

ALASKA LEGISLATURE COMMITTEE FILES, 2003-2004 8672

11126 SENATE HEALTH, EDUCATION & SOCIAL SERVICES

Anchorage School District

# Anchorage Community Schools

## Spring Classes and Activities

Registration  
Location:  
UNIVERSITY CENTER MALL  
2 easy ways to register: Walk-In or Mail-In

Look for  
over **100**  
NEW classes  
inside!



## Community Cache

March-June 2003



Anchorage School District  
*Education for All Students for Success in Life*

The 12th Annual  
Registration Form by

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ORIGINAL FILE.

# Baxter Community School

## Spirit of Muldoon

### What's Inside

- Registration Information
- How to Find Us
- Registration Form
- Spring Health Fairs
- Class Listings
- Library Happenings
- Salmon Run
- Thank You
- Mark Your Calendar
- Spirit of Muldoon

**Spring**  
**2003**

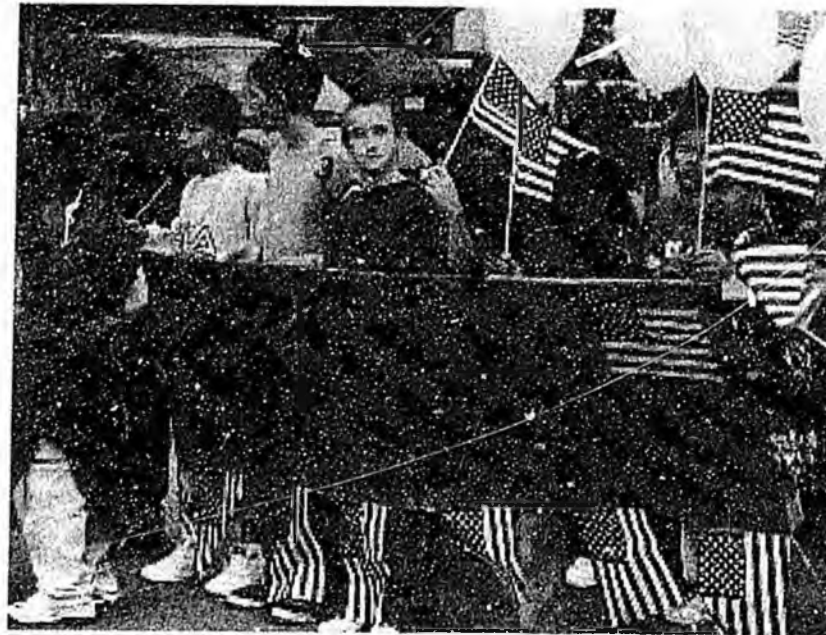


Photo by Elisabeth A. Kachline

Join the Celebration!  
Saturday, May 10

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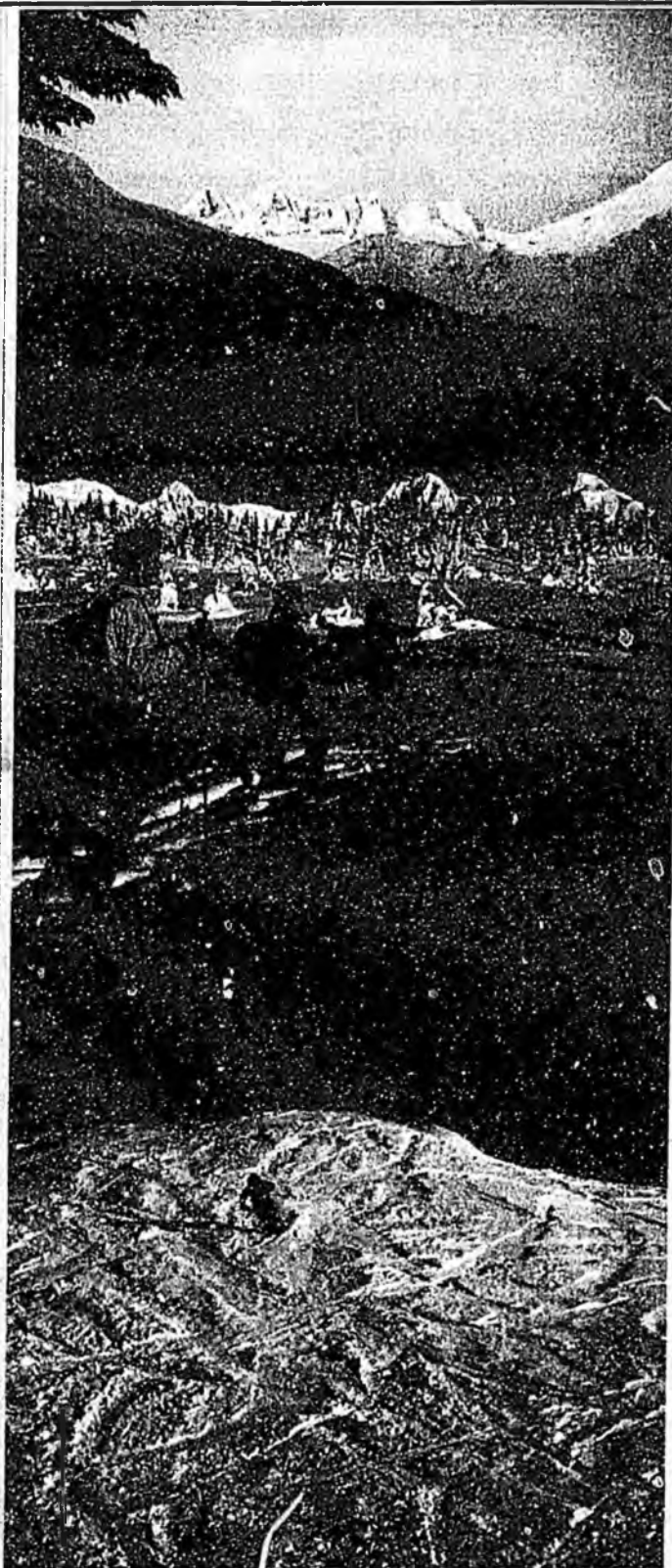
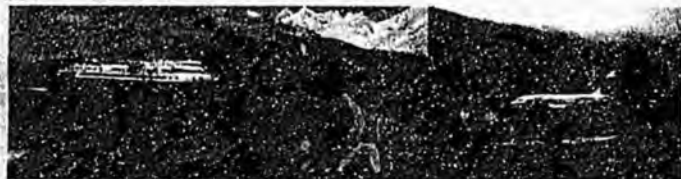
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**1 2 3**

# STATE OF ALASKA

## DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

FRANK H. MURKOWSKI, GOVERNOR

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

March 6, 2003

Honorable Fred Dyson  
Chairman  
Senate Health, Education, and Social Services Committee  
Alaska State Capitol, Rm. 121  
Juneau, AK 99811

Dear Senator Dyson,

The Department of Health and Social Services respectfully requests a hearing in the Senate Health, Education, and Social Services Committee on Senate Bill 123 "An Act relating to adoptions that include a subsidy payment by the state; eliminating annual review of the subsidy paid by the state after adoption of a hard-to-place child has occurred; and providing for an effective date."

This bill would repeal AS 25.23.220, which requires the Department of Health and Social Services to conduct an annual evaluation of the need for continued adoption subsidy payments and the amount of those payments. This bill also amends AS 47.07.020(b)(10) and AS 47.07.035(31) to remove reference to AS 25.23.220.

Persons who adopt a hard-to-place child may receive a monthly subsidy payment for the care and support of that child. After the court finalizes an adoption with subsidy, the family is independent of the Department with the exception of a statutorily required annual evaluation of the subsidy.

Adoptive parents and guardians have the right to request a review of their subsidy payments at any time. The repeal of AS 25.23.220 would not affect this right, but would be a cost saving measure for the Department of Health and Social Services. Eliminating this required annual review will provide an estimated cost savings in the amount of \$185,000 to the budget. A fiscal note should be on file with the committee.

# FISCAL NOTE

STATE OF ALASKA  
2003 LEGISLATIVE SESSION

Fiscal Note Number: 1

Bill Version: SB 123

( S ) Publish Date: 3/6/03

Revision Date/Time (Note if correction):

Dept. Affected: Health & Social Services

Title ELIMINATE ANNUAL ADOPTION SUBSIDY  
REVIEWS

BRU Purchased Services

Component Subsidized Adoptions/Guardians

Sponsor RULES COMMITTEE

Requester GOVERNOR

Component No. 1962

**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	( 270.0)	( 270.0)	( 270.0)	( 270.0)	( 270.0)	( 270.0)
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>( 270.0)</b>	<b>( 270.0)</b>	<b>( 270.0)</b>	<b>( 270.0)</b>	<b>( 270.0)</b>	<b>( 270.0)</b>

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

<b>CHANGE IN REVENUES (0)</b>						
-------------------------------	--	--	--	--	--	--

**FUND SOURCE**

(Thousands of Dollars)

1002 Federal Receipts	( 85.0)	( 85.0)	( 85.0)	( 85.0)	( 85.0)	( 85.0)
1003 GF Match						
1004 GF	( 185.0)	( 185.0)	( 185.0)	( 185.0)	( 185.0)	( 185.0)
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>( 270.0)</b>	<b>( 270.0)</b>	<b>( 270.0)</b>	<b>( 270.0)</b>	<b>( 270.0)</b>	<b>( 270.0)</b>

Estimate of any current year (FY2003) cost: \_\_\_\_\_

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 would repeal AS 25.23.220, which requires the Department of Health and Social Services to conduct an annual evaluation of the need for continued adoption or guardianship subsidy payments and the amount of those payments. This bill also amends AS 47.07.020(b)(10) and AS 47.07.035(31) to remove reference to AS 25.23.220.

Persons who adopt or become legal guardians for a hard-to-place child may receive a monthly subsidy payment for the care and support of that child. After the court finalizes an adoption or guardianship with subsidy, the family is independent of the Department with the exception of a statutorily required annual evaluation of the subsidy.

Prepared by: Tom Cherian, Acting Division Director

Phone 465-3191

Division Division of Family & Youth Services

Date/Time 02/26/2003

Approved by: Joel S. Gilbertson, Commissioner

Date 02/27/2003

Agency Department of Health and Social Services

FISCAL NOTE  
FN # 1

STATE OF ALASKA  
2003 LEGISLATIVE SESSION

BILL NO. SB 123

ANALYSIS CONTINUATION

Adoptive parents and guardians have the right to request a review of their subsidy payments at any time. The repeal of AS 25.23.220 would not affect this right, but would be a cost saving measure for the Department of Health and Social Services. There were 1,854 children in the subsidy program in December 2002. The Division estimates this bill would generate costs savings of \$185,000 general funds and \$85,000 federal funds for a total savings of \$270,000. This savings is through cost containment to existing subsidy amounts and the processing costs associated with the mail out, review and evaluation of subsidy data and the follow up work necessary to finalize the review process.

The cost savings shown on this fiscal note has already been included in the Governor's amended FY2004 budget.

## *Adoption Assistance Cost Savings Proposal HB 166/SB 123*

### *Concept*

#### **Elimination of the Annual Review (Reevaluation) Process for the Subsidized Adoption and Guardianship Program**

*Potential Savings \$185,000 annually*

### *Description*

By Alaska State Statute, AS 25.23.220 *Annual reevaluation of subsidy*, the Division of Family and Youth Services conducts an annual review (reevaluation) of each active subsidy in the SAG Program. By Statutory language, the annual review is to:

- Assess the need for the continued subsidy, and
- The amount of the subsidy

Federal policy specifically addresses the question of States having adoptive parents complete annual reviews in the Child Welfare Policy Manual; Section 8.2B.8 Title IV-E-Adoption Assistance Program, Eligibility, Medicaid:

There is no Federal statute or provision requiring annual renewals, recertifications or eligibility re-determinations for title IV-E adoption assistance. Parents who receive adoption assistance payments, however, have a responsibility to keep the State or local agency informed of circumstances that would make them ineligible for title IV-E adoption assistance payments, or eligible for assistance payments in a different amount.... Once a child is determined eligible to receive title IV-E adoption assistance he or she remains eligible and the subsidy continues until: (1) the age of 18...; (2) the State determines that the parent is no longer legally responsible for the support of the child, or; (3) the State determines the child is no longer receiving any support from the parents. (Online: [http://www.acf.dhhs.gov/programs/cb/laws/cwpm/policy\\_dsp.jsp?citID=33](http://www.acf.dhhs.gov/programs/cb/laws/cwpm/policy_dsp.jsp?citID=33))

Currently, annual reviews are conducted by DFYS during the fourth quarter of the fiscal year. As of January 31, 2003 there were 1859 children in the subsidy program. The DFYS State Office Adoptions Staff sends out to each guardian and adoptive family a one-page annual review form requesting information for the annual review. Families are requested to return the information in an enclosed, self-addressed stamped envelope by a designated date. The processing of the annual reviews includes the annual redetermination for Medicaid eligibility for adoptive families.

### *Ease of Implementation*

Implementation of this plan would occur with relative ease. The Division of Family and Youth Services would simply stop the annual review process in FY 2004. The cost savings would be seen in the use of staff time on other program and subsidy matters in the SAG Program.

### *History of Concept*

The initial intent of the annual review process was to focus on cost containment within the Subsidized Adoption and Guardianship Program. However, federal policy requirements limit the impact that these efforts have on the program. Federal policy does not allow for the reduction of a subsidy unless the family is in concurrence with the reduction on the subsidy amounts; thus, many of the subsidies remain at existing levels. (See U. S Department of Health and Human Services; Administration on Children, Youth and Families; ACYF-CB-PA-01-01, Section: *Amount of Adoption Assistance Payments*, Dated: January 23, 2001). Additionally, at the time of the annual review, many of the families in the subsidy program request increases in their existing subsidies. While not all of the requests for a subsidy increase are granted, the reality is that subsidy rates will increase at the annual review, rather than decrease.

The elimination of the annual review process creates a cost savings by providing cost containment to existing subsidy amounts, and by eliminating the staff time to process the mail outs, the processing of the annual reviews, and the necessary follow up for subsidy increase requests.

### *Additional Information*

- As of January 31, 2003, there are a total of 1859 guardianship and adoption subsidies.
- Of the 1859 subsidies, there are 1530 adoption subsidies and 329 guardianship subsidies
- Of the 1530 adoption subsidies, there are 1277 Federal adoption subsidies and 253 State adoption subsidies.
- Of the total of 1530 adoption subsidies, there are 77 children who currently receive a zero subsidy, which offers no funds for the subsidy, but does offer Medicaid eligibility for the child to age 18.
- During the month of January, DFYS had:
  - 18 new subsidies
  - 5 adoption/guardianship terminations
  - 7 adoption/guardianship subsidies closed as the child reached age 18



DEPARTMENT OF HEALTH & SOCIAL SERVICES  
DIVISION OF FAMILY & YOUTH SERVICES  
STATE OFFICE  
JUNEAU, AK

Fax Transmittal Sheet

DATE: 3/12/03

TO: Jason Hooley

Fax: 4587

Phone: \_\_\_\_\_

FROM: Mike Roman

Fax: \_\_\_\_\_

Phone: \_\_\_\_\_

Number of pages to follow this cover page 6

Message: SB 123

Appealing guardianship and adoption studies

This fax is CONFIDENTIAL. If you receive this fax in error please contact the division immediately @ (907) 465-3191 or (907) 465-3170

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STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
DIVISION OF FAMILY & YOUTH SERVICES

PROGRAM: CHILD PROTECTIVE SERVICES  
CHAPTER: 6.0 ADMINISTRATION  
SECTION: 6.2.2.6.B



#### 6.2.2.6.B GUARDIANSHIP SUBSIDIES

AUTHORITY: AS 13.26.062 Subsidized Guardianship; Procedure, AS 25.23.200 Investigation, AS 25.23.210 Amount and Duration of Subsidy Payments, AS 25.23.220 Annual Reevaluation, AS 25.23.240(7) Definitions, AS 47.14.100(d)(3) Powers and Duties of Department over Care of Child, 7 AAC 53.200 - 250 Subsidized Adoption and Subsidized Guardianship Payments.

POLICY: The division may make subsidy payments to guardians of children who are in DFYS custody at the time the guardianship plan is made, if guardianship is the permanent plan for the child, the subsidy is recommended by the Permanency Planning Conference, the child meets the criteria established, and the family has an approved guardianship study. The division will not pay guardianship subsidies for children under age 10, unless approved by the Director's Designee.

a. Criteria For Children:

1. Children must be considered hard to place under the state's definition in order to be considered for subsidized guardianship. A hard to place (special needs) child is defined as a minor who is not likely to be adopted by reason of physical or mental disability, emotional disturbance, recognized high risk of physical or mental disease, age, membership in a sibling group, racial or ethnic factors, or any combination of these conditions.
2. The worker has documented efforts to place the child for adoption before considering a guardianship for the child, and that these documented efforts are included on the Permanency Planning Conference form.
3. The worker has documented efforts to place the child for guardianship without the subsidy and that these efforts were unsuccessful; these efforts should be included on the Permanency Planning Conference form.
4. Since adoption generally offers a higher degree of permanency for the child, adoption is the preferred choice for children under the age of ten. Therefore, the child must also meet one of the following criteria to be eligible for a guardianship:
  - A. For children over the age of ten, in order of preference, which is based on the highest degree of permanence for the child:
    - i. The child is not legally free for adoption, but desires a guardianship plan and the birth parents agree and/or prefer guardianship; or

STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
DIVISION OF FAMILY & YOUTH SERVICES

PROGRAM: CHILD PROTECTIVE SERVICES  
CHAPTER: 6.0 ADMINISTRATION  
SECTION: 6.2.2.6.B

submitted at this time. (ICWA Documentation (06-9737).) If the child is under ten, submit documentation of the approval by the Director/Designee.

- f. The regional adoption specialist will review the material for completeness and accuracy, obtain the Children's Services Manager's signature where required; and submit the material to the State Office adoption staff. Prior to submitting a subsidy request to State Office for approval, the Regional Adoption Specialist will confirm that there is a positive home study on the guardians. The home study does not need to be submitted with the subsidy packet, but the worker and Regional Adoption Specialist verify on the Nomination form that a home study has been done.
- g. The State Office adoption staff will review the forms and, if all the necessary information and documentation is present, State Office adoption staff will then forward the submitted forms and documentation and the subsidy agreement form to the division director or designee for approval and signature.
- h. When the subsidy has been approved and signed, the worker will be sent a notice of clearance so they can proceed with the guardianship in court. **Guardianship subsidy requests must be submitted to State Office for consideration and the subsidy agreement must be signed by the prospective guardians and the director or designee prior to the guardianship hearing.** The worker and the Assistant Attorney General can document to the court that the division agrees to drop custody if the guardianship is awarded. It is not legally necessary to have division consent, but if difficulties arise contact the State Office adoption staff for assistance.
- i. If the guardian requests a change in the subsidy amount before the guardianship order is issued, the worker is responsible for negotiating the amount.
- j. The subsidy file will be held until the court order of guardianship is submitted to State Office. Guardianship subsidy payments will be initiated the day after the guardianship order's effective date.
- k. If the guardian requests a change in the subsidy amount after the guardianship order has been issued, the State Office adoption staff is responsible for negotiating the amount.
- l. Guardianship Subsidy Agreements are renewed annually by the guardian(s) and the division, through the State Office adoption staff in State Office.
- m. State Office will close foster care and the worker will close the case record when the court has ordered transfer of custody from the division to the guardian(s) and the guardianship order has been sent to State Office. State Office will adjust subsidy to reflect foster care payments thus assuring continuity of payment.

Date of Issue: March 31, 1989

Superseded by: October 1, 2001

STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
DIVISION OF FAMILY & YOUTH SERVICES

PROGRAM: CHILD PROTECTIVE SERVICES  
CHAPTER: 6.0 ADMINISTRATION  
SECTION: 6.2.2.6.A

## 6.2.2.6 SUBSIDIES

### 6.2.2.6.A ADOPTION SUBSIDIES

AUTHORITY: AS 25.23.210 Amount and Duration of Subsidy Payments, AS 25.23.220 Annual Reevaluation, AS 25.23.240(7) Definitions, AS 47.14.100 Powers and Duties of Department over Care of Child, 7 AAC 53.200 - 250 Subsidized Adoption and Subsidized Guardianship Payments, AS 25.23.190 Adoption Assistance, 42 U.S.C. 673 (P. L. 96-272, Sec. 473 The Adoptions Assistance and Child Welfare Act of 1980).

POLICY: Under federal and state law, a subsidy may be provided to families who would not be able to offer an adoptive home to a hard-to-place/special needs child without continuing financial and/or medical assistance. There are two kinds of adoption subsidy: federal (Title IV-E) subsidy and state subsidy.

- a. The following criteria must be met in order for a child to be a special needs child eligible for an adoption subsidy (federal or state), or for reimbursement of non-recurring adoption expenses:
  1. A reasonable, but unsuccessful, effort has been made to place the child without providing a subsidy except where it would be against the best interest of the child due to such factors as the existence of significant emotional ties with prospective adoptive parents while in the care of such parents as a foster child.
  2. The State has determined that a specific factor or condition exists with respect to the child because of which it is reasonable to conclude that the child cannot be placed for adoption without adoption assistance. Factors/condition may include ethnic background, age, or membership in a minority or sibling group, or the presence of factors such as medical conditions or physical, mental, or emotional handicaps, or high risk of such factors e.g. due to alcohol or cocaine being present when the child was born or mental illness of the child's parent(s).
  3. The State has determined that the child cannot or should not be returned to the home of his parents, i.e. the parental rights have been terminated, or the court has determined that the child cannot return home.
- b. Adoption subsidy payments are made to adoptive parents who have entered into an adoption subsidy agreement, which is a written agreement, binding on all parties, between the division and the prospective adoptive parents. The agreement specifies: the duration of the agreement; the amount of subsidy payments (if any) and the nature and amount of any other payments,

STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
DIVISION OF FAMILY & YOUTH SERVICES

PROGRAM: CHILD PROTECTIVE SERVICE  
CHAPTER: 6.0 ADMINISTRATION  
SECTION: 6.2.2.6.A

coupons be sent to the adoptive parents and the review notices to the State Office adoption staff. The originals will remain in State Office.

- h. The Adoptions Clerk will send two copies of the consents for adoption to the child's caseworker (see section 3.20.2(a)(4-6)).
- i. Once an adoption subsidy has been approved and payments have started, any changes in the subsidy amount are negotiated according to the following procedures:
  - 1. If the adoptive parents request a change in the subsidy amount before the adoption is finalized, the worker is responsible for negotiating the amount.
  - 2. If the adoptive parents request a change in the subsidy amount after the adoption has been finalized, State Office adoption staff is responsible for negotiating the amount.
  - 3. Adjustments in the monthly cash payment may be made with the concurrence of the adoptive parents and based upon documented changes in the needs of the child, or changes in the circumstances of the adoptive family.
  - 4. Changes in the maximum allowable subsidy payment due to increases in foster care rates are not automatic, but based on the needs of the child and the circumstances of the adoptive family.
  - 5. The Division will notify the adoptive parents in writing of changes in subsidized adoption payments resulting from decreases in foster care rates. Adjustments will be considered at the request of the adoptive parents.
- j. Annual reviews of the subsidy and redetermination of Medicaid eligibility are addressed by State Office.
- k. Subsidized adoption payments will terminate when the child reaches age 18. Payments must also terminate if the parents cease supporting the child prior to age 18 or if the parents are no longer legally responsible for the child, and the parents must inform the agency if they become ineligible for further payments.
- l. The adoptive parents may appeal the Division's decision to reduce, change or terminate the Adoption Subsidy Agreement. Prospective adoptive parents whose request for a subsidy has been denied or the desired amount reduced, also have the right to appeal.
- m. The worker may offer the family reimbursement for non-recurring adoption expenses incurred by the adoptive parents. These expenses may include attorney's fees, court costs, adoption home study fees, costs of preplacement visitation and travel, and other one-time expenses directly related to the adoption. There is a maximum of \$2000 per child. Approval by the

<b>ACF</b>  <b>Administration for Children and Families</b>	<b>U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families</b>	
	<b>1. Log No: ACYF-CB-PA-01-01</b>	<b>2. Issuance Date: January 23, 2001</b>
	<b>3. Originating Office: Children's Bureau</b>	
	<b>4. Key Words: Adoption Assistance Eligibility</b>	

### POLICY ANNOUNCEMENT

**TO:** State Agencies Administering title IV-E of the Social Security Act, Indian Tribes and Indian Tribal Organizations

**SUBJECT:** Title IV-E Adoption Assistance (Eligibility and Ancillary Policies)

**LEGAL AND RELATED REFERENCES:**

Sections 403, 431(b), 471(a)(18), 471(a)(20)(A), 473 and 474(e) of the Social Security Act; Public Law 100-203, Section 9133; Public Laws 99-514, 100-205, 104-188, 104-193, 104-208, 105-33, 105-89, and 106-169; 8 USC 1641(b); 45 CFR Parts 1356.30, 1356.40, and 1356.41; ACYF-PA-88-01; ACYF-PIQ-89-01; ACYF-PIQ-90-02; ACYF-CB-PIQ-98-02; ACYF-CB-PIQ-99-01; and ACYF-CB-IM-00-02.

**WITHDRAWN ISSUANCES:**

- ACYF-PIQ-82-01 (Q&A #1)
- ACYF-PIQ-82-02
- ACYF-PIQ-82-16 (1, 2, 3, and 5)
- ACYF-PIQ-82-18 (2, 3, 4 and 5)
- ACYF-PIQ-85-04
- ACYF-PIQ-85-05 (Q&As 5 and 6)
- ACYF-PIQ-86-05
- ACYF-PA-87-03
- ACYF-PIQ-87-05 (with ACYF-CB-IM-00-02 effective 2/18/2000)
- ACYF-PA-88-01
- ACYF-PIQ-88-06
- ACYF-PIQ-89-02 (Q&A - 1, 2 and 5)
- ACYF-PIQ-90-02 (Q&As 1, 2, 4, 5 and 6)
- ACYF-PIQ-91-04
- ACYF-PIQ-92-02

**PURPOSE:**

This announcement provides comprehensive guidelines for States to use in determining a child's eligibility for title IV-E adoption assistance. Although the Children's Bureau has issued numerous policy issuances on this topic in the past, we continue to receive requests for policy clarification in this area. In an effort to be responsive to continuing questions and provide a comprehensive issuance on title IV-E adoption assistance eligibility, we carefully reviewed the statute, as well as all of the current title IV-E adoption assistance eligibility and ancillary policies. As a result, this issuance not only contains current policies, but we also have taken this opportunity to revise some of the existing policies and practices in order to bring them in line with the statute. Those are discussed fully in the appropriate sections below. In addition, the withdrawn policy issuances and the previous and revised policies are highlighted in Appendix B. To the extent that there are conflicting requirements in earlier issuances that may not have been withdrawn with this issuance, the requirements set forth in this Policy Announcement prevail.

However, in circumstances where the State agency does not have responsibility for placement and care, or is otherwise unaware of the adoption of a potentially special needs child, it is incumbent upon the adoptive family to request adoption assistance on behalf of the child. It is not the responsibility of the State or local agency to seek out and inform individuals who are unknown to the agency about the possibility of title IV-E adoption assistance for special needs children who also are unknown to the agency. This policy is consistent with the intent and purpose of the statute, and that is to promote the adoption of special needs children who are in the public foster care system.

#### Amount of Adoption Assistance Payments

The amount of the adoption assistance payment cannot exceed the amount the child would have received if s/he had been in a foster family home, but otherwise must be determined through agreement between the adoptive parents and the State or local title IV-E agency. Unlike other public assistance programs in the Social Security Act, the title IV-E adoption assistance program is intended to encourage an action that will be a lifelong social benefit to certain children and not to meet short-term monetary needs during a crisis. Further, the adoptive parents' income is not relevant to the child's eligibility for the program.

Title IV-E adoption assistance is not based upon a standard schedule of itemized needs and countable income. Instead, the amount of the adoption assistance payment is determined through the discussion and negotiation process between the adoptive parents and a representative of the State agency based upon the needs of the child and the circumstances of the family. The payment that is agreed upon should combine with the parents' resources to cover the ordinary and special needs of the child projected over an extended period of time and should cover anticipated needs, e.g., child care. Anticipation and discussion of these needs are part of the negotiation of the amount of the adoption assistance payment.

Once the adoption assistance agreement is signed and the child is adopted, the adoptive parents are free to make decisions about expenditures on behalf of the child without further agency approval or oversight. Hence, once an adoption assistance agreement is in effect, the parents can spend the subsidy in any way they see fit to incorporate the child into their lives. Since there is no itemized list of approved expenditures for adoption assistance, the State cannot require an accounting for the expenditures. The amount of the assistance may be adjusted periodically if the family's or child's circumstances change, but only with the concurrence of the adoptive family.

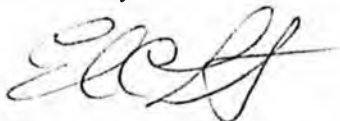
The use of a means test is prohibited in the process of selecting a suitable adoptive family, or in negotiating an adoption assistance agreement, including the amount of the adoption assistance payment.<sup>36</sup> Once a child has been determined eligible under section 473 of the Act, adoptive parents cannot be rejected for adoption assistance or have payments reduced without their agreement because of their income or other resources. In addition, the State cannot arbitrarily reject a request for an increase in the amount of subsidy (up to the amount the child would have received in foster care) in cases where the adoptive parents make life choices such as resigning one's job to stay at home with the adopted child or to return to school. Adoptive parents can request a fair hearing if the State rejects such requests.

The circumstances of the adopting parents must be considered together with the needs of the child when negotiating the adoption assistance agreement. *Consideration of the circumstances of the*

<sup>36</sup> 45 CFR 1356.40(c).

Your favorable consideration of this request would be appreciated.

Sincerely,



Elmer A. Lindstrom  
Special Assistant to the Commissioner

Cc: Mike Tibbles, Legislative Director  
Office of the Governor

Tom Cherian, Acting Director  
Division of Family & Youth Services

**SENATE COMMITTEE REPORT**  
**First Committee of Referral**

DATE: 3/6/03

FURTHER: Finance

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

DATE TURNED IN TO OFFICE: 3.10.03

Health, Education and Social Services Committee considered

SENATE BILL NO. 123

**SB 123 ELIMINATE REVIEW OF ADOPTION SUBSIDIES**

"An Act relating to adoptions that include a subsidy payment by the state; eliminating annual review of the subsidy paid by the state after adoption of a hard-to-place child has occurred; and providing for an effective date."

and recommends:

**Senate Bill:**

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

same title

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

new title

**House Bill:**

attached amendment(s)

same title

technical title

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

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

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

**NEW FISCAL NOTE(S):**

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#

Department	Date	Fiscal	Zero	FN#
HSS	3/06/03	X		1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>John D. ...</i>			✓	
<i>Linda Green</i>	✓			
<i>Betty Davis</i>			✓	
<i>Paul ...</i>	✓			
CHAIR:				

SB

124

# STATE OF ALASKA

## DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

FRANK H. MURKOWSKI, GOVERNOR

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

March 6, 2003

Honorable Fred Dyson  
Chairman  
Senate Health, Education and Social Services Committee  
Alaska State Capitol, Rm. 121  
Juneau, AK 99801

Dear Senator Dyson,

The Department of Health and Social Services respectfully requests a hearing in the Senate Health, Education and Social Services Committee on Senate Bill 124 "An Act relating to grants for alcoholism and drug abuse programs; and providing for an effective date."

This bill would change the local match requirement for alcohol and drug abuse grants from 10 percent to 25 percent.

The Department of Health and Social Services requires a local match for most grants it issues in support of community-based programs. In most instances the local match requirement is twenty-five percent. Grants issued by the department in support of local substance abuse treatment programs are an anomaly in that only a ten percent local match is required. Local match requirements are designed to foster collaboration and support for health and social services at the community level.

The Department will retain the ability to waive all or part of the local match if the Department finds that community funding is unavailable and the waiver is in the best interest of the state.

Enactment of this legislation will result in a reduction \$1,611,700 in the state budget. Services at the community level should be unaffected, however, as local communities step forward to increase their local contributions. A fiscal note should be on file with the committee.

Honorable Fred Dyson  
Page 2

Your favorable consideration of this request would be appreciated.

Sincerely,

Elmer A. Lindstrom  
Special Assistant to the Commissioner

Cc: Mike Tibbles, Legislative Director  
Office of the Governor

Loren Jones, Director  
Division of Alcoholism and Drug Abuse

FRANK H. MURKOWSKI  
GOVERNOR  
GOVERNOR@GOV.STATE.AK.US



STATE OF ALASKA  
OFFICE OF THE GOVERNOR  
JUNEAU

NO 600# 3  
0111?  
SB124  
P.O. BOX 110001  
JUNEAU, ALASKA 99811-0001  
(907) 465-3500  
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WWW.GOV.STATE.AK.US

March 5, 2003

The Honorable Gene Therriault  
President of the Senate  
Alaska State Legislature  
State Capitol, Room 107  
Juneau, AK 99801-1182

Dear President Therriault:

Under the authority of article III, section 18, of the Alaska Constitution, I am transmitting a bill that would change the grant in aid ratio required for grantees of alcohol and drug abuse grants from 10 percent to 25 percent.

The Department of Health and Social Services requires a local match for most grants it issues in support of community-based programs. In most instances the local match requirement is twenty-five percent. Grants issued by the department in support of local substance abuse treatment programs are an anomaly in that only a ten percent local match is required. Local match requirements are designed to foster collaboration and support for health and social services at the community level.

My Administration's commitment to substance abuse treatment is reflected in my amended fiscal year 2004 budget which makes significant new investments in treatment programs using some of the proceeds from the recently enacted increase in the alcohol excise tax. Given the widespread recognition throughout Alaska of the need to address the problem of alcohol and substance abuse, I am confident that Alaska's communities too will rise to the challenge of providing a modest increase in local support for substance abuse treatment services.

The Department will retain the ability to waive all or part of the local match if the Department finds that community funding is unavailable and the waiver is in the best interest of the state.

**SB 124/ HB 167 Increase Local Match Requirement for Substance Abuse Grants**

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
Alaska, Inc. (Anchorage)	ASAP		3412	\$100,000.00	\$0.00	\$100,000.00	\$75,000.00	\$25,000.00
	Community Prevention Services		3181	\$300,000.00	\$33,333.00	\$333,333.00	\$250,000.00	\$83,333.00
	Community Prevention Services		3408	\$140,000.00	\$15,556.00	\$155,556.00	\$116,667.00	\$38,889.00
	Community Prevention Services		3420	\$160,000.00	\$17,778.00	\$177,778.00	\$133,333.00	\$44,444.00
	Community Prevention Services		3429	\$265,000.00	\$29,444.00	\$294,444.00	\$220,833.00	\$73,611.00
	Residential Treatment Services		3430	\$739,932.00	\$82,215.00	\$822,147.00	\$616,610.00	\$205,537.00
	Therapeutic Court Treatment Services		3496	\$409,184.00	\$45,465.00	\$454,649.00	\$340,987.00	\$113,662.00
Alkiak IRA Council (Alkiak)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3139	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
Alkutan Traditional Council (Alkutan)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3101	\$12,000.00	\$0.00	\$12,000.00	\$12,000.00	\$0.00
Alaska Addiction Rehabilitation Service, Inc. (Wasilla)	Residential Treatment Services		3440	\$1,029,155.00	\$114,351.00	\$1,143,506.00	\$857,629.00	\$285,876.00
Alaska Commission for CD Professional Certification (Anchorage)	Training		3470	\$55,000.00	\$6,111.00	\$61,111.00	\$45,833.00	\$15,278.00
Alaska Military Youth Academy Academy and Community Prevention Project (Ft. Richardson)	Community Prevention Services		3421	\$25,000.00	\$2,778.00	\$27,778.00	\$20,833.00	\$6,944.00
Alaska Womens Resource Center (Anchorage)	Services for Families - Women with Children	10%	3477	\$562,389.00	\$62,488.00	\$624,877.00	\$562,389.00	\$62,488.00
Alutian Pribilof Islands Association, Inc. (Anchorage)	Outpatient Treatment Services		3448	\$73,000.00	\$8,111.00	\$81,111.00	\$60,833.00	\$20,278.00
Allakakel Village Council (Allakakel)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3162	\$14,000.00	\$0.00	\$14,000.00	\$14,000.00	\$0.00
Ambler City Council (Ambler)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3109	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Avenues (Wrangell)	Outpatient Treatment Services		3449	\$119,022.00	\$13,225.00	\$132,247.00	\$99,185.00	\$33,062.00
Bethel Group Home, Inc. (Bethel)	Services for Families - Youth	10%	3495	\$10,000.00	\$1,111.00	\$11,111.00	\$10,000.00	\$1,111.00
Brevig Mission Traditional Council (Brevig Mission)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3104	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Bristol Bay Area Health Corporation (Dillingham)	ASAP		3413	\$37,500.00	\$0.00	\$37,500.00	\$28,125.00	\$9,375.00
	Community Prevention Services		3401	\$80,000.00	\$8,889.00	\$88,889.00	\$66,667.00	\$22,222.00
	Residential Treatment Services		3432	\$515,325.00	\$57,258.00	\$572,583.00	\$429,438.00	\$143,146.00

**SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants**

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
	Rural Human Service Systems		3186	\$464,735.00	\$51,637.00	\$516,372.00	\$387,279.00	\$129,093.00
	Services for Families - Women with Children		3478	\$213,812.00	\$23,717.00	\$237,569.00	\$213,812.00	\$23,757.00
	Transitional Housing		3467	\$182,703.00	\$20,300.00	\$203,003.00	\$152,253.00	\$50,751.00
Carry the Cure, Inc. (Palmer)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3160	\$20,000.00	\$0.00	\$20,000.00	\$20,000.00	\$0.00
Central Council Tlingit & Haida Indian Tribes of Alaska (Juneau)	Education	<i>Exempt from Match</i>	3200	\$11,900.00	\$0.00	\$11,900.00	\$11,900.00	\$0.00
Central Peninsula General Hospital (Soldotna)	Residential Treatment Services		3441	\$10,000.00	\$1,111.00	\$11,111.00	\$8,333.00	\$2,778.00
Changing Tides Counseling Services, Inc. (Petersburg)	Outpatient Treatment Services		3450	\$132,531.00	\$14,726.00	\$147,257.00	\$110,443.00	\$36,814.00
Chgeesh'na Tribal Council (Chistochina)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3106	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
Choices for Teens, Inc. (Homەر)	Community Prevention Services		3402	\$43,000.00	\$4,778.00	\$47,778.00	\$35,833.00	\$11,944.00
City of Alakanuk (Alakanuk)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3108	\$15,966.00	\$0.00	\$15,966.00	\$15,966.00	\$0.00
City of Emmonak (Emmonak)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3112	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
City of Galena (Galena)	Outpatient Treatment Services		3454	\$50,000.00	\$5,556.00	\$55,556.00	\$41,667.00	\$13,889.00
	Rural Human Service Systems		3191	\$160,378.00	\$17,820.00	\$178,198.00	\$133,648.00	\$44,549.00
City of Ketchikan (Ketchikan)	ASAP		3415	\$185,125.00	\$0.00	\$185,125.00	\$138,844.00	\$46,281.00
	Residential Treatment Services		3437	\$434,534.00	\$48,282.00	\$482,816.00	\$362,112.00	\$120,704.00
City of King Cove (King Cove)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3114	\$10,933.00	\$0.00	\$10,933.00	\$10,933.00	\$0.00
City of Koyukuk (Koyukuk)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3115	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
City of Noorvik (Noorvik)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3130	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
City of Nulato (Nulato)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3118	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
City of Ruby (Ruby)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3155	\$13,600.00	\$0.00	\$13,600.00	\$13,600.00	\$0.00
City of Savoonga (Savoonga)								

**SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants**

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
City of Saxman (Saxman)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3119	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
City of Seamon Bay (Seamon Bay)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3138	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
City of St. Michael (St. Michael)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3164	\$18,000.00	\$0.00	\$18,000.00	\$18,000.00	\$0.00
City of Togiak (Togiak)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3143	\$12,000.00	\$0.00	\$12,000.00	\$12,000.00	\$0.00
City of Toksook Bay (Toksook Bay)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3122	\$12,000.00	\$0.00	\$12,000.00	\$12,000.00	\$0.00
City of Wales (Wales)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3123	\$17,800.00	\$0.00	\$17,800.00	\$17,800.00	\$0.00
City of White Mountain (White Mountain)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3124	\$17,000.00	\$0.00	\$17,000.00	\$17,000.00	\$0.00
Communities Organized for Health Options (COHO) (Craig)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3125	\$20,000.00	\$0.00	\$20,000.00	\$20,000.00	\$0.00
	Community Prevention Services		3403	\$24,000.00	\$2,667.00	\$26,667.00	\$20,000.00	\$6,667.00
	Outpatient Treatment Services		3451	\$152,565.00	\$16,952.00	\$169,517.00	\$127,138.00	\$42,379.00
Cook Inlet Council on Alcohol & Drug Abuse (Kenai)	Outpatient Treatment Services		3452	\$347,227.00	\$38,581.00	\$385,808.00	\$289,356.00	\$96,452.00
	Rural Women and Children		3492	\$163,313.00	\$18,201.00	\$182,014.00	\$163,813.00	\$18,201.00
Cook Inlet Tribal Council (Anchorage)	Residential Treatment Services		3434	\$387,554.00	\$43,062.00	\$430,616.00	\$322,962.00	\$107,654.00
Curyung Tribal Council (Dillingham)	Rural Family Recovery Camp		3486	\$143,397.00	\$15,933.00	\$159,330.00	\$119,498.00	\$39,833.00
Eastern Alutian Tribes, Inc. (Anchorage)	Outpatient Treatment Services		3453	\$72,500.00	\$8,056.00	\$80,556.00	\$60,417.00	\$20,139.00
	Rural Human Service Systems		3194	\$156,078.00	\$17,342.00	\$173,420.00	\$130,065.00	\$43,355.00
Fairbanks Memorial Hospital (Fairbanks)	Special Project	10%	3491	\$50,000.00	\$0.00	\$50,000.00	\$45,000.00	\$5,000.00
Fairbanks Native Association (Fairbanks)	ASAP		3414	\$254,120.00	\$0.00	\$254,120.00	\$190,590.00	\$63,530.00
	Residential Treatment Services		3435	\$1,092,148.00	\$121,350.00	\$1,213,498.00	\$910,123.00	\$303,374.00
	Residential Treatment Services		3436	\$160,000.00	\$17,778.00	\$177,778.00	\$133,333.00	\$44,444.00
	Services for Families - Women with Children		3480	\$600,000.00	\$66,667.00	\$666,667.00	\$600,000.00	\$66,667.00
	Services for Families - Women with Children		3481	\$50,000.00	\$5,556.00	\$55,556.00	\$50,000.00	\$5,556.00

**SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants**

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
Fairbanks North Star Borough School District (Fairbanks)	Services for Families - Youth		3472	\$104,862.00	\$11,651.00	\$116,513.00	\$104,862.00	\$11,651.00
Gastineau Human Services (JunEAU)	Community Prevention Services		3422	\$90,000.00	\$10,000.00	\$100,000.00	\$75,000.00	\$25,000.00
Gulkana Village Council (Gulkana)	Outpatient Treatment Services		3445	\$366,370.00	\$40,708.00	\$407,078.00	\$305,308.00	\$101,769.00
Hoonah Indian Association (Hoonah)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3163	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Huslia Tribal Council (Huslia)	Outpatient Treatment Services		3455	\$41,227.00	\$4,581.00	\$45,808.00	\$34,356.00	\$11,452.00
Iditarod Area School District (McGrath)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3111	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Igiugig Village Council (Igiugig)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3127	\$15,339.00	\$0.00	\$15,339.00	\$15,339.00	\$0.00
Iliamna Village Council (Iliamna)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3128	\$10,550.00	\$0.00	\$10,550.00	\$10,550.00	\$0.00
Interior Aids Association (Fairbanks)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3167	\$13,228.00	\$0.00	\$13,228.00	\$13,228.00	\$0.00
JunEAU Recovery Hospital (JunEAU)	Methadone		3447	\$60,851.00	\$6,761.00	\$67,612.00	\$50,709.00	\$16,903.00
JunEAU Youth Services, Inc. (JunEAU)	Residential Treatment Services		3433	\$397,460.00	\$44,162.00	\$441,622.00	\$331,217.00	\$110,406.00
Kenaitze Indian Tribe IRA (Kenai)	Services for Families - Youth	10%	3476	\$100,000.00	\$11,111.00	\$111,111.00	\$100,000.00	\$11,111.00
Kodiak Alaska Native Association (Kodiak)	Outpatient Treatment Services		3456	\$74,848.00	\$8,316.00	\$83,164.00	\$62,373.00	\$20,791.00
Kids are People, Inc. (Wasilla)	Rural Human Service Systems		3198	\$12,000.00	\$1,333.00	\$13,333.00	\$10,000.00	\$3,333.00
Kipnuk Traditional Council (Kipnuk)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3168	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Kodiak Council on Alcoholism (Kodiak)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3131	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
	Rural Family Recovery Camp		3499	\$83,070.00	\$9,230.00	\$92,300.00	\$69,225.00	\$23,075.00
	Rural Human Service Systems		3189	\$179,469.00	\$19,941.00	\$199,410.00	\$149,558.00	\$49,853.00
	ASAP		3416	\$37,500.00	\$0.00	\$37,500.00	\$28,125.00	\$9,375.00
	Residential Treatment Services		3438	\$491,469.00	\$54,608.00	\$546,077.00	\$409,558.00	\$136,519.00

**SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants**

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
Kollik City Council (Kollik)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3132	\$17,000.00	\$0.00	\$17,000.00	\$17,000.00	\$0.00
Kuskokwim Native Association (Aniak)	Outpatient Treatment Services		3457	\$58,000.00	\$6,444.00	\$64,444.00	\$48,333.00	\$16,111.00
Kwethluk IRA Council (Kwethluk)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3150	\$16,000.00	\$0.00	\$16,000.00	\$16,000.00	\$0.00
Lævælock Village Council (Lævælock)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3133	\$13,000.00	\$0.00	\$13,000.00	\$13,000.00	\$0.00
Maniilaq Association (Rotzebuz)	DO Corrections	<i>Exempt from Match</i>	3488	\$17,885.00	\$0.00	\$17,885.00	\$17,885.00	\$0.00
	Rural Human Service Systems		3193	\$39,184.00	\$4,354.00	\$43,538.00	\$32,653.00	\$10,884.00
Mat-Su Community Mental Health Services, Inc. dba Life Quest (Wasilla)	Community Prevention Services		3180	\$20,000.00	\$2,222.00	\$22,222.00	\$16,667.00	\$5,556.00
Mat-Su Recovery Center, Inc. (Wasilla)	ASAP		3417	\$148,724.00	\$0.00	\$148,724.00	\$111,543.00	\$37,181.00
	Community Prevention Services		3423	\$21,000.00	\$2,333.00	\$23,333.00	\$17,500.00	\$5,833.00
	Outpatient Treatment Services		3458	\$367,676.00	\$40,853.00	\$408,529.00	\$306,397.00	\$102,132.00
	Services for Families - Women with Children		3482	\$105,113.00	\$11,679.00	\$116,792.00	\$105,113.00	\$11,679.00
	Services for Families - Youth		3473	\$95,782.00	\$10,642.00	\$106,424.00	\$95,782.00	\$10,642.00
McGrath-Anvik Educational & MHI Association (McGrath)	Community Prevention Services		3404	\$60,000.00	\$6,667.00	\$66,667.00	\$50,000.00	\$16,667.00
	Outpatient Treatment Services		3459	\$128,424.00	\$14,269.00	\$142,693.00	\$107,020.00	\$35,673.00
	Rural Human Service Systems		3199	\$64,000.00	\$7,111.00	\$71,111.00	\$53,333.00	\$17,778.00
Mentasta Tribal Council (Mentasta)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3134	\$14,000.00	\$0.00	\$14,000.00	\$14,000.00	\$0.00
Minto Village Council (Minto)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3135	\$13,500.00	\$0.00	\$13,500.00	\$13,500.00	\$0.00
Mothers Against Drunk Driving, Anchorage Chapter (Anchorage)	Community Prevention Services		3405	\$26,976.00	\$3,333.00	\$33,333.00	\$25,000.00	\$8,333.00
Municipality of Anchorage (Anchorage)	Domestic Violence		3500	\$50,000.00	\$0.00	\$50,000.00	\$37,500.00	\$12,500.00
N.A.T.I.V.E., Inc. (Sitka)	Rural Family Recovery Camp		3498	\$77,252.00	\$8,584.00	\$85,836.00	\$64,377.00	\$21,459.00
Narcotic Drug Treatment Center, Inc. (Anchorage)	Methadone		3469	\$578,415.00	\$64,268.00	\$642,683.00	\$482,013.00	\$160,671.00
National Council on Alcoholism & Drug Dependence, Juneau Affiliate (Juneau)								

**SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants**

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
	ASAP		3418	\$238,125.00	\$0.00	\$238,125.00	\$178,594.00	\$59,531.00
	Community Prevention Services		3424	\$240,000.00	\$26,667.00	\$266,667.00	\$200,000.00	\$66,667.00
Native Council of Port Haiden (Port Haiden)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3110	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Native Village of Kiana (Kiana)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3121	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Native Village of Koyuk (Koyuk)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3140	\$13,000.00	\$0.00	\$13,000.00	\$13,000.00	\$0.00
Native Village of Mekoryuk (Mekoryuk)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3141	\$15,502.00	\$0.00	\$15,502.00	\$15,502.00	\$0.00
Native Village of Napaskiak (Napaskiak)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3151	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
Native Village of Noatak (Noatak)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3129	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Native Village of Shaktolik (Shaktolik)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3156	\$13,000.00	\$0.00	\$13,000.00	\$13,000.00	\$0.00
New Stuyahok Traditional Council (New Stuyahok)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3107	\$14,000.00	\$0.00	\$14,000.00	\$14,000.00	\$0.00
Newhalen Tribal Council (Newhalen)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3146	\$14,000.00	\$0.00	\$14,000.00	\$14,000.00	\$0.00
Nondalton Tribal Council (Nondalton)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3147	\$12,500.00	\$0.00	\$12,500.00	\$12,500.00	\$0.00
North Slope Borough (Barrow)	Residential Treatment Services		3439	\$400,000.00	\$44,444.00	\$444,444.00	\$333,333.00	\$111,111.00
Norton Sound Health Corporation (NOME)	Rural Human Service Systems		3195	\$110,318.00	\$12,258.00	\$122,576.00	\$91,932.00	\$30,644.00
	Rural Women and Children		3494	\$215,000.00	\$23,889.00	\$238,889.00	\$215,000.00	\$23,889.00
Old Harbor Tribal Council (Old Harbor)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3148	\$14,228.00	\$0.00	\$14,228.00	\$14,228.00	\$0.00
Ouzinkie Tribal Council (Ouzinkie)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3117	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Pilot Point Traditional Council (Pilot Point)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3165	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
Qagan Tayagungin Tribe (Sand Point)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3102	\$13,000.00	\$0.00	\$13,000.00	\$13,000.00	\$0.00
Qawalangin Tribe of Unalaska (Unalaska)								

**SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants**

Grantee	Type of Grant	Notes	FY 03	FY 03 Award	FY 03 Match	Total Project	Projected	Projected
			Grant #	90%	10%	Cost 100%	FY 04 Award 75%	FY 04 Match 25%
	Community Based Suicide Prevention	<i>Exempt from Match</i>	3154	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
Railbelt Mental Health & Addictions (Nenana)	Outpatient Treatment Services		3460	\$78,553.00	\$8,728.00	\$87,281.00	\$65,461.00	\$21,820.00
	Rural Human Service Systems		3184	\$20,000.00	\$2,222.00	\$22,222.00	\$16,667.00	\$5,556.00
Rural Alaska Community Action Program, Inc. (Anchorage)	Community Prevention Services		3425	\$25,000.00	\$2,778.00	\$27,778.00	\$20,833.00	\$6,944.00
Salvation Army Booth Memorial (Anchorage)	Services for Families - Youth	10%	3474	\$54,400.00	\$6,044.00	\$60,444.00	\$54,400.00	\$6,044.00
SEARCHC (Sitka)	Community Prevention Services		3406	\$75,000.00	\$8,333.00	\$83,333.00	\$62,500.00	\$20,833.00
	Rural Human Service Systems		3190	\$69,676.00	\$7,742.00	\$77,418.00	\$58,063.00	\$19,354.00
Seaview Community Services (Seward)	ASAP		3411	\$19,081.00	\$0.00	\$19,081.00	\$14,311.00	\$4,770.00
	CAASA		3175	\$25,000.00	\$2,778.00	\$27,778.00	\$25,000.00	\$2,778.00
	Outpatient Treatment Services		3461	\$116,826.00	\$12,981.00	\$129,807.00	\$97,355.00	\$32,452.00
	Rural Human Service Systems		3188	\$60,000.00	\$6,667.00	\$66,667.00	\$50,000.00	\$16,667.00
Seldovia Village Tribe Prevention Program (Seldovia)	Community Prevention Services		3426	\$32,000.00	\$3,556.00	\$35,556.00	\$26,667.00	\$8,889.00
Shishmaref IRA Council (Shishmaref)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3142	\$18,000.00	\$0.00	\$18,000.00	\$18,000.00	\$0.00
Sitka Prevention & Treatment Services, Inc. (Sitka)	Community Prevention Services		3427	\$145,000.00	\$16,111.00	\$161,111.00	\$120,833.00	\$40,278.00
	Residential Treatment Services		3443	\$359,715.00	\$39,972.00	\$399,717.00	\$299,788.00	\$99,929.00
	Services for Families - Women with Children		3484	\$49,852.00	\$5,539.00	\$55,391.00	\$49,852.00	\$5,539.00
	Services for Families - Youth		3419	\$68,000.00	\$7,556.00	\$75,556.00	\$68,000.00	\$7,556.00
Sound Alternatives (Cordova)	Outpatient Treatment Services		3463	\$73,096.00	\$8,122.00	\$81,218.00	\$60,913.00	\$20,304.00
South Naknek Village Council (South Naknek)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3157	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Southern Foundation (Anchorage)	Services for Families - Women with Children	10%	3485	\$251,402.00	\$27,934.00	\$279,336.00	\$251,402.00	\$27,934.00
St. George Traditional Council (St. George)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3103	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Tanana Chiefs Conference, Inc. (Fairbanks)	Residential Treatment Services		3444	\$115,000.00	\$12,778.00	\$127,778.00	\$95,833.00	\$31,944.00
	Rural Human Service Systems		3185	\$33,000.00	\$3,667.00	\$36,667.00	\$27,500.00	\$9,167.00

**SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants**

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
The Arc of Anchorage (Anchorage)	Residential Treatment Services		3431	\$203,197.00	\$22,577.00	\$225,774.00	\$169,331.00	\$56,444.00
The Salvation Army (Anchorage)	Residential Treatment Services		3442	\$1,650,919.00	\$183,435.00	\$1,834,354.00	\$1,375,766.00	\$458,589.00
	Residential Treatment Services		3446	\$1,502,153.00	\$166,906.00	\$1,669,059.00	\$1,251,794.00	\$417,265.00
	Services for Families - Women with Children		3483	\$655,644.00	\$72,849.00	\$728,493.00	\$655,644.00	\$72,849.00
	Transitional Housing		3468	\$102,966.00	\$11,441.00	\$114,407.00	\$85,805.00	\$28,602.00
Upper Kalskag Traditional Council (Upper Kalskag)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3158	\$13,992.00	\$0.00	\$13,992.00	\$13,992.00	\$0.00
Valdez City Schools (Valdez)	CAASA	<i>10%</i>	3176	\$45,000.00	\$5,000.00	\$50,000.00	\$45,000.00	\$5,000.00
Valdez Counseling Center (Valdez)	Outpatient Treatment Services		3464	\$60,000.00	\$6,667.00	\$66,667.00	\$50,000.00	\$16,667.00
	Services for Families - Youth		3471	\$29,775.00	\$3,308.00	\$33,083.00	\$29,775.00	\$3,308.00
Village of Lower Kalskag (Lower Kalskag)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3116	\$13,000.00	\$0.00	\$13,000.00	\$13,000.00	\$0.00
Volunteers of America of Alaska, Inc. (Anchorage)	CAASA	<i>10%</i>	3177	\$50,000.00	\$5,556.00	\$55,556.00	\$50,000.00	\$5,556.00
	Community Prevention Services		3407	\$95,000.00	\$10,556.00	\$105,556.00	\$79,167.00	\$26,389.00
	Community Prevention Services		3428	\$78,000.00	\$8,667.00	\$86,667.00	\$65,000.00	\$21,667.00
	Services for Families - Youth		3475	\$895,731.00	\$99,526.00	\$995,257.00	\$895,731.00	\$99,526.00
Wrangell Police Department (Wrangell)	CAASA	<i>10%</i>	3178	\$32,300.00	\$3,589.00	\$35,889.00	\$32,300.00	\$3,589.00
Yakutat Tlingit Tribe (Yakutat)	CAASA	<i>10%</i>	3179	\$35,000.00	\$3,889.00	\$38,889.00	\$35,000.00	\$3,889.00
	Community Based Suicide Prevention		3159	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Yukon-Kuskokwim Health Corporation (Bethel)	Rural Human Service Systems		3192	\$209,115.00	\$23,235.00	\$232,350.00	\$174,263.00	\$58,088.00
	Spirit Camp		3465	\$177,400.00	\$22,222.00	\$222,222.00	\$166,667.00	\$55,556.00
	Therapeutic Court Treatment Services		3497	\$276,242.00	\$30,694.00	\$306,936.00	\$230,202.00	\$76,734.00

# FISCAL NOTE

STATE OF ALASKA  
2003 LEGISLATIVE SESSION

Fiscal Note Number: 1  
 Bill Version: SB 124  
 ( S ) Publish Date: 3/6/03

Revision Date/Time (Ncte if correction):  
 Title INCREASE LOCAL MATCH REQUIREMENT  
FOR ALCOHOL GRANTS

Dept. Affected: Health & Social Services  
 BRU Alcohol & Drug Abuse Svcs  
 Component Alcohol Safety Action Program

Sponsor RULES COMMITTEE  
 Requester GOVERNOR

Component No. 305

**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	( 112.6)	( 112.6)	( 112.6)	( 112.6)	( 112.6)	( 112.6)
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>( 112.6)</b>	<b>( 112.6)</b>	<b>( 112.6)</b>	<b>( 112.6)</b>	<b>( 112.6)</b>	<b>( 112.6)</b>
<b>CAPITAL EXPENDITURES</b>						
<b>CHANGE IN REVENUES (0)</b>						

**FUND SOURCE (Thousands of Dollars)**

1002 Federal Receipts						
1003 GF Match						
1004 GF	( 112.6)	( 112.6)	( 112.6)	( 112.6)	( 112.6)	( 112.6)
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>( 112.6)</b>	<b>( 112.6)</b>	<b>( 112.6)</b>	<b>( 112.6)</b>	<b>( 112.6)</b>	<b>( 112.6)</b>

Estimate of any current year (FY2003) cost: \_\_\_\_\_

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)

The department is proposing that the community match rate be increased from 10% to 25%

The department retains statutory authority to waive local match requirements in circumstances where a local match cannot be reasonably obtained. This fiscal note is predicated on no increase in local match requirements for grantees who receive less than \$30,000.

This reduction is included in the Governor's amended FY 04 budget.

Prepared by: Loren Jones  
 Division Alcoholism and Drug Abuse  
 Approved by: Joel S. Gilbertson, Commissioner  
 Agency Department of Health and Social Services

Phone 907-465-2071  
 Date/Time 02/27/2003  
 Date 03/05/2003

# FISCAL NOTE

STATE OF ALASKA  
2003 LEGISLATIVE SESSION

Fiscal Note Number: 2  
 Bill Version: SB 124  
 ( S ) Publish Date: 3/6/03  
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):

Title INCREASE LOCAL MATCH REQUIREMENT FOR ALCOHOL GRANTS  
 BRU Alcohol & Drug Abuse Svcs  
 Component CAPI Grants

Sponsor RULES COMMITTEE

Requester GOVERNOR Component No. 2596

**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	( 125.4)	( 125.4)	( 125.4)	( 125.4)	( 125.4)	( 125.4)
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>( 125.4)</b>	<b>( 125.4)</b>	<b>( 125.4)</b>	<b>( 125.4)</b>	<b>( 125.4)</b>	<b>( 125.4)</b>
<b>CAPITAL EXPENDITURES</b>						
<b>CHANGE IN REVENUES (0)</b>						

**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	( 125.4)	( 125.4)	( 125.4)	( 125.4)	( 125.4)	( 125.4)
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>( 125.4)</b>	<b>( 125.4)</b>	<b>( 125.4)</b>	<b>( 125.4)</b>	<b>( 125.4)</b>	<b>( 125.4)</b>

Estimate of any current year (FY2003) cost:

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)

The department is proposing that the community match rate be increased from 10% to 25%.

Prevention grantees historically do not charge for services and may well have a difficult time raising the required match. This will require some effort on our part to notify local governments and school districts that without match their communities may lose some prevention programs.

The match requirement would not be made on all grants. We are proposing that any grants which are equal to or less than \$30.0 be excluded from the 25% match rate. This would exempt the Community Action Against Substance Abuse (CAASA) grants.

Prepared by: Loren Jones  
 Division: Alcoholism and Drug Abuse  
 Approved by: Joel S. Gilbertson, Commissioner  
 Agency: Department of Health and Social Services

Phone 907-465-2071  
 Date/Time 02/27/2003  
 Date 03/05/2003

FISCAL NOTE  
FN # 2

STATE OF ALASKA  
2003 LEGISLATIVE SESSION

BILL NO. SB 124

ANALYSIS CONTINUATION

The advantage of increasing the match rates is that the grantees will be required to maintain the same level of services for their areas by increasing the level of community commitment to the program(s).

This reduction is included in the Governor's amended FY 04 budget.

# FISCAL NOTE

STATE OF ALASKA  
2003 LEGISLATIVE SESSION

Fiscal Note Number: 3  
 Bill Version: SB 124  
 ( S ) Publish Date: 3/6/03  
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):

Title INCREASE LOCAL MATCH REQUIREMENT FOR ALCOHOL GRANTS

BRU Alcohol & Drug Abuse Svcs

Component Alcohol/Drug Abuse Grants

Sponsor RULES COMMITTEE

Requester GOVERNOR

Component No. 1239

**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	( 1,255.3)	( 1,255.3)	( 1,255.3)	( 1,255.3)	( 1,255.3)	( 1,255.3)
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>( 1,255.3)</b>	<b>( 1,255.3)</b>	<b>( 1,255.3)</b>	<b>( 1,255.3)</b>	<b>( 1,255.3)</b>	<b>( 1,255.3)</b>

<b>CAPITAL EXPENDITURES</b>						
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<b>CHANGE IN REVENUES (0)</b>						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	( 1,255.3)	( 1,255.3)	( 1,255.3)	( 1,255.3)	( 1,255.3)	( 1,255.3)
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>( 1,255.3)</b>	<b>( 1,255.3)</b>	<b>( 1,255.3)</b>	<b>( 1,255.3)</b>	<b>( 1,255.3)</b>	<b>( 1,255.3)</b>

Estimate of any current year (FY2003) cost:

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)

The department is proposing that the community match rate be increased from 10% to 25%.

The department retains statutory authority to waive local match requirements in circumstances where a local match cannot reasonably be obtained. This fiscal note is predicated on no increase in local match requirements for grantees who receive less than \$30,000.

This reduction is included in the Governor's amended FY 04 budget.

Prepared by: Loren Jones  
 Division: Alcoholism and Drug Abuse  
 Approved by: Joel S. Gilbertson, Commissioner  
 Agency: Department of Health and Social Services

Phone 907-465-2071  
 Date/Time 02/27/2003  
 Date 03/05/2003

# FISCAL NOTE

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

Fiscal Note Number: 4  
 Bill Version: SB 124  
 ( S ) Publish Date: 3/6/03  
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):  
 Title INCREASE LOCAL MATCH REQUIREMENT FOR ALCOHOL GRANTS

BRU Alcohol & Drug Abuse Svcs  
 Component Rural Services/Suicide Prevent'n

Sponsor RULES COMMITTEE  
 Requester GOVERNOR

Component No. 2597

**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	( 118.4)	( 118.4)	( 118.4)	( 118.4)	( 118.4)	( 118.4)
Miscellaneous						
<b>TOTAL OPERATING</b>	<b>( 118.4)</b>	<b>( 118.4)</b>	<b>( 118.4)</b>	<b>( 118.4)</b>	<b>( 118.4)</b>	<b>( 118.4)</b>

<b>CAPITAL EXPENDITURES</b>						
<b>CHANGE IN REVENUES (0)</b>						

**FUND SOURCE (Thousands of Dollars)**

1002 Federal Receipts						
1003 GF Match						
1004 GF	( 118.4)	( 118.4)	( 118.4)	( 118.4)	( 118.4)	( 118.4)
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
<b>TOTAL</b>	<b>( 118.4)</b>	<b>( 118.4)</b>	<b>( 118.4)</b>	<b>( 118.4)</b>	<b>( 118.4)</b>	<b>( 118.4)</b>

Estimate of any current year (FY2003) cost: \_\_\_\_\_  
 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)

The division is proposing that the community match rate be increased from 10% to 25%. In this component, the programs that will be affected are the Rural Human Services Program and the Community Based Suicide Prevention Program. The RHS program provides training as part of the "Counselor in Every Village" initiative. The goal of this program is to place counselors in the smaller rural communities so that the clients needing services can stay in a family environment and learn to cope with their disorder in familiar surroundings. The CBSPP provides funding to small rural communities to provide activities within the community that help individuals with their isolation and other factors that may lead to their committing suicide.  
 (continued next page)

Prepared by: Loren Jones  
 Division: Alcoholism and Drug Abuse  
 Approved by: Joel S. Gilbertson, Commissioner  
 Agency: Department of Health and Social Services

Phone 907-465-2071  
 Date/Time 02/27/2003  
 Date 03/05/2003

FISCAL NOTE

FN # 4

STATE OF ALASKA  
2003 LEGISLATIVE SESSION

BILL NO. SB 124

ANALYSIS CONTINUATION

The department retains statutory authority to waive local match requirements in circumstances where a local match cannot reasonably be obtained. This fiscal note is predicated on no increase in local match requirements for grantees who receive less than \$30,000.

This reduction is included in the Governor's amended FY 04 budget.

STATE OF ALASKA

Frank H. Murkowski, Governor

ADVISORY BOARD  
ON  
ALCOHOLISM AND DRUG ABUSE

P.O. Box 110608  
Juneau, Alaska 99811-0608  
Phone: (907) 465-8920  
Fax: (907) 465-4410

March 10, 2003

Senator Fred Dyson, Chair  
Senate Health and Social Services  
State Capitol  
Juneau, Alaska 99801-1182

DRAFT

**SUBJ: SB 124 " An Act relating to grants for alcoholism and drug abuse programs; and providing for an effective date."**

Senator Dyson and Committee Members:

The Division of Alcoholism and Drug Abuse has responded to Administrative budget cuts to the Division in an attempt to minimize the negative impact on service delivery to some high risk populations. The Division proposes holding harmless, programs that treat certain populations of persons seeking treatment, such as women, women with children and youth. It also holds harmless programs receiving \$30,000 or less in state grant funding. There has been discussion of the possibility of a combination of fee-for-service and grants that would include a nominal fee to keep doors open. For communities that face additional significant cuts to revenue sharing, there are many for which it will be extremely difficult, if not impossible to pick up this slack.

These are high risk populations for obvious reasons, not the least of which is that alcoholic women of child-bearing age are at higher risk for giving birth to fetal-alcohol affected children.

Many of you know that the state grants to providers of addiction treatment services have essentially remained flat for the past 11 years, which amounts to cuts. For example, the director of the Dillingham based treatment program testified in recent months that flat funding to that program has resulted in the need to cut almost 3 full-time staff. An increase from 10% to 25% match for these programs will possibly be the final straw for some programs that have been struggling to stay in business for years with flat funding.

A major reason for problems with program solvency is that the client population served by many public non-profit programs is indigent or of low income. They have either lost employment due to substance abuse, have little or spotty employment histories, or may be lower-functioning individuals who have diminished capacity for employment due to developmental disability, mental illness, or other conditions. Many are not eligible for Medicaid benefits. Therefore, they do not have funds to pay for treatment, at least not until some have completed treatment and had time to develop a recovery lifestyle that involves engaging in productive activity. With new legislation proposed that would make persons convicted of DUIs ineligible for Permanent Fund Dividends, this removes yet another potential source of payment for treatment from the providers.

Rural Human Services cuts and cuts to Suicide Prevention lines could have far-reaching negative impacts on rural communities for existing and planned efforts by those trying to turn the tide on substance abuse and suicide.

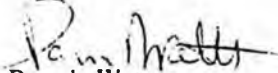
Cuts to the Alcohol Safety Action Program will short-fund the screening and monitoring arm of the Division that coordinates with the Court system to track alcohol-related offenders' compliance.

Prevention programs may be hurt to an even greater extent, because these programs do not normally charge for their services. This will unfortunately, have a more deleterious effect on what is already insufficient effort toward prevention of alcohol and other drug abuse.

While the Advisory Board recognizes that some cuts to the Division of Alcoholism and Drug Abuse are likely, we encourage the Committee to maintain the waiver capabilities contained within the bill to avoid the likelihood that entire programs could be shut down.

Thank you for your consideration of these elements of cuts to the Division of Alcoholism and Drug Abuse, as they relate to SB 124.

Respectfully,

A handwritten signature in cursive script, appearing to read "Pamela Watts".

Pamela Watts  
Executive Director

## SENATE COMMITTEE REPORT First Committee of Referral

DATE: 3/6/03

FURTHER: Finance

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

DATE TURNED IN TO OFFICE: 3.10.03

Health, Education and Social Services Committee considered

SENATE BILL NO. 124

### SB 124 ALCOHOLISM AND DRUG ABUSE GRANTS

"An Act relating to grants for alcoholism and drug abuse programs; and providing for an effective date."

and recommends:

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

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

attached amendment(s)

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

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

**Senate Bill:**

same title

new title

**House Bill:**

same title

technical title

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

**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Zero	FN#
HSS	3/6/03	X		1
HSS	3/6/03	X		2
HSS	3/6/03	X		3
HSS	3/6/03	X		4

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>Subell Green</i>			✓	
<i>Lynne Green</i>	✓			
<i>Paul Dan</i>	✓			
<i>Betty Davis</i>				✓
CHAIR:				

# STATE OF ALASKA

## DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

FRANK H. MURKOWSKI, GOVERNOR

P.O. BOX 110601  
JUNEAU, ALASKA 99811-0601  
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March 11, 2002

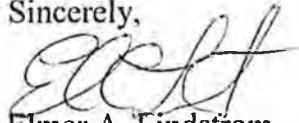
Honorable Fred Dyson  
Chair  
Senate Health, Education and Social Services Committee  
Alaska State Capitol; Rm. 121  
Juneau, AK 99801

Dear Senator Dyson,

Attached are responses to questions raised at the March 10, 2003 Senate Health, Education and Social Services Committee hearing on Senate Bill 124 relating to the local match requirement for substance abuse grants issued by the Department of Health and Social Services.

If you or other committee members require additional information on this subject, please do not hesitate to contact this office.

Sincerely,



Elmer A. Lindstrom  
Special Assistant to the Commissioner

Cc: Karen Pearson, Director  
Division of Alcoholism and Drug Abuse

## **SB 124 and HB 167 Increase Local Match for Substance Abuse Grants**

### **Question: Why was \$30,000 selected as a cut off point?**

Thirty thousand was selected because programs receiving thirty-thousand or less are generally prevention projects which lack the ability to collect third party payment for services.

### **Question: Explain why some under \$30,000 would continue to provide a 10% match.**

The Community Action Against Substance Abuse (CAASA) program was established by the Legislature in 1990 in AS 47.37.045. This statute authorized the Division of Alcoholism and Drug Abuse to provide grant funds to community organizations, school districts, municipalities, nonprofit organizations, and local governing bodies of established villages to combat the most pressing substance abuse problems as determined by the applicant's community. The types of strategies that may be funded under this program are listed in the legislation. The projects funded are for \$30,000 or less. Given the purpose of the funds and the nature of the applicants, a 10% match is appropriate to indicate community support. As these are prevention projects, the ability to generate program fees or income is very limited.

### **Question: How many and what types of grants were waived match in FY 2003?**

The Community Based Suicide Prevention Projects (56 projects) all grant awards less than \$20,000 and the Alcohol Safety Action Program (8 grants) did not require a match in FY 03. An additional four grants, the Fairbanks Hospital Special Project (see below), Anchorage Municipality Domestic Violence Monitoring Project (targeted ASAP project \$50,000), Maniilaq Association (DOC bed \$17,885) and Tlingit Haida Education Project (\$11,900)

### **Question: Explain the Fairbanks Hospital Special Project.**

The Fairbanks Memorial Hospital Special Project was funded in FY 2003 with the intent of one year funding only. The intent of the project is to train a Fairbanks Police officer in the Memphis Method of crisis response, deliver on-call back up from private security to the Community Services Patrol, provide safe escort to clients traveling outside Fairbanks for treatment and to equip the Community Services Patrol with "911" dispatch capability. The project request came from the Steering Committee of community leaders to develop solutions to the public inebriate problem.

### **Question: Do we know anything about the potential impacts of this change?**

It is difficult to determine the potential impact. If Municipal Revenue sharing is cut by 25% the impact will be greater, as many programs use municipal funding for their match. The ability to collect third party payment including Medicaid for treatment services varies from location to location around the state.

SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants (Revised 3/12)

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
Alaska, Inc. (Anchorage)	ASAP		3412	\$100,000.00	\$0.00	\$100,000.00	\$75,000.00	\$25,000.00
	Community Prevention Services		3181	\$300,000.00	\$33,333.00	\$333,333.00	\$250,000.00	\$83,333.00
	Community Prevention Services		3408	\$140,000.00	\$15,556.00	\$155,556.00	\$116,667.00	\$38,889.00
	Community Prevention Services		3420	\$160,000.00	\$17,778.00	\$177,778.00	\$133,333.00	\$44,444.00
	Community Prevention Services		3429	\$265,000.00	\$29,444.00	\$294,444.00	\$220,833.00	\$73,611.00
	Residential Treatment Services		3430	\$739,932.00	\$82,215.00	\$822,147.00	\$616,610.00	\$205,537.00
	Therapeutic Court Treatment Services		3496	\$409,184.00	\$45,465.00	\$454,649.00	\$340,987.00	\$113,662.00
Alaska IR71 Council (Alaska)	Community Based Suicide Prevention	Exempt from Match	3139	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
Alaskan Traditional Council (Alaskan)	Community Based Suicide Prevention	Exempt from Match	3101	\$12,000.00	\$0.00	\$12,000.00	\$12,000.00	\$0.00
Alaska Addiction Rehabilitation Service, Inc. (Wasilla)	Residential Treatment Services		3440	\$1,029,155.00	\$114,351.00	\$1,143,506.00	\$857,629.00	\$285,876.00
Alaska Commission for CD Professional Certification (Anchorage)	Training		3470	\$55,000.00	\$6,111.00	\$61,111.00	\$45,833.00	\$15,278.00
Alaska Military Youth Academy Academy and Community Prevention Project (Ft. Richardson)	Community Prevention Services	10% (A)	3421	\$25,000.00	\$2,778.00	\$27,778.00	\$25,000.00	\$2,778.00
Alaska Womens Resource Center (Anchorage)	Services for Families - Women with Children	10% (B)	3477	\$562,389.00	\$62,488.00	\$624,877.00	\$562,389.00	\$62,488.00
Allegation Pribilof Islands Association, Inc. (Anchorage)	Outpatient Treatment Services		3448	\$73,000.00	\$8,111.00	\$81,111.00	\$60,833.00	\$20,278.00
Alalakel Village Council (Alalakel)	Community Based Suicide Prevention	Exempt from Match	3162	\$14,000.00	\$0.00	\$14,000.00	\$14,000.00	\$0.00
Ambley City Council (Ambley)	Community Based Suicide Prevention	Exempt from Match	3109	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Anvusa (Wrangell)	Outpatient Treatment Services		3449	\$119,022.00	\$13,225.00	\$132,247.00	\$99,185.00	\$33,062.00
Bethel Group Home, Inc. (Bethel)	Services for Families - Youth	10% (B)	3495	\$10,000.00	\$1,111.00	\$11,111.00	\$10,000.00	\$1,111.00
Brevig Mission Traditional Council (Brevig Mission)	Community Based Suicide Prevention	Exempt from Match	3104	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Bristol Bay Area Health Corporation (Dillingham)	ASAP		3413	\$37,500.00	\$0.00	\$37,500.00	\$28,125.00	\$9,375.00
	Community Prevention Services		3401	\$80,000.00	\$8,889.00	\$88,889.00	\$66,667.00	\$22,222.00
	Residential Treatment Services		3432	\$515,325.00	\$57,258.00	\$572,583.00	\$429,438.00	\$143,146.00
	Rural Human Service Systems		3186	\$464,735.00	\$51,637.00	\$516,372.00	\$387,279.00	\$129,093.00
	Services for Families - Women with Children	10% (B)	3478	\$213,812.00	\$23,757.00	\$237,569.00	\$213,812.00	\$23,757.00
	Transitional Housing		3467	\$182,703.00	\$20,300.00	\$203,003.00	\$152,253.00	\$50,751.00
Corry the Corp, Inc. (Palmer)	Community Based Suicide Prevention	Exempt from Match	3160	\$20,000.00	\$0.00	\$20,000.00	\$20,000.00	\$0.00
Central Council Tlingit & Haida Indian Tribes of Alaska (Juneau)								

SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants (Revised 3/12)

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
	Education	<i>Exempt from Match</i>	3200	\$11,900.00	\$0.00	\$11,900.00	\$11,900.00	\$0.00
Central Peninsula General Hospital (Soldotna)	Residential Treatment Services	<i>10% (A)</i>	3441	\$10,000.00	\$1,111.00	\$11,111.00	\$10,000.00	\$1,111.00
Changing Tides Counseling Services, Inc. (Petersburg)	Outpatient Treatment Services		3450	\$132,531.00	\$14,726.00	\$147,257.00	\$110,443.00	\$36,814.00
Cheech'na Tribal Council (Chistochina)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3106	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
Choices for Teens, Inc. (Homér)	Community Prevention Services		3402	\$43,000.00	\$4,778.00	\$47,778.00	\$35,833.00	\$11,944.00
City of Ilakonuk (Ilakonuk)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3108	\$15,966.00	\$0.00	\$15,966.00	\$15,966.00	\$0.00
City of Emmonak (Emmonak)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3112	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
City of Galena (Galena)	Outpatient Treatment Services		3454	\$50,000.00	\$5,556.00	\$55,556.00	\$41,667.00	\$13,889.00
	Rural Human Service Systems		3191	\$160,378.00	\$17,820.00	\$178,198.00	\$133,648.00	\$44,549.00
City of Ketchikan (Ketchikan)	ASAP		3415	\$185,125.00	\$0.00	\$185,125.00	\$138,844.00	\$46,281.00
	Residential Treatment Services		3437	\$434,534.00	\$48,282.00	\$482,816.00	\$362,112.00	\$120,704.00
City of King Cove (King Cove)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3114	\$10,933.00	\$0.00	\$10,933.00	\$10,933.00	\$0.00
City of Koyukuk (Koyukuk)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3115	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
City of Noorvik (Noorvik)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3130	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
City of Nulato (Nulato)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3118	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
City of Ruby (Ruby)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3155	\$13,600.00	\$0.00	\$13,600.00	\$13,600.00	\$0.00
City of Savoonga (Savoonga)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3119	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
City of Saxman (Saxman)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3138	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
City of Seamon Bay (Seamon Bay)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3164	\$18,000.00	\$0.00	\$18,000.00	\$18,000.00	\$0.00
City of St. Michael (St. Michael)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3143	\$12,000.00	\$0.00	\$12,000.00	\$12,000.00	\$0.00
City of Togiak (Togiak)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3122	\$12,000.00	\$0.00	\$12,000.00	\$12,000.00	\$0.00
City of Toksook Bay (Toksook Bay)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3123	\$17,800.00	\$0.00	\$17,800.00	\$17,800.00	\$0.00
City of Walga (Walga)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3124	\$17,000.00	\$0.00	\$17,000.00	\$17,000.00	\$0.00
City of White Mountain (White Mountain)	Community Based Suicide Prevention	<i>Exempt from Match</i>	3125	\$20,000.00	\$0.00	\$20,000.00	\$20,000.00	\$0.00
Communities Organized for Health Options (COHO) (Craig)								

SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants (Revised 3/12)

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
	Community Prevention Services	10% (A)	3403	\$24,000.00	\$2,667.00	\$26,667.00	\$24,000.00	\$2,667.00
	Outpatient Treatment Services		3451	\$152,565.00	\$16,952.00	\$169,517.00	\$127,138.00	\$42,379.00
Cook Inlet Council on Alcohol & Drug Abuse (Kenai)	Outpatient Treatment Services		3452	\$347,227.00	\$38,581.00	\$385,808.00	\$289,356.00	\$96,452.00
	Rural Women and Children	10% (B)	3492	\$163,813.00	\$18,201.00	\$182,014.00	\$163,813.00	\$18,201.00
Cook Inlet Tribal Council (Inchorage)	Residential Treatment Services		3434	\$387,554.00	\$43,062.00	\$430,616.00	\$322,962.00	\$107,654.00
Curugung Tribal Council (Dillingham)	Rural Family Recovery Camp		3486	\$143,397.00	\$15,933.00	\$159,330.00	\$119,498.00	\$39,833.00
Eastern Aleutian Tribes, Inc. (Inchorage)	Outpatient Treatment Services		3453	\$72,506.00	\$8,056.00	\$80,556.00	\$60,417.00	\$20,139.00
	Rural Human Service Systems		3194	\$156,078.00	\$17,342.00	\$173,420.00	\$130,065.00	\$43,355.00
Fairbanks Memorial Hospital (Fairbanks)	Special Project	10% (B)	3491	\$50,000.00	\$0.00	\$50,000.00	\$45,000.00	\$5,000.00
Fairbanks Native Association (Fairbanks)	ASAP		3414	\$254,120.00	\$0.00	\$254,120.00	\$190,590.00	\$63,530.00
	Residential Treatment Services		3435	\$1,092,148.00	\$121,350.00	\$1,213,498.00	\$910,123.00	\$303,374.00
	Residential Treatment Services		3436	\$160,000.00	\$17,778.00	\$177,778.00	\$133,333.00	\$44,444.00
	Services for Families - Women with Children	10% (B)	3480	\$600,000.00	\$66,667.00	\$666,667.00	\$600,000.00	\$66,667.00
	Services for Families - Women with Children	10% (B)	3481	\$50,000.00	\$5,556.00	\$55,556.00	\$50,000.00	\$5,556.00
	Services for Families - Youth	10% (B)	3472	\$104,862.00	\$11,651.00	\$116,513.00	\$104,862.00	\$11,651.00
Fairbanks North Star Borough School District (Fairbanks)	Community Prevention Services		3422	\$90,000.00	\$10,000.00	\$100,000.00	\$75,000.00	\$25,000.00
Gastineau Human Services (Juneau)	Outpatient Treatment Services		3445	\$366,370.00	\$40,708.00	\$407,078.00	\$305,308.00	\$101,769.00
Gulkana Village Council (Gulkana)	Community Based Suicide Prevention	Exempt from Match	3163	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Hoonah Indian Association (Hoonah)	Outpatient Treatment Services		3455	\$41,727.00	\$4,581.00	\$45,808.00	\$34,356.00	\$11,452.00
Huslia Tribal Council (Huslia)	Community Based Suicide Prevention	Exempt from Match	3111	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Iditarod Area School District (McGrath)	Community Based Suicide Prevention	Exempt from Match	3127	\$15,339.00	\$0.00	\$15,339.00	\$15,339.00	\$0.00
Igiugig Village Council (Igiugig)	Community Based Suicide Prevention	Exempt from Match	3128	\$10,550.00	\$0.00	\$10,550.00	\$10,550.00	\$0.00
Iliamna Village Council (Iliamna)	Community Based Suicide Prevention	Exempt from Match	3167	\$13,228.00	\$0.00	\$13,228.00	\$13,228.00	\$0.00
Interior Alida Association (Fairbanks)	Methadone		3447	\$60,851.00	\$6,761.00	\$67,612.00	\$50,709.00	\$16,903.00
Juneau Recovery Hospital (Juneau)	Residential Treatment Services		3433	\$397,460.00	\$44,162.00	\$441,622.00	\$331,217.00	\$110,406.00
Juneau Youth Services, Inc. (Juneau)	Services for Families - Youth	10% (B)	3476	\$100,000.00	\$11,111.00	\$111,111.00	\$100,000.00	\$11,111.00
Kenaitze Indian Tribe (Kenai)	Outpatient Treatment Services		3456	\$74,848.00	\$8,316.00	\$83,164.00	\$62,373.00	\$20,791.00
	Rural Human Service Systems	10% (A)	3198	\$12,000.00	\$1,333.00	\$13,333.00	\$12,000.00	\$1,333.00



SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants (Revised 3/12)

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
ASAP			3418	\$238,125.00	\$0.00	\$238,125.00	\$178,594.00	\$59,531.00
	Community Prevention Services		3424	\$240,000.00	\$26,667.00	\$266,667.00	\$200,000.00	\$66,667.00
Native Council of Port Haiden (Port Haiden)	Community Based Suicide Prevention	Exempt from Match	3110	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Native Village of Kiana (Kiana)	Community Based Suicide Prevention	Exempt from Match	3121	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Native Village of Koyuk (Koyuk)	Community Based Suicide Prevention	Exempt from Match	3140	\$13,000.00	\$0.00	\$13,000.00	\$13,000.00	\$0.00
Native Village of Mekoryuk (Mekoryuk)	Community Based Suicide Prevention	Exempt from Match	3141	\$15,502.00	\$0.00	\$15,502.00	\$15,502.00	\$0.00
Native Village of Napasctiak (Napasctiak)	Community Based Suicide Prevention	Exempt from Match	3151	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
Native Village of Noatak (Noatak)	Community Based Suicide Prevention	Exempt from Match	3129	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Native Village of Shaktoolik (Shaktoolik)	Community Based Suicide Prevention	Exempt from Match	3156	\$13,000.00	\$0.00	\$13,000.00	\$13,000.00	\$0.00
New Stuyahok Traditional Council (New Stuyahok)	Community Based Suicide Prevention	Exempt from Match	3107	\$14,000.00	\$0.00	\$14,000.00	\$14,000.00	\$0.00
Newhalen Tribal Council (Newhalen)	Community Based Suicide Prevention	Exempt from Match	3146	\$14,000.00	\$0.00	\$14,000.00	\$14,000.00	\$0.00
Nondalton Tribal Council (Nondalton)	Community Based Suicide Prevention	Exempt from Match	3147	\$12,500.00	\$0.00	\$12,500.00	\$12,500.00	\$0.00
North Slope Borough (Borough)	Residential Treatment Services		3439	\$400,000.00	\$44,444.00	\$444,444.00	\$333,333.00	\$111,111.00
Norton Sound Health Corporation (NOME)	Rural Human Service Systems		3195	\$110,318.00	\$12,258.00	\$122,576.00	\$91,932.00	\$30,644.00
	Rural Women and Children	10% (B)	3494	\$215,000.00	\$23,889.00	\$238,889.00	\$215,000.00	\$23,889.00
Old Harbor Tribal Council (Old Harbor)	Community Based Suicide Prevention	Exempt from Match	3148	\$14,228.00	\$0.00	\$14,228.00	\$14,228.00	\$0.00
Ouzinkig Tribal Council (Ouzinkig)	Community Based Suicide Prevention	Exempt from Match	3117	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Pilot Point Traditional Council (Pilot Point)	Community Based Suicide Prevention	Exempt from Match	3165	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
Qagan Tayagungin Tribe (Sand Point)	Community Based Suicide Prevention	Exempt from Match	3102	\$13,000.00	\$0.00	\$13,000.00	\$13,000.00	\$0.00
Qawalangin Tribe of Unalaska (Unalaska)	Community Based Suicide Prevention	Exempt from Match	3154	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00	\$0.00
Railbelt Mental Health & Addictions (Kenai)	Outpatient Treatment Services		3460	\$78,553.00	\$8,728.00	\$87,281.00	\$65,461.00	\$21,820.00
	Rural Human Service Systems	10% (A)	3184	\$20,000.00	\$2,222.00	\$22,222.00	\$20,000.00	\$2,222.00
Rural Alaska Community Action Program, Inc. (Rinehorage)	Community Prevention Services	10% (A)	3425	\$25,000.00	\$2,778.00	\$27,778.00	\$25,000.00	\$2,778.00
Salvation Army Booth Memorial (Rinehorage)	Services for Families - Youth	10% (B)	3474	\$54,400.00	\$6,044.00	\$60,444.00	\$54,400.00	\$6,044.00
SEPTIC (Sitka)	Community Prevention Services		3406	\$75,000.00	\$8,333.00	\$83,333.00	\$62,500.00	\$20,833.00

SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants (Revised 3/12)

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
Rural Human Service Systems			3190	\$69,676.00	\$7,742.00	\$77,418.00	\$58,063.00	\$19,354.00
Seward Community Services (Seward)								
ASAP		10% (A)	3411	\$19,081.00	\$0.00	\$19,081.00	\$17,172.90	\$1,908.10
CAASA		10% (A)	3175	\$25,000.00	\$2,778.00	\$27,778.00	\$25,000.00	\$2,778.00
Outpatient Treatment Services			3461	\$116,826.00	\$12,981.00	\$129,807.00	\$97,355.00	\$32,452.00
Rural Human Service Systems			3188	\$60,000.00	\$6,667.00	\$66,667.00	\$50,000.00	\$16,667.00
Seldovia Village Tribe Prevention Program (Seldovia)								
Community Prevention Services			3426	\$32,000.00	\$3,556.00	\$35,556.00	\$26,667.00	\$8,889.00
Shishmaref IRCT Council (Shishmaref)								
Community Based Suicide Prevention		Exempt from Match	3142	\$18,000.00	\$0.00	\$18,000.00	\$18,000.00	\$0.00
Sitka Prevention & Treatment Services, Inc. (Sitka)								
Community Prevention Services			3427	\$145,000.00	\$16,111.00	\$161,111.00	\$120,833.00	\$40,278.00
Residential Treatment Services			3443	\$359,745.00	\$39,972.00	\$399,717.00	\$299,788.00	\$99,929.00
Services for Families - Women with Children		10% (B)	3484	\$49,852.00	\$5,539.00	\$55,391.00	\$49,852.00	\$5,539.00
Services for Families - Youth		10% (B)	3419	\$68,000.00	\$7,556.00	\$75,556.00	\$68,000.00	\$7,556.00
Sound Alternatives (Cordova)								
Outpatient Treatment Services			3463	\$73,096.00	\$8,122.00	\$81,218.00	\$60,913.00	\$20,304.00
South Naknek Village Council (South Naknek)								
Community Based Suicide Prevention		Exempt from Match	3157	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Southcentral Foundation (Anchorage)								
Services for Families - Women with Children		10% (B)	3485	\$251,402.00	\$27,934.00	\$279,336.00	\$251,402.00	\$27,934.00
St. George Traditional Council (St. George)								
Community Based Suicide Prevention		Exempt from Match	3103	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Tanana Chiefs Conference, Inc. (Fairbanks)								
Residential Treatment Services			3444	\$115,000.00	\$12,778.00	\$127,778.00	\$95,833.00	\$31,944.00
Rural Human Service Systems			3185	\$33,000.00	\$3,667.00	\$36,667.00	\$27,500.00	\$9,167.00
The Arc of Anchorage (Anchorage)								
Residential Treatment Services			3431	\$203,197.00	\$22,577.00	\$225,774.00	\$169,331.00	\$56,444.00
The Salvation Army (Anchorage)								
Residential Treatment Services			3442	\$1,650,919.00	\$183,435.00	\$1,834,354.00	\$1,375,766.00	\$458,589.00
Residential Treatment Services			3446	\$1,502,153.00	\$166,906.00	\$1,669,059.00	\$1,251,794.00	\$417,265.00
Services for Families - Women with Children		10% (B)	3483	\$655,644.00	\$72,849.00	\$728,493.00	\$655,644.00	\$72,849.00
Transitional Housing			3468	\$102,966.00	\$11,441.00	\$114,407.00	\$85,805.00	\$28,602.00
Upper Kalskag Traditional Council (Upper Kalskag)								
Community Based Suicide Prevention		Exempt from Match	3158	\$13,992.00	\$0.00	\$13,992.00	\$13,992.00	\$0.00
Valdez City Schools (Valdez)								
CAASA		10% (A)	3176	\$45,000.00	\$5,000.00	\$50,000.00	\$45,000.00	\$5,000.00
Valdez Counseling Center (Valdez)								
Outpatient Treatment Services			3464	\$60,000.00	\$6,667.00	\$66,667.00	\$50,000.00	\$16,667.00
Services for Families - Youth		10% (B)	3471	\$29,775.00	\$3,308.00	\$33,083.00	\$29,775.00	\$3,308.00
Village of Lower Kalskag (Lower Kalskag)								
Community Based Suicide Prevention		Exempt from Match	3116	\$13,000.00	\$0.00	\$13,000.00	\$13,000.00	\$0.00
Volunteers of America of Alaska, Inc. (Anchorage)								
CAASA		10% (A)	3177	\$50,000.00	\$5,556.00	\$55,556.00	\$50,000.00	\$5,556.00
Community Prevention Services			3407	\$95,000.00	\$10,556.00	\$105,556.00	\$79,167.00	\$26,389.00
Community Prevention Services			3428	\$78,000.00	\$8,667.00	\$86,667.00	\$65,000.00	\$21,667.00

SB 124/HB 167 Increase Local Match Requirement for Substance Abuse Grants (Revised 3/12)

Grantee	Type of Grant	Notes	FY 03 Grant #	FY 03 Award 90%	FY 03 Match 10%	Total Project Cost 100%	Projected FY 04 Award 75%	Projected FY 04 Match 25%
	Services for Families - Youth	10% (B)	3475	\$895,731.00	\$99,526.00	\$995,257.00	\$895,731.00	\$99,526.00
Wrangell Police Department (Wrangell)	CAASA	10% (A)	3178	\$32,300.00	\$3,589.00	\$35,889.00	\$22,500.00	\$7,500.00
Yakutat Tlingit Tribe (Yakutat)	CAASA	10% (A)	3179	\$35,000.00	\$3,889.00	\$38,889.00	\$22,500.00	\$7,500.00
	Community Based Suicide Prevention	Exempt from Match	3159	\$15,000.00	\$0.00	\$15,000.00	\$15,000.00	\$0.00
Yukon-Kuskokwim Health Corporation (Bethel)	Rural Human Service Systems		3192	\$209,115.00	\$23,235.00	\$232,350.00	\$174,263.00	\$58,088.00
	Spirit Camp		3465	\$177,400.00	\$22,222.00	\$199,622.00	\$149,716.50	\$49,905.50
	Therapeutic Court Treatment Services		3497	\$276,242.00	\$30,694.00	\$306,936.00	\$230,202.00	\$76,734.00

CAASA and Grant Awards of \$30,000 or less (CAASA Maximum award in FY 04 is \$30,000)  
 Youth, Woman and Children and Special Projects

10% (A)

10% (B)

SB

131

ALASKA STATE LEGISLATURE  
Senator Georgianna Lincoln

Standing Committees:  
Resources  
Transportation  
Community & Regional Affairs

Joint Committee:  
Legislative Council

Budget Subcommittees:  
Administration  
Transportation

State Capitol  
Juneau, Alaska 99801-1182

(907) 465-3732  
Toll Free: 1-888-461-3732  
Fax (907) 465-2652

E-mail: Senator\_Georgianna\_Lincoln@legis.state.ak.us

DISTRICT C

Alatna  
Allakaket  
Aniak  
Angoon  
Anvik  
Arctic Village  
Beaver  
Beluga  
Bettles  
Big Delta  
Birch Creek  
Boundary  
Cape Pole  
Central  
Chalkyitsik  
Chandalar Lake  
Chenega Bay  
Chicken  
Chisana  
Chistochina  
Chitina  
Chuathbaluk  
Circle  
Coffman Cove  
Cordova  
Cube Cove  
Coldfoot  
Copper Center  
Craig  
Crooked Creek  
Delta Junction  
Deltana  
Dot Lake  
Dry Creek  
Eagle  
Eagle Village  
Edna Bay  
Ellamar  
Ernestine  
Excursion Inlet  
Eureka  
Evansville  
Eyak  
Flat  
Fort Greely  
Fort Yukon  
Fortuna Ledge  
Foster Bay  
Gakona  
Galena  
Grayling  
Gulkana  
Gustavus  
Haines  
Healy Lake  
Hogata  
Hobart Bay  
Holy Cross  
Hoonah  
Hughes  
Huslia  
Hydaburg

MEMORANDUM

TO: Senator Fred Dyson, Chair  
Senate HESS Committee

FM: Senator Georgianna Lincoln *glin*

RE: Committee Hearing for SB 131

DATE: March 18, 2003

At your earliest convenience, please schedule SB 131 for a committee hearing in the Senate HESS Committee. Attached please find the bill and my sponsor statement explaining the purpose of this legislation. If you have any questions please don't hesitate to contact my staff, Sara Boario.

Hyder  
Kake  
Kaltag  
Kasaan  
Katalla  
Kennicott  
Kenny Lake  
Klawock  
Klukwan  
Koyukuk  
Labouchere Bay  
Lake Minchumina  
Lime Village  
Livengood  
Long Island  
Mankomen Lake  
Manley Hot Springs  
Marshall  
McCarthy  
McGrath  
Medfra  
Metlakatla  
Mentasta  
Minto  
Nabesna  
Naukatu Bay  
Nenana  
Nikolai  
Northway  
Nulato  
Opbir  
Point Baker  
Polk Inlet  
Port Alice  
Port Protection  
Rampart  
Red Devil  
Ruby  
Russian Mission  
Shageluk  
Skagway  
Slana  
Sleetmute  
Stevens Village  
Stony River  
Strelna  
Takotna  
Tanacross  
Tanana  
Tatitlek  
Tazlina  
Telida  
Tenakee Springs  
Tetlin Junction  
Tok  
Tonsina  
Tyonek  
Utopia Creek  
Venetie  
View Cove  
Waterfall  
Whale Pass  
Wiseman  
Yakutat

ALASKA STATE LEGISLATURE  
Senator Georgianna Lincoln

State Capitol  
Juneau, Alaska 99801-1182

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E-mail: Senator\_Georgianna\_Lincoln@legis.state.ak.us

Standing Committees:  
Resources  
Transportation  
Community & Regional Affairs

Joint Committee:  
Legislative Council

Budget Subcommittees:  
Administration  
Transportation

DISTRICT C

Alatna  
Allakaket  
Aniak  
Angoon  
Anvik  
Arctic Village  
Beaver  
Beluga  
Bettles  
Big Delta  
Birch Creek  
Boundary  
Cape Pole  
Central  
Chalkyitsik  
Chaudalar Lake  
Chenega Bay  
Chicken  
Chisana  
Chistochina  
Chitina  
Chuathbaluk  
Circle  
Coffman Cove  
Cordova  
Cube Cove  
Coldfoot  
Copper Center  
Craig  
Crooked Creek  
Delta Junction  
Deltana  
Dot Lake  
Dry Creek  
Eagle  
Eagle Village  
Edna Bay  
Ellamar  
Ernestine  
Excursion Inlet  
Eureka  
Evansville  
Eyak  
Flat  
Fort Greely  
Fort Yukon  
Fortuna Ledge  
Foster Bay  
Gakona  
Galena  
Grayling  
Gulkana  
Gustavus  
Haines  
Healy Lake  
Hogatza  
Hobart Bay  
Holy Cross  
Hoonah  
Hughes  
Huslia  
Hydaburg

Sponsor Statement

SB 131

An Act relating to public school construction funding; and providing for an effective date

This legislation allows the Cordova City School District and the City of Cordova to receive 70% reimbursement from the state for the previous bonding of a public school construction project.

On June 1, 1999, the voters of Cordova approved a \$2,000,000 bond proposal for renovation of the Cordova Junior and Senior High School and to correct American with Disabilities Act (ADA) deficiencies at the Mt. Eccles Elementary School. These deficiencies had been identified in August of 1997.

The Alaska Municipal Bond Bank informed the City that they would recommend approval of their loan application. They were also notified that, subject to legislative appropriation, they would be eligible for the state school debt reimbursement program at the 70% level.

Legislation funding bond reimbursement for Alaska schools was passed last session and language approving reimbursement for Cordova was inadvertently excluded. The Department of Education and Early Development (DEED) had never been informed by Cordova had they had previously bonded to pay for certain ADA deficiencies in their elementary school. Although the Mt. Eccles Elementary School renovation was ranked 24<sup>th</sup> out of 59 projects by the DEED on their Capital Improvement Projects list for FY 2002, because of this miscommunication, Cordova was not included in their list for reimbursement.

This legislation would allow an addition to AS 14.11.100 to permit reimbursement of \$500,000 for the important Mt. Eccles Elementary ADA mandated school renovation, as was originally envisioned by Cordova's voters in 1999.

Hyder  
Kake  
Kaltag  
Kasaan  
Katalla  
Kenicott  
Kenny Lake  
Klawock  
Klukwan  
Koyukuk  
Labouchere Bay  
Lake Minchumina  
Lime Village  
Livengood  
Long Island  
Mankomen Lake  
Manley Hot Springs  
Marshall  
McCarthy  
McGrath  
Medfra  
Metlakatla  
Mentasta  
Minto  
Nabesna  
Naukatu Bay  
Nenana  
Nikolai  
Northway  
Nulato  
Ophir  
Point Baker  
Polk Inlet  
Port Alice  
Port Protection  
Rampart  
Red Devil  
Ruby  
Russian Mission  
Shageluk  
Skagway  
Slana  
Sleetmute  
Stevens Village  
Stony River  
Strelna  
Taktotna  
Tanacross  
Tanana  
Tatitlek  
Tazlina  
Telida  
Tenakee Springs  
Tetlin Junction  
Tik  
Tonsina  
Tyonek  
Utopia Creek  
Venetie  
View Cove  
Waterfall  
Whale Pass  
Wiseman  
Yakutat

**S B**

**1 3 8**

SB 138  
SPONSOR STATEMENT

*"An Act annulling a regulation relating to use of collaborative practice authority by a pharmacist under written protocols approved by persons licensed to prescribe drugs; prohibiting the Board of Pharmacy from adopting a similar regulation in the future; and providing for an effective date."*

The Federal Food and Drug Administration has the obligation and authority to research prescriptive medicines. As a result, officials require the use of potentially dangerous drugs to be prescribed and supervised by a qualified medical professional. Over approximately the past decade, some medical professionals who are not licensed medical doctors have been empowered to write prescriptions for some classes of prescription drugs.

Across the country, states have allowed in statute for collaborative agreements that permit medical professionals, to whom we have given "prescriptive authority", the freedom to have formal agreements with pharmacists who may then prescribe some classes of medicines under the specific authority and supervision of the authorized medical professional. These agreements have facilitated the delivery of medicines to Alaskan citizens, particularly in rural Alaska.

Last year the Alaska Pharmacy Board issued new regulations that allow for "collaborative agreements" that allow virtually no relationship between a specific doctor and a specific patient. Governor Knowles signed these regulations over the strong objection of the State Medical Board and the Alaska State Medical Association. Currently, some doctors are entering in "collaborative agreements" wherein the pharmacist issues potentially dangerous drugs to patients and customers that have no connection to that doctor or necessarily any doctor. The only relationship is that the pharmacist faxes or emails, every three months, a list of the customers who receive the drugs. **This destroys the value of the F.D.A.'s work in classifying some drugs as dangerous enough to require a specific doctor's prescription.** Because of the potentially unsafe dispensing of prescription drugs and the lack of appropriate medical supervision, SB 138 aims to annul the regulations that allow collaborative practice agreements and to prevent further agreements from being forged.

# Alaska State Medical Association

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

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April 11, 2003

Honorable Fred Dyson  
State of Alaska  
Senate  
Chair, Senate Health, Education and Social Services  
State Capitol, Room 121  
Juneau, AK 99801

Re: SB 138 – Collaborative Practice Authority by a Pharmacist; Annul 12 AAC 52.240

Dear Senator Dyson:

The Alaska State Medical Association (ASMA) represents Alaska's patients and the physicians who care for them. Thank you for the opportunity to testify on SB 138.

ASMA supports the passage of SB 138. SB 138 annuls a regulation, 12 AAC 52.240, which allows a pharmacist to either initiate or modify a drug therapy as long as a collaborative agreement and written protocol is entered into with a practitioner who has the authority to prescribe drugs. Those statutorily authorized practitioners are physicians, dentists, physician assistants, and nurse practitioners. 12 AAC 52.240 was adopted by the Board of Pharmacy and covers any drug able to be prescribed.

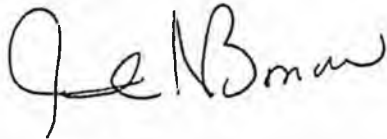
ASMA provided written testimony in opposition to the adoption of this regulation (see attached written comments dated December 13, 2000). ASMA continues to oppose these regulations for among the following reasons:

1. The Board of Pharmacy does not have sufficient statutory authority to adopt such a regulation and to reach beyond its regulatory scope to other regulated professions (e.g. physicians);
2. A physician would jeopardize her/his license by entering into such an agreement with a pharmacist. A physician cannot delegate duties to a person not appropriately licensed to perform those duties;
3. Under such arrangements, it is possible for a patient to never see a physician, but yet receive a prescription drug; and
4. 12 AAC 52.240 does not enhance the already good standard of care in Alaska.

ASMA is very concerned about the potential for harm to patients. The level of concern is such that ASMA's Board of Trustees has been directed by its policy making body, the House of Delegates, to explore legal as well as other available remedies, such as SB 138. Circumstances may exist involving an ongoing patient/physician relationship when such arrangements might work. However, such circumstances must be provided for in laws enacted by the Legislature and not by inappropriate regulatory fiat.

Attached is a document that outlines legal considerations, policy considerations, and conclusions, which elaborate on this issue.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne Bonar". The signature is written in dark ink and is positioned above the typed name and title.

By: Jeanne Bonar, MD  
President

For: Alaska State Medical Association

I. Legal Consideration

- AS 08.80.030 does not give the Pharmacy Board the authority to adopt these specific regulations. It is a catchall provision that empowers it to adopt a regulation for which it has statutory authority to adopt.
- AS 08.80.480 (27) defines the practice of pharmacy as the ability to dispense a "prescription drug order".
  - "Prescription drug order" is defined under AS 08.80.480 (31) as the lawful order of a "practitioner" for a drug or device for a specific patient.
  - "Practitioner" is defined in AS 08.80.480(28) as an individual currently licensed to prescribe and administer drugs in the course of professional practice. (physician, ANP, dentist, PA)
  - Pharmacists can only dispense with a collaborative agreement drawn tightly enough so that it is really a "drug order" with very specific conditions for filling and re-filling. It is legally questionable whether a collaborative agreement could be drawn with enough specificity to become a prescriptive drug order.
- In AS 08.64.107 the Legislature has set up the framework for physicians to engage in collaborative activities with other health care providers. The categories of other health care providers covered are PA's and intensive care paramedics. The State Medical Board has adopted extensive regulations concerning the physician's relationship with those categories of health care providers. The Legislature has set up categories for collaborative arrangements, but they did not include pharmacists.
- 12 AAC 40.967 (8), a regulation pertaining to unprofessional conduct, makes it an act of "unprofessional conduct" for a physician to delegate a professional practice responsibility that requires a license to another without that authority. So, a physician cannot enter into a collaborative arrangement with a pharmacist unless it meets the criteria for a "drug order" without facing the possible administrative action that could result in fines, license suspension, or license revocation.
- It appears that the only exceptions the SMB could make are those provided for in the statutes. Specifically, AS 08.164.107, which sets up collaborative arrangements only for PAs and intensive care paramedics.

## II. Policy and Other Considerations

- The SMB has no part in determining a collaborative arrangement reaches the specificity and level of a "drug order".
- 12 AAC 40.990 (25) describes "health care professional". There is a long laundry list but "pharmacist" is not found on that list. This is a regulation adopted by the SMB. So, a physician is not in a good position to enter into a collaborative agreement with a professional that the SMB has not termed a health care provider.
- Important questions are not answered nor provided for in the regulations.
  - Is there a physician/patient relationship created when a pharmacist prescribes under a collaboration agreement? (When does it start? When does it end?)
  - Is there vicarious liability that attaches to the physician? (Does the physician's professional liability insurance provide coverage?)
  - Is it good medicine for such a patient to perhaps never be seen by a physician?
  - How do such relationships affect what constitutes the standard of care?
  - How is informed consent provided for?

## III. Conclusions

- Pharmacy Board has insufficient statutory authority to adopt such a regulation and to reach beyond its regulatory scope to other regulated professions (e.g. physicians).
- A physician jeopardizes his/her license by entering into such an agreement with a pharmacist.
- A potentially harmful situation is created when it is possible for a patient never to see a physician, but receive prescription drugs.
- Circumstances exist that might provide for such arrangements to work well, when an ongoing patient/physician relationship exists.

# Alaska State Medical Association

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

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December 13, 2000

Honorable Deborah B. Sedwick  
State of Alaska  
Department of Community and  
Economic Development  
PO Box 110806  
Juneau, Alaska 99811-0806

Transmitted by Fax: 907-465-2974

Attention: Kurt West

RE: Written Comments on Proposed Board of Pharmacy Regulations Noticed October 16, 2000

Dear Commissioner Sedwick:

The Alaska State Medical Association (ASMA) represents Alaska's patients and the physicians who care for them. The purpose of this letter is to comment on the regulations proposed by the Board of Pharmacy noticed on 10/16/00. ASMA will limit its commentary to proposed section 12AAC 52.240 and 12AAC 52.250.

In general, it is ASMA's opinion that insufficient statutory authority exists to adopt 12AAC 52.240 and 12AAC 52.250. Additionally, these proposed sections would also change the regulation of the practice of medicine by allowing a physician to delegate a duty. The Board of Pharmacy does not have the jurisdiction to do so.

The statutory authority for both of these sections as listed in the proposed regulation is AS 08.80.030 and AS 08.80.480. AS 08.80.030 gives the general authority to the Board of Pharmacy. Presumably, the cite relied upon is the general authority to adopt regulations at AS 08.80.030(b)(4). This section does not address collaborative arrangements with any practitioner authorized under AS 08 to prescribe drugs.

AS 08.80.480 is the "Definition" section of the Pharmacy Act. There is no provision that refers to collaborative arrangements with any practitioner authorized under AS 08 to prescribe drugs. Because the statutory authority listed is for the entire section, one can only surmise as to which subsection is being relied on. Presumably, that subsection is AS 08.80.480 (27), which defines the term "practice of pharmacy." Again, nothing in this subsection pertains to collaborative arrangements with any practitioner authorized under AS 08 to prescribe drugs. One can only guess that the collaborative arrangements would fall under the general rubric of a "prescription drug order." ASMA asserts that this is an inappropriate and illegal expansion of the law's intent by regulatory fiat.

Given this absence of direct statutory authority, ASMA asserts that such a change as proposed can only be enacted by the passing of a new law by the Legislature which specifically authorizes such collaborative arrangements. Furthermore, any such law would need to change the practice acts for all practitioners authorized to prescribe drugs under AS 08 to allow such a delegation as is proposed under 12AAC 52.240. Additionally, it would also have to be either drug specific; or provide for a determination as to which drugs would be allowed to be prescribed and dispensed in this manner be made by all of the regulatory boards for the practitioners authorized to dispense. The Pharmacy Board needs the official consultation from other boards such as the State Medical Board. The criteria for the protocols and the collaborative arrangement would also need to be developed in more detail than that found in 12AAC 52.240.

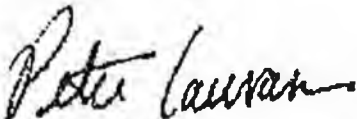
Proposed 12AAC 52.240 (b) (5) indicates that any protocol must include a list of the types of patients eligible to receive drugs under a collaborative arrangement. This criterion is broad enough to allow persons to receive drugs who are not patients of the collaborating practitioner. Two important issues are raised by this situation. First, it's possible for a person to receive a prescription without being seen by a physician. This is not good patient care. Second, such a situation would provide for problematic liability issues. Issues of vicarious liability are raised for the collaborating physician. Such issues can lead to professional liability insurance coverage issues for physicians and most likely would lead to increased professional liability premiums. The negative impact of both circumstances is obvious.

Again, ASMA recommends that the proposed regulations subject of this letter not be adopted because:

1. insufficient statutory authority exists;
2. the regulatory "reach" to other licensed professions (e.g., physicians) is beyond the authority of the Pharmacy Board; and
3. such major changes in the scope of practice for pharmacists and the delegation of practice responsibility (prescribing drugs) is more appropriately in the domain of the Legislature.

We suggest you seek legislation in order to make the major changes that you propose. Such a major change in scope of practice should not be accomplished by a regulatory fiat based on questionable, if not, non-existent statutory authority.

Sincerely,



By: Peter Lawrason, MD, President

For: Alaska State Medical Association

JJJ/



STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
BOARD OF PHARMACY  
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806  
(907) 465-2589  
E-mail: license@dced.state.ak.us

## PHARMACIST COLLABORATIVE PRACTICE APPLICATION

Instructions: Complete this application form and submit, along with the written protocol, to the above address for approval by the board. For hospitals with protocols approved by the hospital pharmacy and therapeutics committee, an "umbrella protocol" that meets all of the requirements of 12 AAC 52.240(b) may be accepted by the board.

Title of Protocol: \_\_\_\_\_

Principal Pharmacist:

\_\_\_\_\_  
Name License # \_\_\_\_\_

For protocols involving multiple pharmacists, list participating pharmacists and license numbers, or identify by description those participating (ie; all pharmacists employed by XYZ Pharmacy): \_\_\_\_\_

Practice Site:

\_\_\_\_\_  
Pharmacy Name License # \_\_\_\_\_

Street Address

\_\_\_\_\_  
City/State/Zip Code

Telephone Number: \_\_\_\_\_

Principal Authorizing Prescriber:

Type of License: \_\_\_\_\_

\_\_\_\_\_  
Name License # \_\_\_\_\_

For protocols involving multiple prescribing practitioners, list participating practitioners and license numbers, or identify by description those participating (ie; all staff physicians at XYZ Hospital): \_\_\_\_\_

Practice Site: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City/State/Zip Code

Telephone Number: \_\_\_\_\_

**CONTINUED ON REVERSE SIDE**

Required in accordance with 12 AAC 52.240(b)

	YES	NO
(1) Does the protocol contain an agreement in which practitioners authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol?.....	<input type="checkbox"/>	<input type="checkbox"/>
(2) Does the protocol contain a statement identifying the practitioners authorized to prescribe and the pharmacists who are party to the agreement?.....	<input type="checkbox"/>	<input type="checkbox"/>
(3) Is a time period for the protocol specified? (May not exceed two years).....	<input type="checkbox"/>	<input type="checkbox"/>
(4) Does the protocol include the types of collaborative authority decisions that pharmacists are authorized to make, including		
(A) types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case? .....	<input type="checkbox"/>	<input type="checkbox"/>
(B) Procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved? .....	<input type="checkbox"/>	<input type="checkbox"/>
(5) Does the protocol include the activities that pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning the specific decisions made?.....	<input type="checkbox"/>	<input type="checkbox"/>
(6) Does the protocol contain a list of the specific types of patients eligible to receive services under the written protocol? .....	<input type="checkbox"/>	<input type="checkbox"/>
(7) Does the protocol include a plan for the authorizing practitioners to review the decisions made by the pharmacist at least once every three months?.....	<input type="checkbox"/>	<input type="checkbox"/>
(8) Does the protocol include a plan for providing the authorizing practitioners with each patient record created under the written protocol? .....	<input type="checkbox"/>	<input type="checkbox"/>
(9) Are the authorizing practitioners in active practice, and is the prescriptive authority within the scope of the practitioners' practice?.....	<input type="checkbox"/>	<input type="checkbox"/>
(10) Does the protocol specify and require completion of additional training, if required for the procedures authorized under the protocol?.....	<input type="checkbox"/>	<input type="checkbox"/>

Also please note:

- Documentation related to the written protocol must be maintained for at least two years.
- The written protocol may be terminated upon written notice by the authorizing practitioners or pharmacists. The pharmacists shall notify the board in writing within 30 days after a written protocol is terminated.
- Any modification to the written protocol must be approved by the board as required by this section for a new written protocol.

\_\_\_\_\_  
Signature of Principal Pharmacist

\_\_\_\_\_  
Signature of Principal Prescriber

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**CONTINUED ON NEXT PAGE**

## COLLABORATIVE PRACTICE REGULATIONS

**12 AAC 52.240. PHARMACIST COLLABORATIVE PRACTICE AUTHORITY.** (a) A pharmacist planning to exercise collaborative practice authority in the pharmacist's practice by initiating or modifying drug therapy in accordance with a written protocol established and approved for the pharmacist's practice by a practitioner authorized to prescribe drugs under AS 08 must submit the completed written protocol to the board and be approved by the board before implementation.

(b) A written protocol must include

(1) an agreement in which practitioners authorized to prescribe legend drugs in this state authorize pharmacists licensed in this state to administer or dispense in accordance with that written protocol;

(2) a statement identifying the practitioners authorized to prescribe and the pharmacists who are party to the agreement;

(3) the time period during which the written protocol will be in effect, not to exceed two years;

(4) the types of collaborative authority decisions that the pharmacists are authorized to make, including

(A) types of diseases, drugs, or drug categories involved and the type of collaborative authority authorized in each case;

(B) procedures, decision criteria, or plans the pharmacists are to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved;

(5) activities the pharmacists are to follow in the course of exercising collaborative authority, including documentation of decisions made, and a plan for communication and feedback to the authorizing practitioners concerning specific decisions made;

(6) a list of the specific types of patients eligible to receive services under the written protocol;

(7) a plan for the authorizing practitioners to review the decisions made by the pharmacists at least once every three months; and

(8) a plan for providing the authorizing practitioners with each patient record created under the written protocol.

(c) To enter into a written protocol under this section, practitioners authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' practice.

(d) Unless the board is satisfied that the pharmacist has been adequately trained in the procedures outlined in the written protocol, the board will specify and require completion of additional training that covers those procedures before issuing approval of the protocol.

(e) Documentation related to the written protocol must be maintained for at least two years.

(f) The written protocol may be terminated upon written notice by the authorizing practitioners or pharmacists. The pharmacists shall notify the board in writing within 30 days after a written protocol is terminated.

(g) Any modification to the written protocol must be approved by the board as required by this section for a new written protocol.

### 12 AAC 52.995. DEFINITIONS

(c) In AS 08.80.030(b)(7), "monitoring of drug therapy" means a review of the drug therapy regimen of patients by a pharmacist for the purpose of evaluating and rendering advice to the prescribing practitioner regarding adjustment of the regimen. "Monitoring of drug therapy" includes

(1) collecting and reviewing records of patient drug use histories;

(2) measuring and reviewing routine patient vital signs, including pulse, temperature, blood pressure, and respiration; and

(3) ordering and evaluating the results of laboratory tests relating to drug therapy, including blood chemistries and cell counts, drug levels in blood, urine, tissue, or other body fluids, and culture and sensitivity tests that are performed in accordance with a written protocol approved under 12 AAC 52.240.

THE  
FOLLOWING  
DOCUMENT(S)  
ARE  
POOR  
ORIGINAL  
COPIES

STATE OF ALASKA  
DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING

## STATE MEDICAL BOARD

## MINUTES OF MEETING

 OCTOBER 26-27, 2000

By authority of AS 08.01.070(2) and in compliance with the provisions of AS 44.62, a scheduled meeting of the Alaska State Medical Board was held on Thursday and Friday, October 26 and 27, 2000, in room 336 of the Frontier Building, Anchorage, Alaska.

Thursday, October 26, 2000

[Page 1, Side A]

The meeting was called to order by chair Dr. Sarah A. Isto at 9:20 am.

## Present for roll call were:

Dr. Sarah Isto

Dr. Keith Brownsberger

Dr. Donald Olson

Sheila Means

Dr. Irvin A. Rothrock

Board staff members Joanie Stude, Leslie Abel, and Colin Matthews were also present. Visitors PA-C Jim Wojcichowski and PA-C Ed Hall were also in attendance.

## AGENDA REVIEW

Dr. Isto noted that additional documents were distributed to board members to be added to the agenda. The board has been asked by the Division to add to the agenda a review of the renewal forms to be used this year and the new fee schedule. Catherine Reardon will join the meeting for this discussion.

## NEW AGENDA ITEM

Review of Renewal Forms and New Fees

053

Dr. Brownsberger initially moved to approve the renewal forms and fees as presented.

[Dr. Cotten joined the meeting at 9:37 am.]

Director Catherine Reardon and Program Coordinator Barbara Gabler joined the meeting via telephone and discussed with the board the question of confidentiality of renewal forms. 216

The board discussed the language in three parts of the renewal forms on page 2 and proposed changes. Board members were particularly concerned with the wording of the "Confidentiality" paragraph.

## MOTION

Upon a motion by BROWNSBERGER, seconded by MEANS, amended by MEANS, and carried without objection, it was

RESOLVED to adopt the renewal forms with the following changes on page 2:  
under "Confidentiality," last sentence should read: "A request for confidentiality may or may not be granted." In question 2, insert "Alaska" before "State Medical Board." In question 7, remove the word "active" from in front of "investigation." 852

MOTION Upon a motion by LIVSEY, seconded by MEANS and carried without objection, it was RESOLVED that in accordance with AS 44.63.310(c)(2), the State Medical Board go into Executive Session for the purpose of discussing the matter of Glen W. Straatsma, MD. 250

Off the record at 9:20 am; on the record at 9:45 am.

Mr. Tiemessen noted that Dr Straatsma self-reported to the medical board; he suggested that a portion of the fine be suspended and tied directly to the fact that Dr. Straatsma came forward of his own volition. The board agreed with Mr. Tiemessen's view. 377

MOTION Upon a motion by BROWNSBERGER, seconded by LIVSEY, amended by COTTEN and BROWNSBERGER, and carried without objection, it was RESOLVED to restore Dr. Straatsma's license to active status with a memorandum of agreement with restrictions as specified by Ms. Fried [Straatsma's counselor], a requirement to abstain from alcohol, requirements for continuing treatment, quarterly reports to the board, to be of five years' duration, and to include a \$10,000 civil fine with \$5,000 suspended. The restoration of the license to be contingent upon the full execution of the memorandum of agreement. 425

Mr. Matthews advised that he would draft the MOA and circulate it to the board members to insure that all elements have been included.

Off the record at 9:55 am; on the record at 10:01 am.

*AGENDA ITEM*

*October 26-27 2000*  
Regulations Project: Collaboration Relationship Between Physicians and Pharmacists

Mark Bohrer, a Board of Pharmacy member, met with the board to discuss a proposed regulation from that board. Dr. Peter Nakamura joined the meeting via telephone and Dr. Colleen Murphy was present in person. Mr. Bohrer explained the Board of Pharmacy's intentions in introducing this regulation. He detailed the types of work that could be done by the pharmacist; he noted that the proposed regulations do fall within the scope of practice for pharmacists.

Dr. Brownsborger expressed his concerns about the proposed regulation including the responsibility of the physician to supervise the pharmacist. He indicated that he felt this was the practice of medicine. He felt this would put another individual between the physician and the patient that would hinder the provision of medical care from the physician. 610

[Tape 5, Side B]

Drs. Cotten and Isto also expressed their concerns about pharmacists performing some of the tasks that were mentioned. Dr. Isto felt that the tasks described were far removed from the practice of pharmacy that has been the norm. 099

Mr. Bohrer stated that many states are already doing this and the process has been successful. He emphasized that any task authorized would be performed under the authority of a licensed practitioner.

The board asked Dr. Nakamura to speak on these issues. Dr. Nakamura, Director, Division of Public Health, agreed that he did not really see a need for the proposed pharmacy regulations for the types of medications and screenings that were being discussed. He agreed this could potentially fragment the total care of the individual. 197

Dr. Nakamura addressed separately the issue of pharmacists dispensing emergency contraception. He spoke as a public health professional, as a pediatrician, and as an expert in public health. His comments follow:

Public health is focused on the prevention or amelioration of negative health consequences. This is in significant contrast to medical care that is focused on the treatment of adverse health conditions. Those in public health have a special interest in emergency contraception. Some of the adverse medical and social consequences that are prevented or ameliorated through the vigorous and innovative promotion of the EC service. He stated that 41 percent of the live births in Alaska are products of unintended pregnancies. The actual rate of unintended pregnancies is not known but the estimate is in the area of 60 percent.

A limited list of the many negative, social and medical consequences that would be prevented through the increased availability of emergency contraception includes: unintended pregnancies resulting from rape (Alaska has the highest rate of sexual assault in the U.S.); increased rate of adverse outcomes of pregnancy related to unintended pregnancies includes later prenatal care, lower birth rates, higher substance abuse rates, and infants with increased risks of being victims of abuse and neglect; the numbers of abortions will be significantly reduced. This is a critical point for many—the numbers of unintended pregnancies characterized by medical complications, psychological adversities, and social and economic unpreparedness will be reduced. Some projects have estimated that abortions can be reduced by 50 percent with increased availability of emergency contraception.

242

Dr. Nakamura requested the board's support in increasing the availability of emergency contraception services. Some of the measures that could be supported would be to consider legislation that would increase availability of EC through medical insurance, support the exploration of methods for increasing the availability of EC including advanced distribution of prescriptions from allied health professionals, increasing advertising of services, providers, and clients. In this case, this would give pharmacists the ability to respond to the very urgent need for this service. Reality has demonstrated that unless some of these services are immediately available and accessible, they do not get accessed.

259

In Dr. Nakamura's opinion, if this ability is granted to pharmacists, one requirement should be that they do make an immediate referral to the practicing physician. These patients should be referred for screening for sexually transmitted diseases and for psychological support. As a public health professional and as a pediatrician, he believes if the board could extend this authority for emergency contraception, it would support public health in Alaska.

275

Leaving emergency contraception aside, Ms. Means feels that the proposed regulations from the Board of Pharmacy would add to the complexity and confusion of the consumer.

300

Dr. Murphy distributed to the board a state Department of Epidemiology bulletin on unintended pregnancy. She clarified that emergency contraception medications are not to be confused with the abortion pill, RU-486. She also reinforced that other states are doing this collaboration successfully. She emphasized that the prescriptive authority lies with the physician, the pharmacist is dispensing the medication under a very detailed agreement.

339

Ms. Livsey spoke in favor of a more limited regulation permitting access to emergency contraception. She disagrees with the other board members; this is a voluntary relationship that physicians may choose to enter or not. The physician is the decision-maker in the relationship. There is nothing in the proposed regulation that pharmacists will be autonomously prescribing. The physician controls the communication and feedback. She supports the pharmacy regulation and also supports the emergency contraception collaboration.

Dr. Brownsberger and Cotten spoke against the board of pharmacy regulations. Dr. Cotten was particularly concerned about the fragmentation of care.

[Tape 6, Side A]

Dr. Isto believes that if the physician chooses to delegate the authority for a pharmacist to dispense emergency contraception, it would fall under 12 AAC 40.967 (8) that requires the licensee to insure that the person to whom the delegation is granted is properly educated and trained to perform. She does not support the delegation for other medications or procedures.

**MOTION** Upon a motion by ROTHROCK, seconded by BROWNSBERGER, and carried by a vote of six Yea votes (Rothrock, Means, Cotten, Brownsberger, Isto, and Olson) to one Nay vote (Livsey), it was **RESOLVED** that, acknowledging that emergency contraception is a separate issue, the board does not support the board of pharmacy's proposed regulation as outlined in the draft. 040

Ms. Abel confirmed with the board that it was her understanding that the medical board would support a very narrowly defined collaborative relationship between a physician and a pharmacist for the purpose of emergency contraception. The board agreed with that.

Dr. Isto reiterated that she would prefer the board of pharmacy draft a very narrowly defined regulation. She specified that this would be for medications that require emergency use that could not be easily or reliably obtained in other ways. She noted that emergency contraception is not the only medication that meets that criterion. 114

Dr. Murphy proposed that the board consider a requirement for a quality assurance component to any collaborative plan. She also offered to return to the board in a year with statistics to show the board how the program is working. 144

Dr. Murphy asked if she was authorized to proceed, and Ms. Abel read the regulation 12 AAC 40.967(8) that states that it would be unprofessional conduct to delegate a task to a person who is not properly educated and trained to perform the task. Therefore, if the person were properly educated and trained to perform the task, it would not be considered unprofessional conduct. 167

Dr. Isto reiterated that Dr. Murphy must make sure the person is qualified to do the task she is delegating. 190

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**AGENDA ITEM** Reports, Investigations, MOAs 197

**In the Matter of Ronald Brockman, DO** 218

**MOTION** Upon a motion by LIVSEY, seconded by BROWNSBERGER, and carried without objection, it was **RESOLVED** that in accordance with AS 44.63.310(c)(2), the State Medical Board go into Executive Session for the purpose of discussing the matter of Ronald Brockman, DO. 244

Included in the executive session were board staff Matthews, Abel, Luker, and Stude. Also present was Matt Peterson, attorney for Dr. Brockman.

Off the record at 11:22 am; on the record at 11:39 am.

**MOTION** Upon a motion by BROWNSBERGER, seconded by ROTHROCK, and carried with six Yea votes (Isto, Means, Livsey, Brownsberger, Rothrock, and Cotten) and one abstaining member (Olson), it was **RESOLVED** to accept the memorandum of agreement with Ronald Brockman, DO. 265

Off the record at 11:40 am; on the record at 11:54 am.

**AGENDA ITEM** Regulations Review 271

The board reviewed and discussed the physician assistant regulation being proposed by the Alaska Academy of Physician Assistants. Tom Wilson spoke to the board about the regulation and the assessment form. He spoke about the need for the regulation change and clarified that the assessments would be face-to-face and could be done at either the physician or physician assistant's location. The location of the assessment will be included in the assessment form. The board specified that 10 percent of the PAs will be audited. Dr. Isto suggested that the random audit be done in the off year from renewals. Ms. Abel advised the board could require the audit of

The board expressed its thanks to Ms. Knuth and Dr. Worrall for meeting with them to discuss these issues.

The board recessed at 4:55 pm.

450

(Tape 5, Side A)

FRIDAY, JANUARY 19, 2001 - *met*

The meeting was called to order at 9:10 am by chair Dr. Sarah Isto. Present were:

- |                |                           |                       |
|----------------|---------------------------|-----------------------|
| Board Members: | Martha T. Cotten, MD      | Irvin A. Rothrock, MD |
|                | Keith M. Brownsberger, MD | Sarah A. Isto, MD     |
| Staff Members: | Joanie Studo              | Colin Matthews        |
|                | Leslie Abel               |                       |
| Visitors:      | Ed Hall                   | Tom Wilson            |

Board members Sheila Means and Constance Livsey were absent.

AGENDA ITEM 10 Request for Board Opinion from Colleen Murphy, MD

The board reviewed the regulations proposed by the Board of Pharmacy. It was noted these are still in the regulations process. Mr. Matthews advised he was at the Board of Pharmacy meeting, and he informed the board of the discussion at that meeting. He noted the pharmacists want to do education programs for physicians but that he pointed out to the pharmacists that if they feel a prescription is inappropriate, they should contact the physician involved.

045

It was noted that Ms. Livsey arrived at the meeting.

A call was placed to Dr. Murphy. She did not answer but a message was left for her.

068

The board members reviewed the draft letter to Dr. Murphy and the protocol Dr. Murphy provided to the board for consideration.

MOTION Upon a motion by COTTEN, seconded by BROWNSBERGER, and carried without objection, it was

RESOLVED to finalize the draft letter to Dr. Murphy and send it to her. 097

AGENDA ITEM 11 Memorandum of Agreement

103

A new memorandum of agreement was distributed to the board members at the beginning of the meeting.

Ms. Means arrived at the meeting.

MOTION Upon a motion by LIVSEY, seconded by BROWNSBERGER, and carried without objection, it was

RESOLVED to go into executive session in accordance with AS 44.62.310(c)(2) for the purpose of discussing the matter of Raymond D. Hopson, MD.

112

Off the record at 9:19 am; returned on the record at 9:30 am.

MOTION Upon a motion by LIVSEY, seconded by BROWNSBERGER, and carried without objection, it was

RESOLVED to approve the memorandum of agreement with Dr. Hopson as written. 119

AGENDA ITEM 9 Reports

129

Jan 19, 2001 - cont.

Dr. Murphy called in to the meeting. Dr. Isto advised her that the board had addressed her issue and would be sending a letter to her immediately. 656

The board briefly discussed the pharmacy board's process for the collaborative plans. The medical board does not want to draft any specific regulations to address this process, nor do they want to review every plan that is written. If there is a complaint that is received by the medical board, the board will ask to see the plan, but unless that happens, they do not want to see the plans. It was the position of the board members that it is the pharmacy board's responsibility to insure the regulations are followed. Dr. Isto suggested a form letter that directs any inquiring physician to the appropriate regulation (the unprofessional conduct language).

[Tape 5, Start]

Returning to the matter of the courtesy license regulations, Dr. Isto summarized that the plan is to repeal the entire courtesy license regulations and redraft. The courtesy license is a special purpose license that is limited in scope and duration. The board discussed the examples offered by staff. If physicians come to Alaska on a regular or recurring basis, they should obtain a full, unrestricted license. There are other situations where physicians come up only once or twice a year, not always the same physicians, like the Shriners' physicians. 037

Approved by the board for the courtesy license are:

- 1 Physicians who come to the state for the purpose of a specialty clinic where there is no fee or remuneration paid by the patients for the service (e.g., the Shriners' physicians).
- 2 Out-of-state sports team physicians who accompany their team to the state for the duration of the team's presence in Alaska for the sporting activity and whose practice is restricted to care of the team and support staff personnel associated with the event.
- 3 Physicians who are formally contracted by state offices to conduct specialty clinics for the duration of the clinics.
- 4 Physicians who come to the state in response to a disaster, other than a federally declared natural disaster, for a duration not to exceed ninety (90) days. "Disaster" to be defined in the regulation with the assistance of Matt Anderson, EMS office.
- 5 Physicians who come to the state accompanying their employer/patient who may be licensed under this regulation for the duration of the travel only and practice restricted to that patient only.

The board determined that the minimum qualifications for such courtesy licenses will include:

- 1 Active license in good standing (no disciplinary sanctions or restrictions) in state of residence, not under investigation.
- 2 Board certification in an ABMS board specialty
- 3 Submit application and fees
- 4 Description of proposed practice including location, duration, patient population to be seen, etc.
- 5 ISMB Board Action Data Bank clearance report

The staff will write the application documents to parallel other applications. The board agreed that a definition of "courtesy license" should be written in the regulation including language that clearly states the exclusions: for the use of locum tenens coverage or to provide a physician to a community that does not have medical coverage. It must be clearly stated that this category of license is not a temporary license nor is it for employment try-outs. It is a limited purpose license for very specific circumstances. The board also wishes to include a definition for "disaster" in the regulation. Matt Anderson, EMS Training Coordinator, joined the meeting and advised he will assist in creating a definition of "disaster" for this regulation. The board would like the staff to bring this matter back to the April board meeting with proposed language. 279

**MOTION** Upon a motion by COTTEN, seconded by LIVSEY, and carried without objection, it was **RESOLVED** to direct staff to draft courtesy license regulations as discussed and have a draft available for the meeting in April. 287

It noted that Dr. Rothrock was not present for the vote.

# FISCAL NOTE

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

Fiscal Note Number: \_\_\_\_\_  
 Bill Version: SB 138  
 ( ) Publish Date: \_\_\_\_\_

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: DCED  
 Title Pharmacist/Doctor Collaborative Protocols BRU Occupational Licensing (117)  
 Component Occupational Licensing  
 Sponsor Senator Dyson  
 Requester Senate Health Education & Social Services Component No. 2360

**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>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</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)

SB 138 prohibits the Board of Pharmacy from adopting regulations allowing pharmacists to exercise collaborative practice authority; and anuls pharmacy regulation 12 AAC 52.240. New funds are not required to implement this bill.

Prepared by: Jennifer Strickler, Administrative Manager Phone 907-465-2144  
 Division: Occupational Licensing Date/Time 4/14/03 3:45 PM  
 Approved by: Edgar Blatchford, Commissioner Date 4/14/2003  
 Agency: Department of Community & Economic Development

# Alaska State Medical Association

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

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April 11, 2003

Honorable Fred Dyson  
State of Alaska  
Senate  
Chair, Senate Health, Education and Social Services  
State Capitol, Room 121  
Juneau, AK 99801

Re: SB 138 – Collaborative Practice Authority by a Pharmacist; Annul 12 AAC 52.240

Dear Senator Dyson:

The Alaska State Medical Association (ASMA) represents Alaska's patients and the physicians who care for them. Thank you for the opportunity to testify on SB 138.

ASMA supports the passage of SB 138. SB 138 annuls a regulation, 12 AAC 52.240, which allows a pharmacist to either initiate or modify a drug therapy as long as a collaborative agreement and written protocol is entered into with a practitioner who has the authority to prescribe drugs. Those statutorily authorized practitioners are physicians, dentists, physician assistants, and nurse practitioners. 12 AAC 52.240 was adopted by the Board of Pharmacy and covers any drug able to be prescribed.

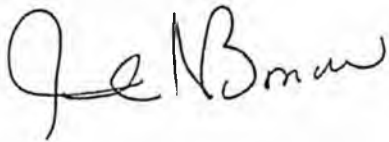
ASMA provided written testimony in opposition to the adoption of this regulation (see attached written comments dated December 13, 2000). ASMA continues to oppose these regulations for among the following reasons:

1. The Board of Pharmacy does not have sufficient statutory authority to adopt such a regulation and to reach beyond its regulatory scope to other regulated professions (e.g. physicians);
2. A physician would jeopardize her/his license by entering into such an agreement with a pharmacist. A physician cannot delegate duties to a person not appropriately licensed to perform those duties;
3. Under such arrangements, it is possible for a patient to never see a physician, but yet receive a prescription drug; and
4. 12 AAC 52.240 does not enhance the already good standard of care in Alaska.

ASMA is very concerned about the potential for harm to patients. The level of concern is such that ASMA's Board of Trustees has been directed by its policy making body, the House of Delegates, to explore legal as well as other available remedies, such as SB 138. Circumstances may exist involving an ongoing patient/physician relationship when such arrangements might work. However, such circumstances must be provided for in laws enacted by the Legislature and not by inappropriate regulatory fiat.

Attached is a document that outlines legal considerations, policy considerations, and conclusions, which elaborate on this issue.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeanne Bonar".

By: Jeanne Bonar, MD  
President

For: Alaska State Medical Association

SB-138

9621 Arlene Drive  
Anchorage, AK 99502-1636  
907-561-0005  
Fax: 907-563-9140

11 April, 2003

Honorable Con Bunde  
State of Alaska  
Senate  
Chair, Senate Labor and Commerce Committee  
Juneau, AK 99801

Transmitted by Fax;  
907-465-3871

RE: SB138 - Collaborative Practice Authority by a Pharmacist; Annul 12 AAC 52.240

Dear Honorable Bunde:

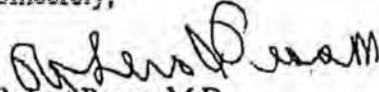
The Alaska Society of Anesthesiologists supports the passage of SB 138. SB 138 annuls a regulation which allows a pharmacist to either initiate or modify a drug therapy as long as a collaborative agreement and a written protocol is entered into with a practitioner who has the authority to prescribe drugs. Those statutorily authorized practitioners are physicians, dentists, physician assistants, and nurse practitioners. 12 AAC 52.240 was adopted by the Board of Pharmacy and covers any drug.

These regulations need to be annulled because the Board of Pharmacy exceeded its authority to act in a manner affecting other regulated professions. The regulation that they passed fails to support the current standard of good patient care. The regulation allows a patient to receive prescription medications without ever seeing a physician.

We are very concerned about the risks of substantial harm that this regulation represents to the patients of Alaska. Absent a physician caring for these patients with full knowledge of their medical history, co-morbidities, allergies, and family medical histories, the risks associated with the medical decisions associated with prescribing and altering therapies are great. The current regulation imposed on the practices of medicine by the Pharmacy Board fails to address those risks.

I urge you to aggressively support SB 138.

Sincerely,

  
Robert Pease, M.D.

President, Alaska Society of Anesthesiologists

CC: Senator Fred Dyson -- Fax 907-465-4587

**Anchorage  
Society**

**Medical**

341 W. Tudor Rd.  
Suite 101  
Anchorage, AK  
99503-6639

Phone (907) 562-1567  
FAX (907) 561-7464

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Honorable Fred Dyson  
State Senate  
Alaska State Capitol, Room 121  
Juneau, AK 99801

Re. SB 138

Dear Senator Dyson,

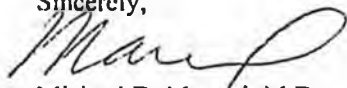
As President of the Anchorage Medical Society, I am writing on behalf of the organization in support of SB 138.

If one overlooks the *lack of statutory authority* under which the Pharmacy Board operated and the fact that they have *usurped the authority of the State Medical Board*, the most significant feature of the existing regulation concerns patient treatment and the standard of medical care in Alaska. Unless this regulation is reversed by passage of SB 138 the *potential to eliminate* patient-physician consultation and direct patient examination and evaluation will be recognized. The seamless oversight of the patient's entire medical history and condition by a trained professional is essential to the delivery of the highest level of medical care. Pharmacists, although important members of the treatment team, have not received the necessary education and training to make the decisions needed to direct patient care. Maintaining Alaska's existing high quality of medical care should be the goal of all health care professionals and the primary reason to pass SB 138.

Other issues regarding the availability of specific medications or the rules governing the role of pharmacists within the hospital environment can and should be addressed. These issues should be presented to the Legislature for full review and consideration rather than mandated by any regulatory board.

Thank you for your time and consideration in this matter.

Sincerely,



Michael D. Manuel, M.D.  
President, Anchorage Medical Society