



HB

106

HOUSE COMMITTEE REPC

(7)

Date Referred to Committee: January 24, 2005

FURTHER REFERRALS: Finance

Date of Committee Action: February 10, 2005

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 106

HOUSE BILL NO. 106

SENIOR CARE PROGRAM

"An Act establishing the senior care program and relating to that program; creating a fund for the provision of the senior care program; repealing ch. 3, SLA 2004; and providing for an effective date."

Recommends it be replaced with [] HCS or [X] CS for HB 106 ()
 For Senate Bills with new title: [] Technical Title [] New Title: HCR _____ [] Same Title [] New Title

- [] attach amendments
- [] add new referral to _____ Committee
- [] Letter of Intent _____ Committee

List of Abbrev for Depts.:
 ADM
 CED
 COR
 CRT
 EED
 DEC
 DFG
 GOV
 HSS
 LEG
 LAW
 LWF
 MVA
 DNR
 DPS
 REV
 DOT
 UA

NEW FISCAL NOTES				
*Assigned by Chief Clerk's Office				
List by Dept(s):	*FN#	Fiscal	Indet.	Zero
HSS	1	✓		
HSS	2	✓		
HSS	3	✓		
HSS	4	✓		

PREVIOUS FISCAL NOTES				
List by Dept(s):	FN#	Fiscal	Indet.	Zero

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
<i>Beta Gardner</i>	Gardner			X	
<i>[Signature]</i>	CISSNA	✓			
<i>[Signature]</i>	ANDERSON	X			
<i>[Signature]</i>	Kohring			X	
Chair: <i>[Signature]</i>	WILSON	✓			

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: HB 106
 (H) Publish Date: 1/24/05
 Dept. Affected: Health & Social Services
 RDU Departmental Support Services
 Component Commissioner's Office

Revision Date/Time (Note if correction):

Title ESTABLISHING THE ALASKA SENIOR CARE PROGRAM

Sponsor (RLS) BY REQUEST OF THE GOVERNOR

Requester GOVERNOR

Component No. 317

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	8,689.0	17,377.9	18,064.5	18,826.7	19,659.1	20,579.2
1037 GF/Mental Health						
1189 Senior Care Fund	7,762.4					
Other(Specify Type-do not abbreviate)						
TOTAL	16,451.4	17,377.9	18,064.5	18,826.7	19,659.1	20,579.2

Estimate of any current year (FY2005) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The bill authorizing the continuation of the SeniorCare program includes provision to establish a new Alaska senior care fund as an account in the general fund. Per proposed section 47.45.360 the fund would consist of 1) money in the former senior care fund established in sec. 2, ch. 2, SLA 2004; 2) appropriations to the Alaska senior care fund; and 3) any appropriation of interest earned on money in the Alaska senior care fund.

This fiscal note represents capitalization of the new Alaska senior care fund; expenditures are shown on associated fiscal notes for components that would be operating the program. See attachment A for summary of Alaska SeniorCare projected caseload and costs. (Continued on next page)

Prepared by: Janet Clarke, Assistant Commissioner

Division: Finance and Management Services

Phone 465-1630

Date/Time 01/10/2004

Approved by: Joel S. Gilbertson, Commissioner

Agency: Department of Health and Social Services

Date 01/14/2005

FISCAL NOTE

FN # 1

**STATE OF ALASKA
2005 LEGISLATIVE SESSION**

BILL NO. HB 106

ANALYSIS CONTINUATION

The Alaska senior care fund would be capitalized with a General Fund deposit as well as deposit of the balance of the former senior care fund. The estimated balance of the former senior care fund will be approximately \$7,764.2 on January 1, 2006. This balance will be subject to actual claims and benefit payments under the existing SeniorCare program through December 31, 2005. The General Fund appropriation represents half of the FY07 projected expenditures for SeniorCare cash and drug benefits and the administrative costs to run the program.

It is anticipated that there will be an annual general fund capitalization deposit to the Alaska senior care fund that will be contained in the language section of the operating budget bill. Legislative approval of carryforward of the Alaska senior care fund annually (general fund sweep reversal) will be necessary to allow continuation of the Fund balance for use to pay benefits in the following year.

Alaska SeniorCare Projected Caseloads & Costs

	FY 06 -- 3rd & 4th Qtr	FY 07	FY 08
Caseload Projections			
Alaska SeniorCare Below 135% of Poverty-Cash Benefit	7,000	7,000	7,000
Alaska SeniorCare Between 135% and 300% of Poverty-Drug Benefit	9,975	10,474	10,997
Benefit Assumptions			
Alaska SeniorCare Below 135% of Poverty-Cash Benefit	\$ 720	\$ 1,440	\$ 1,440
Alaska SeniorCare Between 135% and 300% of Poverty-Drug Benefit	\$ 320	\$ 640	\$ 672
<hr/>			
	FY 06 -- 3rd & 4th Qtr	FY 07	FY 08
Budget Forecast			
Alaska SeniorCare Below 135% of Poverty-Cash Benefit	\$ 5,040,000	\$ 10,080,000	\$ 10,080,000
Alaska SeniorCare Between 135% and 300% of Poverty-Drug Benefit	\$ 3,192,000	\$ 6,703,360	\$ 7,389,984
Total Program Cost	\$ 8,232,000	\$ 16,783,360	\$ 17,469,984
Administrative Costs			
Eligibility	\$ 454,500	\$ 450,100	\$ 450,100
Claims Processing	\$ 163,900	\$ 80,900	\$ 80,900
Information and Referral	\$ 59,000	\$ 63,500	\$ 63,500
Total Administrative Costs	\$ 677,400	\$ 594,500	\$ 594,500
Combined Program and Administrative Costs	\$ 8,909,400	\$ 17,377,860	\$ 18,064,484

Source: Fiscal notes for LL-90, as of 1/13/05

FISCAL NOTE

**STATE OF ALASKA
2005 LEGISLATIVE SESSION**

Fiscal Note Number: 2
 Bill Version: HB 106
 (H) Publish Date: 1/24/05
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):

Title ESTABLISHING THE ALASKA SENIOR CARE PROGRAM

RDU Health Care Services

Component Medical Assistance Admin.

Sponsor (RLS) BY REQUEST OF THE GOVERNOR

Requester GOVERNOR

Component No. 242

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services	80.9	80.9	80.9	80.9	80.9	80.9
Travel						
Contractual	83.0					
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	163.9	80.9	80.9	80.9	80.9	80.9

CAPITAL EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011

CHANGE IN REVENUES (0)	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
1196 AK Senior Care Fund	163.9	80.9	80.9	80.9	80.9	80.9
Other(Specify Type-do not abbreviate)						
TOTAL	163.9	80.9	80.9	80.9	80.9	80.9

Estimate of any current year (FY2005) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time	1	1	1	1	1	1
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill authorizes the continuation of the SeniorCare program and modifies the prescription drug benefit available under the program. Approximately 10,000 seniors will receive assistance paying their premiums and deductibles for prescription drug coverage under Medicare or some comparable insurance.

The Division of Health Care Services will need to contract for changes to its claims payment system (MMIS) to allow for payment of premiums and deductibles, at a one-time cost of \$133.0 (\$50.0 of this total cost is included in the FY06 Governor's Budget and so not reflected above). In addition, the division will need to add one, full-time staff member. Initially, this position will perform the development and testing of system changes to MMIS. Once the new prescription drug benefit is effective, the position will be responsible for overseeing the premium buy-in process and coordinating the coverage of deductibles with providers.

Prepared by: Jon Sherwood
 Division: Office of Program Review
 Approved by: Joel S. Gilbertson, Commissioner
 Agency: Department of Health and Social Services

Phone 465-5820
 Date/Time 01/05/2005
 Date 01/14/2005

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 3
 Bill Version: HB 106
 (H) Publish Date: 1/24/05
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction):
 Title ESTABLISHING THE ALASKA SENIOR CARE PROGRAM

RDU Senior and Disabilities Svcs
 Component Senior/Disabilities Svcs Admin

Sponsor (RLS) BY REQUEST OF THE GOVERNOR
 Requester GOVERNOR

Component No. 2663

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 20 ⁰ 9	FY 2010	FY 2011
Personal Services	36.0	48.0	48.0	48.0	48.0	48.0
Travel	0.5	0.5	0.5	0.5	0.5	0.5
Contractual	15.0	15.0	15.0	15.0	15.0	15.0
Supplies	7.5					
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	59.0	63.5	63.5	63.5	63.5	63.5

CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
1196 AK Senior Care Fund	59.0	63.5	63.5	63.5	63.5	63.5
Other(Specify Type-do not abbreviate)						
TOTAL	59.0	63.5	63.5	63.5	63.5	63.5

Estimate of any current year (FY2005) cost: _____
 Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time	1	1	1	1	1	1
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill will make the SeniorCare program permanent. With the permanency, the Division of Senior and Disabilities Services needs to add one Administrative Clerk III to provide the support for the SeniorCare Information office. This position would be responsible for answering phones, making referrals to agencies, mailing out informational packets on the senior benefits, and maintaining files.

The division is requesting support costs for office space, furniture, a computer, telephone and computer lines, mailings, printing and general office supplies.

Prepared by: Sharon K. Lowe Phone 907-465-5810
 Division Senior and Disabilities Services Date/Time _____
 Approved by: Joel S. Gilbertson, Commissioner Date 01/14/2005
 Agency Department of Health and Social Services

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: 4
 Bill Version: HB 106
 (H) Publish Date: 1/24/05
 Dept. Affected: Health & Social Services
 RDU Public Assistance
 Component SeniorCare

Revision Date/Time (Note if correction):
 Title ESTABLISHING THE ALASKA SENIOR CARE PROGRAM

Sponsor (RLS) BY REQUEST OF THE GOVERNOR

Requester GOVERNOR Component No. 2760

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services	301.5	361.8	361.8	361.8	361.8	361.8
Travel	3.5	3.5	3.5	3.5	3.5	3.5
Contractual	114.5	74.8	74.8	74.8	74.8	74.8
Supplies	35.0	10.0	10.0	10.0	10.0	10.0
Equipment						
Land & Structures						
Grants & Claims	8,232.0	16,783.4	17,470.0	18,232.2	19,064.6	19,984.7
Miscellaneous						
TOTAL OPERATING	8,686.5	17,233.5	17,920.1	18,682.3	19,514.7	20,434.8

CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
1196 AK Senior Care Fund	8,686.5	17,233.5	17,920.1	18,682.3	19,514.7	20,434.8
Other(Specify Type-do not abbreviate)						
TOTAL	8,686.5	17,233.5	17,920.1	18,682.3	19,514.7	20,434.8

Estimate of any current year (FY2005) cost:

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time	6	6	6	6	6	6
Part-time						
Temporary						

ANALYSIS:

(Attach a separate page if necessary)

This bill authorizes the continuation of the SeniorCare program, which provides a cash or drug benefit to eligible seniors age 65 or older. It also changes the drug benefit to a State Pharmaceutical Assistance Program, to cover the premiums and deductibles of the new Medicare Part D prescription drug coverage that begins January 1, 2006. This bill would allow seniors with incomes below 135% of the federal poverty guideline and countable assets below \$6,000 (\$9,000 for couples) to continue to be eligible for the \$120 monthly cash payment. Seniors with incomes below 300% of the federal poverty guideline and countable assets below \$50,000 (\$100,000 for couples) would be eligible to have their premiums and deductibles for Medicare Part D, or other similar prescription drug coverage, paid for by the new SeniorCare drug benefit.

Prepared by: Katherine Farnham
 Division: Public Assistance
 Approved by: Joel S. Gilbertson, Commissioner
 Agency: Department of Health and Social Services

Phone: 269-7930
 Date/Time: 01/14/2005
 Date: 01/14/2005

FISCAL NOTE
FN # 4

STATE OF ALASKA
2005 LEGISLATIVE SESSION

BILL NO. HB 106

ANALYSIS CONTINUATION
SENIORCARE ANALYSIS CONTINUATION

Caseload & Benefit Cost Projections

Assumptions:

This fiscal note assumes the new SeniorCare program begins January 1, 2006 when Medicare Part D drug coverage first becomes available.

- ◀ In FY 04, an average of 7,000 seniors received the \$120 cash benefit each month. The Department estimates a monthly average of 7,000 seniors will be eligible for and continue to receive the \$120/month cash benefit, when the program is extended on January 1, 2006.
- ◀ The Department estimates an additional 9,975 seniors will become eligible for the new SeniorCare drug benefit beginning January 1, 2006, at an annual cost per individual of \$640.
- ◀ The number of seniors receiving the drug benefit and the associated drug benefit premium and deductible costs will increase by 5%/year beginning in FY 07.

Total FY 06 SeniorCare Benefit Costs (6 months): \$8,232.0

Cash benefit @ 135% of FPG: $7,000 \times \$720 = \$5,040.0$
Drug benefit @ 300% of FPG: $9,975 \times \$320 = \$3,192.0$

Total FY 07 SeniorCare Benefit Costs: \$16,783.4

Cash benefit @ 135% of FPG: $7,000 \times \$1,440 = \$10,080.0$
Drug benefit @ 300% of FPG: $10,474 \times \$640 = \$6,703.4$

Total FY 08 SeniorCare Benefit Costs: \$17,470.0

Cash benefit @ 135% of FPG: $7,000 \times \$1,440 = \$10,080.0$
Drug benefit @ 300% of FPG: $10,997 \times \$672 = \$7,390.0$

Total FY 09 SeniorCare Benefit Costs: \$18,232.2

Cash benefit @ 135% of FPG: $7,000 \times \$1,440 = \$10,080.0$
Drug benefit @ 300% of FPG: $11,547 \times \$706 = \$8,152.2$

Total FY 10 SeniorCare Benefit Costs: \$19,064.6

Cash benefit @ 135% of FPG: $7,000 \times \$1,440 = \$10,080.0$
Drug benefit @ 300% of FPG: $12,125 \times \$741 = \$8,984.6$

Total FY 11 SeniorCare Benefit Costs: \$19,984.7

Cash benefit @ 135% of FPG: $7,000 \times \$1,440 = \$10,080.0$
Drug benefit @ 300% of FPG: $12,731 \times \$778 = \$9,904.7$

FISCAL NOTE
FN # 4

STATE OF ALASKA
2005 LEGISLATIVE SESSION

BILL NO. HB 106

ANALYSIS CONTINUATION
SENIORCARE ANALYSIS CONTINUATION

Administration

In FY 06, Administration of the new SeniorCare program will transfer from the Alaska Division of Pioneer Homes to the Division of Public Assistance (DPA). Six new positions are needed in DPA to administer the SeniorCare program: 1 Administrative Clerk II; 3 Eligibility Technician I's, 1 Eligibility Technician III Lead Worker; and 1 Program Coordinator. These positions will have statewide responsibility for processing the enrollment applications for the projected 16,975 eligible recipients. This includes the initial and ongoing determining of eligibility, processing claims, and serving as a liaison with the Social Security Administration to ensure recipient enrollment in Medicare Part D.

Assumptions:

- DPA staff recruitment, hiring, and program eligibility training for new staff will begin in September 2005.
- In October 2005, DPA will begin processing renewal applications for the 7,000 current SeniorCare cash benefit recipients, and begin accepting new applications for the new drug benefit coverage.
- Eligibility determinations for the new SeniorCare drug benefit will begin in November 2005, concurrently with the Social Security Administration's enrollment of beneficiaries for Medicare Part D.
- Starting in January 2006, DPA will have full responsibility for issuing the \$120 SeniorCare cash benefit checks and the new drug benefit identification cards.
- Modifications to DPA's Eligibility Information System (EIS) will be completed to facilitate the issuance of SeniorCare cash benefits and drug benefit identification cards.

Total FY 06 Administrative Costs: \$454.5

Personal Services (\$30,150/month x 10 months): \$301.5
Travel (to support employee training, marketing, outreach): \$3.5
Contractual: \$114.5
*Office Space: \$24.0
*Local & Long Distance Telephone Support \$8.5
*Marketing & Outreach: \$30.0
*Regulations Development: \$5.0
*EIS Computer System Programming Modifications: \$25.5
*Other Services (printing/ mailing recipient warrants and drug benefit ID cards): \$21.5
Office Supplies: \$10.0 Desktop computers, printers, and work stations: \$25.0

Total FY 07 (Annual) Administrative Costs: \$450.1

Personal Services (\$30,150/month x 12 months): \$361.8
Travel (to support employee training, marketing, outreach): \$3.5
Contractual: \$74.8
*Office Space: \$24.0
*Local & long distance telephone support: \$8.5
*Other Services (printing/ mailing recipient warrants and drug benefit ID cards): \$42.3
Office Supplies: \$10.0

24-GH1090G
Mischel
2/8/05

CS FOR HOUSE BILL NO. 106(HES)

**IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FOURTH LEGISLATURE - FIRST SESSION**

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

**Offered:
Referred:**

Sponsor(s): HOUSE RULES COMMITTEE BY REQUEST OF THE GOVERNOR

A BILL

FOR AN ACT ENTITLED

1 **"An Act establishing the senior care program and relating to that program; creating a**
2 **fund for the provision of the senior care program; repealing ch. 3, SLA 2004; and**
3 **providing for an effective date."**

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

5 *** Section 1.** AS 09.38.015 is amended to read:

6 **Sec. 09.38.015. Property exempt without limitation.** (a) An individual is
7 entitled to exemption of the following property:

- 8 (1) a burial plot for the individual and the individual's family;
- 9 (2) health aids reasonably necessary to enable the individual or a
10 dependent to work or to sustain health;
- 11 (3) benefits paid or payable for medical, surgical, or hospital care to
12 the extent they are or will be used to pay for the care;
- 13 (4) an award under AS 18.67 (Violent Crimes Compensation Board) or
14 a crime victim's reparations act of another jurisdiction;

- 1 (5) benefits paid or payable as a longevity bonus under AS 47.45;
- 2 (6) compensation or benefits paid or payable and exempt under federal
- 3 law;
- 4 (7) liquor licenses granted under AS 04;
- 5 (8) tuition credit or savings accounts under a higher education savings
- 6 account established under AS 14.40.802 or an advance college tuition savings contract
- 7 authorized under AS 14.40.809(a);
- 8 (9) a permanent fund dividend to the extent allowed under
- 9 AS 43.23.065;
- 10 (10) benefits paid or payable as a senior care benefit under
- 11 AS 47.45.300 - 47.45.390.

12 * Sec. 2. AS 47.45 is amended by adding new sections to read:

13 **Article 3. Senior Care Program.**

14 **Sec. 47.45.300. Senior care program.** (a) The senior care program is
15 established in the Department of Health and Social Services to provide cash assistance
16 benefits and prescription drug benefits as far as practicable under appropriations
17 provided by law.

18 (b) The department shall

- 19 (1) administer the program; and
- 20 (2) adopt regulations under AS 44.62 to carry out the purposes of the
- 21 program.

22 (c) If the department estimates that appropriations for the program are
23 insufficient to meet the demands of the program in a fiscal year, the department may
24 reduce or eliminate the benefits available to recipients. Benefits shall be reduced or
25 eliminated in the following order:

- 26 (1) deductible coverage under AS 47.45.320(c);
- 27 (2) premium coverage under AS 47.45.320(c);
- 28 (3) cash assistance under AS 47.45.310(b).

29 **Sec. 47.45.310. Cash assistance benefit.** (a) To be eligible for a cash
30 assistance benefit under the program, an individual shall

- 31 (1) be 65 years of age or older;

- 1 (2) be a resident of the state;
- 2 (3) have household income that does not exceed 135 percent of the
- 3 federal poverty line as defined by the federal Office of Management and Budget and
- 4 revised under 42 U.S.C. 9902(2), as amended;
- 5 (4) meet other eligibility requirements specified in this subsection and
- 6 in regulations adopted under this subsection; and
- 7 (5) apply on a form provided by the department; the department may
- 8 use an abbreviated form for an individual who received a payment under an assistance
- 9 program for seniors that paid \$120 a month and was administered by the department
- 10 on or before the effective date of this section.

11 (b) An eligible individual who meets the income standard of (a)(3) of this

12 section shall receive cash assistance of \$120 a month as far as practicable under

13 appropriations available to the program.

14 (c) Cash assistance provided under this section is inalienable by assignment or

15 transfer and is exempt from garnishment, levy, or execution as provided in

16 AS 09.38.015.

17 **Sec. 47.45.320. Prescription drug benefit.** (a) To be eligible for a

18 prescription drug benefit under the program, an individual

- 19 (1) shall be 65 years of age or older;
- 20 (2) shall be a resident of the state;
- 21 (3) shall have household income that does not exceed 300 percent of
- 22 the federal poverty line as defined by the federal Office of Management and Budget
- 23 and revised under 42 U.S.C. 9902(2), as amended;
- 24 (4) may not be receiving a cash assistance payment under
- 25 AS 47.45.310,
- 26 (5) shall be enrolled in at least one of the prescription drug programs
- 27 described in (c) of this section;
- 28 (6) shall meet other eligibility requirements specified in this subsection
- 29 and in regulations adopted under this subsection; and
- 30 (7) shall apply on a form provided by the department; the department
- 31 may use an abbreviated form for individuals who received a payment under an

1 assistance program for seniors that paid \$120 a month and was administered by the
2 department on or before the effective date of this section.

3 (b) To receive a prescription drug benefit under this section, an individual

4 (1) may not also receive a similar prescription drug benefit, except for
5 a prescription drug program offered by a facility that operates under the authority of
6 25 U.S.C. 450 - 458bbb-2; and

7 (2) if eligible for a similar prescription drug benefit, shall assign to the
8 department the individual's right to payment of the other prescription drug benefit.

9 (c) The department may pay an eligible individual's premium and deductible
10 for a prescription drug benefit authorized under

11 (1) 42 U.S.C. 1395w-101 - 1395w-152 (Medicare Prescription Drug,
12 Improvement and Modernization Act of 2003), as amended, including

13 (A) a prescription drug plan funded under 42 U.S.C. 1395w-
14 101 - 1395w-152 (Medicare Prescription Drug, Improvement and
15 Modernization Act of 2003), as amended; and

16 (B) a Medicare Advantage plan that provides prescription drug
17 coverage qualified under 42 U.S.C. 1395w-101 - 1395w-152 (Medicare
18 Prescription Drug, Improvement and Modernization Act of 2003), as amended;

19 (2) a group health plan, including the federal employees health benefits
20 program and qualified retiree prescription drug plan as defined in 42 U.S.C. 1395w-
21 132 (sec. 1860D-22(a)(2) of the Social Security Act), as amended;

22 (3) coverage of prescription drugs for veterans, survivors, and
23 dependents under 38 U.S.C. 1701 - 1784, as amended;

24 (4) coverage under a Medicare supplemental policy, such as medigap
25 under 42 U.S.C. 1395ss (sec. 1882 of the Social Security Act), as amended, and as
26 specified in 42 C.F.R. 403.205, that provides a prescription drug benefit regardless of
27 whether the coverage was issued in accordance with the standardization requirement
28 under 42 U.S.C. 1395ss(p)(1) (sec. 1882(p)(1) of the Social Security Act), as
29 amended;

30 (5) military coverage under 10 U.S.C. 1071 - 1110, as amended; or

31 (6) any other private plan that is identified by the department as

1 providing coverage actuarially equivalent to 42 U.S.C. 1395w-101 - 1395w-152
2 (Medicare Prescription Drug, Improvement and Modernization Act of 2003), as
3 amended.

4 (d) If an eligible individual has a prescription drug benefit that is specified in
5 (c) of this section, but that benefit does not require the individual to pay either a
6 premium or a deductible, the department may not pay a prescription drug benefit to the
7 individual under this section.

8 (e) The total prescription drug benefit that an eligible individual may receive
9 under this section in a fiscal year may not exceed the annual premium cost of a plan
10 identified in (c) of this section and any deductible required under 42 U.S.C. 1395w-
11 101 - 1395w-152 (Medicare Prescription Drug, Improvement and Modernization Act
12 of 2003), as amended.

13 (f) The department may not pay a prescription drug benefit under this section
14 to an individual who has a prescription drug benefit authorized under

15 (1) Medicaid under 42 U.S.C. 1396 - 1396v (Title XIX of the Social
16 Security Act), as amended; or

17 (2) a waiver under 42 U.S.C. 1315 (sec. 1115 of the Social Security
18 Act), as amended

19 (g) An individual residing in a public institution, a nursing facility, the Alaska
20 Pioneers' Home, or the Alaska Veterans' Home is not eligible for a prescription drug
21 benefit under this section. For purposes of this subsection, an individual is not
22 considered to be residing in a public institution or nursing facility if the individual is
23 institutionalized for medical services for a period of less than three months and
24 continues to maintain and provide for the expenses of the individual's home or living
25 arrangement to which that individual may return upon discharge from the institution or
26 facility.

27 **Sec. 47.45.330. Continuation of benefits.** An eligible individual who leaves
28 the state may not receive a cash assistance benefit under AS 47.45.310 or prescription
29 drug benefit under AS 47.45.320 during the absence unless the individual's absence is
30 temporary and is for one of the following reasons:

31 (1) to receive medical treatment for the individual;

1 (2) to accompany the individual's family member who is receiving
2 medical treatment outside the state; or

3 (3) for a vacation, business trip, or other absence of less than 30
4 consecutive days, unless the individual has applied for and received a time extension
5 from the department for special circumstances.

6 **Sec. 47.45.340. Appeal rights.** An individual who receives a determination
7 from the department that denies, limits, or modifies a cash assistance benefit or
8 prescription drug benefit under AS 47.45.300 - 47.45.390, other than a determination
9 under AS 47.45.300(c) to reduce or eliminate benefits, may request a hearing before
10 the department under regulations adopted by the department.

11 **Sec. 47.45.350. Ability to recover or recoup improper assistance benefits.**
12 An individual is liable to the department for the value of assistance or benefits
13 improperly paid to the person under AS 47.45.310 or 47.45.320 if the improper
14 payment was based on inaccurate or incomplete information provided by the
15 individual. In a civil action brought by the state to recover from the individual the
16 value of assistance or benefits improperly paid under AS 47.45.310 or 47.45.320, the
17 state may recover from the individual the costs of investigation and prosecution of the
18 civil action, including attorney fees as determined under court rules.

19 **Sec. 47.45.360. Alaska senior care fund.** The Alaska senior care fund is
20 established as an account in the general fund. The fund shall be used by the
21 commissioner of health and social services to pay for costs incurred in the provision of
22 senior services under AS 47.45.300 - 47.45.390. The fund consists of

- 23 (1) money in the former senior care fund established in sec. 2, ch. 3,
24 SLA 2004;
- 25 (2) appropriations to the Alaska senior care fund; and
- 26 (3) any appropriation of interest earned on money in the Alaska senior
27 care fund.

28 **Sec. 47.45.390. Definitions.** In AS 47.45.300 - 47.45.390,
29 (1) "department" means the Department of Health and Social Services;
30 (2) "eligible individual" means an individual who meets the
31 requirements of AS 47.45.310 or 47.45.320 and regulations adopted under those

1 statutes for eligibility for the program;

2 (3) "family member" means a person who is

3 (A) legally related to an eligible individual through marriage or
4 guardianship; or

5 (B) an eligible individual's sibling parent, grandparent, son,
6 daughter, grandson, granddaughter, uncle, aunt, niece, nephew, or first cousin;

7 (4) "program" means the senior care program established in
8 AS 47.45.300 - 47.45.390;

9 (5) "public institution" means a governmentally owned establishment
10 that furnishes food, shelter, and some additional treatment or services to 16 or more
11 persons; "public institution" does not include the Alaska Pioneers' Home or Alaska
12 Veterans' Home;

13 (6) "resident" has the meaning given in AS 47.25.430(a).

14 * **Sec. 3.** AS 37.05.146(c) is amended by adding a new paragraph to read:

15 (78) the Alaska senior care fund (AS 47.45.360).

16 * **Sec. 4.** Chapter 3, SLA 2004, is repealed.

17 * **Sec. 5.** The uncodified law of the State of Alaska is amended by adding a new section to
18 read:

19 **TRANSITION: TRANSFER OF ASSETS TO THE ALASKA SENIOR CARE**
20 **FUND.** Subject to appropriation, the assets of the senior care fund created by sec. 2, ch. 3,
21 SLA 2004, are transferred to the Alaska senior care fund (AS 47.45.360) established by sec. 2
22 of this Act.

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

25 **TRANSITION: REGULATIONS.** (a) To the extent the regulations are not
26 inconsistent with this Act, regulations adopted by the Department of Health and Social
27 Services in 2005 to provide cash assistance of \$120 a month to seniors that were in effect on
28 June 29, 2004, remain applicable and in effect as valid regulations until the Department of
29 Health and Social Services adopts regulations under this Act and those regulations take effect
30 under AS 44.62.

31 (b) The Department of Health and Social Services may proceed to adopt regulations

1 to implement the changes made by this Act. The regulations take effect under AS 44.62
2 (Administrative Procedure Act), but not before the effective date of the statutory changes.

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

5 DUTY OF COMMISSIONER TO NOTIFY REVISOR OF STATUTES. The
6 commissioner of health and social services shall notify the revisor of statutes when 42 U.S.C.
7 1395w-101 - 1395w-152 (Medicare Prescription Drug, Improvement and Modernization Act
8 of 2003) is operational for recipients in this state, as communicated to the commissioner of
9 health and social services by the United States Department of Health and Human Services.

10 * Sec. 8. Sections 6(b) and 7 of this Act take effect immediately under AS 01.10.070(c).

11 * Sec. 9. Except as provided in sec. 8 of this Act, this Act takes effect on the date that the
12 commissioner of health and social services notifies the revisor of statutes that 42 U.S.C.
13 1395w-101 - 1395w-152 (Medicare Prescription Drug, Improvement and Modernization Act
14 of 2003) is operational for recipients in this state, as communicated to the commissioner of
15 health and social services by the United States Department of Health and Human Services.

LEGAL SERVICES

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

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

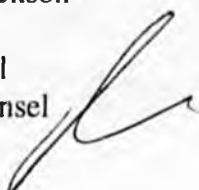
MEMORANDUM

February 3, 2005

SUBJECT: Senior Care (HB 106 (Work Order No. 24-GH 1090\A))

TO: Representative Peggy Wilson
Attn: Kathy Erickson

FROM: Jean M. Mischel
Legislative Counsel



You have asked for a review and opinion on the drafting and legal issues raised in the above referenced bill. The bill creates an account to transfer funds from the temporary senior care program established under ch. 3 SLA 2004, repeals the temporary program in its entirety, and establishes a senior care program in AS 47.45 for administration by the Department of Health and Social Services. While the bill shares many similarities with the temporary senior care program, it would be inaccurate to characterize this bill as merely codifying the temporary law. Both the benefits and the eligibility criteria have been changed in this bill.

The bill also contains explicit cross-references to the federal act that provides for prescription benefits. As a drafting matter, these cross references should be changed to reflect the title of the federal act, "**Medicare Prescription Drug, Improvement and Modernization Act of 2003**" and the reference to "**Medicare Part D**" should be deleted throughout this bill. The cross-reference to "Part D" could easily prove ambiguous or inaccurate, particularly if a future Congress reorganizes the federal act. The bill also contains an error at page 3, line 31 that should be corrected. The cross-reference there should read: "38 U.S.C. 1701-**1784**", rather than "38 U.S.C. 1701-1774." Other editorial changes should be made in compliance with the legislative drafting manual including a substitution of the word "**shall**" for "**must**" wherever "must" appears.

In addition, the exemption of senior care benefits from garnishment, levy or execution at page 2, line 25-26 of the bill requires an amendment to AS 09.38.015(a) to include senior care benefits. If senior care benefits are intended to replace longevity bonus payments then other conforming amendments pertaining to the longevity bonus program should be made. Let me know if you would like to have these conforming amendments drafted.

A potential equal protection issue is raised by the exclusion of residents of certain types of public facilities, who would otherwise qualify, from eligibility for the prescription benefits provided for in this bill (page 4, lines 25-31). Since this an economic benefit, a court would apply the lowest level of scrutiny to the rationale for this provision. The

Representative Peggy Wilson
February 3, 2005
Page 2

state must have a legitimate interest supporting the differential treatment.

The mandatory assignment of rights to similar prescription drug benefits (page 3, lines 16-17) assumes that the benefit is assignable, which may not always be available to a beneficiary.

The appeal procedure provided for at page 5, lines 12-16, may more appropriately be placed within the Department of Administration's Office of Administrative Hearings under AS 44.64.

Finally, the effective date at section 7 may allow for a gap in benefits should the federal Medicare Part D prescription drug benefits not be operational by January 1, 2006. At that point, the temporary senior care program will be repealed and eligible participants who have private or non-Medicare prescription drug benefits will receive a prescription drug benefit unavailable to other eligible recipients, a result that may not be intended.

If I may be of further assistance, please advise.

JMM:jad
05-067.jad

Sectional Analysis of HB 106/SB 78 (Senior Care)

(Prepared by the Department of Health and Social Services and the Department of Law, January 28, 2005)

HB 106/SB 78 would establish the senior care program, which provides cash assistance and prescription drug benefits to eligible seniors.

I. Establishment of the senior care program (Section 1):

Sec. 1: Section 1 establishes and sets out the senior care program in statute by adding new sections to the chapter dealing with older Alaskans, as follows:

- it establishes senior care as a program, provides the Department of Health and Social Services with the authority to administer it, and establishes the order in which senior care benefits are to be reduced if funding is inadequate;
- it provides for a cash assistance benefit of \$120 per month for Alaska residents, age 65 and older, who have income less than or equal to 135 percent of the federal poverty guidelines;
- it provides for a prescription drug benefit for Alaska residents, age 65 and older, who have income less than or equal to 300 percent of the federal poverty guidelines, who do not receive a cash assistance payment under section 1, and who meet other requirements;
- it provides that the prescription drug benefit will pay for premiums and deductibles for prescription drug coverage under Medicare Part D, a group health plan, veteran benefits, Medigap, military coverage, and other plans comparable to Medicare Part D, while limiting the total benefit to the annual cost of Medicare Part D premiums and deductibles;
- it places the following limitations on the prescription drug benefit: an individual is not eligible for the prescription drug benefit if their premium and deductible are covered by another source or if they have a prescription drug benefit authorized under specific sections of the Social Security Act; in addition, residents of public institutions, nursing facilities, Pioneers' Homes, and Veterans' Homes are not eligible, unless they reside in a public institution or nursing facility for less than three months;
- it prevents recipients of either the cash assistance benefit or the prescription drug benefit from receiving benefits if they leave the state, unless it is temporary absence to receive medical treatment, accompany a family member receiving medical treatment, or take a trip of less than 30 consecutive days (or longer if the department grants an exception for special circumstances);

- it provides for an appeal process for people whose benefits are denied, terminated, or reduced;
- it makes an individual liable to the Department of Health and Social Services for benefits improperly paid due to inaccurate or incomplete information, and gives the Department of Health and Social Services the ability to recover those benefits and associated recovery costs through a civil action;
- it establishes the Alaska senior care fund in statute as an account in the general fund; the senior care fund would receive appropriations and unexpended funds in the current senior care fund created by temporary law;
- it provides definitions.

II. Adds the senior care fund to the list of nongeneral fund program receipts (Section 2):

Sec. 2: Section 2 adds the Alaska senior care fund to the list of nongeneral fund program receipts at AS 37.05.146(c).

III. Repeal of existing senior care program in session law (Section 3):

Sec. 3: Section 3 repeals ch. 3, SLA 2004, which sets out the existing senior care program.

IV. Transition provisions (Sections 4 - 5):

Sec. 4: Section 4 transfers the assets of the current senior care fund created under ch. 3, SLA 2004 to the senior care fund created under sec. 1.

Sec. 5: Section 5(a) gives the Department of Health and Social Services the authority to use the existing regulations to operate the senior care program until it can adopt regulations under the statutes added by the bill. Section 5(b) gives the Department of Health and Social Services authority to begin the process of adopting new regulations before the new statute takes effect.

V. Effective dates (Sections 6 - 7):

Sec. 6: Section 6 provides for an immediate effective date for sec. 5(b), authorizing the Department of Health and Social Services to begin adopting new regulations.

Sec. 7: Section 7 provides for an effective date of January 1, 2006, or the date Medicare Part D begins, whichever is sooner, for the remainder of the bill sections.

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Alaska Commission on Aging

FRANK H. MURKOWSKI
GOVERNOR

P.O. BOX 110693

JUNEAU, ALASKA 99811-0693

PHONE: (907) 465-3250

FAX: (907) 465-1398

February 7, 2005

The Honorable Peggy Wilson, Chair
House H.E.S.S. Committee
House of Representatives
State Capitol Room 108
Juneau, AK 99801-1182

Re: HB 106, SeniorCare Program

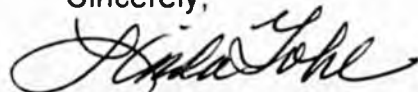
Dear Representative Wilson:

The members of the Alaska Commission on Aging would like to voice their very strong support for passage of the Governor's SeniorCare Bill, HB 106. The Commission is charged with making recommendations to the Governor and the Legislature with respect to legislation, regulations and appropriations for programs and/or services that support the health and well-being of older Alaskans.

Members of the Commission are particularly concerned about the ability of our most needy and vulnerable seniors to afford adequate medical care, including coverage for prescription drugs. We are also concerned about all seniors on fixed incomes who are burdened with skyrocketing costs for medical care, prescription drugs, Medicare and expensive private health insurance premiums. With the establishment of the Medicare Part D prescription drug program, it is vitally important that Alaska seniors are able to cover the cost of participating in this federal program if they are to avail themselves of this federal assistance. We believe the Governor's proposed SeniorCare program will go a long way toward ensuring that our seniors have adequate and affordable prescription drug coverage in Alaska.

The members of the Commission on Aging respectfully ask your consideration and support for passage of HB106 and sufficient funding to ensure this program is successful.

Sincerely,



Linda Gohl, Executive Director
Alaska Commission on Aging



February 8, 2005

The Honorable Peggy Wilson, Chair
House Health, Education and Social Services Committee
Alaska State Capitol, Room 108
Juneau, AK 99801-1182

RE: HB 106 (Governor Murkowski)—Support

Dear Chair Wilson:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the House Health, Education and Social Services Committee to support HB 106, introduced by the House Rules Committee at the request of Governor Murkowski.

Last year Governor Murkowski proposed, and the Legislature passed, the Alaska SeniorCare bill. As you know from talking to your own constituents, the cost of prescription medications for older Alaskans is a critical issue for many family budgets. Older persons use more medications than younger people. With more years, we use more medications. Our oldest Alaskans are the ones most likely to use the most prescriptions. They are also statistically likely to have the lowest incomes.

In Alaska, just like every other state, we also have a second group of persons who reach retirement age with serious health problems. Very often they already face significant prescription drug costs when they turn 65 and these costs usually continue to go up as they age.

Prescription medications are not a luxury. They are an essential part of preventive health care today. Without prescriptions, many older Alaskans would face more serious (and more costly) health interventions, including surgery. Providing prescription drug coverage under SeniorCare is smart medicine and we applaud the Governor and the Legislature for passing SeniorCare last year.

HB 106 would allow SeniorCare to continue beyond December 31, 2005. Better yet, HB 106 would compliment the new Medicare Part D program and assist older Alaskans who sign up for the new Medicare benefit with premium and deductible costs up to 300% of the federal poverty level. HB 106 also raises the "assets test" for eligibility in SeniorCare. The original assets test undoubtedly prevented some medically needy older Alaskans from participating. Older persons tend to save for that "rainy day." Even low income older people tend to save for emergencies. They may not be able to save much but what they do save often makes them ineligible for programs like SeniorCare. Raising the assets test to more reasonable limits is certainly good public policy and supports the intent of the Governor and the Legislature.

We are well aware that the Legislature faces competing requests for a limited budget. However, we also believe that SeniorCare is successful in its intent and, with the Governor's recommend changes in HB 106, Alaska's SeniorCare will be even more effective in helping older Alaskans deal with the ever-rising cost of prescription medications.

We urge an "AYE" vote on HB 106.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,

Marie Darlin

Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Paul Seaton
Representative Vic Kohring
Representative Tom Anderson
Representative Lesil McGuire
Representative Berta Gardner
Representative Sharon Cissna
Governor Frank Murkowski
Commissioner Joel Gilbertson

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

FRANK H. MURKOWSKI, GOVERNOR

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

January 26, 2004

Honorable Peggy Wilson, Chair
House Health, Education and
Social Services Committee
Alaska State Capitol; Rm. 108
Juneau, AK 99801

Dear Representative Wilson,

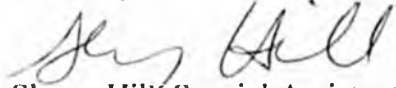
The Department of Health and Social Services respectfully requests a hearing in the House Health, Education, and Social Services Committee on House Bill 106 "An Act establishing the senior care program and relating to that program; creating a fund for the provision of the senior care program; repealing ch. 3, SLA 2004; and providing for an effective date."

The proposed legislation will repeal the existing SeniorCare program established in temporary law last year and replace it with a permanent law that will strengthen the SeniorCare program in future years.

A copy of Governor Murkowski's transmittal letter providing additional information on the bill and the associated fiscal notes should be on file with the committee. A sectional analysis will be provided to the committee prior to a hearing on the bill

Your favorable consideration of this request will be appreciated.

Sincerely,


Sherry Hill, Special Assistant
Office of the Commissioner

cc: Kevin Jardell, Legislative Director
Office of the Governor

Ms. Katherine Farnham, Director
Division of Public Assistance

HB

109

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
Bill Version: HB109-DHSS-DPH-02-04-05
() Publish Date: _____

Revision Date/Time (Note if correction): 02/04/05 8:00 AM

Dept. Affected: Health & Social Services

Title: RELATING TO NEWBORN HEARING
SCREENING, AUDIOLOGISTS, AND
INSURANCE

RDU: Public Health

Component: Women, Children and Family Health

Sponsor: RAMRAS

Requester: HOUSE (L&C)

Component No.: 2788

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	31.9	39.4	47.4	55.8	64.6	64.6
Miscellaneous						
TOTAL OPERATING	31.9	39.4	47.4	55.8	64.6	64.6

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts			(29.7)	(111.6)	(115.9)	(119.8)
1003 GF Match						
1004 GF	31.9	39.4	77.1	167.4	180.5	184.4
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	31.9	39.4	47.4	55.8	64.6	64.6

Estimate of any current year (FY2005) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The intent of this bill is to ensure all newborns are provided with hearing screening within 30 days of their birth, and that those identified with a positive screen or high risk factors receive a second screen or diagnostic work-up, are enrolled in early intervention and receive treatment as needed. Projected costs associated with maintenance of the Early Hearing Detection and Intervention program (EHDI) are based on the following assumptions: 1) The number of newborns screened is based on the average number of births currently at 10,000 per year. 2) The diagnostic rate of hearing loss is estimated to be at 0.3% of the 10,000 births=30 newly diagnosed infants per year, however, not all newborns with hearing loss will be immediately identified. 3) 90% of newborns would be screened by FY 06; 95% by FY 07; and 100% by FY 08 and beyond. (Continued on P.2)

Prepared by: Richard Mandsager, M.D.
Division: Public Health
Approved by: Joel S. Gilbertson, Commissioner
Agency: Department of Health and Social Services

Phone 465-3090
Date/Time 02/02/2005
Date 02/04/2005

FISCAL NOTE
FN #

STATE OF ALASKA
2005 LEGISLATIVE SESSION

BILL NO. HB109-DHSS-DPH-02-04-05

ANALYSIS CONTINUATION

4) There is a need to follow an additional 10% of all newborns each year who are at high risk for later onset hearing loss during their first three years of life. Thus, the program requires a reporting and surveillance system for tracking all newborns and assisting them with ongoing hearing screening, diagnostic and intervention services. 5) The department is proposing elimination of Sec. 47.20.310 (g). It is not possible on this short notice to determine the increased cost to the department of the mandate included in (g), and therefore this fiscal note assumes that subsection (g) is deleted.

At present the Division of Health Care Services is receiving two federal grants to support the development of this program. One grant, scheduled to be completed in March of FY 05, covers the expenses associated with development of the newborn hearing program, including assisting hospitals with implementation and education, and professional and public educational information. The second grant will end in August of 2005 and covers start up costs associated with the statewide early detection/intervention surveillance and tracking system. Both grants have been submitted for continuation funding for three additional years. This would provide funds for infrastructure costs through FY 08 if awarded.

The increased line item expenditures shown on page 1 will be utilized for:

GRANTS AND CLAIMS (\$31.9 in FY 06): Additional funds for special hearing resources would be needed for the existing Early Prevention/ILP programs to work with the anticipated increased volume as children are identified earlier and thus require services during the 0-3 period. The additional grant funds would be awarded incrementally over the next five fiscal years to allow for increased capacity-building to support special hearing services for children identified with hearing loss in preparation for school readiness and learning. The dollar figure is based on:

1) An average FY 05 cost of \$3,100 per newly enrolled infant, with a 3% inflation factor built in annually. 2) Only assumes about 50% of the newly diagnosed infants would enroll in the early intervention hearing resources program (10 new infants in FY 06; 12 in FY 07; 14 in FY 08; 16 in FY 09; and 18 in FY 10 and FY 11).

The General Funds replacing Federal Funds (and so not shown as line item expenditures on page 1) will be allocated by cost category as follows:

PERSONAL SERVICES (\$72.0 in FY 09, assumes a 3.5 percent annual merit increase thereafter):

a) 0.5 FTE - EHDI Health Program Manager II (R/19). This position oversees the maintenance of the reporting and surveillance activities of the program, assures early intervention referrals, tracks high-risk infants through the age of 3, provides outreach education to providers, and technical assistance to health care facilities throughout the state.

b) 0.5 FTE - Administrative Clerk III (R/10). This position provides administrative support and data entry for the activities required for maintenance of a statewide newborn hearing screening program.

TRAVEL (\$1.0 in FY 08): Travel costs are included for the EHDI manager to visit screening sites for TA and program compliance. Additional travel funds would be required in FY 09 with the termination of federal funding.

SUPPLIES (\$1.0 in FY 08): This includes the cost of postage to mail brochures and technical assistance resources.

CONTRACTUAL (\$27.7 in FY 08): Includes the actual cost of supporting web-based data and surveillance system. Cost averages at \$3.00 per newborn. Costs also include those needed for the reprinting of educational materials for parents and providers.

Representative Jay Ramras
Co-Chair, House Resources
V-Chair, Economic Develop.
Tourism & Trade
House State Affairs

119 N. Cushman St. Suite 207
Fairbanks, Alaska 99701
Phone: (907) 452-1088
Fax: (907) 452-1146

Alaska State Legislature



While in Session
State Capitol, Room 104
Juneau, Alaska 99801-1182
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Fax: 465-2070
Toll Free: (877) 435-3004

House District 10

House of Representatives

MEMO

To: Representative Peggy Wilson, Chair Health, Education and Social Services

Fm: Jane Pierson

Cc:

Date: February 8, 2005

Re: House Bill 109 – Screening Newborns for Hearing Ability

Please accept this Memo as a request for the House Health, Education and Social Services Committee to hear HB 109. "An Act relating to establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants; providing an exemption to licensure as an audiologist for certain persons performing hearing screening tests; relating to insurance coverage for newborn and infant hearing screening; and providing for an effective date." HB 109 will protect newborns in Alaska by mandating that infants receive hearing screening at birth, and that follow-up is provided for at risk infants.

Thank you in advance for scheduling HB 109 before the House Health, Education and Social and Services.

Attachments:

- Sponsor Statement
- CS HB 109
- Fiscal Note - Health & Social Services
- Zero Fiscal Note – Education & Early Development
- Labor and Commerce House Committee Report
- Applicable statutes - AS 08.11.120, AS 21.42.347 - 347, AS 47.20
- Summary of articles with the following articles - (1) Why is Mandatory Newborn Hearing and Screening and Reporting So Important?, (2) Alaska Early Hearing Detection

Representative_Jay_Ramras@legis.state.ak.us

& Intervention Program Overview, (3) Goal of Alaska Early Hearing Detection & Intervention Program (EHDI) - Overview, (4) Locations of Newborn Hearing and Screening Hospitals, (5) March of Dimes - Hearing Loss, (5) March of Dimes - Newborn Screening Tests, (6) March of Dimes - Birth Defects, and (7) The Governor's Council on Disabilities and Special Education - FY06 Legislative Priorities

- Letters concerning HB 109

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Thank you

Representative Jay Ramras
Co-Chair, House Resources
V-Chair, Economic Develop.
Tourism & Trade

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Fairbanks, Alaska 99701
Phone: (907) 452-1088
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Alaska State Legislature



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Toll Free: (877) 465-3004

House District 10

House of Representatives

Sponsor Statement

HB 109

Hearing impairment has been shown to be the most common disability in newborns, affecting about 3 in every 1,000 babies. House Bill 109 will protect newborns in the State of Alaska by mandating that newborns receive hearing screening at birth, or within thirty days of birth if not born in a hospital. Once at risk infants have been identified, this bill will then serve to assist parents of at risk children with appropriate, available follow-up care. Finally, the Department of Health and Social Services shall prepare an annual report to the Governor detailing the program's needs and success.

Statistics show that in Alaska, 30 to 40 babies are born a year with some type of congenital hearing defect. Further studies have shown that children with hearing impairment not detected at birth, will not be detected, until 2-3 years of age, and that the most critical period for speech and language development is from birth to three years of age. When children are not identified and served early, special education for a child with a hearing loss may cost an additional \$420,000, and deafness has an estimated lifetime cost of approximately \$1 million per individual. These savings in special education costs will pay for universal newborn hearing screening many times over.

As of December 2003, 80% of newborns in Alaska have been screened for hearing impairment. Even though 80% sounds like a large number, because newborn hearing screening is not mandated and the screening, reporting, and follow-up is not institutional in facilities across the state, Alaska remains in the "unsatisfactory" category when rated nationally.

24-LS0450G
Mischel
2/4/05

CS FOR HOUSE BILL NO. 109()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FOURTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): REPRESENTATIVES RAMRAS, Gara, Elkins, Wilson, Gruenberg, McGuire

A BILL
FOR AN ACT ENTITLED

1 **"An Act relating to establishing a screening, tracking, and intervention program related**
2 **to the hearing ability of newborns and infants; providing an exemption to licensure as**
3 **an audiologist for certain persons performing hearing screening; relating to insurance**
4 **coverage for newborn and infant hearing screening; and providing for an effective**
5 **date."**

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

7 *** Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
8 to read:

9 **LEGISLATIVE FINDINGS.** The legislature finds that

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

12 (2) 80 percent of the language ability of a child is established by the time the
13 child is 18 months of age, and appropriate language training is vitally important to the healthy

1 development of cognitive, social, emotional, and academic skills;

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

5 (4) children with hearing loss who do not receive early intervention and
6 treatment frequently require special education services, and these services are publicly funded
7 for the vast majority of children with hearing needs in the state; and

8 (5) appropriate screening and identification of newborns and infants with
9 hearing loss will facilitate early intervention and treatment and may serve the public purpose
10 of promoting the healthy development of children while reducing public expenditures.

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

13 LEGISLATIVE INTENT. Subject to the availability of appropriations to implement
14 AS 47.20.300 - 47.20.390, enacted by sec. 6 of this Act, the Department of Health and Social
15 Services shall implement the program required by this Act so that 100 percent of all newborns
16 and infants in the state are being screened for hearing loss by January 1, 2008.

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

18 (b) Notwithstanding the provisions of this chapter,

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

21 (2) an individual licensed as a hearing aid dealer under AS 08.55 may
22 deal in hearing aids;

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

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

30 (5) an individual may perform hearing screening under
31 AS 47.20.310 if authorized to do so under a protocol adopted under

1 the physician in attendance at or immediately after the birth of a child in a hospital in
2 this state, or, if a physician is not in attendance at or immediately after the birth, the
3 person attending the newborn child in a hospital in this state, shall, unless medically
4 contraindicated, cause the child to be screened to determine whether the child has a
5 potential hearing impairment using the methods determined by the department under
6 (e) of this section. Unless medically contraindicated, the screening shall occur before
7 the newborn is released from the hospital or before the infant is 30 days old,
8 whichever is earlier. Each birthing center that provides maternity and newborn care
9 services shall provide that each newborn in the center's care is referred for an
10 appointment to a licensed audiologist or to a hospital or other newborn hearing
11 screening provider before discharge. Unless medically contraindicated, the screening
12 shall occur before the infant is 30 days old.

13 (b) Notwithstanding (a) of this section, the physician or other person at or
14 immediately after the birth of a child in a hospital or birthing center that averages less
15 than 20 births a year is not required to screen the child as described in (a) of this
16 section but shall, before the newborn is released from the hospital or birthing center,
17 refer the child for screening at another facility or with another provider. Unless
18 medically contraindicated, the screening shall occur before the child is 30 days old.

19 (c) If it is determined by screening that a newborn child may have a hearing
20 impairment, the physician or other person who is required under (a) of this section to
21 cause the child to be screened shall

22 (1) refer the child for confirmatory diagnostic evaluation;

23 (2) make reasonable efforts to promptly notify the child's parent that
24 the child may have a hearing impairment and explain to the parent the potential effect
25 of the impairment on the development of the child's speech and language skills and
26 psychosocial and cognitive development; and

27 (3) notify the department of the hearing screening results on a form
28 approved by the department.

29 (d) When the Bureau of Vital Statistics receives a certificate of live birth
30 under AS 18.50.160 for a newborn who was delivered at a place other than a hospital,
31 the bureau shall notify the department employees who administer AS 47.20.310 -

1 47.20.390. The department employees shall notify the child's parents of the merits of
2 having a hearing screening performed, and the department shall provide information to
3 the parents to assist the parents in accomplishing the hearing screening within 30 days
4 after the child's birth.

5 (e) The hearing screening required under this section shall use protocols
6 established by the department. At a minimum, the protocols must include the use of at
7 least one of the following physiologic technologies: automated or diagnostic auditory
8 brainstem response (ABR) or otoacoustic emissions (OAE). The department shall
9 consider updating the protocols as information is provided to the department that new
10 physiologic technologies or improvements to existing physiologic technologies will
11 substantially enhance newborn and infant hearing assessment.

12 (f) Notwithstanding (a) of this section, a physician or other person required to
13 cause a newborn hearing screening under this section is exempt from this requirement
14 if the parent of the newborn child objects to the screening procedure on the grounds
15 that the procedure conflicts with the religious tenets and practices of the parent. The
16 parent shall sign a statement that the parent knowingly refuses the services, and the
17 physician or other person shall have a copy of the signed statement retained in the
18 hospital records of the birth and sent to the department for tracking under
19 AS 47.20.320.

20 (g) The physician or other person required to cause a newborn hearing
21 screening under this section shall report the results of newborn hearing screening as
22 required by the department under AS 47.20.320.

23 **Sec. 47.20.320. Reporting and tracking program.** (a) The department shall
24 develop and implement a reporting and tracking system for newborns and infants
25 screened for hearing loss in order to provide the department with information and data
26 to effectively plan, establish, monitor, and evaluate the newborn and infant hearing
27 screening, tracking, and intervention program. Evaluation of the program must
28 include evaluation of the initial hearing screening, follow-up components, and the use
29 and availability of the system of services for newborns and infants who are deaf or
30 hard of hearing and their families.

31 (b) A physician or other person attending the birth in the state, or a hospital on

1 behalf of a physician or other person attending the birth, shall report information
2 related to hearing screening required under (a) of this section as specified by the
3 department. A person who provides audiological confirmatory evaluation and
4 diagnostic services for newborns and infants whose hearing was screened under
5 AS 47.20.310 shall report information as specified by the department in regulation.

6 (c) The information received under (b) of this section shall be compiled and
7 maintained by the department in the tracking system. The information shall be kept
8 confidential in accordance with the applicable provisions of 20 U.S.C. 1439
9 (Individuals with Disabilities Education Act), as amended by P.L. 105-17. Data
10 collected by the department that was obtained from the medical records of the
11 newborn or infant shall be for the confidential use of the department and are not public
12 records subject to disclosure under AS 40.25.110. Aggregate statistical data without
13 identifying information compiled from the information received is public information.

14 (d) A hospital or other health facility, clinical laboratory, audiologist,
15 physician, registered nurse, certified nurse midwife, direct-entry midwife, officer or
16 employee of a health facility or clinical laboratory, or an employee of an audiologist,
17 physician, or registered nurse is not criminally or civilly liable for furnishing
18 information in good faith to the department or its designee under this section. The
19 furnishing of information in accordance with this section is not a violation of AS 08 or
20 AS 18 or regulations adopted under AS 08 or AS 18 for licensees under those statutes.

21 **Sec. 47.20.330. Intervention program.** (a) The department shall establish
22 guidelines for the provision of follow-up care for newborn and infant children in the
23 state who have been identified as having or being at risk of developing a hearing loss.
24 The services recommended must include appropriate follow-up care for newborns and
25 infants with abnormal or inconclusive screening results, such as diagnostic evaluation,
26 referral, and coordination of early intervention service programs if the newborn or
27 infant is found to have a hearing loss.

28 (b) The parents of all newborns and infants diagnosed with a hearing loss, as
29 reported to the department, shall be provided by the department with written
30 information on the availability of follow-up care through community resources and
31 government agencies, including those provided in accordance with 20 U.S.C. 1400 -

1 1491 (Individuals with Disabilities Education Act), as amended. Information provided
2 by the department must include listings of local and statewide nonprofit deaf and hard
3 of hearing consumer-based organizations, parent support organizations affiliated with
4 deafness, counseling and educational services, and programs offered through the
5 department and the Department of Education and Early Development.

6 **Sec. 47.20.340. Outreach campaign.** The department shall conduct a
7 community outreach and awareness campaign to inform medical providers, pregnant
8 women, and families of newborns and infants of the newborn and infant hearing
9 screening, tracking, and intervention program and the value of early hearing screening,
10 tracking, and intervention.

11 **Sec. 47.20.350. Report.** The department shall prepare an annual report for the
12 governor about the newborn and infant hearing screening, tracking, and intervention
13 program administered under AS 47.20.310 - 47.20.390. The report must include
14 recommendations on improving the early screening, tracking, and intervention
15 program, including strategies to increase the rate of early screening and the use of
16 appropriate early intervention techniques. The department shall notify the legislature
17 that the report is available.

18 **Sec. 47.20.360. Performance evaluation.** (a) The department shall collect
19 and compile performance data on the early hearing screening, tracking, and
20 intervention program established under AS 47.20.300 - 47.20.390 to ensure that the
21 program is in compliance with AS 47.20.300 - 47.20.390 and the regulations adopted
22 under AS 47.20.300 - 47.20.390. The performance evaluation must include

23 (1) a comparison of the number of infants born in the state to the
24 number of infants screened;

25 (2) the referral rate for confirmatory diagnostic evaluation;

26 (3) the follow-up rate for intervention; and

27 (4) the number of false screening results.

28 (b) In conducting a performance evaluation, the department shall
29 establish hearing screening performance standards that must include a false positive
30 rate and a false negative rate for screening results of less than or equal to three percent.

31 **Sec. 47.20.390. Definitions.** In AS 47.20.300 - 47.20.390,

- 1 (1) "commissioner" means the commissioner of health and social
2 services;
- 3 (2) "department" means the Department of Health and Social Services;
- 4 (3) "follow-up care" means all of the following:
- 5 (A) services necessary to diagnose and confirm a hearing loss;
- 6 (B) ongoing audiological services to monitor hearing;
- 7 (C) communication services, including aural rehabilitation,
8 speech, language, social, and psychological services;
- 9 (D) support services for the infant and family; and
- 10 (E) early intervention services described in 20 U.S.C. 1431 -
11 1445 (Individuals with Disabilities Education Act), as amended;
- 12 (4) "health care insurer" means an entity regulated by the director of
13 insurance, Department of Commerce, Community, and Economic Development, and
14 includes a health, hospital, or medical service plan corporation, and a health
15 maintenance organization.
- 16 (5) "hearing loss" means a hearing loss of 40 decibels or greater in the
17 frequency region important for speech recognition and comprehension in one or both
18 ears, approximately 500 through 4000 Hz;
- 19 (6) "hearing screening" means automated auditory brain stem
20 response, otoacoustic emissions, or other appropriate screening procedure approved by
21 the department;
- 22 (7) "infant" means a child 30 days to 24 months old;
- 23 (8) "newborn" means a child less than 30 days old;
- 24 (9) "parent" means a natural parent, stepparent, adoptive parent, legal
25 guardian, or other legal custodian of the child;
- 26 (10) "program" means the newborn and infant hearing, tracking, and
27 intervention screening program established under AS 47.20.310 - 47.20.390.

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

30 TRANSITION: REGULATIONS. Notwithstanding sec. 9 of this Act, the
31 Department of Health and Social Services may proceed to develop and adopt regulations

1 required to implement this Act. The regulations take effect under AS 44.62 (Administrative
2 Procedure Act), but not before the effective date of the relevant provision of this Act.

3 * **Sec. 8.** The uncodified law of the State of Alaska is amended by adding a new section to
4 read:

5 **INSTRUCTION TO REVISOR.** In AS 47.20.060 - 47.20.290, the revisor shall delete
6 "this chapter" and insert "AS 47.20.060 - 47.20.290."

7 * **Sec. 9.** AS 47.20.300, enacted by sec. 6 of this Act, and secs. 7 and 8 of this Act take
8 effect immediately under AS 01.10.070(c).

9 * **Sec. 10.** Except as provided in sec. 9 of this Act, this Act takes effect January 1, 2006.



February 15, 2005

The Honorable Peggy Wilson, Chair
House Health, Education and Social Services Committee
Alaska State Capitol, Room 108
Juneau, AK 99801-1182

RE: HB 109 (Ramras)--Support

Dear Chair Wilson:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the House Health, Education and Social Services Committee to support HB 109, authored by Representative Jay Ramras and co-sponsored by Representatives Gara, Elkins, Gruenberg, McGuire, Anderson, LeDoux, Guttenberg, Lynn, Joule and you.

AARP is not only a "senior organization." We are also an organization of grandparents concerned about the quality of health of all Alaskans of all ages.

The goal of HB 109 is to have all children born in Alaska screened for hearing problems soon after birth. If screening is not done early, very often hearing losses or problems will not be detected until a child is two or three years of age. The most important period for speech and language development is from birth to three. Most of our newborns are offered this screening. AARP hopes you will enable us to have 100% of them screened at birth. We are pleased to join the March of Dimes in support of this bill.

We urge an "AYE" vote on HB 109.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,

Marie Darlin

Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Paul Seaton
Representative Vic Kohring
Representative Tom Anderson
Representative Lesil McGuire
Representative Berta Gardner
Representative Sharon Cissna
Representative Jay Ramras

Alaska Center for Pediatrics
1200 Airport Heights Drive, Ste 140
Anchorage, AK 99508
Phone: 907.777.1800, Fax: 907.278.2066

Representative Peggy Wilson
Chairman, HES Committee

Fax: (907) 465-3175

Re: House Bill 109

February 15, 2005

Dear Representative Wilson:

I am writing to express my appreciation for your agreeing to co-sponsor House Bill 109 ("related to screening Newborns for Hearing Ability"), sponsored by Rep. Jay Ramras. This bill will be coming before your Health, Education and Social Services committee on Thursday, February 17 and I will be offering testimony by telephone, but I would also like to express the reasons for my support of this bill in writing. I am a pediatrician in private practice in Anchorage with 26 years of experience. I also serve as the Alaska Chapter Champion for the Early Hearing Detection and Intervention Program for the American Academy of Pediatrics. The American Academy of Pediatrics supports the development of programs in each state for universal screening of all infants for hearing deficits at or soon after birth in order to allow for early identification and intervention of hearing impaired children in order to maximize their potential. There are several reasons that this program is important:

1. Hearing loss is one of the most common birth defects. One in 3000 infants are born in Alaska with permanent congenital hearing loss. Without universal newborn hearing programs, the average age of detection of even severe hearing loss is 2-3 years old
2. Hearing loss has a significant negative effect on children. This would seem obvious but many studies indicate the negative impact of hearing loss on a child's emotional and social development as well as language delays that do not seem to progress even after diagnosis, in some children, when that diagnosis is delayed. Even mild and unilateral hearing loss – problems that often defy detection much longer without an objective early hearing screen – may have long lasting negative effects to the child.
3. Early detection and intervention of hearing deficits significantly helps children. Numerous studies show that when children are diagnosed with hearing loss and appropriate intervention to augment hearing and provide appropriate communication options are started early in life, preferably before 6 months of age, significant and long lasting benefits are achieved by the children in language skills, emotional development, social and familial adjustment.

In order to achieve these benefits for children and their families, there are several steps that must occur that are benchmarks for a successful early hearing detection and intervention program and each of these can be greatly aided by HB 109 as written:

1. Universal hearing screen for all newborns – This first step is already nearly achieved in Alaska. Due to new advancement in screening technology almost all birthing hospitals either are or soon will be screening newborns for hearing loss. By allowing non-audiologists to administer the screen and bill appropriately for this service, and asking insurance companies to cover this "standard of care" evaluation, all infants in the state can have this evaluation before they leave the hospital or birthing facility.
2. When a hearing screen is failed, they are referred for evaluation – This step may have one or two parts. A child who fails the initial screen is referred for re-screen and if still abnormal, diagnostic

● Page 2

February 15, 2005

intervention is performed by 3 month of age. Each institution and/or the infant's medical provider are responsible for this step. The failure to return for re-screening or for diagnostic testing markedly reduces the effectiveness of the entire program. With the tracking provision of this bill, information will be shared with a state program that can make sure that each infant that needs further intervention have this option provided for them. Without a state mandate, this information will have to be shared voluntarily between institutions, which will allow for some institutions to ignore this critical step. Diagnostic intervention involves testing called auditory brainstem response testing (ABR) which is only done by audiologists trained in this procedure.

3. Once diagnosed, in order to receive maximum benefit, parents should be presented with communication options and intervention should begin before 6 months of age. These options may include hearing aids (which are accepted by infants much better if started in early infancy), and various communication options including sign language and other visual cues. The parents and the infant's medical provider must serve as a medical home and have information to make appropriate referrals for subspecialty evaluation and community based resources in accordance with the Individuals with Disabilities Education Act.

As a school nurse, I'm sure you can appreciate the importance of early detection and remediation of health problems in order to allow children to reach their full potential. I appreciate your continuing support for HB 109 which will assure that our youngest Alaskans have the opportunity to have this most common, but invisible, birth defect diagnosed early with appropriate intervention that will offer long term benefits for their future. If I can be of any assistance, please let me know.

Sincerely,



Martin F. Beals, Jr., M. D., FAAP
Alaska AAP Chapter Champion, EHD1 program



**WORLD COUNCIL
ON HEARING HEALTH**
DEAFNESS RESEARCH FOUNDATION

NEWBORN HEARING SCREENING STATE REPORT CARD

Is your state making the grade on infant hearing screenings?

The Deafness Research Foundation (DRF) and World Council on Hearing Health (WCHH), formerly known as the National Campaign for Hearing Health, are proud to bring you the latest data on infant hearing screening across the United States. The WCHH is the public education and advocacy arm of DRF, and works on the platforms of detection, prevention, intervention, and research to make a lifetime of healthy hearing possible to all people.

Each year, more than 12,000 infants in the United States – one in 300 – are born with a hearing impairment. Of these, 4,000 are profoundly deaf. In fact, hearing loss is the number one birth defect in the United States. Despite this, only 89.8 percent of babies are currently screened for hearing loss at birth.

Early detection is vital to diagnosis and intervention. Does your state make the grade?

State	Grade	Babies Screened May 2003	Babies Screened May 2004	Total # of Annual Births
Alabama	<i>Excellent</i>	90.0%	95.0%	58,967
Alaska	<i>Unsatisfactory</i>	71.0%	70.0%	9,938
Arizona	<i>Excellent</i>	95.0%	95.0%	87,837
Arkansas	<i>Good</i>	91.0%	91.3%	37,437
California	<i>Unsatisfactory</i>	57.7%	66.0%	529,357
Colorado	<i>Exemplary</i>	96.0%	97.0%	68,418
Connecticut	<i>Excellent</i>	97.0%	99.8%	42,001
Delaware	<i>Excellent</i>	95.0%	98.0%	11,090
District of Columbia	<i>Excellent</i>	99.5%	98.0%	7,498
Florida	<i>Excellent</i>	96.0%	98.0%	205,579
Georgia	<i>Exemplary</i>	98.8%	98.0%	133,300
Hawaii	<i>Exemplary</i>	98.3%	98.0%	17,477
Idaho	<i>Excellent</i>	97.6%	97.0%	20,970
Illinois	<i>Excellent</i>	97.0%	98.0%	180,622
Indiana	<i>Excellent</i>	97.1%	99.9%	85,081
Iowa	<i>Good</i>	84.0%	80.0%	37,559
Kansas	<i>Excellent</i>	95.0%	95.0%	39,412
Kentucky	<i>Exemplary</i>	99.0%	99.5%	54,233
Louisiana	<i>Good</i>	89.6%	93.2%	64,872
Maine	<i>Excellent</i>	90.0%	98.0%	13,559
Maryland	<i>Good</i>	87.0%	85.2%	73,323
Massachusetts	<i>Excellent</i>	99.0%	99.7%	80,645
Michigan	<i>Excellent</i>	93.0%	95.0%	129,967
Minnesota	<i>Good</i>	90.3%	92.0%	68,025

State	Grade	Babies Screened May 2003	Babies Screened May 2004	Total # of Annual Births
Mississippi	<i>Excellent</i>	95.0%	98.0%	41,516
Missouri	<i>Excellent</i>	96.9%	97.7%	75,251
Montana	<i>Excellent</i>	94.0%	95.0%	11,049
Nebraska	<i>Excellent</i>	92.0%	97.0%	25,383
Nevada	<i>Excellent</i>	94.0%	97.0%	32,571
New Hampshire	<i>Good</i>	79.0%	90.0%	14,442
New Jersey	<i>Excellent</i>	96.7%	98.3%	114,751
New Mexico	<i>Excellent</i>	94.0%	94.0%	27,753
New York	<i>Excellent</i>	95.0%	96.7%	251,415
North Carolina	<i>Exemplary</i>	99.1%	98.0%	117,335
North Dakota	<i>Good</i>	70.0%	92.0%	7,757
Ohio	<i>Unsatisfactory</i>	22.0%	33.0%	148,720
Oklahoma	<i>Excellent</i>	94.0%	94.0%	50,387
Oregon	<i>Excellent</i>	97.0%	94.0%	45,192
Pennsylvania	<i>Excellent</i>	86.0%	95.7%	142,850
Rhode Island	<i>Excellent</i>	99.3%	99.6%	12,894
South Carolina	<i>Exemplary</i>	98.4%	98.1%	54,570
South Dakota	<i>Good</i>	88.0%	85.6%	10,698
Tennessee	<i>Good</i>	93.1%	90.0%	77,482
Texas	<i>Exemplary</i>	97.0%	99.0%	372,450
Utah	<i>Excellent</i>	97.5%	98.2%	49,182
Vermont	<i>Excellent</i>	94.7%	95.0%	6,387
Virginia	<i>Exemplary</i>	95.2%	99.7%	99,672
Washington	<i>Good</i>	62.2%	85.0%	79,028
West Virginia	<i>Excellent</i>	96.0%	95.0%	20,712
Wisconsin	<i>Excellent</i>	93.0%	95.0%	68,560
Wyoming	<i>Exemplary</i>	98.0%	98.0%	6,550
TOTAL			89.8%	

Grading Scale*

Exemplary:** 95% - 100% of babies being screened, of which less than 50% of the funding for the program comes from temporary federal grants.

Excellent: 94% - 100% of babies being screened, of which most of the funding for the program comes from temporary federal grants.

Good: 80% - 94% of babies being screened.

Unsatisfactory: 80% or less of babies being screened.

*Based on May 2004 data from the National Center for Hearing Assessment and Management at Utah State University, grading scale based on evaluation by the World Council on Hearing Health.

**Exemplary Early Hearing Detection and Intervention (EHDI) programs require more than hospital-based newborn hearing screening. To be exemplary requires that the screening program be connected to pediatric audiology services, appropriate early intervention programs, family support (including appropriate educational materials) and tracking and data management activities to make sure all babies and families receive the services they need. Although



About NCHAM

- Our Background
- National Technical Assistance System
- Research Projects

EHDI Basics

- Newborn Hearing Screening
- Diagnostic Audiology
- Early Intervention
- Family Support
- Medical Home
- Legislative Activities
- Data Management
- Program Evaluation

Resources

- EHDI/UNHS Resource Center
- News You Can Use
- Bulletin Board
- Sound Ideas Newsletter
- Upcoming Events
- Links

United States

- State Profiles
- State Web Sites & Guidelines
- UNHS Programs
- UNHS Statistics
- State Grants
- State EHDI Contacts
- State Data Management Contacts
- Legislative Activities



Translate To Different Language

The **goal** of the National Center for Hearing Assessment and Management (NCHAM - pronounced "en-cham") at **Utah State University** is to ensure that all infants (newborns) and toddlers with hearing loss are identified as early as possible and provided with timely and appropriate audiological, educational, and medical intervention. **Learn more about us.**

● Info for MCHB State EHDI Grant Applications ●



Early Childhood



2005 EHDI Meeting



Bulletin Board



Audiology Workshops



Physician Education Materials



For Families

Infant (Newborn) Hearing Site Guide

EHDI/UNHS Components

- Newborn Hearing Screening
 - Calculating Cost
 - Implementation Guide
 - Selecting Equipment
- Diagnostic Audiology (Pediatric)
- Early Intervention
- Family Support
- Medical Home
- Legislative Activities
- Data Management
- Program Evaluation

EHDI/UNHS Resources

- Resource Center Home
- Issues & Evidence
- JCIH 2000
- FAQ (Frequently Asked Questions)
- Slideshow Presentations
- **UPDATED** Educational &

NCHAM Extras

- News You Can Use
- EHDI Bulletin Board
- Sound Ideas Newsletter
- Diagnostic Audiology Workshop

Legislative Activities

- Legislative Activities
- State Legislation
- Rules & Regulations
- Legislative Summaries
 - By State: **Table** | Text
 - By Provisions

Status of the United States

- Individual State Profiles
- State Web Sites & Guidelines
- State UNHS Programs
- State UNHS Statistics
- State EHDI Grants
- State EHDI Contacts

- Training Videos
 - Fact Sheet [PDF]
 - **UPDATED** Examples of State Information About EHDI Programs for Parents
 - Upcoming Events
 - Links
 - **Even More...**
 - State Data Management Contacts
 - State Legislative Activities
 - 2004 State EHDI Survey (New)
- About NCHAM**
- Our Background
 - National Technical Assistance System
 - Research Projects

Support from the **Maternal & Child Health Bureau** now enables NCHAM to extend additional support to screening programs nationwide through a comprehensive **National Early Hearing Detection & Intervention Technical Assistance System**.

National Center for Hearing Assessment & Management (NCHAM)
Utah State University - 2860 Old Main Hill - Logan, UT 84322
Tel: 435.797.3584
Questions & Comments

LEGAL SERVICES

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

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

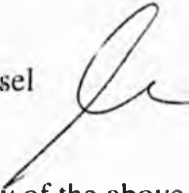
State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

February 4, 2005

SUBJECT: CSHB 109(), Infant Hearing Screening
(Work Order No. 24-LS0450\G)

TO: Representative Jay Ramras
Attn: Jane Pierson

FROM: Jean M. Mischel
Legislative Counsel 

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

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

Section 1. Describes legislative findings with respect to newborn and infant hearing loss, the value of early intervention and the relationship to language ability.

Section 2. Describes legislative intent to cover 100 percent of newborns and infants under the hearing screening and intervention program established by the act by January 1, 2008.

Section 3. Adds certain individuals who have been authorized by the Department of Health and Social Services to the list of individuals who may perform hearing screening tests without an audiology license.

Section 4. Requires the state Bureau of Vital Statistics to forward names and addresses of parents of newborns born outside of a hospital to the Department of Health and Social Services for notification of the merits of hearing screening.

Section 5. Requires certain minimum insurance coverage for newborn and infant screening.

Section 6. Establishes a newborn and infant hearing screening, tracking, and intervention program within the Department of Health and Social Services.

Representative Jay Ramras
February 4, 2005
Page 2

Section 7. Authorizes the Department of Health and Social Services to promulgate regulations required to implement the act before the effective date of the act.

Section 8. Adds a revisor's instruction to make conforming amendments.

Section 9. Provides an immediate effective date for secs. 6 through 8 of the act.

Section 10. Provides a January 1, 2006 effective date except as stated in sec. 9.

JMM:lmb
05-031.lmb

Representative Jay Ramras
Co-Chair, House Resources
V-Chair, Economic Develop.

Tourism & Trade

House State Affairs

119 N. Cushman St. Suite 207

Fairbanks, Alaska 99701

Phone: (907) 452-1088

Fax: (907) 452-1146

Alaska State Legislature



While in Session
State Capitol, Room 104
Juneau, Alaska 99801-1182
(907) 465-3004
Fax: 465-2070
Toll Free: (877) 465-3004

House District 10

House of Representatives

Sponsor Statement

HB 109

Hearing impairment has been shown to be the most common disability in newborns, affecting about 3 in every 1,000 babies. House Bill 109 will protect newborns in the State of Alaska by mandating that newborns receive hearing screening at birth, or within thirty days of birth if not born in a hospital. Once at risk infants have been identified, this bill will then serve to assist parents of at risk children with appropriate, available follow-up care. Finally, the Department of Health and Social Services shall prepare an annual report to the Governor detailing the program's needs and success.

Statistics show that in Alaska, 30 to 40 babies are born a year with some type of congenital hearing defect. Further studies have shown that children with hearing impairment not detected at birth, will not be detected, until 2-3 years of age, and that the most critical period for speech and language development is from birth to three years of age. When children are not identified and served early, special education for a child with a hearing loss may cost an additional \$420,000, and deafness has an estimated lifetime cost of approximately \$1 million per individual. These savings in special education costs will pay for universal newborn hearing screening many times over.

As of December 2003, 80% of newborns in Alaska have been screened for hearing impairment. Even though 80% sounds like a large number, because newborn hearing screening is not mandated and the screening, reporting, and follow-up is not institutional in facilities across the state, Alaska remains in the "unsatisfactory" category when rated nationally.

FISCAL NOTE

STATE OF ALASKA
2005 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HB109 ED-ESS-02-01-05
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Education & Early Development
 Title: "An Act relating to establishing a screening, tracking, and intervention program related to the hearing of newborns" RDU: TLS
 Sponsor: Representative Ramras Component: Special & Supplemental Services
 Requester: Labor and Commerce Component No.: 166

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	0.0	*	*	*	*	*
Miscellaneous						
TOTAL OPERATING	0.0	*	*	*	*	*

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

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

FUND SOURCE (Thousands of Dollars)

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

Estimate of any current year (FY2005) cost: 0.0
 Mark this box (X) if funding for this bill is included in the Governor's FY 2006 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Sec. 47.20.330 relates to the establishment of guidelines for the provision of follow-up care for newborn and infant children in the state who have been identified as having or being at risk of developing a hearing loss. The Department of Education & Early Development identifies no costs at this time.

Prepared by: Barbara Thompson, Director Phone 465-8727
 Division: Teaching & Learning Support Date/Time 2/1/05 2:18 PM
 Approved by: Karen Rehfeld, Deputy Commissioner Date 2/1/2005
 Agency: Education & Early Development

STATE OF ALASKA

DEPARTMENT of HEALTH & SOCIAL SERVICES
DIVISION of PUBLIC HEALTH

FRANK H. MURKOWSKI, GOVERNOR

OFFICE OF THE DIRECTOR
P.O. BOX 110610
JUNEAU, AK 99811-0610
PHONE: (907) 465-3090
FAX: (907) 465-4632

February 3, 2005

The Honorable Jay Ramras
Alaska State Legislature
State Capitol Room 104
Juneau, AK 99801

Dear Representative Ramras:

Thank you for your support of newborn hearing screening. I write to offer some suggested amendments to HB 109 on behalf of the Administration. We believe these changes, mostly technical amendments to update language and programmatic information but a couple more substantive, will help make the bill more supportable. Our proposed amendments are as follows:

1. Page 2:
 - Line 15: Change the "90 percent" to 100%."
 - Line 16: Change the date of "January 1, 2007" to "January 1, 2008."
2. Page 3:
 - Line 19: change the word "test" to "screen."
 - Line 20 change the word "test" to "evaluation."
3. Page 4:
 - Line 3: change the word "tested" to "screened."
 - Line 11: add the following: "Results of all newborns screened will be reported to the state early hearing, detection and intervention (EHDI) program on a regular basis to ensure appropriate tracking, surveillance and intervention."
 - Line 14: Change the number of births from 50 to 20.
(Rationale: We currently have screening programs and equipment in place in all 23 of the communities where birthing centers exist (either hospital based or free standing birthing centers). The screening equipment is either owned by the hospital and the hospital administers the program or the equipment is owned by the state program and in place at the public health nursing centers. Additional equipment could possibly be purchased and placed in other public health nursing centers as needed if the number of out of hospital births in the community warranted its placement.)
 - Line 18: Change the word "testing" to "screening."
 - Line 20: Change the word "tested" to "screened."
 - Line 24: after the words "speech and language skills" include the words "psychosocial

and cognitive development.”

Line 25: add “(3): notify the state early hearing, detection and intervention (EHDI) program of the newborn’s screening results.”

Line 30: Change the word “testing” to “screening.”

4. Page 5:

Line 1: Change the word “testing” to “screening”

Line 10: Change the word “testing” to “screening”

Line 14: Add the following: “Signed refusals by the parent(s) will be sent to the state program for tracking”.

Lines 15-19: Delete this entire section.

Rationale: Payment methodologies for screening both during the hospital stay have been established with the recent revision of Medicaid regulations and the accompanying provider billing manuals. It is not feasible for the department to take on the costs and reimbursement processes that would need to be established in order to reimburse the hospitals for non-paying patients.

Line 22: Change the word “tested” to “screened”

5. Page 6: Section 47.20.320:

Line 12: include the words: “certified nurse midwife, direct entry midwife,....”

6. Page 7:

Line 6: change “and the value of early hearing testing” to “and the value of early hearing screening, tracking and intervention.”

Line 10: change the word “testing” to “early hearing screening, detection, and intervention.”

Line 13: add a new section:

Section: 47.20.360. Performance Evaluation. The Department will collect and compile performance data to ensure that the Early Hearing Detection and Intervention (EHDI) program is in compliance with this section, including the number of infants born, the proportion of all infants screened, the referral rate, the follow-up rate, the false-positive rate, and the false-negative rate.

(a) Testing Performance Standards.

(1) Each newborn hearing screening program should have a false-positive rate of 3% or less.

(2) Each newborn hearing screening program should have a false-negative rate of 3% or less.

(b) Oversight Responsibility. The Department shall exercise oversight responsibility for EHDI programs, including establishing a performance data set and reviewing performance data collected pursuant thereto by each hospital, birthing center or public health nursing center.

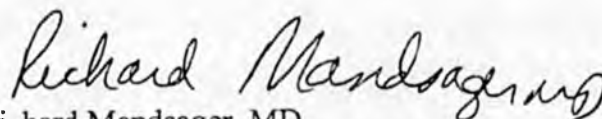
Line 25: Change “30 decibels” to “40 decibels.”

7. Page 8: After line 2, add the following definitions:

9. "Health Care Insurer" means any entity regulated by the Insurance Commissioner, including, but not limited to, health care insurers; health, hospital or medical service plan corporations; or health maintenance organizations.

10. "Hearing screening test" means automated auditory brain stem response, otoacoustic emissions, or another appropriate screening test approved by the state Department of Health and Social Services.

Sincerely,

A handwritten signature in cursive script that reads "Richard Mandsager".

Richard Mandsager, MD
Director, Division of Public Health

Mandated Benefits Added by the Legislature in the Last Ten Years

- 42.345 Coverage of newly born children (federal requirement) (1975, amended in 1992, 1995, 1996, 1997)
- 42.347 Postpartum hospital stay coverage (federal requirement) (1996, amended in 1997)
- 42.353 Acupuncture coverage (offer only, does not mandate coverage) (1990, amended in 1995, 1996, 1997)
- 42.355 Coverage for services of midwives (1981, amended in 1995, 1996, 1997)
- 42.365 Substance abuse treatment coverage (1988, amended in 1996, 1997, 2002)
- 42.375 Mammography coverage (1991, amended in 1995, 1996, 1997)
- 42.380 Phenylketonuria (1992, amended in 1995, 1996, 1997)
- 42.385 Dental, Vision, Health coverage (offer only, does not mandate coverage) (1992, amended in 1996, 1997)
- 42.390 Coverage for diabetes treatment (2000, amended in 2002)
- 42.395 Prostate and cervical cancer screening (1996, amended in 1997, 2000)
- 42.400 Reconstructive surgery following mastectomies (federal requirement) (2000)

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



February 4, 2005

Alaska Chapter

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3900 Matnews Drive
Anchorage, AK 99516
907/346-8911

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Representatives: Tom Anderson, Chair, House Labor and Commerce
Pete Kott, Vice-Chair
Gabrielle LeDoux
Bob Lynn
Norm Rokeberg
Harry Crawford
David Guttenberg

Dear Representative Anderson and Members of the House L&C Committee:

On behalf of the pediatricians of the Alaska Chapter of the American Academy of Pediatrics I am writing to encourage your support of HB 109: Newborn Hearing Screening, Tracking and Intervention. We recommend that all babies be screened for hearing loss before they leave the hospital.

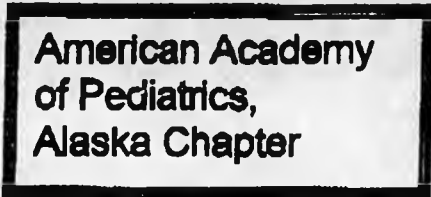
The cost of identifying a newborn with hearing loss is less than 1/10th the cost of identifying newborns with metabolic disorders such as PKU and hypothyroidism, for which screenings are required in every state. For most birthing hospitals, the cost for newborn hearing screening per child is between \$20 and \$60 and continues to decrease. The evidence for the benefits, practicability and cost-efficiency of universal newborn hearing screening is so compelling that 37 states have passed legislation requiring that newborns be screened for hearing loss. Most importantly, children not detected at birth or soon after, will on average not be detected until 2-3 years of age. The most critical period for speech and language development is from birth to three years of age.

Thank you for supporting HB 109.

Sincerely,

Thomas J. Porter, MD FAAP
President
American Academy of Pediatrics, Alaska Chapter

7645 Griffith Street, Anchorage, AK 99507 907-348-8028 phone/fax
jtower@alaska.com



Fax

To: House L & C Committee	From: Janice Tower
Fax: 907-465-2418/465-2819/465-4956/465-4316/465-2040/465-4565/465-3519	Pages: 1
Phone:	Date: 2/4/2005
Re: HB 109: Hearing Screening	CC: Rep. Jay Ramras 465-2070
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle	

● **Comments:**

See Attached



February 3, 2005

The Honorable Tom Anderson, Chair
House Labor and Commerce Committee
Alaska State Capitol, Room 408
Juneau, AK 99801-1182

RE: HB 109 (Ramras)--Support

Dear Chair Anderson:

On behalf of the members of AARP in Alaska, we encourage you and your colleagues on the House Labor and Commerce Committee to support HB 109, authored by Representative Jay Ramras and co-sponsored by Representatives Gara, Elkins, Wilson, Gruenberg and McGuire.

AARP is not only a "senior organization." We are also an organization of grandparents concerned about the quality of health of all Alaskans of all ages.

The goal of HB 109 is to have all children born in Alaska screened for hearing problems soon after birth. If screening is not done early, very often hearing losses or problems will not be detected until a child is two or three years of age. The most important period for speech and language development is from birth to three. Most of our newborns are offered this screening. AARP hopes you will enable us to have 100% of them screened at birth. We are pleased to join the March of Dimes in support of this bill.

We urge an "AYE" vote on HB 109.

Should you have any questions about our position, please feel free to contact me (586-3637) or Patrick Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,

Marie Darlin

Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Vice-Chair Pete Kott
Representative Gabrielle LeDoux
Representative Bob Lynn
Representative Norman Rokeberg
Representative Harry Crawford
Representative David Guttenberg
Representative Jay Ramras



Fax Cover Sheet

Alaska State Office
907.341.2270 fax
907.341.2277 voice
ak@aarp.org

3501 "C" Street,
Suite 1420

Anchorage, AK
99503

TO: REP. JAY RAMRAS

FROM: PAT LUBY

COMPANY: _____

DATE: _____

FAX
NUMBER: _____

PAGES: _____

907-465-2070

AARP is a nonprofit, nonpartisan membership organization dedicated to making life better for people 50 and over. We provide information and resources; engage in legislative, regulatory and legal advocacy; assist members in serving their communities; and offer a wide range of unique benefits, special products, and services for our members. These include AARP The Magazine, published bimonthly; AARP Bulletin, our monthly newspaper; Segunda Juventud, our quarterly newspaper in Spanish; Live and Learn, our quarterly newsletter for National Retired Teachers Association members; and our Web site, www.aarp.org. We have staffed offices in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

Alaska Center for Pediatrics
1200 Airport Heights Drive, Ste 140
Anchorage, AK 99507
Phone: 907.777.1800, Fax: 907.278.2068

Representative Jay Ramras
10th House District

Fax: (907) 466-2070

Re: House Bill 109

February 1, 2005

Dear Representative Ramras:

I am writing in support of House Bill 109 ("related to screening Newborns for Hearing Ability"), which you have agreed to sponsor. I am a pediatrician in private practice in Anchorage with 26 years of experience. I also serve as the Alaska Chapter Champion for the Early Hearing Detection and Intervention Program for the American Academy of Pediatrics. The American Academy of Pediatrics supports the development of programs in each state for universal screening of all infants for hearing deficits at or soon after birth in order to allow for early identification and intervention of hearing impaired children in order to maximize their potential. There are several reasons that this program is important:

1. Hearing loss is one of the most common birth defects. One in 3000 infants are born in Alaska with permanent congenital hearing loss. Without universal newborn hearing programs, the average age of detection of even severe hearing loss is 2-3 years old
2. Hearing loss has a significant negative effect on children. This would seem obvious but many studies indicate the negative impact of hearing loss on a child's emotional and social development as well as language delays that do not seem to progress even after diagnosis, in some children, when that diagnosis is delayed. Even mild and unilateral hearing loss - problems that often defy detection much longer without an objective early hearing screen - may have long lasting negative effects to the child.
3. Early detection and intervention of hearing deficits significantly helps children. Numerous studies show that when children are diagnosed with hearing loss and appropriate intervention to augment hearing and provide appropriate communication options are started early in life, preferably before 6 months of age, significant and long lasting benefits are achieved by the children in language skills, emotional development, social and familial adjustment.

In order to achieve these benefits for children and their families, there are several steps that must occur that are benchmarks for a successful early hearing detection and intervention program and each of these can be greatly aided by HB 109 as written:

1. Universal hearing screen for all newborns - This first step is already nearly achieved in Alaska. Due to new advancement in screening technology almost all birthing hospitals either are or soon will be screening newborns for hearing loss. By allowing non-audiologists to administer the screen and bill appropriately for this service, and asking insurance companies to cover this "standard of care" evaluation, all infants in the state can have this evaluation before they leave the hospital or birthing facility.
2. When a hearing screen is failed, they are referred for evaluation - This step may have one or two parts. A child who fails the initial screen is referred for re-screen and if still abnormal, diagnostic intervention is performed by 3 month of age. Each institution and/or the infant's medical provider are responsible for this step. The failure to return for re-screening or for diagnostic testing markedly reduces the effectiveness of the entire program. With the tracking provision of your bill,

● Page 2

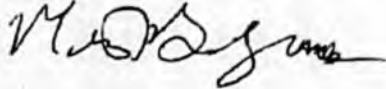
February 1, 2005

information will be shared with a state program that can make sure that each infant that needs further intervention have this option provided for them. Without a state mandate, this information will have to be shared voluntarily between institutions, which will allow for some institutions to ignore this critical step. Diagnostic intervention involves testing called auditory brainstem response testing (ABR) which is only done by audiologists trained in this procedure.

3. Once diagnosed, in order to receive maximum benefit, parents should be presented with communication options and intervention should begin before 6 months of age. These options may include hearing aids (which are accepted by infants much better if started in early infancy), and various communication options including sign language and other visual cues. The parents and the infant's medical provider must serve as a medical home and have information to make appropriate referrals for subspecialty evaluation and community based resources in accordance with the Individuals with Disabilities Education Act.

Thank you for sponsoring HB 109 which will assure that our youngest children have the opportunity to have this most common, but invisible, birth defect diagnosed early with appropriate intervention that will offer long term benefits for their future. If I can be of any assistance, please let me know.

Sincerely,



Martin F. Beals, Jr., M. D., FAAP
Alaska AAP Chapter Champion, EHDl program



ALASKA CENTER for PEDIATRICS, P.C.

Birth Through Adolescent Care

1200 Airport Heights Drive, Suite 140

Anchorage, AK 99508

Tel: 907.777.1800 - Fax: 907.278.2066

FACSIMILE TRANSMITTAL COVER SHEET

To: Representative Jay Rames Fax: (907) 465-2070

From: _____ Date: Feb 1, 2005

Pages: - Includes Cover Sheet CC: _____

Re: HB 109 (DOB)

Urgent For Review Please Comment Please Reply Please Recycle

COMMENTS:

Note: The information contained in this facsimile may be privileged and confidential and protected from disclosure. If the reader of this facsimile is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately by telephone at 907.777.1800 and destroy this facsimile.

Susan Walker
P.O. Box 770658
Eagle River, Alaska
Ph. 907-696-1995 Email:jsjk@mtaonline.net

February 3, 2005

Representative Jay Ramras
State Capitol
Juneau, Alaska 99801-1182

Subject: Letter in Support of House Bill 109
"An Act relating to establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants..."

Dear Representative Jay Ramras:

I am writing to thank you for your sponsorship of HB 109. I am a parent of two children with hearing loss. I serve as a parent representative on the State's Early Hearing Detection and Intervention (EHDI) Programs' advisory group and am on the March of Dimes steering committee to introduce newborn and infant screening legislation.

My son Jack has a bilateral profound loss and my daughter Kate has a unilateral mild/moderate loss. Their hearing loss was not identified until six months of age and four years respectively. Identification of my son's loss at 6 months, appropriate intervention from highly skilled professionals, and technology have all been instrumental in providing him access to sound – a critical element in his language, social, and emotional development. Our family goal for Jack was that he will be oral and just prior to his second birthday he received a cochlear implant. His language and speech skills are on par with hearing children his age. Jack is now 5 years old, a phenomenal reader, and mainstreamed in kindergarten at his local elementary school. He receives support services but does not require an interpreter or full-time assistance. The degree of Kate's hearing loss is minor compared with her brother but a unilateral loss can still affect a child's ability to receive clear information. And it is harder to detect because they are obviously hearing.

HB 109 is one of two bills before the Legislature relating to newborn hearing screening. The other is SB 68. HB 109 contains the elements that are needed to successfully implement a screening, tracking, and intervention program for newborns and infants in the State of Alaska. Hearing loss is invisible – it cannot be seen at birth. For many toddlers, the possibility that there may be a problem only begins to emerge when they should be talking but seem to be delayed. By then, it is very hard to make up lost time. Early detection is the first critical step, but the other elements are extremely important and part of the process that will allow newborns and infants with hearing loss to maximize the critical brain development window (0 to 3 years) for language acquisition.

I have testified for previous versions of this bill at an earlier time and stage in my son's speech and language development when we (the family) were still hoping it was all going to work. Now we have no doubts – he is cruising! I make no attempt to quantify or reduce his progress to a dollar value or to predict what he will be when he moves on into the world of work. But I know

Susan Walker
P.O. Box 770658
Eagle River, Alaska
Ph. 907-696-1995 Email:jsjk@mtaonline.net

one thing for certain - he will not be limited by his hearing loss. At 5 years old he can have telephone conversations with family and friends, communicate with them directly when visiting, advocate for himself in the classroom and in the recreational and cultural activities in which he participates.

How often do you think about the importance of good language and writing skills to your success and effectiveness as a legislator? Communication is key to your job. Early detection and intervention works. Early detection and intervention opens doors that have been closed to many: children with hearing loss deserve that key to open up their world to language and sound.

Sincerely,

Susan Walker

Distribution:

Sponsor and Co-Sponsors

Representative Jay Ramras
Representative Les Gara
Representative Jim Elkins
Representative Peggy Wilson
Representative Max Gruenberg
Representative Lesil McGuire

Labor and Commerce Committee

Representative Pete Kott
Representative Gabrielle LeDoux
Representative Bob Lynn
Representative Norman Rokeberg
Representative Harry Crawford
Representative David Guttenberg

House Leaders

Representative Ethan Berkowitz
Representative John Coghill

Suzanne Rust
7930 Ingram Street
Anchorage, Alaska 99502
907-243-3160

February 1, 2005

Representative Tom Anderson
Special Assistant Health and Human Services
State Capitol
Juneau, Alaska 99801-1182

Dear Representative Anderson:

I want to take this opportunity to tell you about Lauren, my 12-month-old daughter. Besides being a marvelous girl, she happens to be hard of hearing. Providence Hospital's New-Born Screening identified Lauren's condition at birth. Although it took us 13 weeks of hard work to verify that she has a hearing loss, the screening was essential. Since she is hard of hearing, we may not have detected her loss until her language was affected. We would have lost the opportunity for laying a solid foundation of speech and language development.

I am contacting you today because I would like you to support House Bill 109 which requires universal hearing screening for new-born infants and mandatory reporting by birthing facilities of the hearing screening results to the State of Alaska's Early Hearing Detection and Intervention Program. This will ensure that children with possible hearing loss receive a timely diagnostic evaluation and, if necessary, are enrolled in early intervention services at the earliest possible time. The reasons I believe this bill should be whole-heartedly supported are many but I will list a few:

- Hearing impairment is the most common disability in newborns.
- The low cost of screening is minimal when compared to the additional hundreds of thousands of dollars the state may have to spend in special education.
- The most important period of speech and language development is from birth to age three. The average age of identification in the absence of the newborn hearing screening is 2-3 years.
- Children with hearing loss can develop and progress like those without hearing loss if they are identified early.

Because Lauren was identified in the screening process, she has had hearing aids since she was three months old. Her language and speech seem to be on track and, thankfully, she has been able to hear my voice. Please join me in assuring that everyone's child gets the same chance for success Lauren received. Thank you in advance for your support.

Sincerely,

Suzanne Rust

Douglas Owen

From: Lisa Owens [lowens@tetongravity.com]

Sent: Thursday, January 27, 2005 11:23 PM

To: Rep. Jay Ramras

Dear Rep. Ramras,

I want to thank you and give my support for HB 109. As an audiologist and speech pathologist working with children with hearing loss I feel that it is critical that children with hearing loss are found early. Research and personal experience show that children who are identified with a hearing loss early and receive appropriate intervention, do better academically. They are provided more choices in communication options and develop better speech and language skills. Please let me know if there is anything I can do to help support the passage of this bill.

Sincerely,

Lisa Owens, M.A., CCC-SLP/A

Quota International of Fairbanks
 P.O. Box 74859
 Fairbanks, AK. 99707
www.quotaofairbanks.org

Resolution in support of establishing a screening, tracking, and intervention program related to the hearing ability of newborns and infants

Whereas thirty to forty babies born annually in Alaska are likely to have some type of congenital hearing loss; and

Whereas approximately 50% of newborns with hearing loss are not identified and will not be identified until 18 mos. to 3 years of age; and

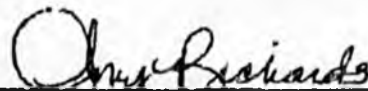
Whereas undetected hearing loss can result in lifelong delays in language, cognitive, socio-emotional and academic development; and

Whereas over the educational lifetime of a child, substantial amounts of money would be saved if, as a result of early identification and intervention, the most appropriate educational setting for the child is a regular mainstream classroom instead of a self-contained classroom or a self-contained program; and

Whereas the prevalence of congenital hearing loss at 3 per 1000 births nation wide is substantially higher than the prevalence of phenylketonuria (PKU), hyperthyroidism, or sickle cell anemia, which are required for screening in every state;

Now therefore be it resolved that Quota International of Fairbanks, a service organization focused on the speech and hearing impaired, wholeheartedly supports HB 109 "an act to establish a screening, tracking, and intervention program related to the hearing ability of newborns and infants....."

Resolution #1 Adopted unanimously by the general membership on February 1, 2005, 6 p.m. Regency Hotel, Fairbanks, Alaska.



Amy Richards, President
 907-452-1751 wk
 907-456-5982 fax

Post-Net Fax Note	7671	Days	2/2/05	Pages	4
To	INT. DELEGATION	From	NAME		
Co. Dept.		Co.	FSK LIO		
Phone #		Phone #			
Fax #		Fax #			

FROM MARY WEYMIL

A	B	C	D	E	F	G	H	I	J	K
Name	Address	Profession	Phone	Phone	Fax	Cell	Spons.	Entry	B-Day	E-Mail
1 Alexander, Gay	1020 Kalkren Street Fairbanks, AK 99701	GOA, Inc. Chief Fin. Officer	458-6938	452-7213	452-2268			12/7/1989	24-Jan	pdnfor@palisade.net
2 Babers, Terri	P.O. Box 85281 Fairbanks, AK 99708	Alzhelmans Resurce Agency MB Mngl	474-072	452-2277			Cara K. Leslie C.	5/22/2003	6-Jan	babers@qcl.net
3 Bidwell, Melissa	P.O. Box 71553 Fairbanks, AK 99707	Services, Inc. Realty Rugan	488-2118	ext. 6 479-0265	479-5229	322-9873	Cindy Shilire	12/7/1985	29-Jul	mmmy@pr.saska.net
4 Burgess, Diane	P.O. Box 74046 Fairbanks, AK 99707	Mackenzia Financial Consultant Program	452-6238	ext. 2 451-7767	451-6065		Sabrina Kimmesch	4/21/2002	18-Aug	snaburgess@pr.saska.net
5 Elnora, Kadie	PO Box 63723 Fairbanks, AK 99709	Director-Not Star Yc,LI Court	479-5355	457-6792	457-6791	322-7859	Buzzy	11/4/2003	30-Aug	marlavales@stunail.com
6 Cameron, Randi	1216 Vall View Dr Fairbanks, AK 99712	Fairbanks Hotel	458-8608	x702 452-3200	452-6505	590-1166	Melissa Blidwell	12/2/2003	2-Apr	
7 Chapman, Rickarda	2006 Car St. Fairbanks, AK 99709	Retirc Fountainhead Dev. Broker	456-7285	N/A				4/3/1984	12-Nov	
8 Chiu, Buzzy	P.O. Box 71045 Fairbanks, AK 99707	er Manager State Farm	479-8772	452-6661	452-6126			12/7/1993	12-Mar	b.chiu@work.net.ak.net
9 Colledge, Tammie	450 S. Santa Cruz Ln. North Pole, AK 99705	Insurance Agent-Owner FBKS Day	488-5017	488-7082	488-7143	480-2915		1/6/1997	13-Jul	amym@collodge.com
10 Coffey, Kay	784 Quasar Drive Fairbanks, AK 99712	Care Food- Exec. Dir. Frontier Bus. Machinas-	457-1562	451-7229	451-7228		Rhonda Curwin	3/5/1988	25-Jun	coffey@pr.saska.net
11 Gilbranson, Margerita	3321 Chebana Dr. Fairbanks, AK 99709	Manager/Carber Loan & Assoc. Owner	457-3968	451-4455	451-6960	322-1445		2/3/1982	10-Jun	MGGilbranson@pr.saska.net
12 Gustafson, Leslie	10293 Old Valdez Trail, Selkirk, AK 99714	White Spruce Enterprises, Inc.-Owner	483-2673	488-3034	451-388-4541		Beth Reagin	11/2/1998	25-Dec	l.gustafson@pr.saska.net

Quota of Fairbanks Route (3-25-04)

Page 2

A	B	C	D	E	F	G	H	I	J	K
Name	Address	Profession	Phone	Phone	Fax	Cell	Spoken	Entry	B-Day	E-Mail
14	Heli, Bernie 16 Trinitad Dr. Fairbanks, AK 99709	Guess & Reed- Para legal Services- Owner Archie Office Products- Commercia Designer K&K Recycling Inc. Accounting Hcmwtech & Ewers PC Tax Accountant	457-4257	452-8566	452-7015	347-721	Wendy Harter	6/5/2000	3-Dec 1978	heli@missusid.com
15	Harter, Wendy P.O. Box 70622 Fairbanks, AK 99707	Commercia Designer K&K Recycling Inc.	457-7442	459-0303	459-0324	550-3872	Cheryl Vansant	11/8/1978	27-Jul 1978	harter@alaska.com
16	McKain, Olga Fairbanks, AK 99710	Accounting Hcmwtech & Ewers PC Tax Accountant	452-211	488-1609	488-4058		Chris McLear	6/7/1994	4-Nov 1994	4-Newspaper@alaska.com
17	Hcmwtech, Barbara P.O. Box 27534 Fairbanks, AK 99708	Accounting Hcmwtech & Ewers PC Tax Accountant	479-9215	452-1700	456-5693		Chris McLear	1/2/2001	24-Jul 1971	hcmwtech@alaska.com
18	Honda Ron Fairbanks, AK 99708	Tupperware Home Photography	452-8475				Rita Vaentine	10/7/2003	18-Feb 1968	honda@alaska.com
19	Kailey, Coi P.O. Box 70923 Fairbanks, AK 99707	State of AK DOT	456-7183	474-2549	474-2570	978-4087	Melisa Biswell	4/6/1997	24-Aug 1971	coi@alaska.com
20	Kirgacev, Kaye P.O. Box 5285 North Pole, AK 99705	M. McKinley Bank Manager Gold Coast Morgans/Long Rentals	488-1610	474-1770	474-771	224-110	Amy Richards	5/1/2000	21-Jul 1961	kirgacev@alaska.com
21	Long, Victoria Fairbanks, AK 99711	Morgans/Long Rentals	489-0399	451-7375	451-7381	322-0962	Valentia Richards	10/7/2003	2-May 1970	valentia@alaska.com
22	PHOPPS, Becki Fairbanks, AK 99707	World Traveler Princess Riverside Lodge-Sales Manager M. McKinley Bank VP Operations	457-6821	451-6543	347-3472		Becki PHOPPS	2/2/1988	28-Mar 1968	becki@alaska.com
23	Remisew, Selan Fairbanks, AK 99709	Lodge-Sales Manager M. McKinley Bank VP Operations	937-322	455-5022	455-5085	607-441	Rita Valentine	11/3/1998	30-Jul 1970	selan@alaska.com
24	Richards, Amy Fairbanks, AK 99709	Bank VP Operations	479-7216	452-7751	456-5982	978-1568	Becki PHOPPS	5/1/2001	2-Jan 1968	amy@alaska.com

M. Lee, Cyndia
4430 Doolittle
99709
474-3734
+28-1751-456-5982
Amy 9-7-04 12-11-57
M. McKinley
Kaye

Quota of Feiberts Foster (3-25-04)

Page 3

A	B	C	D	E	F	G	H	I	J	K
Name	Address	Profession	Phone	Phone	Fax	Cell	Spons.	Entry	3-Day	E-Mail
1	452 Shannon Dr. Fairbanks, AK 99701	Power Fuel Owner	458-6772	451-2355	451-9201	590-9890	Margaretta Polby W.	2/4/2003	11-Feb	shelby.polarfuel@polfuel.com shelby.polarfuel@polfuel.com
25	1107 Naxana St Fairbanks, AK 99709	FBKS Monessori School Director	474-4077	451-8185	452-4572	322-9188		5/8/1997	13-Apr	schobol@alaska-sales.com
26	P.O. Box 63744 Fairbanks, AK 99703	Schneider & Shilling CPA Owner	474-1631	474-1631	474-1632			4/2/1995	10-Sep	rod@schillingcpa.com
27	1140 Chena Ridge Fairbanks, AK 99708	Journalist Dev. Sales Coordinator	457-9340	459-6117	451-3376	378-3827	Maksim Becky	12/4/2001	3-Jan	shilling@journalist.com
28	2151 Gold Street North Pole, AK 99705	Owner Compositon	460-5535		493-5935	322-7621	Mac Sally	12/5/2000	28-Oct	mac@journalist.com
29	2005 Richardson Hwy, North Pole, AK 99705	M. Recalde Owner	493-4125	488-9407	483-6684	398-3522	Jan Walter	5/3/1994	23-Jun	frs@alaska.com
30	3111 Penguin Lane Fairbanks, AK 99712	Jack Randall Scale Farm Marketing/Publ Relations	493-2325	452-1881	451-5059	347-1893	Tammy Collette	12/4/2001	20-Jan	krus@alaska.com
31	2871 Perimeter Dr. North Pole, AK 99705	Avis Rent-A- Car Manager General Manager	488-7738	474-0500	474-2013	322-3820		2/1/1988	28-Jun	perimeter@alaska.com
32	1704 Carl Ave. Fairbanks, AK 99703	"Plikes On The River" President/Owner	479-7289	458-5200	456-5214	378-6066	Becky Patty	3/3/1994	5-May	plikes@alaska.com
33	PO Box 73032 Fairbanks, AK 99707	Owner - Diamond Fence Co.	452-2570	458-6087	452-2259	322-3244	Becky Patty	1/14/2005	29-Sep	plikes@alaska.com
34	696 11th Ave. #302 Fairbanks, AK 99701	Retiree Nurse	479-4395	479-7432	322-0111		Wendy Hazel	5/6/1997	5-Oct	wendy@alaska.com

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Anchorage Daily News

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Job's Daughters help kids take a HIKE toward hearing**GRANTS: Girls ages 10-20 raise money for fund, other projects.**By ASTA CORLEY
Anchorage Daily News*(Published: January 26, 2005)*

Lauren Rust, 11-month-old daughter of Suzanne and Todd Rust and unofficial "granddaughter" of former Alaska Rep. Cheryl Heinze, failed her newborn hearing screening at birth. When she was 3 months old, doctors confirmed she had mild to moderate hearing loss at low frequencies, and moderate to severe hearing loss at high frequencies.

Doctors counseled Suzanne to speak clearly while allowing Lauren to see her face during interaction. She was urged to find opportune, quiet times to be expressive and vocal while Lauren absorbed her environment. With the help of hearing aids, Lauren's hearing has significantly improved.

"The minute I knew she could hear me, I was so much more relaxed," Suzanne said.

Lauren's family has applied for help from the Hearing Impaired Kids Endowment, or HIKE, the global charity of the International Order of Job's Daughters.

The HIKE fund was established to provide grants to assist hearing-impaired children and raise public awareness for Job's Daughters, a nonprofit organization for girls ages 10 to 20 who are descendants of Master Masons, a community service organization for men.

Founded in 1920 by Ethel T. Wead Mick in Omaha, Neb., the group gets its name from the 15th verse of the 42nd chapter of the Book of Job: "In all the land were no women found so fair as the daughters of Job; and their fathers gave them inheritance among their brethren." The group promotes citizenship, patriotism, leadership, organization, teamwork, self-reliance and community service.

"This organization is near and dear to me," said adult adviser Susan Anderson of Anchorage. "There's a basis behind everything we do to bring these young girls into womanhood."

Last year, Anchorage Job's Daughters raised \$675 for HIKE. Funds from the national organization allowed them to distribute \$20,000 in HIKE grants to Alaska children, and they hope to award a similar amount this year.



Local members of Job's Daughters participate in a blanket party in December at the Masonic Temple. Pictured from left: Ti'eri Lino, Becky Boggs, Danya Eskridge, Kaylynn St. John, Damesha Shine and Jocelyn Moore. *(Photo courtesy of Job's Daughters)*



Jeanne Hineman, left, the international head of Job's Daughters, attended an October luncheon at the Masonic Temple in Anchorage and visited with Suzanne Rust and her daughter Lauren. The group's Hearing Impaired Kids Endowment project helps children like Lauren, who experiences hearing loss. *(Photos courtesy of Job's Daughters)*

[Click on photo to enlarge](#)

Hearing impairment is the most common disability in newborns, with a higher incidence than cerebral palsy, Down Syndrome and severe mental retardation, according to Early Hearing Detection and Intervention statistics.

In the United States, three children in every 1,000 -- about 12,000 a year -- are born with hearing loss, according to EDHI figures. Of the 10,000 babies born in Alaska annually, 30 to 40 experience some type of congenital hearing loss.

Any child, newborn to age 20, with hearing difficulties is eligible for a HIKE grant. Besides hearing aids, grants may also be used for other hearing devices such as closed-caption converters for television, computers and training. Actual funds disbursed depend on a need assessment by a doctor but can go as high as \$4,000. It's also possible to reapply for funds.

Suzanne and Todd Rust are owners of Rust's Flying Service in Anchorage and K2 Aviation in Talkeetna. Testing for Lauren during her first three months cost about \$5,500. The Rusts estimate they will pay \$8,000 for Lauren's hearing aids, which are accompanied by an FM system (a small one-way radio device that allows one to hear conversation and other sounds within a certain range), as well as audiology services.

"Her hearing aids are super important to her," Suzanne said. "It's healthy for brain development to hear sounds." Early intervention helps the child keep pace with language and speech development and not fall behind in school.

When Heinze decided not to run for re-election for the state House of Representatives, she had to liquidate her campaign account and made a \$1,750 donation to HIKE. Chugach Electric Association also made an unsolicited donation. All donations are channeled to the international fund, and contributions are tax-deductible.

Job's Daughters has more than 20,000 members throughout Canada, Australia, the Philippines, Brazil and the United States. Individual organizations of the group are called bethels. In Alaska there is only one -- Bethel No. 1, Anchorage. Established in 1957, it has 18 active members. Past activities of the Anchorage branch include an Aces hockey night, swim parties, lunches, game board nights, and fund-raising projects for HIKE and the group's travel fund.

East High School freshman Kaylynn St. John, 15, joined last year.

"It's more of a team experience," she said. "It's like we're a big family."

After the terrorist attacks of Sept. 11, 2001, the group traveled to Canada on a friendship visit. And this past summer 11 members went to Casper, Wyo., for an international meeting.

The group's community service has included helping a charter school with its fund-raising auction, and conducting food drives, clothing drives and the annual HIKE Penny Drive from April 15 to May 15.

Last year, the Fred Meyer Foundation gave Job's Daughters a \$913 grant to purchase materials and supplies to make no-sew polar fleece blankets for Anchorage organizations. The group is creating 50 blankets for donation to residents of the Anchorage Pioneers' Home and the Salvation Army's McKinnell House. They are looking for a skilled volunteer to make a blanket out of the remaining scraps for a silent auction to raise money for HIKE.

Anderson underscores the value of including the girls in community service at a young age. She enjoys serving as a mentor to them.

"This is an organization where young girls can learn to fail and still succeed, to withstand peer pressure, and above all, to develop logic and reasoning skills that enable them to think for themselves," she said.

Daily News reporter Asta Corley can be reached at acorley@adn.com.

MEETINGS OF THE ANCHORAGE BRANCH OF JOB'S DAUGHTERS are at 10:30 a.m. on the second and fourth Saturdays of each month at the Masonic Temple, 1431 Eagle St. For more information about Job's Daughters or the HIKE program, call Susan Anderson at 344-6475.

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Josh Applebee

From: Phyllis Kiehl [pkiehl@pol.net]
Sent: Friday, February 04, 2005 8:45 AM
To: Rep. Tom Anderson
Subject: HB 109, Hearing screening

Dear Rep. Anderson,

I am writing to ask you to support and vote for House Bill 109 ("related to screening Newborns for Hearing Ability. I am a pediatrician who has been in private practice in Anchorage for 30 years. The American Academy of Pediatrics supports the development of programs for universal screening of all infants for hearing deficits at or soon after birth. This enables early identification of hearing impaired children in order to be able to intervene to maximize their potential. This program is important because:

1. Hearing loss is one of the most common birth defects. One in 3000 infants are born in Alaska with permanent congenital hearing loss. Without universal newborn hearing programs, the average age of detection of even severe hearing loss is 2-3 years old 2. Hearing loss has a significant negative effect on children. This would seem obvious, but many studies indicate the negative impact of hearing loss on a child's emotional and social development as well as language delays (that do not seem to progress even after diagnosis in some children, when that diagnosis is delayed).

Even mild hearing loss or even when only one side is affected may have long lasting negative effects to the child. It affects interactions in the family, too.

3. Early detection and intervention of hearing deficits significantly helps children. Numerous studies show that when children are diagnosed with hearing loss and appropriate intervention to augment hearing and provide appropriate communication options are started early in life, preferably before 6 months of age, significant and long lasting benefits are achieved by the children in language skills, emotional development, social and familial adjustment.

Due to new advancements in screening technology, non-audiologists can administer the screen (and bill appropriately for this service). By asking insurance companies to cover this "standard of care" evaluation, all infants in the state can have this evaluation before they leave the hospital or birthing facility.

Universal hearing screen for all newborns is essential for Alaskan children.
Please support HB 109.

Thank you.
Sincerely,
Phyllis Kiehl, M.D.

--
Phyllis' numbers:
Home: 907/345-3394
Office: 907/562-2120
Beeper: 907/275-2030