstanding (a) of this section, the physician or other pers

13 immediately after the birth of a child in a hospital or birthing center tha

14 than 50 births a year is not required to screen the child as described in (

15 section but shall, before the newborn is released from the hospital or birt

16 refer the child for screening at another facility or with another provider.

17 medically contraindicated, the screening shall occur before the child is 30

18 (c) If it is determined by testing that a newborn child may have a he

19 impairment, the physician or other person who is required under (a) of this

20 cause the child to be tested shall

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

22 (2) make reasonable efforts to promptly notify the child's paren

23 the child may have a hearing impairment and explain to the parent the poten

24 of the impairment on the development of the child's speech and language ski

25 (d) When the Bureau of Vital Statistics receives a certificate of liv

26 under AS 18.50.160 for a newborn who was delivered at a place other than a

27 the bureau shall notify the department employees who administer AS 47.20.30

28 47.20.390; the department employees shall notify the child's parents of the

29 having a hearing screening performed, and the department shall provide info

30 the parents to assist the parents in accomplishing the hearing testing with

31 after the child's birth.

01 (e) The hearing testing required under this section shall use protoco

02 established by the department. At a minimum, the protocols must include th

03 least one of the following physiologic technologies: automated or diagnost

04 brainstem response (ABR) or otoacoustic omissions (OAE). The department sh

05 consider updating the protocols as information is provided to the departmen  
06 physiologic technologies or improvements to existing physiologic technologi  
07 substantially enhance newborn and infant hearing assessment.

08 ') Notwithstanding (a) of this section, a physician or other person  
09 cause a newborn hearing screening test under this section is exempt from th  
10 requirement if the parent of the newborn child objects to the testing proce  
11 grounds that the procedure conflicts with the religious tenets and practice  
12 parent. The parent shall sign a statement that the parent knowingly refuse  
13 services, and the physician or other person shall have a copy of the signed  
14 retained in the hospital records of the birth.

15 Sec. 47.20.320. Reporting and tracking program. (a) The department  
16 develop and implement a reporting and tracking system for newborns and infa  
17 tested for hearing loss in order to provide the department with information  
18 effectively plan, establish, monitor, and evaluate the newborn and infant h  
19 screening, tracking, and intervention program. Evaluation of the program m  
20 include evaluation of the initial hearing screening, follow-up components,  
21 and availability of the system of services for newborns and infants who are  
22 hard of hearing and their families.

23 (b) A physician or other person attending the birth in the state, or  
24 behalf of a physician or other person attending the birth, shall report inf  
25 related to hearing screening required under (a) of this section as specifie  
26 department. Persons providing audiological confirmatory testing and diagno  
27 services for newborns and infants whose hearing was tested under AS 47.20.3  
28 report information as specified by the department in regulation.

29 (c) The information received under (b) of this section shall be compi  
30 maintained by the department in the tracking system. The information shall  
31 confidential in accordance with the applicable provisions of 20 U.S.C. 1439  
01 (Individuals with Disabilities Education Act), as amended by P.L. 105-17.  
02 collected by the department that was obtained from the medical records of t  
03 newborn or infant shall be for the confidential use of the department and a  
04 records subject to disclosure under AS 40.25.110. Aggregate statistical da  
05 identifying information compiled from the information received is public in

06 (d) A hospital or other health facility, clinical laboratory, audiolo  
07 physician, registered nurse, officer or employee of a health facility or cl  
08 laboratory, or an employee of an audiologist, physician, or registered nurs  
09 criminally or civilly liable for furnishing information in good faith to th  
10 or its designee under this section. The furnishing of information in accor  
11 this section is not a violation of AS 08 or AS 18 or regulations adopted un  
12 AS 18 for licensees under those statutes.

13 Sec. 47.20.330. Intervention program. (a) The department shall esta  
14 guidelines for the provision of follow-up care for newborn and infant child  
15 state who have been identified as having or being at risk of developing a h  
16 The services recommended must include appropriate follow-up care for newbor  
17 infants with abnormal or inconclusive test results, such as diagnostic eval  
18 referral, and coordination of early intervention service programs if the ne  
19 infant is found to have a hearing loss.

20 (b) The parents of all newborns and infants diagnosed with a hearing  
21 reported to the department, shall be provided by the department with writte  
22 information on the availability of follow-up care through community resourc  
23 government agencies, including those provided in accordance with 20 U.S.C.  
24 1491 (Individuals with Disabilities Education Act), as amended. Informatio  
25 by the department must include listings of local and statewide nonprofit de  
26 of hearing consumer-based organizations, parent support organizations affil  
27 dation, counseling and educational services, and programs offered through  
28 department and the Department of Education and Early Development.

29 Sec. 47.20.340. Outreach campaign. The department shall conduct a  
30 community outreach and awareness campaign to inform medical providers, preg  
31 women, and families of newborns and infants of the newborn and infant heari  
01 screening, tracking, and intervention program and the value of early hearin

02           Sec. 47.20.350. Report. The department shall prepare an annual report  
03           governor about the newborn and infant hearing screening, tracking, and inte  
04           program administered under AS 47.20.300 - 47.20.390. The report must inclu  
05           recommendations on improving the testing program, including strategies to i  
06           the rate of early screening and the use of appropriate early intervention t  
07           The department shall notify the legislature that the report is available.  
08           Sec. 47.20.390. Definitions. In AS 47.20.300 - 47.20.390,  
09           (1) "commissioner" means the commissioner of health and social  
10           services;  
11           (2) "Department" means the Department of Health and Social Servi  
12           (3) "follow-up care" means all of the following:  
13           (A) services necessary to diagnose and confirm a hearing lo  
14           (B) ongoing audiological services to monitor hearing;  
15           (C) communication services, including aural rehabilitation,  
16           speech, language, social, and psychological services;  
17           (D) support services for the infant and family; and  
18           (E) early intervention services described in 20 U.S.C. 1431  
19           1445 (Individuals with Disabilities Education Act), as amended by P.L.  
20           17:  
21           (4) "hearing loss" means a hearing loss of 30 decibels or greater  
22           frequency region important for speech recognition and comprehension in one  
23           ears, approximately 500 through 1000 Hz;  
24           (5) "infant" means a child 30 days to 24 months old;  
25           (6) "newborn" means a child less than 30 days old;  
26           (7) "parent" means a natural parent, stepparent, adoptive parent  
27           guardian, or other legal custodian of the child;  
28           (8) "program" means the newborn and infant hearing, tracking, an  
29           intervention screening program established under AS 47.20.300 - 47.20.390.  
30           \* Sec. 7. The uncodified law of the State of Alaska is amended by adding a ne  
31           read:  
01           TRANSITION: REGULATIONS. Notwithstanding sec. 9 of this Act, the  
02           Department of Health and Social Services may proceed to develop and adopt regulat  
03           required to implement this Act. The regulations take effect under AS 44.62 (Admi  
04           Procedure Act), but not before the effective date of the relevant provision of th  
05           \* Sec. 8. The uncodified law of the State of Alaska is amended by adding a ne  
06           read:  
07           INSTRUCTION TO REVISOR. In AS 47.20.060 - 47.20.290, the revisor shall del  
08           "this chapter" and insert "AS 47.20.060 - 47.20.290."  
09           \* Sec. 9. AS 47.20.300, enacted by sec. 6 of this Act, and secs. 7 and 8 of t  
10           effect immediately under AS 01.10.070(c).  
11           \* Sec. 10. Except as provided in sec. 9 of this Act, this Act takes effect Jan

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02           Sec. 47.20.350. Report. The department shall prepare an annual report  
 03           governor about the newborn and infant hearing screening, tracking, and  
 04           program administered under AS 47.20.300 - 47.20.390. The report must include  
 05           recommendations on improving the testing program, including strategies to  
 06           the rate of early screening and the use of appropriate early intervention.  
 07           The department shall notify the legislature that the report is available.

08           Sec. 47.20.390. Definitions. In AS 47.20.300 - 47.20.390,  
 09           (1) "commissioner" means the commissioner of health and social  
 10           services;  
 11           (2) "department" means the Department of Health and Social Services;  
 12           (3) "follow-up care" means all of the following:  
 13           (A) services necessary to diagnose and confirm a hearing loss;  
 14           (B) ongoing audiological services to monitor hearing;  
 15           (C) communication services, including aural rehabilitation,  
 16           speech, language, social, and psychological services;  
 17           (D) support services for the infant and family; and  
 18           (E) early intervention services described in 20 U.S.C. 1431  
 19           1445 (Individuals with Disabilities Education Act), as amended by P.L.  
 20           107;  
 21           (4) "hearing loss" means a hearing loss of 30 decibels or greater  
 22           frequency region important for speech recognition and comprehension in one  
 23           ears, approximately 500 through 2000 Hz;  
 24           (5) "infant" means a child 30 days to 24 months old;  
 25           (6) "newborn" means a child less than 30 days old;  
 26           (7) "parent" means a natural parent, stepparent, adoptive parent,  
 27           guardian, or other legal custodian of the child;  
 28           (8) "program" means the newborn and infant hearing, tracking, and  
 29           intervention screening program established under AS 47.20.300 - 47.20.390.

30           \* Sec. 7. The uncodified law of the State of Alaska is amended by adding a new  
 31           read:

01           TRANSITION: REGULATIONS. Notwithstanding sec. 9 of this Act, the  
 02           Department of Health and Social Services may proceed to develop and adopt regulations  
 03           required to implement this Act. The regulations take effect under AS 44.52 (Admini-  
 04           Procedure Act), but not before the effective date of the relevant provision of this  
 05           Act.

06           \* Sec. 8. The uncodified law of the State of Alaska is amended by adding a new  
 07           read:

08           INSTRUCTION TO REVISOR. In AS 47.20.060 - 47.20.290, the revisor shall re-  
 09           write this chapter and insert "AS 47.20.060 - 47.20.290."

10           \* Sec. 9. AS 47.20.600, enacted by sec. 6 of this Act, and secs. 7 and 8 of this  
 11           Act take effect immediately under AS 01.10.070(c).

12           \* Sec. 10. Except as provided in sec. 9 of this Act, this Act takes effect Jan-

Bill Root:

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TO REPORT PROBLEMS WITH BASIS INQUIRY

LIVE KTOO STREAMS

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**Nathan Knowles**  
**1505 Crescent Avenue, Anchorage, AK 99508 (907-569-8009)**

I want to share with you about "Success for a Person with a Learning Disability"

### **My Early Years**

I remember an increase in community awareness (Sitka School District and Center for Community) of extra support needed for people with autism.

Event 1. - Graduated from Sitka High School  
Success - Accomplishment, pride in oneself

Event 2. - Reached rank of Eagle in Boy Scouts of America  
Success - Accomplishment, pride in oneself

Event 3. - Temporary jobs through JPTA  
Success - Earning my own money, pride in oneself

Event 4. - Respite Care and DD Services  
Success - Began independent living, learned to ride a bicycle, and my parents got a break from always having to help me.

### **Since Moving to Anchorage 3 Years Ago**

I have taken steps towards independent living

Event 1. - Assets introduced me to Anchor Rides, which led to City Bus Training Program, which has taught me how to ride city buses.  
Success - pride in my independent travel to my job, for recreation and education.

Event 2. - Assets job placement (funded by Voc Rehab) at Elmendorf AFB Post Office.  
Success - Pride in oneself at personal accomplishment, earning my own money.

Event 3. UAA Open-Entry class in basic keyboarding.  
Success - Pride in oneself in completing a college class, increase job skills and increase job production value.

### **For the Future**

Currently practicing some independent living skills:

1. Doing own laundry,
2. Fixing own breakfast and lunch,
3. Taking care of personal pets.

With assistance from Assets and 25 hour/week coach;

Events 1. Shop for food and "cook" my own meals,

Events 2. Better organization and management of finances (balance checkbook) and medical needs (doctor appointments and prescription).

Planned Success - move out of parents home into my own condo and live independently.

Please notice my use of pride in personal accomplishments, increased skills in independent living, and desired to earn my own money.

Through state supported programs, mine is a success story.  
Thank you for your time.

November 5, 2003

Kathleen Fitzgerald  
4521 Southpark Bluff Drive  
Anchorage, Alaska 99516

Testimony to the HESS Committee

I have been an Alaskan since 1966. During that time, I have seen our state respond to many important issues, none however, are as important to Alaskans with disabilities as what your response will be this session to the erosion of Developmental Disability Services. The budget cuts to the Developmental Service System last year was very hard to take and impacted many families. But it is not the budget cuts which worry me the most; it is the almost total shift of dollars to "Medicaid Waiver" services. I certainly support the state's efforts to maximize federal receipts for any person with a disability who will meet eligibility, but we cannot exclude other individuals from needed service because they are not eligible for a waiver. **We must preserve the state grant system.**

Having invested a great deal of the past 20 years advocating for services to support individuals with disabilities and their families, it is indeed painful to watch all the advances made on behalf of individuals with disabilities erode.

When my daughter, Kara, was born almost 21 years ago there were relatively few services or options for families. I was told I could admit her to an institution, or I could place her in a "group home". She was our daughter, and we knew the best place for her was with our family and so we struggled with little or no services for the first several years. Gradually respite became available. That helped us tremendously. Our daughter's needs grew and her need for habilitative services became more and more critical. Eventually, Kara received services through a Medicaid waiver, which has made all of our lives better.

Unfortunately, young families will be facing exactly what my family faced twenty years ago, an all or nothing situation if we do not maintain our state grant dollars. What will happen to all those individuals who need just a little bit of help to get by? If our system has no state dollars to provide for core or respite services, families will have no help.

My greatest concern is that individuals who have a developmental disability will not receive the minimal supports and services they need because of a lack of state grant dollars. Many people with disabilities need only a small amount of support to be successful in the community. They are often individuals who will never meet the institutional level of care requirements for a Medicaid waiver. We know however, that without those minimal supports, they will not be able to keep their jobs, or live in their own apartments, manage their own checkbooks, etc.

Our system must provide for the full array of individuals who have developmental disabilities. Those who need just a little and those who need a lot in order to be successful and safe in our communities. This is not only critical for the individual needing support, but it is also critical to the wellness of our community as a whole.

I ask you to maintain your commitment to these most vulnerable of Alaskans by ensuring there is a *safety net* system for all Alaskans with disabilities. That there are "crisis dollars" to take care of emergency situations which arise such as the death of elderly parents, or when there's a significant deterioration and need for immediate supports for individuals who are waiting for services.

Thank you for this opportunity to speak with you about my concerns.

**Julie P. Isom**

P.O. Box 19278 Thome Bay, Alaska 99919  
Phone: (Day) 907-828-8254 (Eve) 907-828-3363

November 3, 2003

Dear Senator Fred Dyson,

I have been a resident of Thome Bay Alaska for fourteen years. My son, Jimmy, was born with a rare chromosome abnormality, which means that he experiences many mental and physical disabilities. I was told there will be a HESS hearing on Wednesday November 5<sup>th</sup> at 9:00 a.m. I wanted to make sure my voice was heard at this meeting, so I am writing a letter for the hearing.

Before moving to Alaska I had never heard of community-based services. When Community Connections first contacted me and told me about services we qualified for, it was like a dream come true. Although care providers were extremely hard to find in our rural area, Community Connections did all they could to make sure I always had respite providers to choose from.

Community Connections has provided our family with specialized services that were not available in other places. I didn't think anyone could relate to what we were going through, however, Community Connections has sound experience and expertise in cases similar to what our family needed.

Seven years ago if you would have asked my husband and I about our son's future we would have told you that Jimmy would be living with us indefinitely (not the best thing for either of us). Three years ago we, along with other community based service agencies set up a plan for Jimmy's future. Jimmy was taken off the "dreaded" wait list a few years ago and that is basically when life began to get better for our family. The Medicaid waiver has been a "relationship saver" for our family. It has given us the time we needed with our daughter, the time we needed as husband and wife, and the time and skills Jimmy desperately needed to gain an independent lifestyle away from home. Jimmy (22 yrs old) is now living in an independent living home just 2 hours away from us (on the same island thanks to the Medicaid waiver!). All this... AND it costs the state much LESS than institutionalizing people like Jimmy.

Jimmy is an active member of his community in Hydaburg. We love Alaska and look forward to having our son stay close to family thanks to the support systems we have through community based services and the Medicaid waiver. I basically wanted to say thank you for these services. Our family has beaten the odds and survived triumphantly and much of it has to do with Alaska's community based services.

Thank you,

Julie Isom

MARCI Schmidt  
2040 Wasilla Fishhook  
Wasilla AK 99654  
907-357-3618

November 5, 2003

Dear HESS Committee:

I am sorry I could not be there in person so I am giving my suggestions to you about the Office of Children's Services (formerly know as DFYS). Kim Carnot, Senator Green's aide and I did speak with Greg Van Kirk on Monday and I did present him with an idea for restructuring this agency. In the meantime, I would like to make some suggestions regarding current practices in the department.

Many parents I have talk to have felt that they are being set-up to fail with the demands of their case plan. Most parents want to comply to get a glimpse of their children. When you are doing parent classes, anger management, therapy sessions, court dates and a full time job, it becomes an impossible task to complete the many case plans by the end of twelve months. It is regrettable that many of you will buy into the hype that no one sets anyone up for failure. It does happen and needs to be stopped.

I advocated for the Adoption and Safe Families Act of 97. I am regretting that now because we have a booming adoption industry emerging from it. The pure intent was to get children adopted that have been in foster care for a long time. ASFA gave timelines for this to happen. Instead a parent is told their child will be adopted within a year, period. Even the federal review stated we are not working on family reunification very well. I wish for case plans to be realistic.

I would like "A Handbook for Parents and Guardians in Child in Abuse and Neglect Cases" to be handed out when a removal occurs. It makes parents feel like they have a starting point to getting their kids back.

I wish kinship care be encouraged more. There are some good relatives out there that are not being allowed to care for their relative's children. Most will do it for free.

I ask the HESS Committee to please support House Bill 316 and Senate Bill 8 (JUD). In Senate Bill 8 we need to add that if a case worker lies or makes false statements that should be held as a crime the same as if I told false statements to ruin a reputation.

I beg the HESS Committee to ask the Legislature to change the standard from "Probable Cause" to "Clear and Convincing evidence".

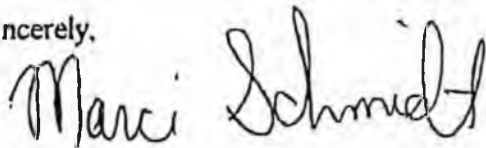
When interviewing a child by OCS or the police, a third party such as a lawyer, a teacher or a friend is present during questioning. I would like a male social worker interview a child with another social worker present, video taping (cassette tape) would ensure the social worker is not accused of wrongdoing.

There are many more suggestions I could make but this is a start. Many of you may have stated in the past that no one gives suggestions. You have been given suggestions, some

of them good ones, but no one has done anything and these practices of setting some parents up for failure are continuing. OCS is getting the image of removing children that are adoptable for the money and incentives ASFA has set up. This is the image you are getting and not dedicated men and women out to protect children from abuse. I know there are good social workers that want to protect but the few bad ones are making it hard to see the many good ones. I would have people come forward so you knew I wasn't lying but many of them still have open cases, some have fled the state and many don't want retaliation for speaking up.

I wish you could speak with some of the kids. It is their voice in the end that needs to be heard. While many in foster care need to be in foster care, I have heard the dark side of foster care. Some of the kids I have talked to have lived on the streets for awhile and wouldn't be caught dead going to a foster home because of a friend's bad experience. These are the real voices I wish you could hear. Please consider my words as you decided on what should be done. It is a horrible shame when we can't protect children from the system that is supposed to be protecting them. Thank you for your time and consideration with regard to this matter. Good luck.

Sincerely,



Marci Schmidt  
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(907) 357-3618 home  
(907) 376-0188 (work - afternoons)

Dear Committee:

I wanted to share with you the experience I had with the Infant Learning Program.

My daughter Isabelle was just under a year old when we moved to Dillingham. A friend told me that there was this fun play group for kids 0-3, including Sarah, who eventually became our family service coordinator.

Isabelle didn't roll over until she was about nine months and she didn't crawl on her hands and knees until she was about a year. When I went in for a well child check-up, I mentioned my concerns to the doctor. He went through the Denver Developmental with Isabelle and saw that she was delayed in some areas. He suggested making a referral to the Infant Learning Program. I knew Sarah already and about her program, so I was glad to have him refer us.

Sarah came over and did an evaluation and Isabelle was eligible for the program. The evaluations are very informative and also very positive. They tell what age the child is currently at, what the child is doing well right now, and what to expect the child to do next. After enrolling Isabelle in the program, Sarah made some goals with me to further her development like "Isabelle will walk with support" and "Isabelle will increase her vocabulary to 20 words." Each time Sarah came to visit, she brought toys to help with those goals. Sarah left a push toy her first visit to encourage Isabelle's walking.

We were visited by the physical therapist and her comments were really enlightening. She said Isabelle had low muscle tone as well as being extra flexible. This could explain why she was late with some of her gross motor skills. When the physical therapist was there at my house, she showed me some things I could do with Isabelle to help her walk. One was writing on a chalkboard I had nailed to the wall. Another was to use a broomstick to help her walk without so much adult support.

When Sarah did the first evaluation, Isabelle was behind in her receptive and expressive language skills as well as gross motor so we were visited by the speech therapist too. The speech and language pathologist also gave helpful suggestions about helping Belle talk more: playing with bubbles (blowing strengthens the mouth muscles) and for me to talk about what she was doing while she was doing it.

Although the visits from the therapists were interesting and informative, my favorite part of the program was Sarah's visits. She would bring developmentally appropriate toys for both Isabelle and her older brother, Abraham. It wasn't even the toys so much as watching someone else interact with my daughter. It helped me appreciate and enjoy my daughter more watching someone else having fun with her. It also helped me to hear Sarah play with her. Sarah was such a good language model as she described Isabelle's play and followed her lead. I found myself using Sarah's knowledge of how to "play" as I interacted with my children after she was gone. To this day Isabelle knows and loves Sarah. As a parent, I'm glad my child has grown-up people she considers her friends.

At age three she was exited from the program with no further services. She caught up with her peers in all areas. I will always be grateful to the Infant Learning Program for providing me with the support, knowledge, and skills I needed to work with my daughter's delays.

Kristin Nygren  
Dillingham, Alaska

I am a recovering substance abuser and I also have post traumatic stress and depression. I have learned this is call a dual diagnosis, substance abuse and mental health.

I am on CAMA; I get \$280 a month and very limited medical coverage, not adequate enough for what I need. I can only see my psychiatrist. I am not allowed to see a medical doctor. I am only allowed 3 prescriptions for the state to pay. Last month they cut it drastically to 3 prescriptions only and I take 5 that cost quite a bit of money and I do try to buy what I can get but \$280 minus a little bit for rent is not enough to buy all my medications. The state last would year would cover my medications and let me see a medical doctor. I have severe health problems: my knees need to be replaced, my hands need an operation; I am having trouble using my cane for my problems walking because of my knees and my back problems. I also have severe back and ankle problems. I am in pain constantly. I have managed to get in to see two medical doctors anyway but have to pay \$20 through Access to Care per visit and I need many visits so cannot afford that as well. I have learned that I have Hepatitis C and am unable to get a doctor to treat it in ongoing way because of no coverage. This is life-threatening. I have been told my liver is in severely serious shape; I need a biopsy and medicine to treat this which I cannot afford because it goes into more medication, doctors, etc.

As for housing, there needs to be a safe place for recovering substance abusers. I was at a place and could not walk up the stairs where my room was and there was not treatment or anyone there for any moral support. I had to move in with a relative that is not a very good situation for me in terms of my abuse history which I do not want to go into but bring up because we need more safe places not just for me but for people in my situation. I do not qualify for the shelter for abused women because I have not been abused for the last year. I probably could not stay in the homeless shelter because you have to leave during the day and they would not allow the medication requirements to rest after injections, etc. Plus it is a scary place. In other words, I would be homeless without shelter with all these severe medical problems if I were not staying with a relative under difficult circumstances. I could die. It is very real to me. So for services for me regarding my housing situation and medical needs, there is nothing or almost nothing and probably people who cannot speak out ate dying due to lack of medical care, lack of money and lack of housing in our state.

As for my mental health issues I do not quite qualify for a lot of things but I can have therapy. It makes me scared, anxious and depressed that this will get cut, too, for lack of funds. I really do need the therapy because it does help me a lot. I have a very good therapist and am fearful it could stop and then where would I be: homeless, almost no medical help and no one to turn to. Also, I worry about my bills, being able to pay for things and my health and cannot focus on my actual mental health issues; these become them.

This is not Iraq; this is your state and mine.

*Carmen Keenan* 11/4/03



Assets, Inc.

Assets • Action • Results

Utana Al-Sa'at, Executive Director

To: Representative Peggy Wilson, Chair  
House Health, Education, & Social Services Committee  
From: Diana Strzok, Executive Director, *DS*  
Date: November 5, 2003  
RE: Public Hearing Comments

Thank you for this opportunity to address you directly with concerns about the future of disability services in Alaska.

There is a high amount of confusion and anxiety regarding the new DHSS reorganization. There are many planning efforts (I heard 21 to be exact) around the union of mental health and substance abuse, but apparently no one knows who, if anyone, is coordinating all these efforts. Meanwhile, I am aware of few, if any, planning efforts around combining senior services with developmental disabilities which leaves those providers wondering what's happening. There are several providers in the state (The Arc of Anchorage, Homer Mental Health Services, Seaview Services in Seward, Assets in Anchorage, Fairbanks Mental Health Center, to name a few) who provide both mental health and developmental disability services and some also provide services to children. The new re-organization means that now these providers will be working with three different divisions: Behavioral Health, Disability and Senior Services, and Office of Children's Services which is bound to complicate and increase our administrative workload. The new re-organization also begs the question of how individuals who have a dual diagnosis of mental illness and developmental disabilities (which is half the individuals we serve at Assets) will be better served.

A major concern to providers is the loss of grant funds (general funds) which offer many advantages over Medicaid funding when it comes to delivering services people need.

1) Grant funding has minimal eligibility requirements. Medicaid waiver funding requires a person meet the ICAP standard in order to be eligible. When a person fails to meet this standard, but still is in need of services, access to grant dollars have made it possible to deliver those needed services.

2) Grant funding is flexible. It buys services that don't meet specific Medicaid guidelines.

3) Grant funding helps assure fiscal stability for provider organizations. Funds are paid in advance, ensuring a steady cash flow. Medicaid "fee for service" method requires that a service be provided and billed before reimbursement occurs. Timely payments are sometimes problematic.

4) Grant funding allows providers to focus on person centered services and individual choice which reflects the service principles that have been the underpinning of the Alaska disability service system since the mid-90s. Medicaid is a deficit based medical model that often seems to be in conflict with these service principles.

5) Medicaid and an increase in paperwork and administrative costs go hand in hand.

*Every general fund dollar lost is a lost in flexibility and the service systems safety net. DS*



*Alvin Be*

**The Arc of Anchorage  
Testimony to the House HESS Committee  
November 5, 2003**

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**Challenges facing Senior Services and Developmental Disability Divisions**

**1. DD Service Principles**

**Services**

The State, Consumers, and Service Providers have worked together to develop a set of service principles for developmental disability services. These need to be maintained and followed even as Senior and Disability service merge into the new division of Senior and Disability Services.

Arctic Resource Center

CE/QL Program

Care Coordination

Community Living Services

Deaf and Hard of Hearing Center

Family Services

Interpreter Referral Line

Mental Health Services

Nursing Services

Short Term Assistance  
and Referral (STAR)

Student Living Center for the  
Deaf and Hard of Hearing

Substance Abuse Treatment

Supported Employment

Supported Parenting

**General**

Advocacy

Espresso Shop

Information and Referral

Public Education

Pick-Up Service and  
Donation Center

The Developmental Disabilities Program supports services that are person centered and developed using the following Service Principles:

- Individuals are actively involved in and determine the design and implementation of their service plan.
- Individuals have access to a system of comprehensive and integrated community based services.
- Services promote natural and community supports including family friends, and other citizens.
- Services are relevant to the individual's age, abilities, and life goals.
- Services demonstrate respect for the rights and dignity of all individuals.
- Services incorporate the culture and value system of the individual.
- Individual choice, satisfaction, safety and positive outcomes are the focus of services.
- Individuals are offered the support and services necessary to be successful where they live, work and play.
- Services are designed to foster communities where all members are included, respected and valued.

**2. Services focused on skill acquisition**

Developmental Disability services have changed over time, starting when people were discarded by society and moving through stages where people were imprisoned, then warehoused, to now when services are designed to assist the individual in the development of life skills leading to the most independent life possible. The focus on skill acquisition as an integral part of services provided to a person must not be lost.



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### Services

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### General

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Donation Center

Any person utilizing public funds for services must be assisted to gain and maintain the highest level of independence, people live better lives when they can do as much as possible for themselves.

### 3. Person Centered Planning vs. Categorical Services

The need for individuals to be the driving force in the planning and deliver of their services is a critical aspect the person maintaining choice and control over their life. Whether it is the family directing services for a child, an adult leading the person centered team, or the senior citizen maintaining the control they have exercised through their life, choice and control exemplify much of what we all believe in as being essential to a life worth living. We must not turn our backs on the progress we have made in developing services based on a person's needs and desires. We must not return to the days of institutions or categorical services.

### 4. Loss of General Funds and emphasis on HCBS Waiver funding for DD individuals

As the Department of Health and Social Services places greater and greater emphasis on the use of federal funds to pay for services we are faced with a loss of ability to address the needs of individuals who meet the state DD eligibility determination but not the stricter Home and Community Based Services Waiver eligibility determination. While we all recognize the need to spread diminishing state funds as far as possible, we should not take all discretionary state funds away from the developmental disability program.



# *Alaska Women's Resource Center*

610 C Street, Suite 2A ♦ Anchorage, AK 99501 ♦ (907) 276-0528 ♦ fax (907) 279-6754

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My name is Mary Dyer, Executive Director of Alaska Women's Resource Center. I am here today to express concerns over substance abuse treatment funding in the State of Alaska. It is hard for us providers to discern between truth and rumors. Understanding this, I would like to address the continued and ever-growing need for services in Alaska and the savings we provide.

In a study released by the Department of Health and Social Services dated February 2, 2002 the wait times for entering substance abuse treatment were as follows: men wait an average of 66 days for placement. Women wait an average of 51 days for placement. Women waiting for a space in a program that accepts women with children wait an average of 107 days.

Stepping Stones, the residential treatment program for women with children, has an average of 12 women on the wait list. We average 2.3 admissions per month to this program, which can last up to 1 year.

During the client's stay in treatment, we require completion of a program called Pathways to Success. This is a vocational program that assists our clients in preparing for employment upon discharge. 73% that completed the program were employed and off the welfare rolls. This is out of 32 clients. If the average person receiving welfare receives \$821 per month, then AWRC helped save the State \$19,704/month or \$236,448/year.

From this program 42 children were reunited with their Mothers. With the reunification, these children were taken out of the foster care system. While we have been unable to receive an accurate amount of the costs for a child for 1 year in foster care, we estimate it to be approximately \$45,000. This was a savings of \$1,890,000 for the State.

Doing the math then, this Agency alone saved the State \$2,126,448 last year. Multiply this by the number of approved agencies and you will find that it is less expensive to continue funding than reducing future grant amounts.

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November 5, 2003

Senator Fred Dyson, Chair  
Representative Peggy Wilson, Chair  
Joint House and Senate HESS Committee

### Introduction

Thank you Sen. Dyson and Representative Wilson for this opportunity to open a dialog between Alaskans and those officials responsible for decisions that impact the most vulnerable members of our community. I address you today in several capacities. I came to Alaska in 1981 and have been a proud resident for more than 20 years. I raised my family here, built my career here, and look forward to many more years here enjoying the beauty and sense of community that is unique to our state. As an educator with nearly 20 years experience in both rural and urban Alaska I have had the opportunity to see first hand many of the challenges faced by our human service system. I am a friend of people with disabilities and their families, and advocate for their right to live lives supported with dignity and respect. I have seen how budget decisions and departmental restructuring over the past year have caused anxiety, family stress, and have allowed the growth of larger cracks through which people who need support fall.

### Concerns

Senator Dyson, you and your staff were diligent in letting the public know that this hearing was about more than department restructuring. You have a history of representing constituents with compassion, advocating for those who may not be able to speak for themselves, and demonstrating a genuine concern for *all* Alaskans, not just those whose influence will benefit you politically. While I have many concerns about child protection, health care for low-income families, and funding for education, I'll restrict my comments this morning to those that relate to individuals with disabilities, elders, and their families:

- ***Erosion of the safety net*** One of the direct results of last year's budget decisions was a reduction of \$600,000 to the program that helps to support individuals with disabilities in crisis or dealing with emergencies. An example of the type of crisis I'm describing is that of an aging caregiver as the sole provider for an adult child with a disability. When the aging parent passes away, the adult with a disability is left to fend for themselves, regardless of their ability, connects or lack thereof with provider agencies, and informal supports. A mere \$200,000 was left in that budget area. I'm mystified about the decision making process that led to that reduction. Was an assumption made that we have fewer aging parents caring for adult children with disabilities? We know from census data that this is not the case. Did the decision makers feel that other programs would absorb these costs? Are they simply unaware of the potential for risk? Sen. Dyson, you and I sat here last year at the FAS Town Hall meeting this time last year and you heard the concerns of parents of young adults with Fetal Alcohol Spectrum Disorder. I

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would remind you of the genuine fear these parents have for their children's future when the parents are no longer there. We need to have a mechanism and resources to support families with emergencies and crises.

Protection and advocacy funds were also cut in the last cycle. This impacts both seniors and people with disabilities. We have a scant six investigators in Adult Protective Services to cover the entire state. APS is the state entity responsible for investigating and referring for prosecution reports of abuse and exploitation of vulnerable adults, be it elders or adults with a variety of disabilities. By not adequately funding this program people with disabilities fall through the cracks, experience continued abuse and neglect, are exploited by those who perceive them as a source of income, and end up living on the street vulnerable to predators of every sort. The cuts also resulted in the loss of one attorney at the Disability Law Center, Alaska's protection and advocacy entity. This loss means fewer resources to respond to violations of rights of people with disabilities.

The protection and advocacy funding had also supported projects that supported families as they navigate through the disability-service system. Without that funding families no longer receive the mentoring, resources, and assistance to advocate for loved ones. Families are further isolated from the very system designed to support them.

- ***Federalization of the Medicaid program*** No one will question Commissioner Gilbertson's expertise in the area of federal Medicaid. I will question however, the overall impacts of his strategies to maximize federal dollars. Alaska takes pride in offering a choice and range of service providers to individuals with disabilities. Alaskan Natives with disabilities, however, stand to lose the opportunity to choose service providers. Under the commissioner's plan, beneficiaries of Indian Health Services would be *required* to access services through an IHS (native hospital), although these hospitals have not historically had the personnel, program, or physical resources to provide such services. Bethel Community Services, for example, is a leader of identifying innovative ways of providing support and opportunities for people with disabilities. These programs strive to promote community integration, dignity, and cultural relevance. The commissioner's plan, however, will mean that Alaskan Natives in the Bethel area will not have the option of using BCS's creativity and will be forced instead to use services offered by the local hospital, whether or not services exist and support an individual's right to personal dignity. I'm sure Commissioner Gilbertson has explored the financial consequences of this decision, but I wonder if he's taken the opportunity to really listen to those most impacted.

I am also concerned about those individuals who may not meet the federal government's determination of level of care for eligibility for Medicaid-funded

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services. What will happen to those adults who fall into that gray area? Many of them are on a waitlist for services now, and anticipate opportunities to live independently, have jobs, pursue personal interests, and become more involved with their communities. Where will they turn if eligibility criteria changes? What options are available for them? Are we saying as a state they have less of a right to the same quality of life that we expect for ourselves?

- **Grants to support families/Core and Star funding** In my position as a project coordinator for the UAA Center for Human Development I have the opportunity to travel around the state talking with families about services, concerns, hopes, and goals. The recurring theme of the past year has been, "We are one step away from crisis." Families caring for a child with a disability experience stresses and challenges that most of us cannot fathom. We cannot picture ourselves trying to tend to multiple children with the average, everyday needs of any child at the same time as tending to the needs of a child with multiple disabilities, trying to save a marriage, and knowing that your family's financial resources are seriously limited because you can't work outside the home. Your child's needs are so unique that finding childcare is virtually impossible. Resentment builds, isolation grows, and we sow the seeds for family disintegration, child abuse, and an increasingly heavy burden on the strained social service system.

These examples are reality for too many families, but I don't want to paint a gloom and doom picture for you, just a taste of reality. Funding for Core services and STAR grants provide opportunities for families to have respite, support, and adaptive devices that reduce stresses and promote family unity. One family, for example, used funding from a STAR grant to support dance classes that satisfied her child's need for occupational therapy. Granted, this arrangement was unconventional and facilitated by the strengths of several people in her community, but it's illustrative of the things that can be achieved with a few dollars and maximizing natural supports. Unfortunately, my friend has lost this source of funding to support her child's needs.

- **How impacts to provider agencies translate to individuals** Alaska is rich in provider agencies with an authentic commitment to the populations they serve. When the last round of budget cuts passed, provider agencies didn't turn clients out on the streets. They didn't say, "Sorry, you are not impaired enough/old enough/lacking supports to warrant our services." People who work in provider agencies do so because they care about individuals and families. This is not about their own pocketbooks. The cuts are not the high drama that makes front-page headlines or special stories in the Sunday paper. These cuts have a subtler impact. Alaskan provider agencies absorbed the costs, but clients paid in different ways. Stretching the dollars even thinner means that provider agencies don't have the ability to attract and retain highly qualified direct service staff. Training becomes restricted to exactly what they are mandated to provide, and not an ounce more.

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For clients that means high turnover, lack of understanding between caregivers about roles and expectations, and a feeling of powerlessness. One friend of mine described it like this: "I need help with some of the most intimate tasks of daily living. Whenever I have to work with a new caregiver it's like being violated over and over again. I wish I could just hire people myself so that I could pay them enough to make them want to stay. I hate the constant turnover." Although no one in the division will comment officially to future prospects, informal conversations confirm the fears that many of us have. The funding picture as it relates to community-based grants is bleak.

### Solutions

- ***Restore the safety net*** I would be the first in line to acknowledge that our state is in a period during which fiscal responsibility and accountability are paramount. Therefore, asking for restoration of funding may seem incongruous. However, if the funding for the safety net is restored, we prevent families and people with disabilities from entering the more involved, and costly, portions of the social service system. When viewed in the scheme of the entire state budget \$600,000 is a pittance.
- ***Maintain options for Medicaid supported programs*** People who fall in that gray area, those who may not qualify for an institutional level of care, benefit from Medicaid-funded activities. These activities allow adults to live independently, have control of their own lives, hold down jobs, and contribute to our communities. Fully federalizing the Medicaid program would extinguish those options allow adults with disabilities to fall through the cracks, which in turn would engage them with the social service system, Corrections, and emergency services. These options are far more costly, both in dollars and human rights.
- ***Seriously explore options for generating revenue*** It's not a popular topic, but it's time to look at our revenue options. We can no longer expect to fund our state budget solely with Big Oil. The governor's plan to spread asphalt across the state also lacks the potential for creating revenue anytime soon. It's time to thoughtfully explore alternate revenue sources, including the return of a state income tax, restructuring of the Alaska Permanent Fund, among other options. We are the richest state in the Union and it is unconscionable that we balance this budget on the backs of children, the working poor, elders, and people with disabilities. Our state constitution mandates that we protect the rights of all Alaskans. The time has come. I urge you to have the courage to open this discussion as a solution to our state's budget woes.

Kelly Donnelly  
Anchorage, AK

Kimberly Martin  
Regional Director  
State Government Affairs



November 4,  
2003

Dear Senator Fred Dyson and Representative Peggy Wilson:

I am writing on behalf of the Pharmaceutical Research and Manufacturers of America ("PhRMA") to raise concerns regarding the process of implementing a preferred drug list ("PDL") program in the State of Alaska.

A PDL creates a *de facto* restrictive formulary approach to health care cost containment. Restrictive formularies seek to discourage prescribers from using expensive medications (often the most effective) in order to save state money. When patients are denied access to the medicines they need, their health problems can worsen - often requiring more surgeries, visits to the emergency room, more nursing care, and so forth. Prior research in this area has proven that restrictive formularies will *increase* total costs, while intruding on patient care at the same time.

A PDL will especially harm high-risk patient populations. For example, drugs such as antipsychotic agents, chemotherapy drugs, antiretroviral drugs, immunosuppressant agents and hypoglycemia rescue agents may no longer be readily available to the most at-risk patients, including those suffering from mental health disorders, cancer, AIDS and diabetes.

HESS officials have not adopted rules for implementation of a PDL, contrary to what the legislative body was told would happen during legislative session deliberations on this issue. Instead the agency developed a PDL process without any public input. Consequently there is no clear direction for stakeholders in Alaska to follow regarding how the PDL will work, how decisions will be made, timelines for public input, and grievance and appeal procedures for patients and providers affected by the PDL.

On the other hand, the majority of states implementing a PDL, including northwest states such as Oregon and Washington, have fair, open, and transparent regulatory processes for stakeholders to provide comment regarding issues or concerns on the implementation of a PDL.

HESS did not put the PDL contract out for bid nor issue an RFP for a contractor to develop a PDL. This is required under Alaska law as well as by the Center for Medicaid and Medicare Services ("CMS"). We are concerned these omissions may potentially put Alaska's Federal Financial Participation dollars for the Medicaid program at risk. HESS signed a 10-year \$103 million contract with First Health Services Corporation ("First Health") for a "Medical Management Information System." We are now advised by HESS officials that they intend to amend the First Health contract to authorize First Health to develop the PDL. However, an amendment will not satisfy the requirement for a new RFP as the PDL is beyond the scope of

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the initial First Health contract. Moreover, the proposed amendment does not appear to come within the circumstances under which a HESS contract may be properly amended.

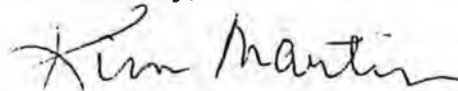
Furthermore, we understand HESS has not submitted the required State Plan Amendment to CMS prior to the implementation of a PDL. HESS apparently intends to submit the plan sometime in the future and try to get authorization retroactively. Recently, South Carolina pulled out of an agreement with the First Health purchasing pool since they were not able to get an approval of their state plan amendment from CMS.

HESS has stated the decisions regarding the PDL will be made by Alaskans, for Alaskans. In reality, many decisions will be made by First Health out of Northern Virginia, and will largely be dictated by the decisions of Maine, Michigan and Vermont who have also signed agreements with First Health. Alaska is comprised of a very different population, and decisions will potentially have an adverse affect on Alaska Medicaid recipients. There is a higher incidence of mental illness and diabetes in Alaska than many of the other states included in the pool.

Therefore, PhRMA requests that the process of implementing a PDL take place according to the rule making process as articulated in the Alaska Statutes, Title 44 State Government, Chapter 62 Administrative Procedure Act. By so doing, concerned stakeholders will have an opportunity to share their input during public comment and participate in open meetings designed to most fairly consider the development and implementation of a PDL.

Thank you for the opportunity to express our concerns.

Sincerely,



Kimberly Martin  
Regional Director  
PhRMA State Government Affairs

*Pharmaceutical Research and Manufacturers of America*

1928 Arietta Avenue SE, Olympia, WA 98501 • Tel: 360-705-1276 • E-Mail: kmartin@phrma.org

Wednesday, November 5, 2003

Senate and House Committees on Health, Education and Social Services  
Public Comment by Don Roberts, Jr.

Mr. Chairman, members of the Senate and House Committees, my name is Don Roberts, Jr. I live at 264 Lilly Drive in Kodiak.

My primary concern is with the current administration's apparent obsession with efficiency. Like a bunch of anorexic teenage girls ~~they are~~ running around crying "I'm too fat! I'm too fat! I'm too fat! I got to loose weight! I got to loose weight! I got to loose weight!" not realizing that they had long ago started loosing muscle mass.

The administration and the legislature must realize that a government, particularly a democratic government, also must be accountable, responsive, and effective. *to the will of the people they serve.*

A particular example is the proposed merger of the Alaska Mental Health Board (AMHB) and the Advisory Board for Alcohol and Drug Abuse (ABADA). Apparently the administration wants to merge these boards because it's cheaper to fund one board than it is to fund one. (One board is also easier to ignore, by the way.) In the end there will be just as many advocates and activists trying to be heard by half as many boards. This is not exactly a system that lends itself to responsiveness.

Where I think you really need to focus your attention is the agencies that are providing the services. Are they using the state's money effectively? (The former director of the Providence Kodiak Island Mental Health Center, (with a high school degree) was paid \$60,000, the Clinical Director <sup>was</sup> paid \$122,000 for part-time work (0.6 fte). To the best of my knowledge, Providence also donated \$15,000 to the local chamber of commerce (a fine organization I'm sure but not a medical program). In the year 2000 the CEO of Providence Health Systems of Alaska was paid more than half a million dollars in compensation.

To be quite honest - I've seen people in manic frenzies spend their money more wisely than the state ~~is~~ *does.*  
Thank you.

Don Roberts, Jr.  
264 Lilly Drive / Apt C-2  
Kodiak, AK 99615  
(907) 486-7629

*please attached schedule A 2000*

*(1)*



# Alaska State Legislature

Please enter into the record my testimony to the (J) HES  
 committee on Dept. of Health & Social Services, dated 11/5/03  
 bill/subject \_\_\_\_\_ committee name

I am dependant on public assistance and medicaid. There is no way I could afford to pay for the prescriptions I need including anti psychotic and anti depressants. I also am very limited in funds to be able to see a doctor when I need to. Going to the mental health center is a God-send to my well being. I cant imagine what would happen to me if I didn't have access to their services.

Signed: Patricia Lee

Testifier  
Homer Mental Health  
 Representing (Optional)

Address  
3479 Landings St #5 Homer AK 99603  
 Phone No. 907-299-2605



# Alaska State Legislature

Please enter into the record my testimony to the JH ESS  
committee name

Committee on \_\_\_\_\_, dated 11/5/03  
bill # / subject / public hearing date

As director of an adult day services program, I would like to unofficially speak for the adult day programs across Alaska. We serve seniors who because of health problems isolate themselves. This tends to cause depression and a worsening of their symptoms. Adult day services give these seniors an opportunity to socialize, be mentally stimulated and physically active thus re-involving them in life and improving their well-being. The benefits to the participants can be summed up in a comment made by a participant who had ~~attended~~ been in our program for the third day. She stated "I had forgotten what happy was." She suffers from advanced Alzheimer's and most times cannot be understood. We not only benefit the seniors, but also their unpaid caregivers who provide 24 hrs/day 7 days per week care, giving them much need rest from their caregiving duties. Our services

Signed: Linda Flewess  
Testifier

Adult Day Services (CPC's & Forget-Me-Not Care Center)  
Representing (optional)

905 Cook Avenue, Kenai, AK 99611  
Address

907-283-7394  
Phone number

are a fee for service. Medicare and ~~the~~ private insurance does not cover adult day services. The only way a senior can pay for services is through the waiver program or ~~if~~ if they don't qualify for the waiver program, through their own funds.

Approximately half of our participants ~~do~~ self pay.

Our costs run around \$117 per day per participant.

None of our self pay participants can pay the full amount. We are working to lower our per participant daily costs by increasing our daily census while keeping expenses from increasing.

Grant funding is vital to keeping the fees affordable to those seniors who do not qualify for the waiver program. After FY04 cuts in our grants we are struggling to keep the quality of our program at its current ~~best~~ high level.

I applaud our state government for working toward greater efficiency but I think it is time to also look at increasing revenue through income or sales taxes so we may continue to meet the needs of all Alaskans.



# Alaska State Legislature

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

Committee on \_\_\_\_\_, dated Nov. 5, 2003  
bill # / subject public hearing date

From the Fetal Alcohol Syndrome Coord at Frontier Community Services. At the heart of the problem of so many consumers of state Behavioral Health services is substance abuse. As a state, we must keep this in the forefront of media to inform. But more importantly, we must connect consumers with treatment. We need substance abuse treatment centers for parents with children. We need to continue diagnosing FASD, to identify the problem, connect individuals with appropriate services and undergo a quality continuum of care.

Legislators and providers must be good role models and advocates of substance abuse free citizens. Substance abuse must be addressed first in families - providers need to screen and connect individuals with services. OCS needs to connect <sup>substance abuse</sup> families so families can be connected with each other. The path is often long, but patterns

Signed: Margaret Parsons-Williams  
Testifier

FAS - Frontier Community Services  
Representing (optional)

43335 K-Beach Rd. #36 Soldotna 99669  
Address

262-6331  
Phone number

can be broken. Youth need ~~that~~ <sup>early</sup> as well. ~~of~~  
~~supply~~ alcohol is typically the source of youth's  
difficulty with the law <sup>reports</sup> but DW workers. ~~XXXXX~~

The alcohol tax needs to be used specifically  
for prevention and intervention of substance  
abuse.

November 5, 2003

MAECI Schmidt  
2040 Wasilla Fishhook  
Wasilla AK 99654  
907-357-3618

Dear HESS Committee:

I am sorry I could not be there in person so I am giving my suggestions to you about the Office of Children's Services (formerly know as DFYS). Kim Carnot, Senator Green's aide and I did speak with Greg Van Kirk on Monday and I did present him with an idea for restructuring this agency. In the meantime, I would like to make some suggestions regarding current practices in the department.

Many parents I have talk to have felt that they are being set-up to fail with the demands of their case plan. Most parents want to comply to get a glimpse of their children. When you are doing parent classes, anger management, therapy sessions, court dates and a full time job, it becomes an impossible task to complete the many case plans by the end of twelve months. It is regrettable that many of you will buy into the hype that no one sets anyone up for failure. It does happen and needs to be stopped.

I advocated for the Adoption and Safe Families Act of 97. I am regretting that now because we have a booming adoption industry emerging from it. The pure intent was to get children adopted that have been in foster care for a long time. ASFA gave timelines for this to happen. Instead a parent is told their child will be adopted within a year, period. Even the federal review stated we are not working on family reunification very well. I wish for case plans to be realistic.

I would like "A Handbook for Parents and Guardians in Child in Abuse and Neglect Cases" to be handed out when a removal occurs. It makes parents feel like they have a starting point to getting their kids back.

I wish kinship care be encouraged more. There are some good relatives out there that are not being allowed to care for their relative's children. Most will do it for free.

I ask the HESS Committee to please support House Bill 316 and Senate Bill 8 (JUD). In Senate Bill 8 we need to add that if a case worker lies or makes false statements that should be held as a crime the same as if I told false statements to ruin a reputation.

I beg the HESS Committee to ask the Legislature to change the standard from "Probable Cause" to "Clear and Convincing evidence".

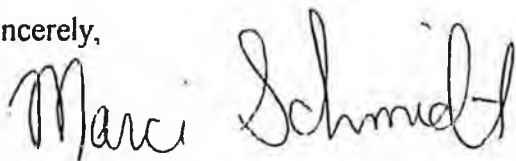
When interviewing a child by OCS or the police, a third party such as a lawyer, a teacher or a friend is present during questioning. I would like a male social worker interview a child with another social worker present, video taping (cassette tape) would ensure the social worker is not accused of wrongdoing.

There are many more suggestions I could make but this is a start. Many of you may have stated in the past that no one gives suggestions. You have been given suggestions, some

of them good ones, but no one has done anything and these practices of setting some parents up for failure are continuing. OCS is getting the image of removing children that are adoptable for the money and incentives ASFA has set up. This is the image you are getting and not dedicated men and women out to protect children from abuse. I know there are good social workers that want to protect but the few bad ones are making it hard to see the many good ones. I would have people come forward so you knew I wasn't lying but many of them still have open cases, some have fled the state and many don't want retaliation for speaking up.

I wish you could speak with some of the kids. It is their voice in the end that needs to be heard. While many in foster care need to be in foster care, I have heard the dark side of foster care. Some of the kids I have talked to have lived on the streets for awhile and wouldn't be caught dead going to a foster home because of a friend's bad experience. These are the real voices I wish you could hear. Please consider my words as you decided on what should be done. It is a horrible shame when we can't protect children from the system that is supposed to be protecting them. Thank you for your time and consideration with regard to this matter. Good luck.

Sincerely,

A handwritten signature in cursive script that reads "Marci Schmidt". The signature is written in dark ink and is positioned to the right of the word "Sincerely,".

Marci Schmidt  
2040 Wasilla Fishhook Road  
Wasilla, Alaska 99654  
(907) 357-3618 home  
(907) 376-0188 (work - afternoons)



# Alaska State Legislature

Please enter into the record my testimony to the Senate/House HESS  
Committee name

Committee on DHSS, dated 11/5/03  
Bill/Subject

In the growing senior population are many persons who are ineligible for waiver services but still very much in need of assistance. Through Grant funding we are able to provide some services, increase safety, improve access to health care and mental health intervention for our seniors. With increasing cuts in Grant funding anticipated, we are faced with dwindling options for meeting the needs of this vulnerable population. This ultimately will place more individuals at risk, promote increased emergency room visits, hospitalization and mortality. It cannot be stressed strongly enough how vital Grant funding is for continued provision of services to our elderly citizens.

Signed: Jenny Astumercie Roberts / Case Coordinator  
Testifier

Palmer Senior Citizens' Center

Representing (Optional)

831 S. Chugach St. Palmer AK 99645

Address

(907) 745-5451

Phone number

Testimony: Our 19-year old son was diagnosed with static encephalopathy when he was 17. His functioning level ranges from 5 to 15 years old. He also deals with bipolar disorder, substance abuse, and learning difficulties. He is no longer in a classroom, but works occasionally on correspondence study. He leaves home and stays with friends for days at a time, wearing no winter clothing and taking nothing with him. He takes medication sporadically, if he happens to be home. He is extremely lonely and vulnerable, and has become acquainted with some very scary criminally inclined people. Since his socializing skills are those of an early teen, he puts himself at ongoing risk in his friendships with 14-15 year old girls.

We have been told that he is a poor candidate for mental health or vocational rehab programs because he is not likely to have long-term success with them. He has qualified for developmental disabilities assistance, and is on the waitlist, which is long. His attempt at independent living was a failure because he had no doorkeeper, and acquaintances literally moved in. He was held accountable for their disruptive behavior and was asked to leave. Substance abuse programs are voluntary, and have few openings. All programs require his cooperation, which he is not willing to give. Thankfully, he has not been involved with the legal system, though the local police know him and are aware of his difficulties. We have checked into the possibility of involuntary hospitalization based on the fact that he is gravely disabled. Hospitalization would probably be for a minimal time, and he would be released to continue where he left off.

It is thrilling to see that FASD is being acknowledged and that efforts are being made to help youngsters and their families. Unfortunately, there is very little help available for young adults prenatally affected by alcohol. We are running out of resources as we watch our son slide further into the pit. The idea of watching him crash and then picking up the pieces is frightening, because he might not survive the fall. As long as the systems in place continue as they are, there is little hope of helping him.

We had an older family member, who suffered traumatic brain injury as an infant in the 1930's. When that young man reached his teen years, his family realized that he was a threat to himself, and they chose to have him placed in assisted living. He spent his life in that environment, forever 10 years old. We visited him many times over the years. He was happy and protected. He had a job and friends. Others did not take advantage of him. He did not abuse drugs or alcohol. He did not learn criminal behavior. It would be a good thing today if our son could have some protection from a world that is too much for him to handle. Unfortunately, our society seems to have thrown that protection away and has chosen bureaucracy as a priority. It is ludicrous that our son, whom the courts have ruled as incapable of managing his own affairs, has complete freedom to choose things that will destroy him. We ask that you work to change this, so that our son, and others like him, have a chance to succeed.

*Bruce & Kathryn Petrie*  
PO Box 298856  
Wasilla, Ak  
376-2801



# Alaska State Legislature

Please enter into the record by testimony to the \_\_\_\_\_  
COMMITTEE NAME  
committee on \_\_\_\_\_, dated \_\_\_\_\_  
BILL / SUBJECT TODAY'S DATE

I M supportive of community mental  
Health dont whant to see MONEY cut  
FROM community mental health.  
Gabriel McKay

Signed: \_\_\_\_\_  
TESTIFIER  
\_\_\_\_\_  
REPRESENTING  
\_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
PHONE NO.



# Alaska State Legislature

Please enter into the record by testimony to the \_\_\_\_\_  
COMMITTEE NAME  
 committee on \_\_\_\_\_, dated November 7, 2003  
BILL / SUBJECT TODAY'S DATE

I want to raise my gratitude to the staff  
 in Health and Human Services agency. I have a  
 psychiatric diagnosis and have been assisted by  
 the services from medical to behavioral health  
 and don't know how I'd have been able  
 without the continuing assistance.

Signed: Robert J. Orwick  
TESTIFIER  
Sub. Committee Behavioral Health # 19001  
REPRESENTING  
3179 Landings #1 Harrow, Alaska 99607-7950  
ADDRESS  
235-7423  
PHONE NO.



# Alaska State Legislature

Please enter into the record by testimony to the \_\_\_\_\_  
COMMITTEE NAME  
 committee on \_\_\_\_\_, dated 11/7/03  
BILL / SUBJECT TODAY'S DATE

Hello -  
 As I understand it, the government  
 is thinking on cutting human services.  
 To do this, including to meet a birth  
 would be a severe hardship for me.  
 Our local MHC helps me to live  
 in the community instead of a hospital.  
 Couldn't you institute a income tax  
 to make up for the shortfalls?  
 I would be willing to pay it.  
 Please help us stay well.

Signed: D. Michael Kammerer  
TESTIFIER

REPRESENTING  
3873 Ben Walker Ln #4  
ADDRESS  
235 542 22  
PHONE NO.



# Alaska State Legislature

Please enter into the record by testimony to the \_\_\_\_\_  
COMMITTEE NAME

committee on \_\_\_\_\_, dated \_\_\_\_\_  
BILL / SUBJECT TODAY'S DATE

As a 30 yr. Alaskan <sup>resident</sup> I support continued  
funding for "Medicaid" support for mental  
Health Services. Mental Health and Physical  
Disabilities are not an area of state  
funding that can be slashed because of  
the current budget crisis.

Signed: *Richard M. Smith*  
TESTIFIER

South Peninsula Behavioral Health & NAMI  
REPRESENTING

4014 Ben Walter Ln A-5 - Homer AK 99603  
ADDRESS

235 6350  
PHONE NO.



LEGISLATIVE AFFAIRS AGENCY  
INFORMATION & TELECONFERENCING

PO Box 845

Tok, AK 99780

Phone: 883-5020 Fax: 883-5021

Date: 11/5/03

Please accept the enclosed original(s) of written testimony for the \_\_\_\_\_  
teleconferenced hearing that was scheduled on Nov. 5<sup>th</sup>, 2003 9am-1pm

A copy of this testimony was transmitted to your committee via fax on 11/5/03

Thank you.

Tok LIO

*Please make sure the people involved in determining the Preferred Drug List try to use generic medications as much as possible. This could save the millions of dollars to state and federal budgets. According to your teleconference, the members determining the Preferred Drug List are physicians. Physicians are notorious for receiving "kickbacks" from pharmaceutical companies for prescribing brand name drugs when generic forms are available. Instead of having a Preferred Drug List Team, the state only needs to get a list of the most prescribed drugs from pharmacies and dispensaries, determine where generic forms are available, and select the highest. This would save time in teleconferences and reduce the influence of pharmaceutical companies. This list could be updated yearly as generic drugs become available.*

*Mary Martin, Volunteer CMT-III  
P.O. Box 434  
Tok, AK 99780*

(J)HES re: Dept. of Health + Social Serv. 11/5/03

Why do you want  
to cut us off,  
I served my country.  
I need to get my  
medicine,

I need to go to the  
Mental Health Center.

Thank you.

David Fomer  
3948 Ben Walters Lane

SB

1

**GARY WILKEN**

SENATOR  
Fairbanks

Interim:  
1851 Fox Ave.  
Fairbanks, Alaska 99701  
Tel: 451-5501 (from FBks)  
Tel: (907) 465-3709 (outside FBks)  
Fax: (907) 465-4714

Alaska State Legislature

Senate

During Session:  
State Capitol Building  
Juneau, Alaska 99801-1182  
Tel: 451-5501 (from FBks)  
Tel: (907) 465-3709 (outside FBks)  
Fax: (907) 465-4714  
Website: [www.garywilken.com](http://www.garywilken.com)  
E-Mail: [Senator.Gary.Wilken@legis.state.ak.us](mailto:Senator.Gary.Wilken@legis.state.ak.us)

## SPONSOR STATEMENT

### Sponsor Substitute for Senate Bill 1 Increase Amount of Base Student Allocation

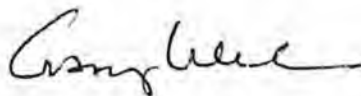
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The public K-12 Education Funding Formula is based on a specific dollar amount per student. Sponsor Substitute for Senate Bill 1 increases the current base student allocation by \$94, establishing the per student dollar at \$4,263.

Sponsor Substitute for Senate Bill 1 recognizes that inflation has an impact on public school funding. The proposed increase in the base student dollar is based on a 2.25 percent rate of inflation for 2003. The \$94 raise in the student dollar will help our local school boards to address a portion of the financial dilemma facing all 53 school districts.

In addition to the normal financial pressures that confront our local schools, this year Alaska school districts are struggling with unforeseen high expenditures. A four to five percent increase in PERS/TRS contribution as well as extraordinary high increases in health care costs has forced many local school boards to propose school budgets with millions of dollars in cuts. The suggested reductions will negatively impact the quality of education offered to over 132,000 students statewide. Sponsor Substitute for Senate Bill 1 offers a starting point to discuss the overall financial needs of our school system. I welcome you to join in this discussion.

Please join me in endorsing and passing Sponsor Substitute for Senate Bill 1.



February 27, 2004

Proudly Representing the Golden Heart of Alaska

# FISCAL NOTE

**STATE OF ALASKA**  
**2004 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: SB 1  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Education & Early Development  
 Title "An Act relating to the base student allocation RDU K-12 Support  
used in the formula for state funding of public education..." Component Foundation Program  
 Sponsor Senator Wilken  
 Requester Health, Education and Social Services Component No. 141

**Expenditures/Revenues** (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	18,940.6	0.0	0.0	0.0	0.0	0.0
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>18,940.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

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

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

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	18,940.6	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
<b>TOTAL</b>	<b>18,940.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2004) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

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

This bill would increase the base student allocation from \$4,169 to \$4,263. A \$94 increase to the Base Student Allocation.

Prepared by: Eddy Jeans, School Finance Manager Phone 465-8679  
 Division Education and Support Services Date/Time 2/27/04 9:08 AM  
 Approved by: \_\_\_\_\_ Date 2/27/2004  
 Agency Education & Early Development

School District	Increase to Basic Need	Change to Floor	Net Increase	Local Contribution Increase
Alaska Gateway	113,562	(45,425)	68,137	-
Aleutian Region	23,264	(9,306)	13,958	-
Aleutians East Borough	87,454	-	87,454	20,114
Anchorage	6,324,611	-	6,324,611	1,454,661
Annette Island	48,113	-	48,113	-
Bering Strait	485,653	-	485,653	-
Bristol Bay Borough	42,967	-	42,967	9,882
Chatham	49,953	-	49,953	-
Chugach	30,680	-	30,680	-
Copper River	126,891	-	126,891	-
Cordova	79,672	-	79,672	18,325
Craig	123,766	-	123,766	28,466
Delta/Greely	171,741	-	171,741	-
Denali Borough	104,288	-	104,288	386
Dillingham	100,456	-	100,456	23,105
Fairbanks N. Star Borough	2,008,226	-	2,008,226	461,892
Galena	331,390	(132,556)	198,834	76,220
Haines Borough	53,849	-	53,849	12,385
Hoonah	34,173	-	34,173	7,859
Hydaburg	16,749	-	16,749	3,853
Iditarod Area	97,318	(6,555)	90,763	-
Juneau Borough	724,400	-	724,400	166,612
Kake	27,966	-	27,966	6,433
Kashunamiut	82,275	-	82,275	-
Kenai Peninsula Borough	1,327,602	-	1,327,602	305,349
Ketchikan Gateway Borough	344,587	-	344,587	79,255
Klawock	28,924	-	28,924	6,653
Kodiak Island Borough	418,639	-	418,639	96,287
Kuspuk	121,421	-	121,421	-
Lake & Peninsula Borough	140,564	(56,225)	84,339	32,329
Lower Kuskokwim	979,893	(391,957)	587,936	-
Lower Yukon	509,479	-	509,479	-
Mat-Su Borough	1,938,904	-	1,938,904	445,948
Nenana	110,565	-	110,565	25,430
Nome	140,310	-	140,310	32,271
North Slope Borough	422,755	-	422,755	-
Northwest Arctic Borough	523,247	-	523,247	120,346
Pelican	6,232	(2,493)	3,739	1,434
Petersburg	99,163	-	99,163	22,808
Pribilof	37,205	(7,901)	29,304	-
Saint Mary's	41,169	-	41,169	9,469
Sitka Borough	200,374	-	200,374	46,086
Skagway	22,457	(8,983)	13,474	-
Southeast Island	59,988	(23,996)	35,992	-
Southwest Region	188,552	-	188,552	-
Tanana	21,411	(38)	21,373	4,924
Unalaska	79,249	(31,700)	47,549	18,228
Valdez	134,699	(41,446)	93,253	-
Wrangell	58,062	-	58,062	13,354
Yakutat	23,776	-	23,776	5,468
Yukon Flats	108,055	(43,222)	64,833	-
Yukon/Koyukuk	205,289	-	205,289	-
Yupit	117,442	(46,977)	70,465	-
Alyeska Central School	44,368	-	44,368	-
Mt. Edgecumbe High School	45,538	-	45,538	-
<b>Total</b>	<b>19,789,336</b>	<b>(848,780)</b>	<b>18,940,556</b>	<b>3,579,432</b>

**GARY WILKEN**

SENATOR  
Fairbanks

Intern:  
1851 Fox Ave.  
Fairbanks, Alaska 99701  
Tel: 451-5501 (from Fbks)  
Tel: (907) 465-3709 (outside Fbks)  
Fax: (907) 465-4714

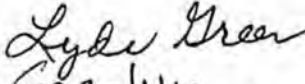
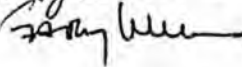
Alaska State Legislature

Senate

During Session:  
State Capitol Building  
Juneau, Alaska 99801-1182  
Tel: 451-5501 (from Fbks)  
Tel: (907) 465-3709 (outside Fbks)  
Fax: (907) 465-4714  
Website: [www.garywilken.com](http://www.garywilken.com)  
E-Mail: [Senator.Gary.Wilken@legis.state.ak.us](mailto:Senator.Gary.Wilken@legis.state.ak.us)

## MEMORANDUM

TO: Senator Fred Dyson, Chairman  
Health, Education and Social Services Committee

FROM: Senator Lyda Green   
Senator Gary Wilken 

DATE: February 20, 2004

RE: Sponsor Substitute for Senate Bill 1 – Foundation Formula Increase

---

I respectfully request that Sponsor Substitute for Senate Bill 1, *Increase Amount of Base Student Allocation*, be scheduled for a hearing before the Senate Health, Education, and Social Services Committee.

Sponsor Substitute for Senate Bill 1 raises the base student allocation by \$94, increasing the student dollar to \$4,263. This additional funding will allow our public schools to better meet the demands placed on our school systems.

Thank you for your cooperation and assistance in scheduling a hearing.

**GARY WILKEN**

SENATOR  
West Fairbanks

Interim:  
1851 Fox Ave.  
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Tel: (907) 451-4347  
Fax: (907) 456-8163

Alaska State Legislature

Senate

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Website: [www.garywilken.com](http://www.garywilken.com)  
E-Mail: [Senator\\_Gary\\_Wilken@legis.state.ak.us](mailto:Senator_Gary_Wilken@legis.state.ak.us)

## MEMORANDUM

TO: Senator Fred Dyson, Chairman  
Health, Education and Social Services Committee

FROM: Senator Gary Wilken

DATE: February 5, 2003

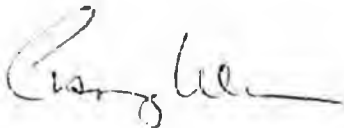
RE: Senate Bill 1 - Foundation Formula Increase

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I respectfully request that Senate Bill 1, *Increase Amount of Base Student Allocation*, be scheduled for a hearing before the Senate Health, Education, and Social Services Committee.

Senate Bill 1 raises the base student allocation by \$80, increasing the student dollar to \$4,090. This additional funding will allow our public schools to better meet the demands placed on our school system.

Thank you for your cooperation and assistance in scheduling a hearing.



**GARY WILKEN**

SENATOR  
West Fairbanks

Interim:  
1851 Fox Ave.  
Fairbanks, Alaska 99701  
Tel: (907) 451-4347  
Fax: (907) 456-8163

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Fax: (907) 465-4714  
Website: www.garywilken.com  
E-Mail: Senator.Gary.Wilken@legis.state.ak.us

## SPONSOR STATEMENT

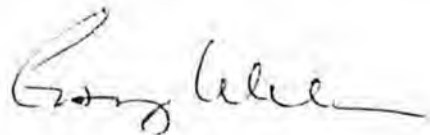
### Senate Bill 1 Education Foundation Formula Increase

The State of Alaska's Public Education Funding Formula is based on a specific dollar amount per student. Senate Bill 1 increases this allocation by ~~\$80,~~ \$94 establishing the per student dollar at ~~\$4,090:~~ 4, 263.

This legislation acknowledges fiscal constraint while recognizing that inflation has an impact on public school funding. Our school districts are faced with the responsibility of recruiting and retaining a qualified work force at a time when teachers are in short supply. Passage of this legislation will help provide adequate funding to ensure all school districts can hire and retain excellent teachers.

In addition, performance standards and the corresponding assessments have become a reality and each neighborhood school and classroom teacher is held accountable for student learning. This accountability is definitely the step in the right direction, but it does have an impact on the financial resources of each district. Senate Bill 1 will assist our schools to meet and surpass these standards.

Please join me in endorsing and passing Senate Bill 1.



February 5, 2003

Home of the  
University of Alaska

# FISCAL NOTE

STATE OF ALASKA  
2004 LEGISLATIVE SESSION

Fiscal Note Number: \_\_\_\_\_  
Bill Version: SB 1  
( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: Education & Early Development  
Title: "An Act relating to the base student allocation RDU: K-12 Support  
used in the formula for state funding of public education..." Component: Foundation Program  
Sponsor: Senator Wilken  
Requester: Health, Education and Social Services Component No. 141

**Expenditures/Revenues** (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	18,940.6	0.0	0.0	0.0	0.0	0.0
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>18,940.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

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

1002 Federal Receipts						
1003 GF Match						
1004 GF	18,940.6	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
<b>TOTAL</b>	<b>18,940.6</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2004) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

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

This bill would increase the base student allocation from \$4,169 to \$4,263. A \$94 Increase to the Base Student Allocation.

Prepared by: Eddy Jeans, School Finance Manager Phone 465-8679  
Division: Education and Support Services Date/Time 2/27/04 9:08 AM  
Approved by: \_\_\_\_\_ Date 2/27/2004  
Agency: Education & Early Development

School District	Increase to Basic Need	Change to Floor	Net Increase	Local Contribution Increase
Alaska Gateway	113,562	(45,425)	68,137	-
Aieutian Region	23,264	(9,306)	13,958	-
Aleutians East Borough	87,454	-	87,454	20,114
Anchorage	6,324,611	-	6,324,611	1,554,661
Annette Island	48,113	-	48,113	-
Bering Strait	485,653	-	485,653	-
Bristol Bay Borough	42,967	-	42,967	9,882
Chatham	49,953	-	49,953	-
Chugach	30,680	-	30,680	-
Copper River	126,891	-	126,891	-
Cordova	79,672	-	79,672	18,325
Craig	123,766	-	123,766	28,466
Delta/Greely	171,741	-	171,741	-
Denali Borough	104,288	-	104,288	23,986
Dillingham	100,456	-	100,456	23,105
Fairbanks N. Star Borough	2,008,226	-	2,008,226	461,892
Galena	331,390	(132,556)	198,834	76,220
Haines Borough	53,849	-	53,849	12,385
Hoonah	34,173	-	34,173	7,859
Hydaburg	16,749	-	16,749	3,853
Iditarod Area	97,318	(6,555)	90,763	-
Juneau Borough	724,400	-	724,400	166,612
Take	27,966	-	27,966	6,433
Kashunamiut	82,275	-	82,275	-
Kenai Peninsula Borough	1,327,602	-	1,327,602	305,349
Ketchikan Gateway Borough	344,587	-	344,587	79,255
Klawock	28,924	-	28,924	6,653
Kodiak Island Borough	418,639	-	418,639	96,287
Kuspuk	121,421	-	121,421	-
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Lower Kuskokwim	979,893	(391,957)	587,936	-
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Petersburg	99,163	-	99,163	22,808
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Southeast Island	59,988	(23,996)	35,992	-
Southwest Region	188,552	-	188,552	-
Tanana	21,411	(38)	21,373	4,924
Unalaska	79,249	(31,700)	47,549	18,228
Valdez	134,699	(41,446)	93,253	-
Wrangell	58,062	-	58,062	13,354
Yakutat	23,776	-	23,776	5,468
Yukon Flats	108,055	(43,222)	64,833	-
Yukon/Koyukuk	205,289	-	205,289	-
Yupit	117,442	(46,977)	70,465	-
Alyeska Central School	44,368	-	44,368	-
Mt. Edgecumbe High School	45,538	-	45,538	-
<b>Total</b>	<b>19,789,336</b>	<b>(848,780)</b>	<b>18,940,556</b>	<b>3,579,432</b>

## SENATE COMMITTEE REPORT First Committee of Referral

DATE: 1/12/04

FURTHER: Finance

Date of 5-Day Notice: \_\_\_\_\_  
(in accordance with Uniform Rule 23)

DATE TURNED IN TO OFFICE: 3.1.04

Health, Education and Social Services Committee considered SPONSOR SUBSTITUTE FOR SENATE BILL NO. 1

### SB 1 INCREASE AMT OF BASE STUDENT ALLOCATION

"An Act relating to the base student allocation used in the formula for state funding of public education; and providing for an effective date."

and recommends:

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

**Senate Bill:**

- Same Title
- New Title

**House Bill:**

- Same Title
- Technical Title Change
- New Title w/ SCR # \_\_\_\_\_

**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#
EED	2/27	✓			

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	Do PASS	Do NOT PASS	No REC	AMEND
<i>[Signature]</i>				✓
<i>[Signature]</i>	✓			✓
CHAIR: <i>[Signature]</i>			✓	

SB

2



## SENATOR FRED DYSON

### **SB 2**

#### ***Sponsor Statement***

#### **"An Act relating to Parental Liability"**

*Updated: February 22, 2003*

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

***Last September Anchorage School District went on record that they want the legislature to erase limits that limit the amount of money they can sue for when students vandalize school property. Current state law limits recovery to not exceed \$10,000, an amount that too often does not cover actual damages. One vandalism spree last summer resulted in damages well over \$100,000 and this is unfortunately not an isolated event. Anchorage School District budgets approximately \$250,000 per year to clean up smashed computers, windows, and other school property.***

***The Alaska Association of School Boards (AASB) recently passed Resolution 2.21 that encourages the legislature to remove the cap to allow recovery of actual cost of intentional vandalism. The rationale: "Vandalism damages a school district's physical plant, has a negative impact on student learning, and demoralizes hard-working staff and students. Every dollar spent on repairing vandalism is a dollar we cannot invest in textbooks, teachers or technology."***

***SB 2 proposes a simple change to do exactly what the Anchorage School District and the AASB recommend. Foster parents will remain immune from the effects of this change because foster children are wards of the State. I anticipate adding an amendment that will protect caring parents who choose to adopt children who can be identified as potentially "high risk".***

***I anticipate discussion on whether some cap is a rational option to no cap. The question here is whether there is any legitimate governmental role to take the ultimate responsibility for a minor's action. It seems to me that the government should never take parental responsibility unless it is absolutely necessary in order to protect the best interests of the child. Four or five other states have no limits on parental liability.***

**SENATE BILL NO. 2**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-THIRD LEGISLATURE - FIRST SESSION**

**BY SENATORS DYSON, Bunde, Davis, Guess**

**Introduced: 1/21/03**

**Referred: Health, Education and Social Services, Judiciary**

**A BILL**  
**FOR AN ACT ENTITLED**

1 "An Act relating to recovery of civil damages from the parents or legal guardian of a  
2 minor; and providing for an effective date."

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

4 \* Section 1. AS 34.50.020(a) is amended to read:

5 (a) A person, municipal corporation, association, village, school district, or  
6 religious or charitable organization, incorporated or unincorporated, may recover  
7 damages in a civil action [IN AN AMOUNT NOT TO EXCEED \$10,000] and court  
8 costs from either parent, both parents, or the legal guardian of an unemancipated  
9 minor under the age of 18 years who, as a result of a knowing or intentional act,  
10 destroys real or personal property belonging to the person, municipal corporation,  
11 association, village, school district, or religious or charitable organization. However,  
12 for purposes of this subsection, recovery in damages shall be apportioned by the court  
13 between the parents or between the parents and legal guardian, or both, without regard  
14 to legal custody but with due consideration for the actual care and custody of the

1           minor provided by the parents or legal guardian.

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

4           APPLICABILITY. This Act applies to a civil action that accrues on or after the  
5 effective date of this Act.

6       \* Sec. 3. This Act takes effect July 1, 2003.

THE  
FOLLOWING  
DOCUMENT(S)  
ARE  
POOR  
ORIGINAL  
COPIES

# FISCAL NOTE

**STATE OF ALASKA**  
**2003 LEGISLATIVE SESSION**

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: SB 2  
 () Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: DCED  
 Title Parent Liability for Damage by Child BRU Community Assist & Econ Dev. (405)  
 Component Community & Business  
 Sponsor Senator Dyson Development  
 Requester Senate Health Education & Social Services Component No. 2486

**Expenditures/Revenues (Thousands of Dollars)**

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

OPERATING EXPENDITURES	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

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

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type—Do not abbreviate)						
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2003) cost: 0.0  
 Mark this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

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

This bill has no fiscal impacts to the operations of this department.

Prepared by: Gene Kane, Director Phone 907-269-4578  
 Division Community & Business Development Date/Time 2/21/03 6:20 PM  
 Approved by: Edgar Blatchford, Commissioner Date 2/21/2003  
 Agency Department of Community & Economic Development