

ALASKA LEGISLATURE COMMITTEE FILES, 2003-2004 8672

11146 SENATE HEALTH, EDUCATION & SOCIAL SERVICES

AMENDMENT

OFFERED IN THE SENATE

TO: CSHB 511(HES) am

- 1 Page 2, line 5, following "facility":
- 2       Insert ", but does not include costs associated with routine maintenance and
- 3 replacement of equipment at an existing health care facility"

ATTN: JASON

AMENDMENT

HB511

Page 2, line 5 insert: lease (up to 5 years) for space occupied by

Page 2, line 6

Add new subsection to read:

(f) in (a) of this section, "health care facility" does not include diagnostic imaging equipment for the facility.

AMENDMENT

OFFERED IN THE SENATE

BY SENATOR DYSON

TO: CSHB 511(HES) am

- 1 Page 2, line 4, following "includes":
- 2 Insert "25 percent of"



# CON INFORMATION

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- **THERE ARE 14 STATES WITH NO CON AT ALL**

OF THE 36 STATES WITH CON:

**ONLY 5 STATES REGULATE RPTCs**

**ONLY 13 STATES REGULATE CT SCANNERS**

**ONLY 19 STATES REGULATE MRIs**

**ONLY 21 STATES REGULATE PET SCANNERS**

**ONLY 5 STATES REGULATE ULTRASOUND EQUIPMENT**

REMEMBER THESE ARE THE STATES THAT HAVE ANY KIND OF REGULATION AT ALL, BUT WITHIN THESE STATE MANY OF THEM HAVE VERY MINIMAL REQUIREMENTS, PARTICULARLY IN TECHNOLOGY.

# The CON Matrix of 2004 Relative Scope and Review Thresholds: CON Regulated Services by State

*(this information is summarized from the 2004 National Directory of Health Planning, Policy and Regulatory Agencies, the fifteenth edition published by the American Health Planning Association, also see map)*

Rank (no. of svcs. x weight)	Categories	Categories																				Count (no. of svcs.)	compiled by Thomas R. Piper Missouri CON program Jefferson City, MO 573-751-6403														
		Acute Care	Air Ambulance	Amb Surg Ctr	Burn Care	Business Cmpnts	Cardiac Cath.	CT Scanners	Gamma Knives	Horne Hlth	ICF/MR	Lithotripsy	Long Term Care	Med Off Bldg	Mobile Hl Tech	MRI Scns	Neo-nlt Int Care	Obstetric Svcs	Open Heart Svcs	Organ Transplnt	PET Scns		Psychiatric Svcs	Rad Therapy	Rehab	Renal Dialysis	Res Care Fac	Subacute	Substance Abuse	Swing Beds	Ultra-sound	Other (Items not otherwise covered)	\$ nrsrg hm/hosp				
		Capital	Med Eqpt	New Svc	Weight																																
28.8	Connecticut																																24	1,000,000	400,000	0	1.2
26.0	Alaska																																26	1,000,000	1,000,000	1,000,000	1.0
22.5	Vermont																																25	3.0/1.5M	1,000,000	500,000	0.9
21.6	Maine																																24	2,450,000	1,200,000	110,000	0.9
20.9	Georgia																																19	1,250,189	694,556	any	1.1
20.7	West Virginia																																23	2,000,000	2,000,000	23 svcs	0.9
20.0	South Carolina																																20	2,000,000	600,000	1,000,000	1.0
18.4	North Carolina																																23	2,000,000	750,000	n/a	0.8
17.0	Mississippi																																17	2,000,000	1,500,000	any	1.0
16.8	Tennessee																																21	2,000,000	1,500,000	any beds	0.8
16.1	Dist. of Columbia																																23	2,500,000	1,500,000	600,000	0.7
15.2	Rhode Island																																19	2,000,000	1,000,000	750,000	0.8
15.0	New York																																25	3,000,000	3,000,000	any	0.6
15.0	Hawaii																																25	4,000,000	1,000,000	any	0.6
14.4	Maryland																																16	1,500,000	n/a	any	0.9
14.4	Michigan																																18	2,500,000	any	any clin.	0.8
14.4	Kentucky																																18	1,870,973	1,870,973	n/a	0.8
12.8	Washington																																16	var. by svc.	n/a	any	0.8
12.6	New Hampshire																																14	1,924,579	400,000	any	0.9
12.1	New Jersey																																11	1,000,000	1,000,000	any	1.1
11.9	Illinois																																17	6,543,050	6,293,090	any	0.7
10.8	Alabama																																18	4,108,000	2,054,000	any	0.6
10.4	Missouri																																13	0.6M/1.0M	0.4M/1.0M	1,000,000	0.8
8.1	Iowa																																9	1,500,000	1,500,000	500,000	0.9
8.0	Virginia																																20	5,000,000	n/a	n/a	0.4
7.7	Florida																																11	none	none	any	0.7
7.0	Oklahoma																																5	500,000	n/a	any beds	1.4
6.3	Montana																																7	1,500,000	n/a	150,000	0.9
6.0	Arkansas																																5	500,000	n/a	n/a	1.2
4.8	Massachusetts																																16	10,392,634	651,209	all	0.3
4.6	Delaware																																8	5,000,000	5,000,000	n/a	0.6
4.4	Wisconsin																																4	1,000,000	600,000	any LTC	1.1
3.5	Nevada																																7	2,000,000	n/a	n/a	0.5
2.4	Oregon																																2	anyLTC/hs	n/a	LTC/hsp	1.2
0.5	Ohio																																1	2M renov	n/a	n/a	0.5
0.4	Nebraska																																2	n/a	n/a	LTC >10%	0.2
0.4	Louisiana																																2	n/a	n/a	LTC/MR	0.2

Disclaimer: Rank order relates to volume of items reviewed, NOT intensity of analysis or conclusions which are based on Criteria and Standards and decisions

Source: Updated February 14, 2004, using most recent information available

CON THRESHOLDS OF STATES BY YEAR

<u>STATE</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
ALABAMA	\$3.2 M	\$3.2 M	\$3.2 M	\$4,108,000
ALASKA	\$1.0 M	\$1.0 M	\$1.0 M	\$1.0 M
ARKANSAS	\$0.5 M	\$0.5 M	\$0.5 M	\$0.5 M
CONNECTICUT	\$1.0 M	\$1.0 M	\$1.0 M	\$1.0 M
DELAWARE	\$5.0 M	\$5.0 M	\$5.0 M	\$5.0 M
DIST. OF COLUMBIA	\$2.0 M	\$2.0 M	\$2.0 M	\$2.5 M
FLORIDA	NONE	NONE	NONE	NONE
GEORGIA	\$1,155,881	\$1,200,980	\$1,250,199	\$1,250,199
HAWAII	\$4.0 M	\$4.0 M	\$4.0 M	\$4.0 M
ILLINIOS	\$6.0 M	\$6.0 M	\$6,326,066	\$6,543,050
IOWA	\$1.5 M	\$1.5 M	\$1.5 M	\$1.5 M
KENTUCKY	\$1,772,224	\$1,772,224	\$1,831,594	\$1,870,973
LOUISIANA	N/A	N/A	N/A	N/A
MAINE	\$0.5/\$2.0 M	\$0.5/\$2.0 M	\$0.5/2.0 M	\$3.0/1.5 M
MARYLAND	\$1.45 M	\$1.45 M	\$1.5 M	\$1.5 M
MASSACHUSETTES	\$9,841,075	\$9,841,075	\$10,392,634	\$10,392,634
MICHIGAN	\$2.352 M	\$2.428 M	\$2.510 M	\$2.5 M
MISSISSIPPI	\$2.0 M	\$2.0 M	\$2.0 M	\$2.0 M
MISSOURI	\$1.0 M	\$1.0 M	\$.6/1.0 M	\$0.5/1.0 M
MONTANA	\$1.5 M	\$1.5 M	\$1.5 M	\$1.5 M
NEBRASKA	ONLY LTC	ONLY LTC	ONLY LTC	ONLY LTC
NEVADA	\$2.0 M	\$2.0 M	\$2.0 M	\$2.0 M
NEW HAMPSHIRE	\$1,759,512	\$1,759,512	\$1,885,179	\$1,924,579
NEW JERSEY	\$1.0 M	\$1.0 M	\$1.0 M	\$1.0 M
NEW YORK	\$3.0 M	\$3.0 M	\$3.0 M	\$3.0 M
NORTH CAROLINA	\$2.0 M	\$2.0 M	\$2.0 M	\$2.0 M
OHIO	\$2.0 M renov	\$2.0 M renov	\$2.0 M renov	\$2.0 M renov
OKLAHOMA	\$0.5 M	\$0.5 M	\$0.5 M	\$0.5 M
OREGON	only LTC/Hosp	only LTC/Hosp	only LTC/Hosp	only LTC/Hosp
RHODE ISLAND	\$2.0 M	\$2.0 M	\$2.0 M	\$2.0 M
SOUTH CAROLINA	\$1.0 M	\$1.0 M	\$1.0 M	\$2.0 M
TENNESSEE	\$2.0 M	\$2.0 M	\$2.0 M	\$2.0 M
VERMONT	\$1.5/.75 M	\$1.5/.75 M	\$1.5/.75 M	\$3.0/1.5 M
VIRGINIA	\$5.0 M	\$5.0 M	\$5.0 M	\$5.0 M
WASHINGTON	\$1.202 M	\$1.202 M	var. by service	var. by service
WEST VIRGINIA	\$2.0 M	\$2.0 M	\$2.0 M	\$2.0 M
WISCONSIN	\$1.0 M	\$1.0 M	\$1.0 M	\$1.0 M

YELLOW- CHANGED SINCE 2001

RED- STATES OVER \$1 MILLION =43 STATES





# Alaska State Legislature

Please enter into the record my testimony to the Health, Education + Social Services  
committee name

committee on HB 511 dated 4/30/04  
bill/subject

I wish to express my opposition to HB511. This bill, whether by design or accident, will have a detrimental affect upon healthcare options for Alaska residents. Expansion of the Certificate Of Need, as proposed in HB511, will discourage the development of new and expansion of existing healthcare providers in our State. This bill will have the consequence of restricting and reducing choices for medical treatment that Alaskans sorely need. The sky-rocketing cost of medical care, which is one of the most challenging issues throughout Alaska and the country, will become an even greater problem if this bill becomes law. Restricting or impeding business expansion, at a time when the Administration and Legislature is attempting to develop a fiscal plan for our State's economic future, is nothing short of incomprehensible. Government, in Alaska and across our country, must never create unnecessary barriers to free enterprise! Competition always benefits the consumer because it forces businesses to provide better products and services at better prices. HB511, if passed, will have the complete opposite impact. I respectfully request that HB511, and the special interest groups who are focused strictly on their own profits and personal gain, be defeated. Please support expansion of medical care and economic development in Alaska by voting against HB511.

Signed: [Signature] (Ed Brittingham)  
Testifier  
Self

Representing (Optional)  
P.O. Box 672011, Chugiak, AK. 99567  
Mailing Address  
907-688-5047  
Phone Number

Elizabeth Causey.  
2221 Muldrew Rd #705  
Anchorage AK 99504 337-6771  
Wed. 5<sup>th</sup> April - 04.

Good afternoon, my name is Elizabeth Causey & I'm here to testify because I cannot speak ~~high~~ highly enough of the service. I received ~~at~~ Alaska open imaging. I am <sup>very</sup> claustrophobic & this most modern<sup>est</sup> equipment was a godsend to me. I have had a number of MRI's which I could never have endured being in a closed container, even with medication I could not have had these very important tests done which would have been highly detrimental to my health. I know that there are many others who feel as I do & suffer with extreme anxiety in being confined. The staff at Alaska open imaging are so professional & caring absolutely going out of their way to help people who dread these tests. I work with the public myself & have heard nothing but good things about Alaska open imaging. I feel they are a great asset to this state & should they not be able to continue their services it would be very upsetting to all of us who have anxiety over these tests. Please take this into consideration. Their services are a blessing to our state. Thank you.

MAY-05-04 WED 03:00 PM

ANC LEGIS INFO OFC

FAX COVER SHEET

FAX NO. 907 269 0229

P. 01

**ANCHORAGE LEGISLATIVE INFORMATION OFFICE**

Office 907-269-0111

Fax 907-269-0229

To: SHES - Sen Dyson

Attn: \_\_\_\_\_

Fax: 465-4587 Phone: \_\_\_\_\_

From: Anc LIO/TC Phone: 269-0114

Instructions: Written (T) in HB 511

Sent: Date 5/5 Time 2:55

Disposal of Original: Discard:  Pouch  Hold for Pickup \_\_\_\_\_

Number of Pages: 4 (counting cover sheet)

Transmitted by: Jean

Honorable Senator Lyda Green Vice Chair, Senators, Representatives, Speaker of the House, Minority and Majority Leaders of the Health, Education and Social Services

My name is Linda Morris...and I am a very concerned citizen....I have been a breast cancer patient since Nov. 1993....at that time I had a radical mastectomy followed by numerous treatments over the years. I try to do a lot of research on my disease and stay on top of the newest medicines and treatments available to me. In October, 2003 I became aware of several changes in my body...these changes convinced me that the cancer had returned and was continuing to spread to various other parts of my body....At that time I visited a surgeon who had previously operated on me on 3 or 4 other occasions. He told me that he did not want to operate again...his nurse stated,"We just can't keep on operating on you all the time Linda". He said that I should keep these new lumps... so that my oncologist would know how to treat me. I was appalled, as all I could think of was that I did not want to carry this cancer around with me I wanted to know more....I wanted it removed from my body if it was in fact operable.... With that in mind.....I continued with my research....a close friend of mine talked to me about a new machine that he had learned about....this machine would give me a "Pet Scan".....this Pet Scan would clearly identify if and where any "hot spots" were on my body.....far newer and better than any cat scan and bone scan that I have on a regular basis.....Scans taken of me at Providence Hospital within 6 months prior to this event showed nothing new and nothing different. Every six months or so I return to the hospital for repeat scans and "I am a number"....I try to get more information from the techs . but only to be told that they can't discuss anything with me.....I don't understand this....this is my body and I am of legal age and with sound mind... I thought about leaving the State of Alaska for further assessment....as I was confident that there was much more going on in my body than I knew....and for that matter much more going on than any technician or surgeon or oncologist knew or would tell me.....but....I have become a number.....I took it upon myself to call my oncologist and discuss this new "machine" that I had heard about...I was pretty emphatic about the fact that I wanted to try this new scan at Alaska Imaging Center.....she was very agreeable and immediately prepared the paperwork that I would need. She also mentioned that she was very much in favor of this scan and had recommended that Providence Hospital get one for a full year prior but they did not comply with her request and the requests of several other local oncologists at that time. So we continued with the process...I was scheduled for my "Pet Scan" at Alaska Imaging Center, November 17, 2003". On the day of my appointment, I walked in there with a lot of anxiety...with no insurance but Medicare,....no money, and a lot of old medical bills....but only to be treated with the utmost of kindness, consideration, and sincerity.....I was not just a number....every stage was discussed with me in full detail....every step thoroughly explained....Not only did they find the new developments that I had suspected, but even some of the unknown....a large tumor in my pelvic/hip area, and nodules on my lower spine. The result....the old "lumps", if I may call them that, were successfully removed by a "NEW" surgeon, the new "unknowns" are being currently treated with a very new drug.....This may, or may not work for me, only God knows the answer to that....but I

do know one thing for sure.....if I had not visited Alaska Imaging Center when I did,  
....I would probably be a number once again.....a dead one.  
I sincerely hope that I have clarified to you...why HB511 , as I understand it, should be  
thrown out. Representative Samuels..... Please don't limit my choices....please don't  
take away any chance I may have for survival...Please don't waste such precious  
time.....Please don't pass this bill if for no other reason, than for other people like me  
who want to enjoy our lives as long as we possibly can, with the knowledge, peace and  
dignity, that we all deserve.

Linda J. Morris

2221 Mulbarow Rd. #914  
Anchorage, Alaska 99504

907- 748-4122  
337-8196

AMENDMENT

4

OFFERED IN THE SENATE

BY SENATOR GUESS

TO: CSHB 511(HES) am

1 Page 2, lines 4 - 5:

2 Delete all material and insert:

3 "(e) In (a) of this section, "expenditure" includes the purchase of property  
4 occupied by or the equipment required for the health care facility and the net present  
5 value of a lease for space occupied by or the equipment required for the health care  
6 facility; "expenditure" does not include costs associated with routine maintenance and  
7 replacement of equipment at an existing health care facility."



May 6, 2004

Re: HB 511

Dear Senators:

The true spirit of competition that allows the best product and lowest cost has been placed in grave jeopardy by HB511.

As a physician I was always taught to take care of the patient first and everything else will follow. Our medical practice has provided outstanding care to our patients for over 30 years.

I was born in the very hospital that is now trying to prevent free market trade. Our current lease was not renewed and we were forced to begin over at a new location. We opted to establish a national class facility dedicated to the treatment of spine care.

HB511 essentially attempts to block free competition and insulate the existing hospitals. Our facility is an efficient center that has its focus on effective, compassionate care, in a timely fashion.

The ability to provide this format of care would not exist if we were unable to provide uniform, coordinated services under one roof.

I beseech you to carefully consider the dangerous ramifications the passage of HB511 will cause to the delivery of healthcare in Alaska.

Please do not pass HB511 as it stands. I would support an increase in the dollar threshold.

Thank You.

Larry A. Levine, M.D.

- J. Michael James, MD
- Larry A. Levine, MD
- Michel L. Gevaert, MD
- Susan S. Klimow, MD
- Shawn P. Johnston, MD
- Francine M. Pulver, MD
- Sean D. Taylor, MD
- Robert E. Valentz, MD
- Robyn C. Yates, ANP
- Shawna H. Wilson, ANP-C
- Carolyn L. Craig, PA-C

- Diplomates American Board of Physical Medicine and Rehabilitation
- Diplomates American Board of Electrodiagnostic Medicine
- Certified Subspecialty Pain Medicine ABPMR
- Diplomates American Board of Pain Medicine
- Certified Independent Medical Examiner
- Diplomate American Board of Anesthesiology
- Certified Subspecialty Pain Medicine ABMS

Rehabilitation  
Medicine Associates, P.C.  
3260 Providence Drive  
Suite 324  
Anchorage, AK 99508  
(907) 563-8876  
Toll free: 1-866-637-3422  
Fax (907) 762-6390  
www.rmaspine.com

Satellite Offices:  
245 Binkley Street  
Suite 202, Soldotna  
851 Westpoint Drive  
Suite 303, Wasilla

# SENATE COMMITTEE REPORT

DATE: 04/29/04

FURTHER: Finance

DATE TURNED IN TO OFFICE: 5.7.04

Health, Education & Social Services Committee considered CS FOR HOUSE BILL NO. 511(HES) am

## HB 511 CERTIFICATE OF NEED PROGRAM

"An Act relating to the certificate of need program for health care facilities; and providing for an effective date."

and recommends:

- be replaced with 5 CS for CS for HB 511 ( HES )
- adopt previous \_\_\_\_\_ CS \_\_\_\_\_ ( \_\_\_\_\_ )
- attached amendment(s)
- adopt Letter of Intent by S HES \_\_\_\_\_ Committee
- further referral to \_\_\_\_\_ Committee

**Senate Bill:**  
 Same Title  
 New Title

**House Bill:**  
 Same Title  
 Technical Title Change  
 New Title w/ SCR # \_\_\_\_\_

**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#
HSS	3/01			x	1
HSS	3/01			x	2

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>[Signature]</i>			✓	
<i>[Signature]</i>			✓	
<i>[Signature]</i>			✓	
<i>Betty Davis</i>	x			
CHAIR: <i>[Signature]</i>				✓

Honorable Senator Lyda Green Vice Chair, Senators, Representatives, Speaker of the House, Minority and Majority Leaders of the Health, Education and Social Services

My name is Linda Morris...and I am a very concerned citizen....I have been a breast cancer patient since Nov. 1993....at that time I had a radical mastectomy followed by numerous treatments over the years. I try to do a lot of research on my disease and stay on top of the newest medicines and treatments available to me. In October, 2003 I became aware of several changes in my body...these changes convinced me that the cancer had returned and was continuing to spread to various other parts of my body....At that time I visited a surgeon who had previously operated on me on 3 or 4 other occasions. He told me that he did not want to operate again...his nurse stated,"We just can't keep on operating on you all the time Linda". He said that I should keep these new lumps... so that my oncologist would know how to treat me. I was appalled, as all I could think of was that I did not want to carry this cancer around with me I wanted to know more....I wanted it removed from my body if it was in fact operable.... With that in mind....I continued with my research....a close friend of mine talked to me about a new machine that he had learned about....this machine would give me a "Pet Scan".....this Pet Scan would clearly identify if and where any "hot spots" were on my body.....far newer and better than any cat scan and bone scan that I have on a regular basis.....Scans taken of me at Providence Hospital within 6 months prior to this event showed nothing new and nothing different. Every six months or so I return to the hospital for repeat scans and "I am a number"....I try to get more information from the techs . but only to be told that they can't discuss anything with me....I don't understand this....this is my body and I am of legal age and with sound mind... I thought about leaving the State of Alaska for further assessment....as I was confident that there was much more going on in my body than I knew....and for that matter much more going on than any technician or surgeon or oncologist knew or would tell me.....but....I have become a number.....I took it upon myself to call my oncologist and discuss this new "machine" that I had heard about...I was pretty emphatic about the fact that I wanted to try this new scan at Alaska Imaging Center.....she was very agreeable and immediately prepared the paperwork that I would need. She also mentioned that she was very much in favor of this scan and had recommended that Providence Hospital get one for a full year prior but they did not comply with her request and the requests of several other local oncologists at that time. So we continued with the process...I was scheduled for my "Pet Scan" at Alaska Imaging Center, November 17, 2003". On the day of my appointment, I walked in there with a lot of anxiety...with no insurance but Medicare,...no money, and a lot of old medical bills....but only to be treated with the utmost of kindness, consideration, and sincerity.....I was not just a number....every stage was discussed with me in full detail....every step thoroughly explained....Not only did they find the new developments that I had suspected, but even some of the unknown....a large tumor in my pelvic/hip area, and nodules on my lower spine. The result....the old "lumps", if I may call them that, were successfully removed by a "NEW" surgeon, the new "unknowns" are being currently treated with a very new drug.....This may, or may not work for me, only God knows the answer to that....but I

do know one thing for sure.....if I had not visited Alaska Imaging Center when I did,  
....I would probably be a number once again.....a dead one.  
I sincerely hope that I have clarified to you...why HB511 , as I understand it, should be  
thrown out. Representative Samuels..... Please don't limit my choices.....please don't  
take away any chance I may have for survival...Please don't waste such precious  
time.....Please don't pass this bill if for no other reason, than for other people like me  
who want to enjoy our lives as long as we possibly can, with the knowledge, peace and  
dignity, that we all deserve.

Linda J. Morris

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907-748-4122

337-8196

Elizabeth Causey.  
2221 Muldoon Rd #105  
Anchorage AK 99504 337.6771. -04.  
Wed. 5<sup>th</sup> April - ~~20~~

Good afternoon, my name is Elizabeth Causey & I'm here to testify because I cannot speak ~~highly~~ highly enough of the service I received at Alaska Open Imaging. I am <sup>very</sup> ~~extremely~~ claustrophobic & this most modern<sup>2</sup> equipment was a godsend to me. I have had a number of MRI's which I could never have endured being in a closed container, even with medication I could not have had these very important tests done which would have been highly detrimental to my health. I know that there are many others who feel as I do & suffer with extreme anxiety in being confined. The staff at Alaska Open Imaging are so professional & caring absolutely going out of their way to help people who dread these tests. I work with the public myself & have heard nothing but good things about Alaska Open Imaging. I feel they are a great asset to this state & should they not be able to continue their services it would be very upsetting to all of us who have anxiety over these tests. Please take this into consideration their services are a blessing to our state. Thank you.

J/3W: HB 511  
Record



# Alaska State Legislature

Please enter into the record my testimony to the SHES committee name  
committee on HB 511 dated 5-3-04  
bill/subject

3- PAGES

Signed: DR. VAL CHRISTENSEN  
Testifier  
\_\_\_\_\_  
Representing (Optional)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Phone Number

## Testimony to Senate regarding HB511 of behalf of Val D. Christensen, M.D.

1. Name and Background: I am a nine-year Alaskan resident and am board certified in diagnostic radiology. I am presently working as a radiologist for Alaska Open Imaging Center. I have previously worked as the Chairman of the Department of Radiology and Nuclear Medicine at Elmendorf USAF Hospital for 5 years supervising up to six radiologists and 30 technicians. I moved back to Alaska with family of 8 children and a very big commitment and belief in the future of Alaska including a free and open market for business competition and free enterprise. In fact, the opportunity to make a significant positive impact on the improvement of healthcare and choices and opportunities for patients in Alaska was a chief draw.
2. HB511 represents collusion with intent of restraint of trade and is the antithesis of American free enterprise and our Alaskan motto of "North to the Future." It represents a giant leap backwards to the era of "might makes right."
3. HB511 guarantees monopolistic control of the medical imaging market with a two-tiered price-fixing system and gouging of the Alaskan public. This is the business equivalent of telling John Doe that he can't open and equip an auto repair shop because we already have a Ford and Chevy dealer in town.
4. Representative Samuel's plea for fairness on the front end sounds good but in reality absolutely destroys fairness on the back end. What he didn't say is that from here on out, a small independent facility would have no chance to acquire new equipment or replace old equipment in a world dominated by hospital deep-pockets and political connections.
5. The representative from Fairbanks, who admitted to sitting on a hospital board, stated that there is a 30% increase in the chance of errors in clinics versus hospitals. This is impossible and somewhat unbelievable without citation of a mainstream, peer reviewed study. There are several big studies, including publication in JAMA (Journal of the American Medical Association), documenting a totally unacceptable rate of fatal errors in hospitals, which has filtered down to recent popular press (Reader's Digest).
6. He also stated that 33 states have a Certificate of Need program. What he didn't say is that 49 of the 50 states had a CON program originally and that federal administrators dropped the CON program in the 80s and the rest of the states did the same as the program didn't work.
7. He also stated that medical economics work differently. That is true, but he didn't state why. The reason is because of self-referral, i.e. when a doctor sees a patient and then refers the patient to their own imaging center. This is worse if the hospital owns the equipment. Alaska Open Imaging Center cannot do this as our radiologists don't have initial visits with the patients.

8. Independent outpatient centers do imaging more efficiently, more economically, and with a higher standard of care. They are not subject to the costs of CON (which can be up to \$100,000) or bureaucratic costs, all of which are passed along to patients. Independent outpatient centers are not involved in over utilization and inflated costs of self-referral.
9. Hospitals should stick to what they do best which is inpatient care of ill people who need imaging. They should NOT attempt a monopoly on all business, especially outpatient imaging for the purpose of "cost-shifting." This was NEVER in the mandate to begin with.
10. HB511 is being ramrodded through as quickly as possible because the powers behind it don't want you to have the time to read the studies and learn the true facts. It threatens my livelihood personally. Alaskan patients, and payers on their behalf, also stand to loose big time.

---

Val D. Christensen, M.D.  
Radiologist for Alaska Open Imaging Center

---

Date



# Alaska State Legislature

Please enter into the record my testimony to the Health, Education + Social Services  
committee name

committee on HB 511 dated 4/30/04  
bill/subject

I wish to express my opposition to HB511. This bill, whether by design or accident, will have a detrimental affect upon healthcare options for Alaska residents. Expansion of the Certificate Of Need, as proposed in HB511, will discourage the development of new and expansion of existing healthcare providers in our State. This bill will have the consequence of restricting and reducing choices for medical treatment that Alaskans sorely need. The sky-rocketing cost of medical care, which is one of the most challenging issues throughout Alaska and the country, will become an even greater problem if this bill becomes law. Restricting or impeding business expansion, a. a time when the Administration and Legislature is attempting to develop a fiscal plan for our State's economic future, is nothing short of incomprehensible. Government, in Alaska and across our country, must never create unnecessary barriers to free enterprise! Competition always benefits the consumer because it forces businesses to provide better products and services at better prices. HB511, if passed, will have the complete opposite impact. I respectfully request that HB511, and the special interest groups who are focused strictly on their own profits and personal gain, be defeated. Please support expansion of medical care and economic development in Alaska by voting against HB511.

Signed: [Signature] (Ed Brittingham)  
Testifier  
Sef

Representing (Optional)  
P.O. Bx. 672011, Chugiak, AK. 99567

Mailing Address  
907-688-5047

Phone Number



# Alaska State Legislature

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

committee on HB 511 bill/subject, dated 5-3-04

4- PAGES

Signed: JEFF KINTON

Testifier AOIC

Representing (Optional)

Mailing Address

Phone Number

**Testimony of Jeff Kinion, CEO Alaska Open Imaging Center, May 3, 2004**

I have been involved in the delivery of medical care for almost 30 years, 26 of those years in hospital employment before going independent in 2000. I have seen the status-quo approach of hospitals not caring or wanting to advance technology and/or care because they did not have to.....until competition came into the equation. One local example of this is Valley Hospital, they did not, would not install a DEXA bone density unit to evaluate osteoporosis through several years of budgetary request. A competitor installed one in the area and then the hospital made a move to provide this service within months. Another case in point with one of the most expensive technologies is PET scanning and Providence Hospital. Providence talked and planned, promised and recanted for years without bringing the needed technology to Alaska. A competitor to the hospital then brought PET to Alaska, offered a cost effective, cooperative arrangement to Providence Hospital only to have Providence Hospital negatively react and commit to a 2.8 million dollar machine to duplicate the service, which by the way was NOT CON approved. Their un-level playing field they are so vocal about does not exist. Competition in medicine already has benefited the people of Alaska, competition has pushed the level of technology and care up and competition will work towards pushing the costs down.

A serious strain is impending on the medical delivery in Alaska and the Department of Health and Social Services in cooperation with the multi-billion dollar, out-of-state hospitals are organizing for a double standard, monopolistic power grab that will ultimately cost the citizens of Alaska hundreds of millions of dollars.

They are now attempting to steam roll this legislation through YOU without YOU having all the facts or enough time for you to analyze these facts and make a sound decision.

The State of Alaska and all of the Alaska citizens need your clear thinking and wisdom now.

Medical economics certainly are different than other industries, but that doesn't mean that specific fundamentals such as competition do not exist or have value. Hospitals compete with other hospitals, for doctors, for patients, for staff. Physician offices compete with other physician offices. Services compete with other services. The benefit of competition is an advantage to the end user, the patients and their doctors. **Competition drives the level and delivery of healthcare up while driving the cost of healthcare down.** Competition works where the CON was designed to but never did.

Something, several things need to be done to improve the condition of healthcare in Alaska, but not the wrong thing. House Bill 511 is wrong. It is wrong in the reasoning it has used, it is wrong in the way it has been manipulated, it is wrong for the people of Alaska and it is wrong to think competition has no place at all in the delivery of healthcare. Amend, modify or defeat House Bill 511, but do not let it pass this committee in its present form and negatively impact the citizens of Alaska without truly knowing what that impact will be.

Thank you for your consideration of these points and I will answer any question I can.

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ROYAL ARCH GUNNISON (1873-1918)  
R.E. ROBERTSON (1885-1961)  
M.E. MONAGLE (1902-1985)  
F.O. EASTAUGH (1913-1992)

PAUL M. HOFFMAN  
ROBERT P. BLASCO  
JOHN R. CORSO  
RUTH HAMILTON HEESE  
AMY GURTON MEAD

ADMITTED IN VIRGINIA  
AND ALASKA

ADMITTED IN VIRGINIA \*\*  
WASHINGTON, D.C. AND ALASKA

ALL OTHERS ADMITTED  
IN ALASKA

May 4, 2004

Senator Fred Dyson, Chairman  
Health, Education & Social Services Committee  
Alaska State Legislature  
State Capital (MS 3100)  
Juneau, AK 99801-1182

Re: HB 511

Dear Senator Dyson:

Thank you for giving me the opportunity to testify regarding HB 511 on Monday, May 3, 2004. Please consider this letter as a supplement to my testimony.

As you know, I represent The Lord's Ranch, a non-profit organization located in Warm Springs, Arkansas, and Arkansas Counseling, Inc. My clients have also formed Alaska Counseling, Inc. and Alaska Rehabilitation, LLC (hereinafter "clients") to provide counseling services to children in the State of Alaska. My clients are presently attempting to construct a 30-bed residential psychiatric treatment center for children in the Kenai area.

After I testified on Monday, Commissioner Gilbertson testified that the Department of Health and Social Services would consider four (4) factors in determining whether a residential psychiatric treatment center would be grandfathered under HB 511 and not be required to obtain a Certificate of Need (hereinafter "CON"). These factors are:

- 1) Construction on the center has started;
- 2) Fully completed architectural plans;
- 3) A building permit has been issued; and
- 4) The construction could be completed within two (2) years after breaking ground.

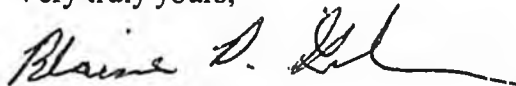
Senator Dyson  
HB 511  
May 4, 2004  
Page 2 of 2

Unfortunately, my clients would not qualify under these four standards and would be required to miss this year's construction season in order to apply for a CON. Our problem is that the Governor would probably sign HB 511 in the middle of June, 2004. Section 9 of the Bill would make it effective immediately upon the Governor's signature. We would probably not be able to break ground by June 2004 because of the delay in acquiring the property from the City of Kenai. We are hopeful that we will be able to break ground in the latter part of July or early August.

We therefore request that Section 9 of HB 511 be amended to make the effective date October 1, 2004. This amendment would allow my clients to go forward with the construction of the facility this year if possible. On the other hand, if they were not able to break ground and begin construction by October 2004, my clients then would be willing to apply for the CON with the Department. In that event, there should be sufficient time to complete the CON process before the next construction season.

I would appreciate your support in considering such an amendment. Thank you for your consideration.

Very truly yours,



Blaine D. Gilman

BDG: trf  
cc: Client



State Of Alaska  
Legislative Affairs Agency  
Kenai LIO  
145 Main St Lp, Ste 217  
Kenai, AK 99611  
907-283-2030

Date: 5-4-04

Please accept the enclosed original(s) of written testimony for the SHBS teleconference hearing that was scheduled on 5-4-04.

A copy of this testimony was transmitted to your committee via fax on 5-4-04.

Thank You,


Kathleen Gunnarson



# Alaska State Legislature

Please enter into the record my testimony to the Senate HESS  
committee name  
Committee on HB 511, dated May 5, 2004  
bill # / subject public hearing date

See attached

Signed:   
Testifier Blaine D. Gilman  
The Lord's Ranch, Arkansas Counseling, Inc., Alaska Counseling, Inc.  
Representing (optional) Alaska Rehabilitation, LLC  
150 North Willow St., Suite 33, Kenai, Alaska 99611  
Address  
907-283-2600  
Phone number

HB

551

# Alaska State Legislature

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Chair, Judiciary Committee

Vice-Chair, House Committee on  
Economic Development,  
Trade and Tourism

Member  
Oil & Gas Committee

## Representative Lesil McGuire *House District 28*

### MEMORANDUM

To: Senator Fred Dyson  
Chair, Senate Health, Education and Social Services

From: Representative Lesil McGuire

Date: May 6, 2004

Re: Request for Hearing HB 551: "An Act relating to the issuance of teacher certificates to and revocation of teacher certificates of persons convicted of certain felony drug offenses and to the issuance of limited teacher certificates to persons convicted of certain crimes involving a minor and felony drug offenses."

---

I respectfully request that HB 551: "An Act relating to the issuance of teacher certificates to and revocation of teacher certificates of persons convicted of certain felony drug offenses and to the issuance of limited teacher certificates to persons convicted of certain crimes involving a minor and felony drug offenses" be scheduled "pending referral" for a hearing at your earliest convenience. HB 551 is scheduled for its second hearing at 3:30pm in Senate State Affairs and is expected to be passed out today. Please refer to the attached bill packet for background information.

If you have any questions please feel free to contact me personally, or my staff, Ryan Makinster, at 2995. Thank you for your time and consideration.

23-LS1889I  
Craver  
5/6/04

**SENATE CS FOR CS FOR HOUSE BILL NO. 551( )**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-THIRD LEGISLATURE - SECOND SESSION**

BY

Offered:  
Referred:

Sponsor(s): HOUSE JUDICIARY COMMITTEE

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

1 "An Act relating to the issuance of teacher certificates to and revocation of teacher  
2 certificates of persons convicted of certain felony drug offenses and to the issuance of  
3 limited teacher certificates to persons convicted of certain crimes involving a minor and  
4 felony drug offenses."

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

6 \* Section 1. AS 14.20.020(f) is amended to read:

7 (f) The department may not issue a teacher certificate to a person who

8 (1) has been convicted of a crime, or an attempt, solicitation, or  
9 conspiracy to commit a crime, involving a minor under AS 11.41.410 - 11.41.460 or a  
10 law or ordinance in another jurisdiction with elements similar to an offense described  
11 in this paragraph; or

12 (2) within the preceding 10 years, has been convicted of  
13 misconduct involving a controlled substance under AS 11.71.010, 11.71.020(a)(1),  
14 11.71.030(a)(2), or 11.71.030(a)(3), or a law or ordinance in another jurisdiction

1 with elements similar to an offense described in this paragraph [SUBSECTION].

2 \* Sec. 2. AS 14.20.025 is amended to read:

3       **Sec. 14.20.025. Limited teacher certificates.** Notwithstanding  
4 AS 14.20.020(b), a person may be issued a limited certificate, valid only in the area of  
5 expertise for which it is issued, to teach Alaska Native language or culture, military  
6 science, or a vocational or technical course for which the board determines by  
7 regulation that baccalaureate degree training is not sufficiently available. A limited  
8 certificate may be issued under this section only if the school board of the district or  
9 regional educational attendance area in which the person will be teaching has  
10 requested its issuance. A person who applies for a limited certificate shall  
11 demonstrate, as required by regulations adopted by the board, instructional skills and  
12 subject matter expertise sufficient to assure [ENSURE] the public that the person is  
13 competent as a teacher. The board may require a person issued a limited certificate to  
14 undertake academic training as may be required by the board by regulation and make  
15 satisfactory progress in the academic training. To be eligible for a limited teacher  
16 certificate, a person shall have submitted fingerprints to the department to be  
17 used for a criminal history background check and have been found by the  
18 department to be suitable for employment as a teacher under AS 14.20.020(f).

19 \* Sec. 3. AS 14.20.030 is amended by adding a new subsection to read:

20       (c) The commissioner or the Professional Teaching Practices Commission  
21 shall revoke the certificate of a person who, within the preceding 10 years, has been  
22 convicted of a crime, or an attempt, solicitation, or conspiracy to commit a crime,  
23 involving misconduct involving a controlled substance under AS 11.71.010,  
24 11.71.020(a)(1), 11.71.030(a)(2), or 11.71.030(a)(3), or a law or ordinance in another  
25 jurisdiction with elements similar to an offense described in this subsection.

# Alaska State Legislature

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Juneau, AK 99801  
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## Representative Lesil McGuire

Chair, Judiciary Committee

### HB 551

*"An Act relating to the issuance of teacher certificates to and revocation of teacher certificates of persons convicted of felony drug offenses and to the issuance of limited teacher certificates to persons convicted of certain crimes involving a minor and felony drug offenses."*

#### SPONSOR STATEMENT

Children are our most valuable asset and should be allowed to grow and learn in a safe environment free from the influences of drugs and crime. Currently a person who has been convicted of a felony drug offense can apply for and receive a teaching certificate in Alaska. Similarly a person who currently has a certificate can be convicted of a felony drug offense and continue to teach Alaska's children. By allowing this to continue we are setting a bad example for our children in regards to drug use and are putting them at considerable risk.

HB 551 addresses this issue by requiring the Department of Education revoke the teaching certificate of a person convicted of felony drug charges and also disallows a person from being granted such a certificate if they have been convicted of these charges.

While this bill was being drafted it was also noticed that people applying for a limited teaching certificate weren't held to the same standards as regular teachers in regards to their criminal history. HB 551 corrects this oversight by requiring people applying for a limited teaching certificate to submit to a criminal background check prior to receiving the certificate.

By making these simple, but effective changes, HB 551 promotes a positive educational environment while keeping Alaska's children safe.

# FISCAL NOTE

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

Fiscal Note Number: 2  
 Bill Version: CSHB 551(JUD)  
 (H) Publish Date: 4/29/2004

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: EED  
 Title An Act relating to the issuance of teach BRU Teacher & Learning Support  
certification Component Teacher Certification  
 Sponsor House Judiciary Committee  
 Requester House Rules Committee Component No. 1240

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

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

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

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

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

Estimate of any current year (FY2004) cost: 0.0  
 Mark this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

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

Prepared by: Janet S. Seitz, Staff Phone 465-3764  
 Division House Rules Committee Date/Time 4/29/04 10:52 AM  
 Approved by: Representative Norman Rokeberg Date 4/29/2004  
 Agency Chairman, House Rules Committee

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## Chapter 11.71. CONTROLLED SUBSTANCES

### Article 01. OFFENSES RELATING TO CONTROLLED SUBSTANCES

#### Sec. 11.71.010. Misconduct involving a controlled substance in the first degree.

(a) Except as authorized in AS 17.30, a person commits the crime of misconduct involving a controlled substance in the first degree if the person

(1) delivers any amount of a schedule IA controlled substance to a person under 19 years of age who is at least three years younger than the person delivering the substance;

(2) delivers any amount of a schedule IIA or IIIA controlled substance to a person under 19 years of age who is at least three years younger than the person delivering the substance; or

(3) engages in a continuing criminal enterprise.

(b) For purposes of this section, a person is engaged in a "continuing criminal enterprise" if

(1) the person commits a violation of this chapter which is punishable as a felony; and

(2) that violation is a part of a continuing series of five or more violations of this chapter

(A) which the person undertakes in concert with at least five other persons organized, supervised, or otherwise managed by the person; and

(B) from which the person obtains substantial income or resources;

(c) Misconduct involving a controlled substance in the first degree is an unclassified felony and is punishable as provided in AS 12.55.

#### Sec. 11.71.020. Misconduct involving a controlled substance in the second degree.

(a) Except as authorized in AS 17.30, a person commits the crime of misconduct involving a controlled substance in the second degree if the person

(1) manufactures or delivers any amount of a schedule IA controlled substance or possesses any amount of a schedule IA controlled substance with intent to manufacture or deliver;

(2) manufactures any material, compound, mixture, or preparation that contains

(A) methamphetamine, or its salts, isomers, or salts of isomers; or

(B) an immediate precursor of methamphetamine, or its salts, isomers, or salts of isomers;

(3) possesses an immediate precursor of methamphetamine, or the salts, isomers, or salts of isomers of the immediate precursor of methamphetamine, with the intent to manufacture any material compound, mixture, or preparation that contains methamphetamine, or its salts, isomers, or salts of isomers; or

(4) possesses a listed chemical with intent to manufacture any material, compound, mixture, or preparation that contains

(A) methamphetamine, or its salts, isomers, or salts of isomers; or

(B) an immediate precursor of methamphetamine, or its salts, isomers, or salts of isomer.

(b) In this section, "listed chemical" means a chemical described under AS 11.71.200.

(c) Misconduct involving a controlled substance in the second degree is a class A felony.

#### Sec. 11.71.030. Misconduct involving a controlled substance in the third degree.

(a) Except as authorized in AS 17.30, a person commits the crime of misconduct involving a controlled substance in the third degree if the person

(1) under circumstances not proscribed under AS 11.71.020 (a)(2) - (4), manufactures or delivers any amount of a schedule IIA or IIIA controlled substance or possesses any amount of a schedule IIA or IIIA controlled substance with intent to manufacture or deliver;

(2) delivers any amount of a schedule IVA, VA, or VIA controlled substance to a person under 19 years of age who is at least three years younger than the person delivering the substance; or

(3) possesses any amount of a schedule IA or IIA controlled substance

(A) with reckless disregard that the possession occurs

- (i) on or within 500 feet of school grounds; or
- (ii) at or within 500 feet of a recreation or youth center; or
- (B) on a school bus;

(b) It is an affirmative defense to a prosecution under (a)(3)(A) of this section that the prohibited conduct took place entirely within a private residence located within 500 feet of the school grounds or recreation or youth center, and that the prohibited conduct did not involve distributing, dispensing, or possessing with the intent to distribute or dispense a controlled substance for profit. Nothing in this subsection precludes a prosecution under any other provision of this section or any other section of this chapter;

(c) Misconduct involving a controlled substance in the third degree is a class B felony.

**Sec. 11.71.040. Misconduct involving a controlled substance in the fourth degree.**

(a) Except as authorized in AS 17.30, a person commits the crime of misconduct involving a controlled substance in the fourth degree if the person

- (1) manufactures or delivers any amount of a schedule IVA or VA controlled substance or possesses any amount of a schedule IVA or VA controlled substance with intent to manufacture or deliver;
- (2) manufactures or delivers, or possesses with the intent to manufacture or deliver, one or more preparations, compounds, mixtures, or substances of an aggregate weight of one ounce or more containing a schedule VIA controlled substance;
- (3) possesses
  - (A) any amount of a schedule IA or IIA controlled substance;
  - (B) 25 or more tablets, ampules, or syrettes containing a schedule IIIA or IVA controlled substance;
  - (C) one or more preparations, compounds, mixtures, or substances of an aggregate weight of three grams or more containing a schedule IIIA or IVA controlled substance;
  - (D) 50 or more tablets, ampules, or syrettes containing a schedule VA controlled substance;
  - (E) one or more preparations, compounds, mixtures, or substances of an aggregate weight of six grams or more containing a schedule VA controlled substance;
  - (F) one or more preparations, compounds, mixtures, or substances of an aggregate weight of one pound or more containing a schedule VIA controlled substance; or
  - (G) 25 or more plants of the genus cannabis;
- (4) possesses a schedule IIIA, IVA, VA, or VIA controlled substance
  - (A) with reckless disregard that the possession occurs
    - (i) on or within 500 feet of school grounds; or
    - (ii) at or within 500 feet of a recreation or youth center; or
  - (B) on a school bus;
- (5) knowingly keeps or maintains any store, shop, warehouse, dwelling, building, vehicle, boat, aircraft, or other structure or place that is used for keeping or distributing controlled substances in violation of a felony offense under this chapter or AS 17.30;
- (6) makes, delivers, or possesses a punch, die, plate, stone, or other thing which prints, imprints, or reproduces a trademark, trade name, or other identifying mark, imprint, or device of another or any likeness of any of these upon a drug, drug container, or labeling so as to render the drug a counterfeit substance;
- (7) knowingly uses in the course of the manufacture or distribution of a controlled substance a registration number that is fictitious, revoked, suspended, or issued to another person;
- (8) knowingly furnishes false or fraudulent information in or omits material information from any application, report, record, or other document required to be kept or filed under AS 17.30;
- (9) obtains possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge; or
- (10) affixes a false or forged label to a package or other container containing any controlled substance.

(b) It is an affirmative defense to a prosecution under (a)(4)(A) of this section that the prohibited conduct took place entirely within a private residence located within 500 feet of the school grounds or recreation or youth center. Nothing in this subsection precludes a prosecution under any other provision of this section or any other section of this chapter.

(c) Nothing in (a)(5) or (6) of this section precludes a prosecution or civil proceeding brought under any other provision of this section or any other section of this chapter or under AS 17.

(d) Misconduct involving a controlled substance in the fourth degree is a class C felony.



**Alaska**

**DEA Offices & Telephone Nos.**  
 Anchorage—907-271-5033  
 Fairbanks —907-455-1818



**Alaska**

<p><b>State Facts</b>                  Population: 626,932                  Law Enforcement Officers: 1,293                  State Prison Population: 4,577                  Probation Population: 4,517                  Violent Crime Rate National Ranking: 10</p>	<p><b>2002 Federal Drug Seizures</b>                  Cocaine: 37.2 kgs.                  Heroin: 0.1 kgs.                  Methamphetamine: 1.9 kgs.                  Marijuana: 0.9 kgs.                  Clandestine Laboratories: 33 (DEA, state, and local)</p>
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**Drug Situation:** Due to its close proximity to the Pacific Rim and shared border with Canada, Alaska is both a transshipment point for controlled substances to the continental United States and a consumer state. Historically, drug trends documented in the other states are eventually documented in Alaska. This includes the growing threat of methamphetamine, Ecstasy, GHB and other "Predatory Drugs." Alaska has the highest per capita incident of alcoholism, rape, and suicide in the United States, partially attributable to controlled substance abuse.



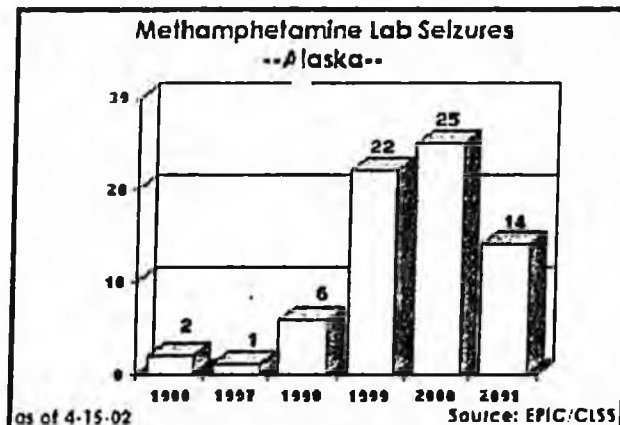
**Cocaine:** There are many different cocaine trafficking organizations in Alaska, although some of the largest ones are predominantly Mexican groups and Dominican groups. Eastern Europeans are also involved. Most cocaine appears to come into Alaska from the West Coast of the U.S. One cocaine smuggling organization in Alaska offered to sell one kilogram of cocaine for as high as \$39,000. Cocaine and other drugs are distributed throughout the State mainly from Anchorage and Fairbanks, all the way to remote fishing villages and northern rural areas.



**Heroin:** Evidence of heroin has declined due to much of the user population now illegally acquiring and using OxyContin. Opium continues to be transshipped through Alaska from the Far East/Pacific Rim countries.



**Methamphetamine:** Small toxic labs continue to be found throughout the state. The pseudoephedrine reduction method is the common manufacturing method used. Availability seems to be increasing, both from local labs and from methamphetamine mailed or shipped into the state by various methods, mostly from the Western U.S.

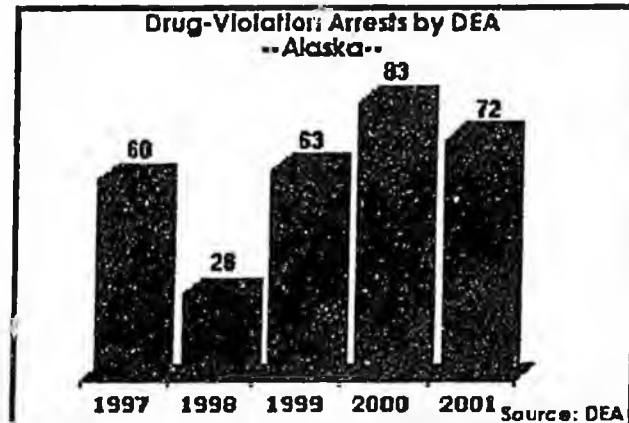


**Club Drugs:** There is recent evidence of large quantities of GBL being transshipped through Alaska from Thailand to various "lower 48" states. MDMA (methylene-dioxy-methamphetamine), also known as Ecstasy, is a growing threat throughout the state. Prior to 1999, there were no reports or direct evidence of large quantities of MDMA in any form. In the recent years, MDMA seizures have increased dramatically. Raves continue to occur in Alaska, with the accompanying use of Predatory Drugs found at these events.



**Marijuana:** Marijuana is the most abused and widespread illegal drug in Alaska. Local law enforcement can only estimate the extent of marijuana abuse because less than 5% of the marijuana in Alaska is grown outdoors. This makes detection much more difficult.

**Other Drugs:** The diversion of various controlled substances regulated by prescription is growing. Alaska is one of the top five purchasing states for five of the top twelve diverted drugs, to include Fentanyl, D-Amphetamine, Oxycodone, Methadone and Meperidine. Benzodiazepine is also widely abused. Internet purchases of controlled substances, from both domestic and international sites, are on the rise.



**DEA Mobile Enforcement Teams:** This cooperative program with state and local law enforcement counterparts was conceived in 1995 in response to the overwhelming problem of drug-related violent crime in towns and cities across the nation. There have been 381 deployments completed resulting in 15,731 arrests of violent drug criminals as of March 2003. There have been no MET deployments to this state.

**DEA Regional Enforcement Teams:** This program was designed to augment existing DEA division resources by targeting drug organizations operating in the United States where there is a lack of sufficient local drug law enforcement. This Program was conceived in 1999 in response to the threat posed by drug trafficking organizations that have established networks of cells to conduct drug trafficking operations in smaller, non-traditional trafficking locations in the United States. Nationwide, there have been 18 deployments completed resulting in 548 arrests of drug trafficking criminals as of March 2003. There have been no RET deployments in this state.

HCR

8

# *Representative Mary Kapsner*

State Capitol • Juneau, Alaska 99801-1182

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

E-Mail: [Representative\\_Mary\\_Kapsner@legis.state.ak.us](mailto:Representative_Mary_Kapsner@legis.state.ak.us)

House District 38

Yukon Kuskokwim Delta

Akiachak

Akiak

Atmautluak

Bethel

Chefornak

Eek

Goodnews Bay

Kasigluk

Kipnuk

Kongiganak

Kwethluk

Kwigillingok

Lower Kalskag

Mekoryuk

Napakiaak

Napaskiak

Newtok

Nightmute

Nunapitchuk

Oscarville

Platinum

Quinhagak

Toksook Bay

Tuluksak

Tununak

Tuntutuliak

Upper Kalskag

## MEMORANDUM

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

FROM: Representative Mary Kapsner

DATE: March 5, 2003

RE: Hearing for HCR 8 – Inhalants and Poisons Awareness Week

I would like to request a hearing for House Concurrent Resolution 8 in the Senate Health, Education, and Social Services Committee, pending a referral by the Senate President. This is a resolution calling on the governor to declare March 16-22, 2003 as Inhalants and Poisons Awareness Week.

This resolution passed out of the House HESS Committee on March 4, and we expect it to be on the House floor on Friday, March 7. Since the designated week is quickly approaching, the time we can take in getting this resolution to the governor is limited. I would appreciate it if you could schedule a hearing for HCR 8 in Senate HESS as soon as possible, pending passage in the House and referral by the Senate President. I have attached a copy of HCR 8, as well as the sponsor statement, for your consideration.

Thank you.

## *Representative Mary Kapsner*

State Capitol • Juneau, Alaska 99801-1182

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

E-Mail: [Representative\\_Mary\\_Kapsner@legis.state.ak.us](mailto:Representative_Mary_Kapsner@legis.state.ak.us)

House District 38

Yukon Kuskokwim Delta

---

*Akiachak*

*Akiak*

*Atmautluak*

*Bethel*

*Chefornak*

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*Lower Kalskag*

*Mekoryuk*

*Napakiaak*

*Napaskiak*

*Newtok*

*Nightmute*

*Nunapitcheuk*

*Oscarville*

*Platinum*

*Quinhagak*

*Toksook Bay*

*Tuluksak*

*Tununak*

*Tuntutuliak*

*Upper Kalskag*

### House Concurrent Resolution 8 - Inhalant And Poisons Awareness Week Sponsor Statement

Although the abuse of inhalants is not a new problem, it is reaching rampant proportions throughout Alaska and among youth across the nation. Part of what makes the problem so frustrating is that the substances used in "huffing" are commonly available and often necessary for their intended uses, but highly dangerous, even fatal, when misused. Many abusers simply are not aware of how physically destructive the "high" they seek really is.

House Concurrent Resolution 8 calls upon the Governor to declare March 16-22, 2003 as Inhalants and Poisons Awareness Week. The week would coincide with the National Inhalant and Poisons Awareness Week.

It is our hope that public and private agencies as well as citizens all across the state will recognize National Inhalants and Poisons Awareness Week, and will observe it through appropriate activities that will educate and inform the people of Alaska of the dangers of inhalants and poisons.

THE  
FOLLOWING  
DOCUMENT(S)  
ARE  
POOR  
ORIGINAL  
COPIES



## ***INHALANTS & POISONS***

***They are right under your nose***

***CAUTION:*** This information can be quite dangerous if used by children or youth to find out about how to abuse inhalants. We do not want this to happen, so **PLEASE** be careful with this information and do not allow anyone under the age of 18 to review this material without a parent or educator with the person.

### **INHALANTS FACT SHEET**

- ▼ Inhalants are not drugs. They are toxic chemicals that when used inappropriately, such as by sniffing or "huffing" the vapors, can cause toxic effects, similar to the "high" obtained with drugs.
- ▼ Inhalants can kill the very first time they are used. Death is usually from heart failure or suffocation.
- ▼ Inhalant highs are the result of intensive penetration of toxic chemicals into the brain tissue, where they are capable of causing irreversible damage.
- ▼ In addition to brain, liver, lung and bone marrow damage, there is evidence that chronic abuse of some inhalants causes chromosome and fetal damage.
- ▼ Inhalants are the fourth most abused substance after alcohol, tobacco, and marijuana among high school students.
- ▼ A 1999 nationwide survey of students indicates that 19.5% of eighth graders have used inhalants compared to 22% who have used marijuana/hashish.
- ▼ However, there are Alaska communities where it is reported that up to 90% of the elementary school students have tried or are using inhalants.
- ▼ Chronic inhalant users can suffer severe and permanent brain damage; some die the first time they try it; other possible risks include loss of consciousness and irreversible damage to the liver, kidneys and bone marrow.
- ▼ Inhalants are often a "gateway" to the abuse of other illicit substances. 70% of one group of substance abusers, in treatment, indicated they had started with inhalants and 50% of those indicated they would go back to inhalants (primarily gas) if alcohol was not available.
- ▼ More than 1,400 common, useful and legal household, office and classroom products can be used to "get high".
- ▼ Every year kids die from inhalant use, but many parents and educators remain ignorant of this silent epidemic.
- ▼ Because the chemicals in inhalants enter the lungs in such high concentrations, they have a more formidable toxic profile than other types of abused drugs.
- ▼ Inhalant treatment is significantly more complex than most drug abuse treatment. The toxic chemicals remain in the body tissues for extended periods of time, resulting in the need for a four to six week period of detoxification, prior to actual intensive treatment having much positive effect.
- ▼ Youth with a history of chronic inhalant use have strikingly high rates of relapse. Because of the difficult problems associated with inhalant abuse treatment, these youth are often excluded from some drug abuse programs.
- ▼ Chronic inhalant users may suffer withdrawal symptoms, including: hand tremors, chronic headaches, nervousness, anxiety and excessive sweating.

## Signs of Use

There is a common link between inhalant abuse and problems in school – falling grades, chronic absences and general apathy. Other signs include the following:

- ▼ Paint or stains on body, clothing, rags or bags
- ▼ Spots or sores around the mouth
- ▼ Red or runny eyes or nose
- ▼ Chemical breath odor
- ▼ Drunk, dazed or dizzy appearance
- ▼ Nausea, loss of appetite
- ▼ Anxiety, excitability, irritability
- ▼ Restlessness or unexplained moodiness and anger outbursts
- ▼ Missing abusable household items
- ▼ Slurred or disoriented speech

## Harmful Effects

Potential long-term effects of inhalant use include:

- ▼ Short-term memory loss
- ▼ Hearing loss
- ▼ Limb spasms
- ▼ Permanent brain damage
- ▼ Bone marrow damage
- ▼ Liver and kidney damage
- ▼ Possible fetal effects similar to fetal alcohol syndrome
- ▼ Intoxication
- ▼ Death

## Typical Profile of an Inhalant Abuser

*There is no typical profile of an inhalant abuser. Sniffers and huffers are represented by both sexes and all socioeconomic groups throughout the country and Alaska. It is not unusual to see elementary and middle-school age youth involved with inhalant abuse. Although often typified as a "rural" problem, the misuse of inhalable products, besides gas, is, unfortunately, very common in schools and homes throughout both urban and rural Alaska.*

### Inhalant Prevention Curriculum

There is a good curriculum guide for Kindergarten thru 12<sup>th</sup> grade available from the State of Virginia, Dept. of Education. It can be downloaded as a PDF file:

[www.pen.k12.va.us/VDOE/Instruction/Inhalantbook.pdf](http://www.pen.k12.va.us/VDOE/Instruction/Inhalantbook.pdf)

If you are unable to access it, go to:

[www.pen.k12.va.us/VDOE](http://www.pen.k12.va.us/VDOE)

and under Instructional Support Services find Office of Compensatory Programs and under that find Frequently Requested Information and under that "Inhalant Prevention Guide".

Great Britain Website:

[www.re-solv.org](http://www.re-solv.org)

## RESOURCES

Local Substance Abuse Programs and/or Local Community Mental Health Services

Yukon-Kuskokwim Health Corporation Tundra Swan Inhalant Treatment Program  
Bethel, Alaska

- McCann Center – 907-543-6800
- Jim Henkelman, Statewide Outreach Coordinator
- Toll Free: 866-HUFFING [483-3464]
- Or: 907-230-6693

National Inhalant Prevention Coalition  
1-800-269-4237, or on the World Wide Web at: <http://www.inhalants.org>

National Drug and Alcohol Treatment Referral Service – 1-800-662-HELP

National Clearinghouse for Alcohol and Drug Information – 1-800-729-6686  
<http://www.health.org>

Search for inhalant information at:  
[www.iointogether.org/sa/](http://www.iointogether.org/sa/)

Another good information resource:  
[www.drugabuse.gov/drugpages/inhalants.html](http://www.drugabuse.gov/drugpages/inhalants.html)

[www.intheknowzone.com](http://www.intheknowzone.com)

## SENATE COMMITTEE REPORT

DATE: 3/10/03

FURTHER:

DATE TURNED  
IN TO OFFICE: 3.10.03

Health, Education and Social Services Committee considered HOUSE CONCURRENT RESOLUTION NO. 8

### HCR 8 INHALANTS AND POISONS AWARENESS WEEK

Requesting the Governor to declare March 16 - 22, 2003, to be Inhalants and Poisons Awareness Week.

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#
HRES	3/5/03		X	1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
<i>[Signature]</i>	✓			
<i>Lynette Green</i>	✓			
<i>[Signature]</i>	✓			
<i>Betty Davis</i>	✓			
CHAIR:				

HCR

31

# Alaska State Legislature

Session  
State Capitol Building, Room 118  
Juneau, Alaska 99801-1182  
Phone (907) 465-2995  
Fax (907) 465-6592

Interim  
716 West Fourth Avenue, Suite 430  
Anchorage, Alaska 99501  
Phone (907) 269-0250  
Fax 9907) 269-0249

Chair, Judiciary Committee

Vice-Chair, House Committee on  
Economic Development,  
Trade and Tourism

Member  
Oil & Gas Committee

## Representative Lesil McGuire *House District 28*

### MEMORANDUM

To: Senator Fred Dyson  
Chair, Senate HESS Committee

From: Representative Lesil McGuire

Date: March 26, 2004

Re: Request for Hearing, HCR 31: TBI Awareness Month

---

I respectfully request that HCR 31, "A Resolution proclaiming April 2004 as Traumatic Brain Injury Awareness Month" be scheduled for a hearing at your earliest convenience. Please refer to the attached bill packet for background information.

If you have any questions please feel free to contact me personally. or my staff, Ryan Makinster, at 2995. Thank you for your time and consideration.

THE  
FOLLOWING  
DOCUMENT(S)  
ARE  
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23-LS1749D  
Utermohle  
2/24/04

**CS FOR HOUSE CONCURRENT RESOLUTION NO. 31( )**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**TWENTY-THIRD LEGISLATURE - SECOND SESSION**

**BY**

**Offered:**  
**Referred:**

**Sponsor(s): REPRESENTATIVE MCGUIRE**

**A RESOLUTION**

1 **Proclaiming April 2004 as Traumatic Brain Injury Awareness Month.**

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

3 **WHEREAS** brain injury is a serious, national public health epidemic affecting at least  
4 5,300,000 Americans; and

5 **WHEREAS**, every 21 seconds, someone in the United States will sustain a traumatic  
6 brain injury, which equals more than 4,000 people daily; and

7 **WHEREAS**, each year, at least 50,000 Americans die and 80,000 Americans  
8 experience the onset of life-long disabilities as a result of sustaining a brain injury; and

9 **WHEREAS**, each year at least 600 Alaskans receive acute care for trauma related to  
10 brain injuries, 150 Alaskans die from brain injury, and approximately 190 Alaskans  
11 experience the beginning of life-long disabilities requiring marked adaptations to daily  
12 functioning as a result of sustaining a brain injury; and

13 **WHEREAS** prevention is the only known cure; and

14 **WHEREAS** the mission of the Brain Injury Association of America is to create a  
15 better future through brain injury prevention, research, education, and advocacy; and

16 **WHEREAS**, in partnership with the Centers for Disease Control and Prevention, the

1 Health Resources and Services Administration, the Defense and Veterans Brain Injury Center,  
2 the Brain Injury Association of America, and the Alaska Mental Health Trust Authority strive  
3 to increase brain injury awareness, thus making prevention and safety measures part of the  
4 American culture in an effort to decrease the number of brain injuries;

5 **BE IT RESOLVED** that the Alaska State Legislature proclaims the month of  
6 April 2004 as Traumatic Brain Injury Awareness Month; and be it

7 **FURTHER RESOLVED** that the Alaska State Legislature urges schools, community  
8 groups, and other public and private agencies and individuals to observe Traumatic Brain  
9 Injury Awareness Month with appropriate activities that increase the public's awareness of  
10 traumatic brain injury, the leading causes of traumatic brain injury, and ways of preventing  
11 traumatic brain injury.

# Alaska State Legislature

*Session:*  
State Capitol  
Juneau, AK 99801  
Phone: (907) 465-2995  
Fax: (907) 465-6592



*Interim:*  
716 W 4<sup>th</sup> Avenue, Suite 130  
Anchorage, AK 99501-2133  
Phone: (907) 269-0250  
Fax: (907) 269-0249

**Representative Lesil McGuire**  
Chair, Judiciary Committee

## HCR 31

*"A Resolution proclaiming April 2004 as Traumatic Brain Injury Awareness Month"*

### SPONSOR STATEMENT

Every 21 seconds someone in the United States will sustain a traumatic brain injury (TBI); which equals more than 4,000 people daily. Of the 1,460,000 people annually who suffer these injuries, 50,000 will die while another 80,000 will experience life long disabilities associated with their injury.

In Alaska alone at least 600 people receive acute care for brain injuries, 150 Alaskans die, and another 190 experience the beginning of life long disabilities because of these injuries each year. These numbers can't be reduced by finding a "cure", but only through effective prevention of TBIs. It is for this reason we propose proclaiming April 2004 "Traumatic Brain Injury Awareness Month".

Along with the Brain Injury Association of America, the Centers for Disease control, the Alaska Mental Health Trust and many others, we would like the citizens of Alaska to be aware of the effects of traumatic brain injuries and ways to prevent its occurrence. From use of seatbelts to bicycle helmets, there are many ways to prevent these tragedies from occurring. Nevertheless, only by making Alaskans aware of traumatic brain Injuries, their cause, and prevention can we lower the number of injuries and deaths caused each year.

# FISCAL NOTE

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

Fiscal Note Number: 1  
 Bill Version: CSHCR 31(HES)  
 ( H ) Publish Date: 3/1/04  
 Dept. Affected: Health & Social Services  
 RDU Departmental Support Services  
 Component Commissioner's Office

Revision Date/Time (Note if correction):

Title PROCLAIM MARCH 2004 TRAUMATIC BRAIN INJURY AWARENESS MONTH

Sponsor MCGUIRE  
 Requester HOUSE (HES)

Component No. 317

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

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

OPERATING EXPENDITURES	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
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>						
-----------------------------	--	--	--	--	--	--

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

**FUND SOURCE (Thousands of Dollars)**

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
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 (FY2004) 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 resolution has no fiscal impact on the Department of Health and Social Services.

Prepared by: Sherrv Hill, Special Assistant Phone 465-1618  
 Division Office of the Commissioner Date/Time 02/25/2004  
 Approved by: Joel S. Gilbertson, Commissioner Date 02/25/2004  
 Agency Department of Health and Social Services



Get involved in

Brain Awareness Week<sup>SM</sup>

**Kenai Peninsula Brain Injury Support Group  
In Partnership with the Dana Alliance**

For more information, **"Brain Awareness Week"**  
**"Walk for Awareness!"**

check the web:

[www.dana.org/brainweek](http://www.dana.org/brainweek)

**June 5<sup>th</sup> 2004**

For more information about the registration or accommodations that maybe needed for the walk, Please call 283-5711 or 262-6333



Brain Awareness Week is an international campaign coordinated by the Dana Alliance for Brain Initiatives.

This is a Letter of introduction to our organization.

We are the Kenai Peninsula Brain Injury Support Group.  
We meet on the 1<sup>st</sup>. And 3<sup>rd</sup>. Tuesdays of each month 6pm to 8pm  
At the Independent Living Center, located in the "S" Building on K-Beach Rd.  
(Near the Fish and Game Office).

We received information from the National Brain Injury Association,  
Located in Mclean, Virginia. The web site is, "<http://www.biausa.org>"

The Brain Injury Association is a Volunteer, Non-Profit organization at all levels.  
The Kenai Peninsula B I Support Group holds one fund-raiser a year,  
"The Brain Injury Awareness Walk and Bar-B-Q" Held EACH YEAR the FIRST SATURDAY AFTER  
Memorial Week-End, This year the walk will be held on,

**JUNE 5<sup>TH</sup> 2004**

The Brain Awareness Walk is part of the National Brain Awareness Week:

**MARCH 15<sup>TH</sup>---21<sup>ST</sup> 2004**

In Partnership with the Dana Alliance for Brain Initiatives, of New York, doing Medical Research on the  
Brain. The Dana Web site is [www.dana.org/brainweek](http://www.dana.org/brainweek)

The Brain Awareness Walk is part of our "Community Prevention Program", to raise Awareness, "**Protect  
Your Brain**", AS YOU GO ABOUT LIFE'S ACTIVITIES.

We have national appointed Ambassador's, who will go to schools, or other organizations To promote,  
"Prevention Education."

You will always find our table at the "Village Health Fair", sponsored by "Bridges".

We have lots of information on Prevention, or where to find help for survivors and their families of people  
who have sustained an injury.

One of our on going programs is the, "Helmets, For Life, Program." We offer a helmet For \$10.00  
purchase fee and exchange helmet, if the child grows out of it or you've Damaged it in an accident, it can  
be replaced.

We have a National Education program called, "Head Smart", to help Prevent Brain Injuries, from Toddler  
Helmet to Community Violence. This program was developed for use in the School Criculum.

We have another excellent program called, "Certification of Brain Injury Specialist", (CBIS). The training  
for professionals who work with persons who have sustained a Brain impairment.

The money we raise at the Awareness Walk and Bar-B-Q, stays here on the Peninsula to  
help support these programs.

So when someone asks you to come participate, come to lunch or just make a donation,

**YOU ARE HELPING TO EDUCATE OR ADOCATATE FOR,  
"OUR LOVED ONES YOURS AND MINE."**

**A BRAIN INJURY TOUCHES THE LIVES OF 1 IN EVERY 10 AMERICANS.**

For more information please call 283-5711 or 262-6333

**KENAI PENINSULA BRAIN INJURY SUPPORT GROUP.**

**KENAI, ALASKA---- June 5<sup>th</sup> 2004**

**8TH. ANNUAL BRAIN AWARENESS WALK**

**Come help make Our Community Aware.**

Thousand of Individuals and Families experience the devastating effects of Brain Injury or impairments every year in Our State. As part of the National Brain Awareness Week, The Kenai Peninsula Brain Injury Support Group is sponsoring the 8<sup>th</sup> Annual Awareness Walk in Kenai, Alaska.

**Route:**

The walk begins at the Kenai Central High School at 11:00 a.m. Walking through Beautiful Downtown Kenai to the Green Strip Park by the Soft Ball Fields Which is on Main Street Loop, where there will be a BAR-B-Que lunch.

**Remember:**

**“ Just one Brain Injury Will change Your Mind”**

All participants will receive a Certificate of Appreciation. Bring your Family, supporters, friends of BIA, and Survivors as We walk!!

For more information or Registration, please call the Kenai Peninsula Brain Injury Support Group at 283-5711 or 262-6333.

**SUPPORT THE KENAI PENINSULA BRAIN INJURY  
SUPPORT GROUP WALK FOR AWARENESS AND  
PREVENTION IN KENAI!!!!**

**Kenai Peninsula Brain Injury Support Group  
In Partnership with the Dana Alliance  
"Brain Awareness Week"  
"Walk for Awareness!"**

**Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Registration Fee: \$10.00 *OR A Sponsor sheet*

Please make checks payable to:

Kenai Peninsula Brain Injury Support Group

Mailing Address for Registration:

Kenai Peninsula Brain Injury Support Group

313 Cindy Circle

Kenai, Alaska 99611

For more information about the registration or  
accommodations that maybe needed for the walk,  
Please call 283-5711 or 262-6333



# TRAUMATIC BRAIN INJURY *Prevention Is The Best Cure*

B R A I N I N J U R Y A S S O C I A T I O N



## *The Silent Epidemic of Brain Injury*

*"Dwayne was rear-ended last week. As usual, he wasn't wearing his seat belt and hit his head hard on the door. He's been having bad headaches, and I'm worried he may have a concussion."*

The Brain Injury Association is committed to brain injury prevention and rehabilitation – by encouraging research, hosting educational programs and advocating legislative changes.

On a day-to-day basis, our Family Help Line helps thousands of callers – people with brain injury, family members, and a diverse group of healthcare professionals seeking assistance, education and support.

Adolescents, young adults, and people over age 75 are at the greatest risk – but Traumatic Brain Injury (TBI) can happen to anyone.

Here are some common causes of TBI

- vehicle crashes
- falls
- physical assaults
- sports and recreation injuries.

## *Many Injuries Can Be Prevented!*

*"After I read that article on playground safety, I stopped taking Leo to the playground on 4th St. The new playground on Poplar Street has the soft surface that will protect my son's head if he falls."*

After TBI, life may never be the same. Here are some symptoms to look for:



### Cognitive consequences

- slow processing of information
- memory loss
- impaired judgment

### Physical consequences

- migraines
- seizures
- vision or speech problems

### Emotional consequences

- mood swings
- anxiety
- loss of motivation

*"Last night I saw Debbie with her baby in the front seat of her car! Doesn't she know how dangerous that is, especially with an airbag?"*

## *Prevention is The Best Cure*

The Brain Injury Association is devoted to teaching school children, adolescents, and adults how to prevent brain injuries caused by violence and accidents. For example, we promote:

- brain injury and violence prevention programs for pre- and elementary school children
- the use of car safety belts and approved infant car seats or booster seats for children under 80 pounds. The Brain Injury Association recommends that children under age 12 ride in the back seat
- Wear safety helmets bicycling, roller or inline skating, skiing, horseback riding, on scooters, or playing contact sports.

*"Jasmine came home from school and asked why we don't make her wear a helmet when she rides her bike. They had a safety fair at school and she said that she didn't want anything to hurt her brain."*

- Reduce the risk of falls – for example, never leave a child unattended on a changing table, or store books or laundry baskets on stairways.

*"Keiko's mother fell down the stairs last week and hit her head pretty hard. She's having trouble remembering things and making decisions. She was 73 last month. Keiko worries she'll have to quit her job to care for her mother, or put her in a nursing home."*

- Practice firearm safety – if you have a firearm, keep it unloaded and locked up.

*"Last night, a little boy on our street shot his sister in the head. She's going to live, but they don't know how serious it is. He found the loaded gun in his parents' room and was just playing around with it."*

- Never shake a child – you could cause serious injury . . . even death.

*"My grandson Adam was shaken by his babysitter when he was 9 months old. He would have been three next week. We think about him every day."*

## **October is Traumatic Brain Injury Awareness Month – The Silent Epidemic**

*Rock Hill, NY October 1, 2002-*

**"No brain injury is too severe to despair of, nor too trivial to ignore."**

**Hypocrites, 4th Century, BC**

### **What is a Traumatic Brain Injury?**

"A Traumatic Brain Injury (TBI) is described as an insult to the brain that may produce a diminished or altered state of consciousness, or in some cases coma - that results in an impairment of cognitive abilities, physical and behavioral functioning. Symptoms vary in type and severity for each individual. Coma usually indicates more extensive damage to the brain. Each part of the brain controls specific functions of the body such as vision, physical, speech, memory, behavior and emotions. It can diffuse and affect many areas at one time. TBI impairments may cause partial or total functional disability and psychological and neurological deficits. Neurological damage readily disrupts how a person thinks and processes information. This directly affects short/long term memory, attention, logic, organization, planning, perception, behavior and emotion. The survivor also becomes high-risk for seizures."

### **Why Do We Need a TBI Awareness Month?**

Carolyn Rocchio, founder of the Brain Injury Association of Florida, is also an author, advocate, parent of a son with a brain injury and a presenter about family issues following brain injury. In 1998, she wrote an article entitled, "The Unvarnished Truth—There is NO Cure for Brain Injury," which appears on the Brain Injury Association's web site. As long as those words remain true, efforts to increase awareness, advocacy, research and prevention of traumatic brain injuries must continue unabated. Driving those efforts are public, private and government associations and organizations at the federal, state and local levels that pursue those goals, not only in October, but every month, every day, every moment.

### **Facts and Figures**

According to the FactSheets at [caregiver.org](http://caregiver.org), about two million head and facial injuries occur in the U.S. yearly. Over 5.3 million Americans live with a disability caused by a brain injury and 56,000 more die each year from their injuries. Statistics tell us that males suffer brain injuries with greater frequency and severity than females do. Those under age five or over age 60 are considered a high-risk group, as are people between 15 and 24 years of age.

Motor vehicle accidents account for an estimated 28 percent of TBI's, and 49 percent of those are severe enough to require hospitalization. Sports and physical activity account for 20 percent and assaults for 9 percent. The remaining 43 percent are attributed to "other causes," including violence. A study of the years 1984 to 1992 showed that although TBI's related to car accidents declined by 25 percent, those resulting from firearms rose 13 percent. That number goes up in many urban areas, as does the total number of brain injuries related to assault and domestic violence.

Because so many TBI's are related to violence, The Brain Injury Association is using this month of awareness to launch a new initiative entitled, "Break the Cycle...It Stops With Me" to increase awareness about Shaken Baby syndrome, penetrating brain injuries such as gunshot and knife wounds, school violence and domestic abuse.

### **Awareness**

Across the nation, projects are underway:

- Some providers, like NeuroAdvancE in Milford, hit local schools with a series of prevention seminars that include presentations by clients. Last year, they also drew visitors to the facility by raffling off a BMX bicycle and safety gear. "What better way to reach young people than to have the survivors of traumatic brain injuries speak with candor of their own experiences, losses and rehabilitation," said Ronnie, a Community Service Coordinator.
- The Brain Injury Association of America offers videos and a media kit that includes sample print and radio news releases, media advisories, sample proclamation, fact sheets and more. Their "Road to Rehabilitation" series consists of eight brochures that cover the phases of brain injury including pain management, cognitive difficulties, behavioral changes, communication, drug therapy and other significant issues.

### **Prevention**

Activities across the nation include proclamations by civic and government figures acknowledging October as TBI Awareness Month, informational sessions for local employers and their personnel, fundraisers and library displays. Everywhere, prevention is an essential issue, focusing on bicycle safety, driving sober and taming domestic and school violence.

An estimated 74 to 85 percent of the 140,000 bicycle-related head injuries could be prevented yearly if cyclists (mostly children and adolescents) wore helmets. California has achieved 99 percent compliance with helmet laws that apply to motorcycle riders. The state's 1992 helmet law resulted in a 37.5 percent decrease in rider fatalities during its first year. Airbags reduce risks for adults involved in frontal motor vehicle crashes, but studies show that airbags increase the risks for children under ten years old, seated in the front seat.

Community service organizations and other venues that provide counseling services are turning their efforts to quelling the domestic abuse and school violence that account for up to 20 percent of TBI's. Also on the school front, coaches and school officials are learning that sports injuries are serious business, and that just because an athlete remains conscious or does not show symptoms immediately, it does not mean that he or she has not sustained a TBI. Studies show that early treatment of TBI may minimize the effects of, and reduce the likelihood of, developing secondary symptoms.

Funding Never doubt that lobbying efforts work. The Brain Injury association reports a number of legislative victories during FY 2002:

- The Traumatic Brain Injury Programs now have line item status rather than being part of the Special Projects of Regional and National Significance.
- Congress appropriations for the Health Resources and Services Administration State Grant Program are up to \$6 million.
- The new Protection and Advocacy Systems for brain injury received \$1.5 million.

- Under the Centers for Disease Control and Prevention, the Injury Prevention and Control line item was funded at \$149,767,000, rather than the lower amounts proposed by the House and the Senate.

There is still work to be done, however, and there are still opportunities to be grasped. The next round of applications for the TBI Programs is due on December 2, 2002. There are plans to award three planning grants, six implementation grants and five post demonstration grants on April 2003. Applicants can download form PHS-5161-1 at [www.tbictac.org](http://www.tbictac.org). The TBI Technical Assistance Center (TAC) website also offers fact sheets on State Grant Activities for every state and the District of Columbia, and the Partnership for Information and Communication.

Also on the TBI TAC web site is a letter from Steven Tingus, Director of TBI TAC who reminds stakeholders that the Rehabilitation Act of 1973 is authorized only through September 2003. He notes that The National Institute on Disability and Rehabilitation Research exists under Title II of the Act and continuance of its programs is contingent upon reauthorization of the Act. He asks colleagues to participate in reauthorization efforts via public forums and written suggestions.

#### **Research**

University of California, San Francisco neurosurgeons at San Francisco General Hospital are planning a unique clinical study to see if lowering the body temperature of patients with severe TBI will help improve their condition.

The greatest obstacle revolves around the fact that the study will require treating patients, who will be unconscious, within four hours of their injury. That means a very limited time in which to get consent from a family member or legal guardian.

A previous study suggests that cooling does inhibit the release of the brain chemicals that initiate secondary damaging events for patients, says Martin C. Holland, MD, Director of Neurosurgery at SFGHMC and a co-principal investigator of the UCSF study.

As an interesting sidebar to this story, Hypocrites noted in his treatise "On Injuries of the Head" that people injured in winter seem not to succumb to head injuries as readily as those injured in the summer.

At the University of Nebraska, Lincoln, a study by Sara Henning, B.A. and Jami Carlton, B.A. suggests that a gene, called apoE-e4 may influence the susceptibility to slower and decreased recovery following TBI. The only way to discover whether an individual has this particular gene is through genetic testing.

Phase 2 Discovery has entered a multi-year collaborative agreement to license its biomarker, C-tau to Biosite, Inc. Biosite intends to evaluate C-tau for use in diagnostic tests for brain injury and stroke. The ultimate goal is to develop an assay to identify patients with brain injury and stroke.

### **Advocacy**

The financial cost of TBI is astronomical. The direct and indirect costs of TBI in the U.S. are estimated to be \$48.3 billion annually. The lifetime costs for one person surviving a severe TBI may be as high as \$4 million. One study showed that the costs of rehabilitation over a four-year period could pump up the costs for a single individual from \$17,893 to \$196,460. Supported employment for those able to take advantage of it may cost an average of \$10,198 for the first year of service. While these expenses are daunting to say the least, the physical, mental and emotional toll on victims and families is beyond counting. Because the effects of TBI touch lives in so many ways, advocacy groups are wisely forging alliances within the fields of developmental, mental and behavioral disability.

Although Ms. Rocchio reiterates that there is no cure for brain injury, she is equally adamant that, "...there is life after brain injury and although it may be a different life, life after a brain injury is worth living." She is clear that quality of life exists in direct proportion to the degree to which the patient and family receive quality supports and rehabilitation services. Improved outcomes rely on state-of-the-art rehabilitation equipment, services rendered by well-trained professionals and a strong support circle. Victims and families are in great need of information about benefits, housing, transportation, education and employment opportunities. Ms. Rocchio's recipe for rebuilding life after brain injury is information, education and support, to which she recommends adding "...an equal measure of love, and it can be a win-win situation."

### **Sources:**

Brain Injury Association of America, [biausa.org](http://biausa.org) - Brain Injury Association of Florida, [biaf.org](http://biaf.org) - Family Caregiver Alliance Clearinghouse, [caregiver.org](http://caregiver.org) - [neuroskills.com](http://neuroskills.com) - [prnewswire.com](http://prnewswire.com) - [library.northernlights.com](http://library.northernlights.com), University of Nebraska, Lincoln, [ricketts.unl.edu/tbi/genetics](http://ricketts.unl.edu/tbi/genetics) - TBI Technical Assistance Center (TAC), [www.tbitac.org](http://www.tbitac.org) - University of Pittsburgh's Safar Center for Resuscitation Research, [www.safar.pitt.edu](http://www.safar.pitt.edu)

*The Irwin Siegel Agency, Inc. is a managing general agent that offers insurance and risk management services for provider agencies within the developmental disabilities, medical/physical rehabilitation, mental health care, addiction treatment and community/ social service fields. Except for historical information, the matters discussed in this news release contain forward-looking statements. For more information about the Irwin Siegel Agency, Inc., please contact J.P. McGuirk at (845) 796-3400, call toll free 800-622-8272.*

# SENATE COMMITTEE REPORT

DATE: 3/26/04

FURTHER:

DATE TURNED  
IN TO OFFICE: 4.08.04

Health, Education & Social Services Committee considered CS FOR HOUSE CONCURRENT RESOL. NO. 31(HES)

## HCR 31 TRAUMATIC BRAIN INJURY AWARENESS MONTH

Proclaiming April 2004 as Traumatic Brain Injury Awareness Month.

and recommends:

- be replaced with S CS for CS for HCR 31 (HES)
- adopt previous \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)
- attached amendment(s)
- adopt Letter of Intent by \_\_\_\_\_ Committee
- further referral to \_\_\_\_\_ Committee

<b>Senate Bill:</b>	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<b>House Bill:</b>	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

**NEW FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#

**PREVIOUS FISCAL NOTE(S):**

Department	Date	Fiscal	Indet.	Zero	FN#
HSS	2/25			✓	1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	Do PASS	Do NOT PASS	No REC	AMEND
	✓			
	✓			
	✓			
CHAIR:	✓			



# Alaska State Legislature

Please enter into the record my testimony to the SENATE HESS  
committee name

Committee on HCR 31, dated 4-7-07  
bill # / subject public hearing date

On page 1, line 12, after the word "and", I suggest that you add the text "Alaska has the highest rate of injuries; and"

I would also like to invite all committee members and legislators to the **Annual Brain Injury Awareness Walk Saturday, June 5 in Kenai.**

**Registration begins at 10:30am** at Kenai Central High School; the walk begins at 11:00am and proceeds through downtown Kenai to the softball park pavillion for a barbeque.

We ask for a \$10 registration fee or a sponsor sheet with collected donations.

Thank you!

Sincerely,  
Richard Warrington

Signed: Richard Warrington  
Testifier

TBI ADVISORY BOARD / BIA OF AMERICA  
Representing (optional)

313 CINDY CIRCLE KENAI, AK 99611  
Address

283-5711  
Phone number

HJR

13

# *Alaska State Legislature*

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## House Special Committee on Education

Representative Carl Gatto, Chair

### SPONSOR STATEMENT

#### HOUSE JOINT RESOLUTION 13

Urging adoption of the Alaska recommendations for implementing the No Child Left Behind Act of 2001.

The No Child Left Behind Act is a mammoth piece of federal legislation the implications of which encompass nearly every facet of the educational system in the state of Alaska. The implementation of the NCLB Act is a daunting task for every state, however, it is vital that the Federal Department of Education recognize the true uniqueness of Alaska.

The Alaska Department of Education and Early Development have been working on Alaska's application for two years and have submitted a proposal for peer-review. It is important that Alaska be allowed to develop a plan, which works well in this extremely large, diverse state of Alaska. I ask your support of HJR 13, which urges prompt approval of the Alaska consolidated state application accountability workbook so that the children of Alaska may experience the full benefits that the No Child Left Behind Act promises for each and every child of our state.

## Differences Between NCLB and Alaska Plan

Element	NCLB	Alaska Plan	Rationale
AYP Determination	Status	Status & Growth	Increase Validity
AYP Determination	Two separate scores: (1) reading/writing; (2) math	One score: combined reading, writing & math	Include all schools & increase reliability
Reliability	Minimum N	Confidence Interval	To include all schools and subgroups of students
Identify School For Improvement Status	Any one subgroup of students not demonstrating AYP for two consecutive years	Same subgroup of students not demonstrating AYP for two consecutive years	Increase reliability of decisions to include all subgroups of students
Participation Rate	95% of enrolled students must have valid test scores	100% of students counted in accountability system; non- participants test scores counted as zero	To include all small enrollment schools
Participation rate	95% of all enrolled students	Excluding students with serious extended illnesses or parent refusal to take exam	Fairness and practicality
Limited English Proficient/Special Education Definition	Only students currently receiving services as LEP or SpEd	Students currently or have been served as LEP or SpEd	Make sure former LEP & SpEd students are succeeding after they exit LEP & SpEd program
Alternate Assessment for severe cognitive disabilities (1% or 2% of all students)	All students taking alternate assessment counted as "not proficient"	Students demonstrating proficiency on alternate assessment counted as proficient	Give credit to students who make progress in spite of their profound disabilities
New Schools	Include new schools during first year of operation	Include new schools during second year of operation	To make compatible with status/growth & to give time for school to show improvement
Alternative & Special Mission Schools	Treat these schools as regular schools	Provide for additional measures of student progress that are aligned with the school's special mission.	Gives credit for these schools as "last chance" opportunities to save drop outs

# Fairbanks Daily News-Miner

## Federal education official to tour schools in rural Alaska

By Sam Bishop  
News-Miner Washington Bureau

**Wednesday, April 02, 2003** - WASHINGTON—U.S. Secretary of Education Rod Paige has agreed to visit some rural schools in Alaska to see the trouble such institutions have complying with a new federal education law, Sen. Ted Stevens said Tuesday.

Stevens told Paige in a hearing on the Department of Education's budget last week that he was not happy with the way the law applied to Alaska. Staff who visited the state never got to rural areas, he said.

"I'm pleased that Secretary Paige has accepted my invitation to visit the rural areas of our state," Stevens said in a news release Tuesday. "Seeing these schools, their teachers, and students is critical to understanding the challenges we face in applying the No Child Left Behind Act in Alaska."

Stevens said staff from his and Paige's offices will work out details of the visit.

Stevens said Paige has promised to set up a task force under a deputy secretary to see how rural areas could best be served under the act.

Alaska's rural schools need more funding because they have an inadequate tax base to raise their own, Stevens said. The senator also called for more regional education centers because he believes small schools cannot meet the standards.

The state last year wrote to Paige asking for more time to qualify teachers and teacher aides in Alaska and to bring young students up to speed in English.

A spokesman at the Department of Education could not be reached Tuesday.

Washington, D.C., reporter Sam Bishop can be reached at [sbishop@newsminer.com](mailto:sbishop@newsminer.com) or (202) 662-8721.

# Fairbanks Daily News-Miner

## Stevens: Schools a nonwar priority

By DAN RICE  
Staff Writer

Distributed By:  
Representative Gatto  
3/31/03

Monday, March 31, 2003 - With the attention of Congress centered on the war in Iraq, Sen. Ted Stevens, R-Alaska, says his focus on other national issues affecting Alaska remains at the forefront.

"We just are now working about four hours more a day," said Stevens, who was in Fairbanks Saturday for the annual military appreciation banquet held at the Westmark Fairbanks Hotel. "When I see requests come in for a supplemental appropriation for some of the departments for overtime, my question is: Why should anyone get overtime right now if you got those guys out in the desert who aren't getting paid for overtime?"

Near the top of Stevens' nonwar priority list is trying to find "flexibility" for rural Alaska schools in the No Child Left Behind Act, which the senator said contains many requirements that would be next to impossible for village schools to meet.

Stevens harshly criticized the act and its likely effect on Alaska in front of Education Secretary Rod Paige during a hearing last Thursday on the U.S. Department of Education budget. Stevens said that he is scheduled to meet with Paige again on Tuesday to talk about the new law.

Before leaving Alaska, Stevens said he will also meet with the state Legislature in Juneau today and talk about some of the specific requests he has made of Paige to try to "give us some flexibility in that law or at least approve of Congress giving us some flexibility."

Stevens declined to talk at length Saturday about how he thinks No Child Left Behind should be applied to Alaska because he said he didn't want to steal his thunder for when he speaks to the Legislature.

"We just cannot meet the restrictions of that law," he said. "For instance, one of the provisions of the law says that if a child is not doing well, then his parents have the right to demand that the child go to another school. Nice in downtown Chicago, right? But it just doesn't work too well in Unalakleet and Shishmaref."

Stevens added that he wants Paige to address his concerns before Congress considers the Education Department's funding requests for the next fiscal year. "I'm sure we're going to have some answers before he gets his money this year," he said.

During Thursday's hearing, Stevens also criticized Paige for the locations his staff visited during a recent tour of Alaska, according to a press release from the senator's office.

"I again ask you to come up and take a look at the villages and see the problems. Your staff came up and didn't leave the main cities. They didn't go to the villages and our problems are in the villages," the release states.

Reporter Dan Rice can be reached at [drice@newsminer.com](mailto:drice@newsminer.com) or 459-7503.

March 27, 2003

For Immediate Release

Contact: Melanie Alvord (202) 224-1028

## Stevens Expresses Deep Concern Over Education Department's Lack of Flexibility in Applying No Child Left Behind in Alaska

### *Urges Education Secretary to Visit Rural Alaska Schools*

At an Appropriations Subcommittee hearing today on the Department of Education's Fiscal Year 2004 budget, Senator Stevens took the opportunity to share his concern with Education Secretary Rod Paige over his department's lack of flexibility when applying the No Child Left Behind Act to Alaska's rural schools.

"Alaska Natives make up 25 percent of the enrollment of our schools. The bulk of it is in small villages and it's just impossible for us to follow the bill we support, which is the No Child Left Behind Act, from the point-of-view of getting the people necessary to carry it out. If we can't hire teachers, how can we hire teachers' assistants and special people to qualify those (children) who are not keeping up? In many cases it's a cultural language problem, where the parents refuse to allow the children to study in English. We don't have BIA schools, and yet we find that your (proposed) budget has reduced the funding for two basic programs – the Education Equity Act, from \$31 million to \$14 million, and the Alaska Native and Hawaiian Native-serving Institution program from \$8.2 million to \$4 million," said Stevens. Stevens also expressed concern that the entire \$60 million in funding for the Carol M. White Physical Education for Progress program had been eliminated in favor of a new administration initiative to be funded at \$10 million.

Stevens also expressed his dismay at the locations Secretary Paige's staff chose to visit while touring Alaska, "I again ask you to come up and take a look at the villages and see the problems. Your staff came up and didn't leave the main cities. They didn't go to the villages and our problems are in the villages. Even our small Barrow College, the college that is there for Native children, was ignored entirely (by your staff's visit)."

Stevens also urged Secretary Paige to find room for flexibility for Alaska villages or face restrictions in their funding when the Education Department's Fiscal Year 2004 budget is considered by the Appropriations Committee. "By the time this mark-up comes, Mr. Chairman, I'm going to ask you to put some severe restrictions on the Department of Education with regard to use of funds unless they pay attention to the rural areas that cannot comply with this law," said Stevens to Senator Arlen Specter, Subcommittee Chairman.

In addition, Stevens urged the Secretary to review the statement he submitted for the hearing record; following is Senator Stevens written statement:

Thank you Mr. Chairman, and I'm pleased to welcome Secretary Paige to our subcommittee.

Mr. Secretary, I thank you for the leadership you are demonstrating in working to ensure that no child in America is left behind in getting an education that will prepare him or her to lead a productive life in the 21st century.

Yours is not an easy task, especially in times like these when our ability to provide funding for these programs is severely challenged by the needs of homeland security and supporting our

defense needs.

I do have some concerns about how your department is responding to our State of Alaska's need for flexibility in meeting the standards of the "No Child Left Behind" Act.

Last June, Alaska's Education Commissioner sent you a letter requesting flexibility for our State in meeting time lines for qualifications of teachers and teacher aides, and testing in English of students at early ages.

To the best of my knowledge, the Department has yet to receive a written response from the Department to its request.

In January, Alaska's Governor, Frank Murkowski, met personally with you and your senior staff to discuss the issues raised in the June 2002 letter.

I understand that the Department has taken the position that it will not grant any waivers for the "No Child Left Behind" Act requirements.

I also understand that when the Department sent up a team to Alaska to "peer review" its proposed state plan, that the team did not choose to accept the State's invitation to visit remote rural communities to see just how different conditions in my State are from those in the South-48.

Alaska has 54 school districts, with the largest 5 enrolling 70% of students. Thirty-nine school districts in my State each enroll less than one percent of the student body.

My State has a large number of very small schools, each with only a handful of teachers. Of 506 schools, 135 schools have fewer than 50 students and 82 enroll 25 or fewer students.

Many of these schools are located in villages not served by roads, where the only means of transport among villages is via plane or dog sled.

i am concerned about what my State perceives as a lack of responsiveness by your Department to these issues.

Last year I invited you to come to Alaska and see these conditions for yourself. Once again, I extend the same invitation.

I also ask that within the next 30 to 60 days you send appropriate members of your staff to my State to visit representative schools in rural Alaska and to work with Governor Murkowski's administration to arrive at an equitable solution to these issues.

I'm also disturbed about several decreases and program eliminations in your budget proposal.

Alaska's Native population is almost 25% of total enrollment in our schools. Our State has assumed the responsibility for educating all of its students, and we do not receive any Indian education funding, nor do we have BIA schools.

Alaska's Native children need the resources provided under the Alaska Native Education Equity Act to provide the extra help many of them need to succeed in school.

Yet, for the second year in a row, your Department is proposing to cut this funding to \$14 million from its present FY03 level of \$31 million.

In the higher education area, your budget proposes to cut funding for the Alaska Native - Native Hawaiian Serving Institutions program from its present level of \$8.234 million to only \$4 million.

You have eliminated entirely funding for the ECHO Act, which provides funding for cultural enrichment and job training activities for our Alaska Native Heritage Center and our Inupiat Heritage Center.

All of these programs are authorized in law.

Mr. Secretary, I would like to have you share with this subcommittee why your department persists in slashing funding and even eliminating programs which are desperately needed by my State's Native people.

On another topic, the department has also zeroed out funding for the "Carol M. White Physical Education for Progress" (PEP) program – also authorized in law – from its current level of \$60 million.

I am particularly disturbed by this, because you and the administration have publicly voiced support for physical education programs as a means of combating our epidemic of obesity among America's children, and your budget proposes a similar initiative to be funded at \$10 million.

Mr. Secretary – what's wrong with my PEP program – one that is supported by most of the advocacy groups supporting increased emphasis on physical fitness for kids?

Mr. Secretary, I'm also concerned over significant cuts to the Impact Aid Program, which is of great benefit to many schools in Alaska, and I hope your staff will work with our subcommittee to restore this important source of support to federally-impacted school districts.

I look forward to your testimony Mr. Secretary and to your visiting Alaska in the near future.

###

# FISCAL NOTE

STATE OF ALASKA  
CSHJR 13(HES)

Fiscal Note Number: 1  
 Bill Version: CSHJR 13(HES)  
 (H) Publish Date: 3/14/2003

Revision Date/Time (Note if correction): \_\_\_\_\_ Dept. Affected: \_\_\_\_\_  
 Title Federal Education Law 2001 BRU \_\_\_\_\_  
 Component \_\_\_\_\_  
 Sponsor Special Committee on Education Component No. \_\_\_\_\_  
 Requester \_\_\_\_\_

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

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

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

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

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

Estimate of any current year (FY2003) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2004 budget proposal:

**POSITIONS**

Full-time						
Part-time						
Temporary						

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

Prepared by: Jean Ellis - staff Phone \_\_\_\_\_  
 Division: House Health Education and Social Services Committee Date/Time 3/14/03 10:12 AM  
 Approved by: Representative Peggy Wilson - Chair Date 3/14/2003  
 Agency: House Health Education and Social Services Committee