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2007-2008 Legislative Platform

The Alaska PTA will support legislation and regulations, which promote the Purpose of the PTA cited as follows:

- a. To promote the welfare of children and youth in home, school, community and place of worship.
- b. To raise the standards of home life
- c. To secure adequate laws for the care and protection of children and youth
- d. To bring into closer relation the home and the school, that parents and teachers may cooperate intelligently in the education of children and youth
- e. To develop between educators and the general public such united efforts as will secure for all children and youth the highest advantages in physical, mental, social, and spiritual education.

This legislative platform is the authority for selecting those areas of legislation to be addressed by the Alaska PTA. Positions taken on state and federal legislation will conform to policies adopted in this basic platform, priorities approved at the Legislative Issues Conference, resolutions adopted at Convention and positions adopted by Alaska PTA Board.

A. SCHOOL GOVERNANCE

The Alaska PTA supports legislation and regulations that will:

1. Maintain local school district self-governance; require financial accountability, timely and effective communications between all parties regarding school performance records and local control of all public schools.
2. Require bargaining unit within School Districts to give a three-day strike notice.

B. FUNDING FOR PUBLIC EDUCATION

The Alaska PTA supports legislation and regulations for state and local funding for public education, that is adequate, equitable, stable and accountable. To achieve this, Alaska PTA supports the following concepts:

1. Public education is primarily a responsibility of both state and local governments and must be a top funding priority.
2. The Alaska Legislature must consider new, stable sources of revenue to fund education and initiate forward funding for education. This would enable school districts to initiate, improve upon and maintain educational programs that show results in achieving high academic and or life skills performance by students according to their abilities. These programs will allow students to pass all appropriate and required tests while maintaining a safe and sound environment that promotes and facilitates learning.
3. The Department of Education and Early Development should annually compile data on the finances of all School Districts and make this information readily available to the public in a comprehensible and relevant format. Uniform accounting procedures should be required by the State in order that district expenditures for programs and administrative costs can be computed equitably, while showing number of participants within the program for the fiscal period reported.

7. Ensure any environment, in which a child is placed, is safe and adequately staffed, and encourage efforts to remove children from adult jails and lockups, in order to place children in more appropriate facilities
8. Encourage cooperation at all levels of government with comprehensive emergency management services, and support sponsorship of emergency preparedness programs in cooperation with the appropriate local school governing bodies.
9. Require 60 minutes of daily physical education by accredited professional instructors for every primary and secondary school.
10. Support Denali kid care to ensure that children, teens (through age 18) and pregnant women of both working and non-working families who meet the current income guidelines have access to affordable health insurance.
11. Require confidential reporting to the state where every child is receiving their 1-12th grade education be it public, private or home schooling.

E. EARLY CHILDHOOD EDUCATION AND CHILD CARE

The Alaska PTA supports legislation and regulations, which will:

1. Support a comprehensive program to provide training for parents of all children from birth to age 5.
2. Provide high-quality, developmentally appropriate preschool programs, for all children age 3-5
3. Improve licensing for day care, preschool programs, and foster home parents to ensure high standards.
4. Provide day care assistance to families in need to allow them to pay for quality programs.
5. Support a statewide system of resource and referral centers to help parents find accessible, affordable, quality childcare.

F. PUBLIC INVOLVEMENT

The Alaska PTA supports legislation and regulations, which will:

1. Provide opportunities for parent and community participation in all aspects of education, including input to the classified/certified employee's evaluation process.
2. Allow volunteers to deduct from their federal tax return volunteer miles driven at the same rate as business usage.
3. Include parents, community members, and educational professionals in all aspects of student performance standards.
4. Alaska PTA strongly supports and advocates for the development and implementation of the parental involvement policies of NCLB that will:
 - Train Teachers and staff to apply the six standards of parent involvement:
 1. Communicating
 2. Parenting
 3. Student Learning
 4. Volunteering
 5. School decision making and advocacy
 6. Collaborating with the community
 - Engage parents
 - Provide parents with clear and timely information about NCLB
 - Develop effective advocates

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Early Childhood Development: Economic Development with a High Public Return

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Note: The following paper was developed in March 2003 with Minnesota audiences in mind. However, the authors subsequently discovered a high degree of interest throughout the country in their research on the economics of early childhood development and the universality of the issues discussed. This paper also motivated the October conference at the Minneapolis Fed.

Early childhood development programs are rarely portrayed as economic development initiatives, and we think that is a mistake. Such programs, if they appear at all, are at the bottom of the economic development lists for state and local governments. They should be at the top. Most of the numerous projects and initiatives that state and local governments fund in the name of creating new private businesses and new jobs result in few public benefits. In contrast, studies find that well-focused investments in early childhood development yield high public as well as private returns.

Why the case for publicly subsidizing private businesses is flawed and misguided

Over the last few years, the future of Minnesota's economy has been called into question. The resulting debate illustrates how little is understood about the fundamentals that underlie economic development. While many recognize the success of the Minnesota economy in the past, they see a weakening in the foundations of that success. Some point to the decline in corporate headquarters located in Minnesota. Some point to the lack of funding for new startup companies, particularly in the areas of high-tech and biotech. Some point to the possible loss of professional sports teams. Some think the

University of Minnesota is not visible enough in the business community. And still others raise the broader concern that Minnesota's citizens and policymakers have become too complacent and unwilling to make the public commitment to be competitive in a global economy.

Those who raise these concerns conclude that Minnesota and local governments need to take a more active role in promoting our economy. Often that implies that the state or local governments subsidize private activities that the market is not funding. Proponents of this view argue that without such subsidies, either well-deserving businesses will not get funded or other states will lure our businesses to greener pastures.

State and local subsidies to private businesses are not new. In the name of economic development and creating new jobs, Minnesota, and virtually every other state in the union, has a long history of subsidizing private businesses. We have argued in previous studies that the case for these subsidies is short-sighted and fundamentally flawed.¹ From a national perspective, jobs are not created—they are only relocated. From a state and local perspective, the economic gains are suspect because many would have been realized without the subsidies. In summary, what often passes for economic development and sound public investment is neither.

If subsidizing private businesses is the wrong way to promote Minnesota's economy, then what is the right way?

To answer this question, we need to understand that unfettered markets generally allocate scarce resources to their most productive use. Consequently, governments should only intervene in markets when they fail.

Market failures can occur for a variety of reasons; two well-documented failures are goods that have external effects and those with public attributes. Unfettered markets will generally produce the wrong amount of such goods. Education has long

been recognized as a good that has external effects and public attributes. Without public support, the market will yield too few educated workers and too little basic research. This problem has long been understood in the United States and it is why our government, at all levels, has supported public funding for education. (According to the Organization for Economic Cooperation and Development, for example, the United States in 1999 ranked high on public funding of higher education.) Nevertheless, recent studies suggest that one critical form of education, early childhood development, or ECD, is grossly underfunded. However, if properly funded and managed, investment in ECD yields an extraordinary return, far exceeding the return on most investments, private or public.

A convincing economic case for publicly subsidizing education has been around for years and is well supported. The economic case for investing in ECD is more recent and deserves more attention.

Public funding of education has deep roots in U.S. history. John Adams, the author of the oldest functioning written constitution in the world, the constitution of the Commonwealth of Massachusetts, 1779, declared in that document that a fundamental duty of government is to provide for education. Publicly funded schools have been educating children in the United States ever since. Today over 85 percent of U.S. children are educated in publicly funded schools. John Adams argued for public funding of education because he realized the importance of educated voters to the well-being of a democracy. We suspect that he also understood the economic benefits that flow to the general public.

Investment in human capital breeds economic success not only for those being educated, but also for the overall economy. Clearly today, the market return to education is sending a strong signal. Prior to 1983, the wages of a worker with an undergraduate degree exceeded a worker with a high school degree by roughly 40 percent. Currently, that difference is close to 60 percent. The wage premium for an advanced degree has grown even more. Prior to 1983, the wages of a worker with a graduate degree exceeded those of a worker with a high school degree by roughly 60 percent. Today, that difference is over 100 percent.

Minnesota represents a good example of the economic benefits that flow from education. Evidence is clear that our state has one of the most successful economies in the country because it has one of the most educated workforces. In 2000, almost a third of persons 25 and older in Minnesota held at least a bachelor's degree, the sixth highest state in the nation. To ensure the future success of Minnesota's economy, we must continue to provide a highly educated workforce.

The economic case for public funding of early childhood development

Knowing that we need a highly educated workforce, however, does not tell us where to invest limited public resources. Policymakers must identify the educational investments that yield the highest public returns. Here the literature is clear: Dollars invested in ECD yield extraordinary public returns.

The quality of life for a child and the contributions the child makes to society as an adult can be traced back to the first few years of life. From birth until about 5 years old a child undergoes tremendous growth and change. If this period of life includes support for growth in cognition, language, motor skills, adaptive skills and social-emotional functioning, the child is more likely to succeed in school and later contribute to society. However, without support during these early years, a child is more likely to drop out of school, receive welfare benefits and commit crime.

A well-managed and well-funded early childhood development program, or ECDP, provides such support. Current ECDPs include home visits as well as center-based programs to supplement and enhance the ability of parents to provide a solid foundation for their children. Some have been initiated on a large scale, such as federally funded Head Start, while other small-scale model programs have been implemented locally, sometimes with relatively high levels of funding per participant.

The question we address is whether the current funding of ECDPs is high enough. We make the case that it is not, and that the benefits achieved from ECDPs far exceed their costs. Indeed, we find that the return to ECDPs far exceeds the return on most projects that are currently funded as economic development.

Many of the initial studies of ECDPs found little improvement; in particular, they found only short-term improvements in cognitive test scores. Often children in early childhood programs would post improvements in IQ relative to nonparticipants, only to see the IQs of nonparticipants catch up within a few years.

However, later studies found more long-term effects of ECDPs. One often-cited research project is the High/Scope study of the Perry Preschool in Ypsilanti, Mich., which demonstrates that the returns available to an investment in a high-quality ECDP are significant. During the 1960s the Perry School program provided a daily 2 1/2-hour classroom session for 3- to 4-year-old children on weekday mornings and a 1 1/2-hour home visit to each mother and child on weekday afternoons. Teachers were certified to teach in elementary, early childhood and special education, and were paid 10 percent above the local public school district's standard pay scale. During the annual 30-week program, about one teacher was on staff for every six children.¹

Beginning in 1962, researchers tracked the performance of children from low-income black families who completed the Perry School program and compared the results to a control group of children who did not participate. The research project provided reliable longitudinal data on participants and members of the control group. At age 27, 117 of the original 123 subjects were located and interviewed.

The results of the research were significant despite the fact that, as in several other studies, program participants lost their advantage in IQ scores over nonparticipants within a few years after completing the program. Therefore a significant contribution to the program's success likely derived from growth in noncognitive areas involving social-emotional functioning. During elementary and secondary school, Perry School participants were less likely to be placed in a special education program and had a significantly higher average achievement score at age 14 than nonparticipants. Over 65 percent of program participants graduated from regular high school compared with 45 percent of nonparticipants. At age 27, four times as many program participants as nonparticipants earned \$2,000 or more per month. And only one-fifth as many program participants as nonparticipants were arrested five or more times by age 27.

Perry School Preschool's Estimated Impact per Program Participant

TABLE 1A Benefit/Cost Analysis

Present Value in 1992 Dollars Discounted at 3%

Benefits*	For Participant	For Public	Total
Child care provided	736	0	736
More efficient K-12 education (such as less grade retention and higher achievement)	0	6,677	6,677
Decrease in public adult education costs	0	243	243
Increase in participants' earnings and employee benefits	21,485	2,646	24,131
Decrease in crime	0	70,647	70,647
Increase in publicly funded higher education costs	0	-686	-686
Decrease in welfare payments	2,609	934	3,543
Total Benefits	19,510	\$8,433	106,062
Cost of Program	0	12,356	12,356

Estimated return on \$1 invested in program

For Participant and Public: \$8.74 (\$108,002 in Benefits, \$12,356 for Cost of Program)

For Public: \$7.16 (\$88,433 in Benefits, \$12,356 for Cost of Program)

* Benefits and costs were discounted from age 4 through age 27. The largest cost savings in the program is the reduction in crime. For a complete description of the program, see the report by the High/Scope Center, *The High/Scope Perry Preschool Program*, 1992.

Other studies of ECDPs, while not solely focused on 3- to 4-year-old children, also show improvements in scholastic achievement and less crime. For example, the Syracuse Preschool Program provided support for disadvantaged children from prenatal care through age 5. Ten years later, problems with probation and criminal offenses were 70 percent less among participants compared with a control group.

As the result of the Abecedarian Project in North Carolina, which provided children from low-income families a full-time, high-quality educational experience from infancy through age 5, academic achievement in both reading and math was higher for program participants relative to nonpart-

Perry School Preschool's Estimated Impact per Program Participant

Benefits**		Average Annual Effect in 1992 Dollars		
		For Participant	For Public	Total
Costs are avoided	(Ages 3-4)	\$45	0	385
More efficient K-12 education	(Ages 5-17)	0	747	747
Decrease in public adult education services	(Ages 20-25)	0	39	39
Increase in participants' earnings and employer benefits	(Ages 18-27) (Ages 28-65)	2,142 1,070	714 357	2,856 1,427
Decrease in crime	(Ages 18-27) (Ages 28-65)	0 0	8,923 1,565	8,923 1,565
Increase in publicly funded higher education costs	(Ages 20-25)	0	225	225
Increase in welfare benefits	(Ages 18-27) (Ages 28-65)	392 31	431 31	39 3
Cost of program	(Ages 3-4)	0	6,444	6,444
Estimated Real Internal Rate of Return		4%	12%	16%

* The internal rate of return is the interest rate that equates the present value of payments and revenue streams to program costs. The above amounts were allocated annually across the life of the program.

** Benefits and costs were measured from ages 3 through 27 or 1 projected to ages 28 through 65 (see page 27 for details). Total program cost is \$6.5 billion (page 27).

ticipants into young adulthood. Furthermore, participants had fewer incidences of grade retention and special education placements by age 15.

The High Scope study conducted a benefit-cost analysis by converting the benefits and costs found in the study into monetary values in constant 1992 dollars discounted annually at 3 percent. The researchers found that for every dollar invested in the program during the early 1960s, over \$8 in benefits was returned to the program participants and society as a whole (see Table 1A).

While 8-to-1 is an impressive benefit-to-cost ratio, policymakers should place this result in context with returns from other economic develop-

ment projects. Perhaps another project can boast a higher benefit-to-cost ratio. Unfortunately, well-grounded benefit-to-cost ratios are seldom computed for public projects. However, an alternative measure—the internal rate of return—can be used to more easily compare the public, as well as private, return to investments. (The internal rate of return is the interest rate received for an investment consisting of payments and revenue that occur at regular periods.)

To calculate the internal rate of return for the Perry School program, we estimated the time periods in which costs and benefits in constant dollars were paid or received by program participants and society (see Table 1B). We estimate the real internal rate of return for the Perry School program at 16 percent. "Real" indicates that the rate of return is adjusted for inflation.

While program participants directly benefited from their increase in after-tax earnings and fringe benefits, these benefits were smaller than those gained by the general public. Based on present value estimates, about 80 percent of the benefits went to the general public (students were less disruptive in class and went on to commit fewer crimes), yielding over a 12 percent internal rate of return for society in general. Compared with other public investments, and even those in the private sector, an ECDP seems like a good buy. This analysis suggests that early childhood development is underfunded; otherwise, the internal rate of return on an ECDP would be comparable to other public investments.

As with virtually all studies, there are caveats to the High Scope findings. On the one hand, the High Scope study may overstate the results we could achieve today. Problems facing children 30 years ago were different from the problems facing children today. Single parenthood,² parental drug use, neighborhood crime are higher in many areas of the country than they were 30 years ago. Therefore, the rate of return of an ECDP today may be lower than the Perry School program.

Furthermore, in reviewing our method of calculating the internal rate of return, one could argue that some of the payments and revenue streams assigned should have started or ended in different years, or that assigning an even distribution distorts the actual payments and revenue made. Nevertheless, we find that the final result holds,

even when payments and revenue are adjusted to a more conservative distribution.

On the other hand, the High/Scope study may understate the results we could achieve today. First, the High/Scope study doesn't measure positive effects on children born to participant families after the study period. The knowledge gained by parents participating in the program likely transferred to their younger children. Second, the study may further understate the effects because it doesn't take into account effects on future generations. With increased education and earnings, participants' children would be less likely to commit crime and more likely to achieve higher levels of education and income than if their parents hadn't attended the Perry School program. A chain of poverty may have been broken.

The returns to ECDPs are especially high when placed next to other spending by governments made in the name of economic development. Yet ECD is rarely considered as an economic development measure.

For example, tax increment financing and other subsidies have recently been used to locate a discount retail store and an entertainment center in downtown Minneapolis, and to relocate a major corporate headquarters to suburban Richfield and a computer software firm to downtown St. Paul. Can any of these projects, which combined represent an estimated quarter of a billion dollars in public subsidies, stand up to a 12 percent public return on investment? From the state's point of view, if the subsidy is simply moving businesses within the state, the public return is zero. If the subsidy is required for the business to survive, the risk-adjusted public return is not merely small but could be negative.

As our lawmakers review proposals to build or improve the state's major professional sports stadiums, let's not make the same mistake. The various proposals to build new baseball and football stadiums and improve the current basketball stadium total over \$1 billion. Can new stadiums offer a comparable public return on investment as an ECDP? How does a new stadium reduce crime, increase earnings and potentially break a chain of poverty? We propose that this \$1 billion plus be invested in a project with a much higher public return.

Proposal: Minnesota Foundation for Early Childhood Development

Our proposal—to create a foundation for early childhood development in Minnesota—isn't born in a vacuum. For several years the state of Minnesota has sponsored initiatives to help prepare children for kindergarten, specifically, Early Childhood Family Education, or ECFE, School Readiness and state-funded Head Start programs. These programs often work together in supporting early childhood development.

ECFE provides support to parents and their children from birth until kindergarten enrollment to promote the healthy growth and development of children. The program offers classes for parents and

Table 2 Cost Estimate to Educate all 3- and 4-Year-Old Children from Low-Income Families in Minnesota at a Two-Year, High-Quality ECDP

Annual cost of program

Number of 3- and 4-year-old children living in poverty*	30,000
Cost per child**	\$ 9,500
Total	\$ 285,000,000

Current funds available

Federal and state annual funds for Head Start (Serves about 14,300 children at an annual cost of \$5,750 per child)	\$ 82,000,000
School Readiness (Estimate that 50 percent of middle-income parents will participate in the program for free)	\$ 12,000,000
Early Childhood Family Education (Estimate that 50 percent of middle-income parents will participate in the program for free)	\$ 12,000,000
Prop.	\$ 100,000,000
Total available	\$ 206,000,000
Additional funds needed	\$ 79,000,000

* U.S. Census Bureau, *Income, Poverty, and Health Insurance in the United States*, 1996. ** See text for details.

children, and provides optional home visits. About \$20 million in state aid was allocated to ECFE in 2001, which supported programs for more than 300,000 parents and children.

Between the ages of 3 1/2 to 5 years, children can participate in School Readiness programs that provide a wide array of prekindergarten activities in collaboration with other early childhood and community programs. Funding for School Readiness was about \$10 million in 2001 and reached 43,030 children.

The state of Minnesota also allocated almost \$19 million to supplement federal funding (\$59 million) for Head Start programs in 2000, with about 13,300 children and their families participating in comprehensive education, health and social services. However, according to a state report, only 45 percent of eligible children and their families received Head Start services. Some of these eligible children between the ages of 3 1/2 to 5 years who didn't receive help from Head Start participated in School Readiness programs. However, it is unlikely that participation of high-needs children in a lower-cost, less comprehensive program demonstrated the returns available in a part- to full-day, long-term program.

We propose that the Minnesota state government create the Minnesota Foundation for Early Childhood Development to fill the gap between the funds currently available for ECFE, School Readiness and Head Start and the amount necessary to fully fund a high-quality program for all 3- and 4-year-old children living in poverty in Minnesota. A one-time \$1.5 billion outlay would create an endowment that could support ECDPs on an annual basis. The foundation would receive donations from government, private foundations, individuals and businesses. With the foundation's funds invested in corporate AAA bonds, earning about 7 percent per year, we estimate that the \$195 million in annual earnings would cover the yearly costs required to fully fund comprehensive, high-quality ECDPs for all children from low-income families in Minnesota (see Table 2).

The *Minnesota Foundation for Early Childhood Development* would provide funding for well-supported and highly effective ECDPs, whether supplementing funds for an existing Head Start center or helping start a new program. The Foundation

would provide additional resources to enhance existing programs, such as boost teacher qualification and compensation, reduce teacher-student ratios and expand curriculum resources. Furthermore, the Foundation would provide start-up funds for new ECDPs to help reach all eligible children.

We contend that funding for ECDPs should reach the level of model program status, such as the Perry School program, since this is the level at which high returns have been demonstrated. Well-funded ECDPs would ensure that all teachers have a degree in early childhood education and are paid at a level that keeps turnover to a minimum. Furthermore, ECDPs would maintain low student-to-teacher ratios and use high-quality curriculum materials. Funds should also be allocated for research to track the improvement of participating children and identify where additional support may be needed. Participation in these programs should be voluntary, but incentives may be provided for families to participate. ECDPs should work effectively with parents and include them in the education process with their children.

Conclusion

The conventional view of economic development typically includes company headquarters, office towers, entertainment centers, and professional sports stadiums and arenas. In this paper, we have argued that in the future any proposed economic development list should have early childhood development at the top. The return on investment from early childhood development is extraordinary, resulting in better working public schools, more educated workers and less crime. A \$1.5 billion investment to create the Minnesota Foundation for Early Childhood Development would go a long way toward ensuring that children from low-income families are ready to learn by the time they reach kindergarten.

Granted that in today's tight fiscal environment, \$1.5 billion is a particularly large sum which may mean we can't fully fund the program immediately. But we should be able to fully fund the endowment over the next five years. After measuring the public impact on the quality of life that such a foundation can provide, the costs of not making such an investment are just too great to ignore. ■

Fact Sheets

The Benefits of High-Quality Pre-K

Research has shown that children in high-quality pre-K programs are more likely to be ready for school, have better school readiness skills, and experience fewer behavioral problems. They also benefit from higher quality, pre-kindergarten.

Successful Students

Pre-K children are more likely to read on time.

Children who attended a pre-K program were 4 percent more likely to be able to read by age 5 than those who did not have pre-K. (Source: Chicago Longitudinal Study)

Pre-K children do better on standardized tests.

More than 50% of children who had attended pre-K scored at the state level on math placement tests at higher rates than their peers who had no pre-K. (Source: "State Efforts to Evaluate the Effects of Pre-K Programs," Yale University Child Study Center)

Pre-K reduces grade repetition.

More than 50% of children who attended pre-K were 11 percent less likely to have repeated a grade than their peers who did not attend pre-K. (Source: "State Efforts to Evaluate the Effects of Pre-K Programs," Yale University Child Study Center)

Pre-K reduces the number of children placed in special education.

Among Chicago children, those who attended pre-K were 11 percent less likely to require special education services than their peers who did not attend. (Source: Chicago Longitudinal Study)

Responsible Adults

Pre-K reduces the need for child care.

Children who did not attend pre-K were 10 percent more likely to be selected for a violent crime by age 10 than their peers who had been pre-K participants. (Source: Chicago Longitudinal Study)

Pre-K reduces the need for child care.

More than 50% of children who attended pre-K were 10 percent less likely to be selected for a violent crime by age 10 than their peers who had been pre-K participants. (Source: Chicago Longitudinal Study)

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More than 50% of children who attended pre-K were 10 percent less likely to be selected for a violent crime by age 10 than their peers who had been pre-K participants. (Source: Chicago Longitudinal Study)

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Stronger Communities

Available for up to 100 employees (up to \$100,000)

Pre-K and early childhood learning the need for a child care system that works for all children and families. See the report "Early Childhood Education in California: Roadmap for the High-Speed Rail Program Project."

Pre-K improves efficiency and productivity in the education system.

Children who attend pre-K at Head Start centers had significantly higher scores on reading, mathematics, problem-solving and problem-solving in which they were required to work with others directly with children and on problem-solving management. (Source: "Pre-K and Head Start: Early Childhood Survey" U.S. Department of Health and Human Services)

Pre-K Now

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Suite 1000
Washington, DC 20036
Phone: 202-462-1000
E-mail: info@preknow.org

For more information on the Pre-K Now website visit <http://www.preknow.org> or call 202-462-1000. Benefits for

Children Benefit from High Quality Pre-K

- **Increased Educational Success**
 - Less grade repetition
 - Less special education
 - Improved social behavior and cognitive
 - Higher high school graduation rates
- **Increased Life Success**
 - Lower teenage pregnancy rates
 - Less involvement in crime
 - Higher employment and earnings

www.preknow.org

Society Benefits from High-Quality Pre-K

- **More productive workforce**
- **Increased competitiveness**
- **Reduced crime**
- **Increased school achievement**
- **Significant return on investment**
 - Savings in K-12 costs
 - Savings in social services costs
 - Savings in crime costs
 - Increased tax revenue

www.preknow.org

Public Returns of Pre-K

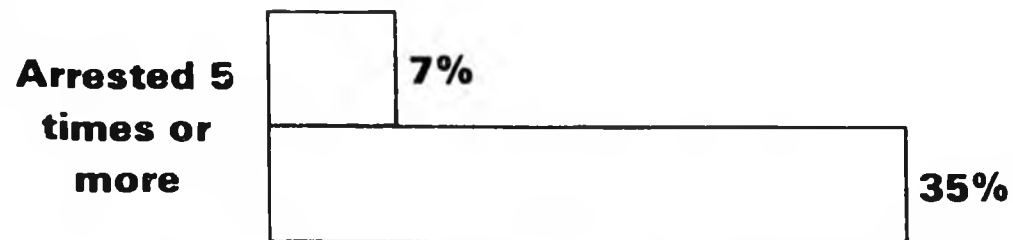
Cost Savings per \$1 Invested

Perry Preschool	\$17
Abecedarian	\$4
Chicago Child Parent Centers	\$7

Includes savings from less welfare usage, decreased crime and incarceration costs, and higher participant productivity/earnings

Arrested 5 times or more

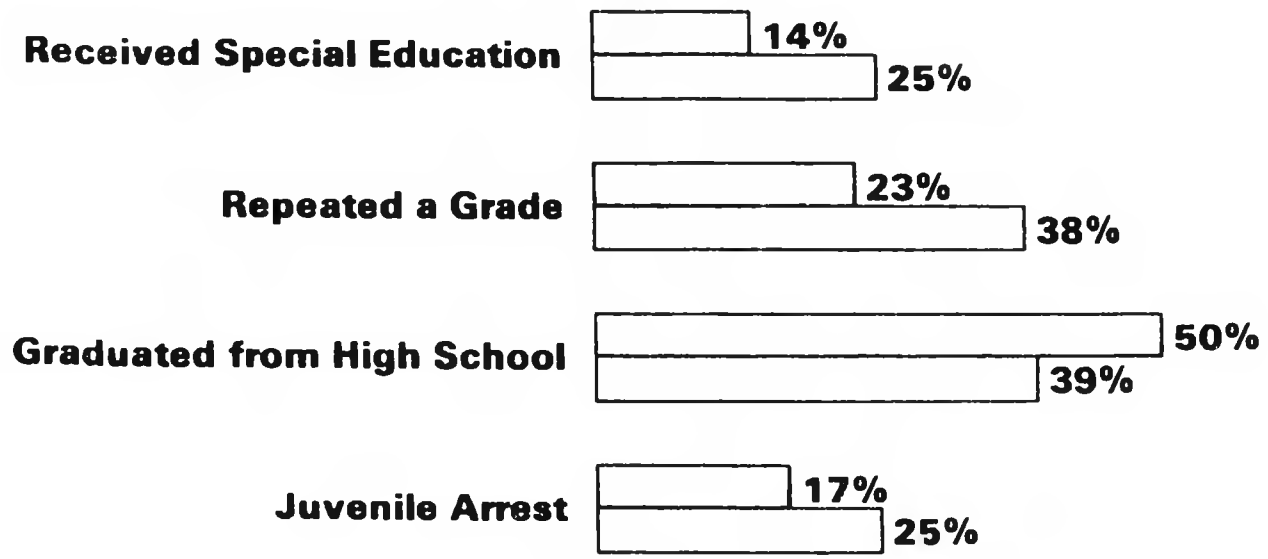
- Program Group
- No Program Group



Source: Fight Crime: Invest in Kids

2. Program Group Benefits at 1800 Days

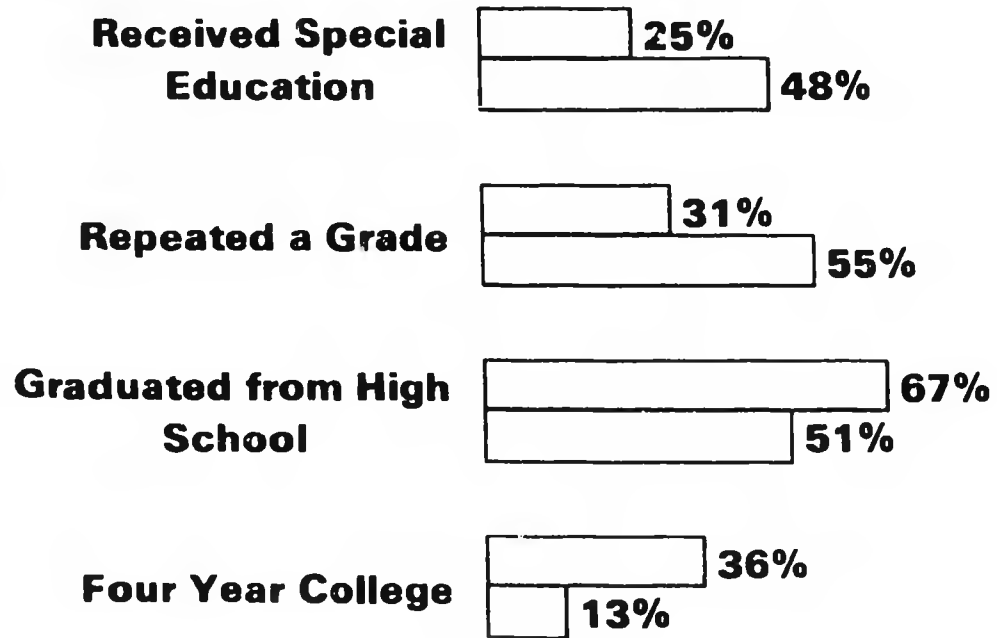
- Program Group
- No Program Group



Source: National Institute for Early Education Research

Academic Outcomes

- Program Group
- No Program Group



Source: National Institute for Early Education Research

A SUMMARIZED ECONOMIC IMPACT REPORT ON
EARLY EDUCATION AND CHILD CARE SERVICES IN
ALASKA

step^{up} early ed & child care

Based on the McDowell Group Report July 2006



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STUDY FINDINGS ARE DETAILED
ON THE FOLLOWING PAGES:

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<i>Alaskans Support Funding</i>	Pg. 9

Why should you care about the availability of quality early education and child care in Alaska? Because stepping up early education for our children is critical for all of us.

LET US STEP YOU THROUGH THE FACTS.

1 Early childhood education and child care play a critical and measurable role in Alaska's economy

2 The availability of quality, affordable child care remains a challenge for many Alaska families

3 Alaskans across the state place a high priority on state funding for early education and child care

Until recently, there was no data specific to Alaska to demonstrate how the welfare of our youngest community members impacts the entire state – both in the short term and long term. But thanks to this study commissioned by the System for Early Education Development (SEED) and completed in July 2006 by McDowell Group, there is now local information to combine with the knowledge learned from national studies to provide an accurate baseline. What the statistics demonstrate is that Alaska lags behind much of the country in providing quality early education and child care to our residents. And while there are certainly entities working hard throughout Alaska to provide quality care for our children, Alaska remains one of only 10 states without a state-funded, statewide early childhood education system.

ALASKA IS ONE OF ONLY 10 STATES WITHOUT A STATE-FUNDED, STATEWIDE EARLY CHILDHOOD EDUCATION SYSTEM.

"Investment in early childhood development programs brings a real (that is, inflation-adjusted) public return of 12%, and a real total return, public and private, of 16%. We are unaware of any other economic development effort that has such a public return ..."

ART ROLNICK
SVP AND DIRECTOR OF RESEARCH
FEDERAL RESERVE BANK OF MINNEAPOLIS

LONG-TERM ECONOMIC IMPACTS OF QUALITY EARLY EDUCATION & CHILD CARE

A host of studies have been done to track the long-term economic impact of high quality early child care development on society. Though none of these studies focuses on Alaska, the implications for Alaska are relevant. The results of these studies have shown conclusively that although investment is required to provide quality early care to infants, toddlers and youths, the rate of return far exceeds that initial investment.

The largest benefit provided by quality early care was increased earnings capacity projected from higher educational attainment, along with higher taxes paid from better paying jobs. Other benefits are lower criminal justice system costs, reduced welfare costs, savings for crime victims, and savings on school remedial services budgets. The results of several studies are highlighted below.

LONG-TERM BENEFITS OF EARLY EDUCATION AND CHILD CARE



29% higher high school graduation rates



20% higher college attendance



70% lower crime incidence



20% lower welfare dependence



\$143,000 additional earned income per capita, resulting from better employment

Studies also note that expenditures on education that are focused on K-12 may be misplaced given that brains develop rapidly in the early years (0-4), then develop at a much slower pace from age 4 through 18. The implication is that the earlier the investment on early education, the higher the return on investment will be.

step 3

EARLY CHILDHOOD EDUCATION AND CHILD CARE PLAY A CRITICAL AND MEASURABLE ROLE IN ALASKA'S ECONOMY.

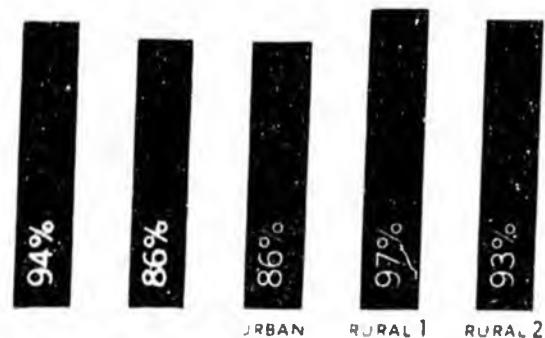


9 of 10 alaskans support funding

The telephone survey described earlier also asked all households a series of questions about state funding support for early learning and child care services in Alaska. Results showed overwhelming support for the funding of early education and child care.

Nearly nine out of 10 Alaska residents (87 percent) think it is important or very important for state government to provide financial support for early education and child care. Among residents with children under six years of age, 94 percent think state support is important or very important. Even among residents without young children, 86 percent think state financial support is important or very important. Further, urban and rural residents alike feel it is important to provide funding for early education and child care.

THOSE STATING IT IS "IMPORTANT" OR "VERY IMPORTANT" FOR STATE GOVERNMENT TO PROVIDE FINANCIAL SUPPORT.



audiences who expressed above average support for early education and child care

Alaskans were also asked if the state should give early learning and child care high, medium or low funding priority. Two-thirds (66%) feel it should have high priority. A variety of population subgroups were more likely to give it a high priority. They include

- 76% of those with children under 6 years of age
- 72% of those with children 6-12 years of age
- 77% of those with children 13-17 years of age
- 76% of those with children 18 years and older
- 73% of those who are female





BEST BEGINNINGS

Alaska's Early Childhood Investment

Alaska Ready to Read, Ready to Learn

*Task Force Report
and Recommendations*

September 2006



EXECUTIVE SUMMARY

Ready to Read, Ready to Learn Task Force Report & Recommendations

Too many of our children are failing in school. The problem begins before age 6. As a result, almost half of Alaska children begin school unprepared to read or learn. They are set up for failure.

Common sense and science tell us we can do much better in preparing young children to be ready to read and ready to learn. It is a societal imperative and our obligation as Alaska's stewards to give our children the opportunity to succeed. Nothing else we do will have a more positive impact on Alaska's economic and social health.

The Alaska Ready to Read, Ready to Learn Task Force has charted a course for success in this report. During deliberations, the 27 members learned:

- Almost half of Alaska children enter school unprepared to read or learn. This is not the child's failure. Society – parents, educators, politicians and professionals – must accept responsibility.
- Scientific research shows critical brain development occurs between birth and age 6. Children are born ready, willing and able to learn.
- Investments in early childhood literacy and learning pay dividend many times over. Children will be more successful in school, be less likely to get into trouble, grow into more productive adults, and contribute to the common good of society. The bottom line: Every dollar invested in quality early learning programs will return \$7 to \$17.
- Alaska lags far behind most states in addressing early childhood literacy and learning issues.

The Task Force – business, civic nonprofit, philanthropic, education and government leaders – met from November 2005 through the summer of 2006. In developing their recommendations, Task Force members were advised by Alaska and national experts in early childhood education.

The recommendations lay the foundation for success. There is much work to do and a role for everyone.





INTRODUCTION

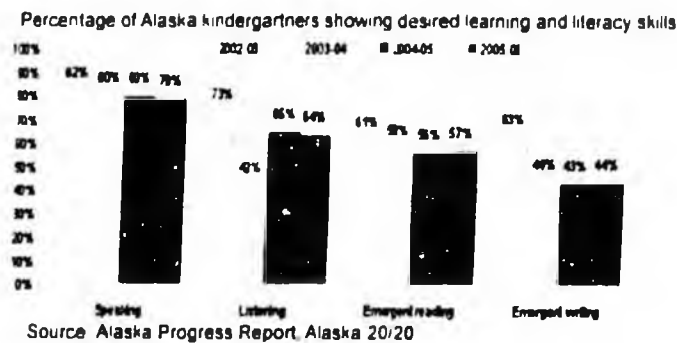
Goal: Every child in Alaska arrives at school ready to read and ready to learn.

“If you look critically at the failure in our educational system, you must conclude that the child’s failure and the school’s failure are largely determined before the child enters the educational system at age 6.”

– Irving Harris, former CEO, Procter & Gamble

The Problem

Alaska’s young children have joined a disturbing national trend. They are entering school less and less prepared to succeed. This is cause for alarm and action. A battery of studies and data reinforce what parents instinctively know: An ill-prepared child is far more likely to fail in school and become a burden on society. Declining pre-kindergarten trends contribute to Alaska’s low scores on standardized third-grade tests, poor performance on the High School Graduation Qualification Exams and an unacceptably high dropout rate.



The Growing Momentum

Concerned Alaskans met in August 2004 and May 2005 to discuss early childhood literacy and learning. At the May 2005 meeting, Gov. Frank Murkowski embraced the importance of the initiative and supported formation of a grassroots task force. Twenty-seven statewide leaders were assembled to draft a blueprint identifying what Alaskans could and should do to improve school readiness in young children. This report is their response. During the past seven months, the Ready to Read, Ready to Learn Task Force has immersed itself in this foundational issue. It has sought advice from national and Alaska experts, and has digested a large amount of data and research to develop a plan that will work in every community in the state. The plan for success is contained in this report.

Most Alaskans agree there’s a critical need to invest in young children. A report commissioned by the System for Early Education Development (SEED), *“Economic Impact of Early Education and Child Care Services in Alaska,”* found 87 percent of Alaskans surveyed thought early learning and child care were high priorities – higher than state funding for road construction, local government or university education. Only K-12 education rated higher.

Why this age group?

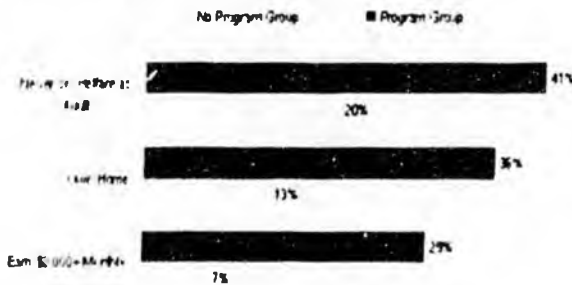
Recent research demonstrates what parents and early childhood educators have known for years: A critical period for brain development occurs between birth and age 6. Parents who read, tell stories and have positive daily interactions with their young child promote the child's brain development. Quality child care and early education do the same. Children gain the skills and confidence they need to succeed from these positive early experiences.

Why is this problem growing?

Many factors contribute to this problem. Parents often don't have the tools or resources they need. Being an effective parent takes skills often passed from generation to generation. Alaskans, a highly mobile and migrant population, are frequently

separated from this rich source of parenting knowledge. Those who do have access to extended family may still struggle. An increasing need for families to earn multiple incomes places a premium on time, energy and other prerequisites for effective parenting. Also, quality early care and education is not affordable for many parents. Investing time and money in young children can counter this growing problem.

Title: Economic Effects of Perry Preschool Program by Age 27



Source: National Institute for Early Education Research

Why is this my problem?

This trend impacts everyone, not just children and their families. Credible long term studies such as the High/Scope Perry Preschool Project, the Carolina Abecedarian Project and Chicago's Child-Parent Centers (CPC) demonstrate children who are in quality early learning programs have higher literacy skills, increased graduation rates and better attitudes toward school. These children also grow into adults who are

less likely to commit crimes or require welfare assistance, and who earn higher salaries.

Title: Economic Returns of Pre-K: Government Dollars Saved per Government Dollars Invested on Pre-K: Three Case Studies



Source: Frick et al. 2005

Our children need to acquire the skills to make them successful in life. They represent Alaska's future as parents, employees, employers, citizens and leaders. It is imperative to increase the number of children arriving in kindergarten who are ready to read and learn.

"Today a reader, tomorrow a leader."

Margaret Fuller, journalist



Increase the professional development opportunities and qualifications for early childhood educators and provide appropriate compensation.

Early educators need greater access to professional development offered through a variety of delivery systems. These must address the challenges faced by providers across the state, whether in rural or urban communities, such as long workdays, inflexible schedules and too few opportunities to access training.

Based on significant research, many states support increased wages for child care providers to improve recruitment and retention. Most importantly, it improves child outcomes. Alaska should do likewise.

Develop a statewide system of voluntary and affordable early childhood education.

Thirty eight states have implemented a model of state funded pre kindergarten, not including Head Start. (Alaska is not one of them.) These states provide funding for pre-kindergarten in a variety of ways and utilize approaches that meet their needs within financial and political constraints.

The Task Force recommends Alaska develop a system of affordable and voluntary early childhood education. Such a system could provide handsome returns on the investment.

The Task Force further recommends community-based discussion to design a system that is effective in both urban and rural areas. To begin shaping that discussion, the Task Force has identified elements key to the design of any system. They are:

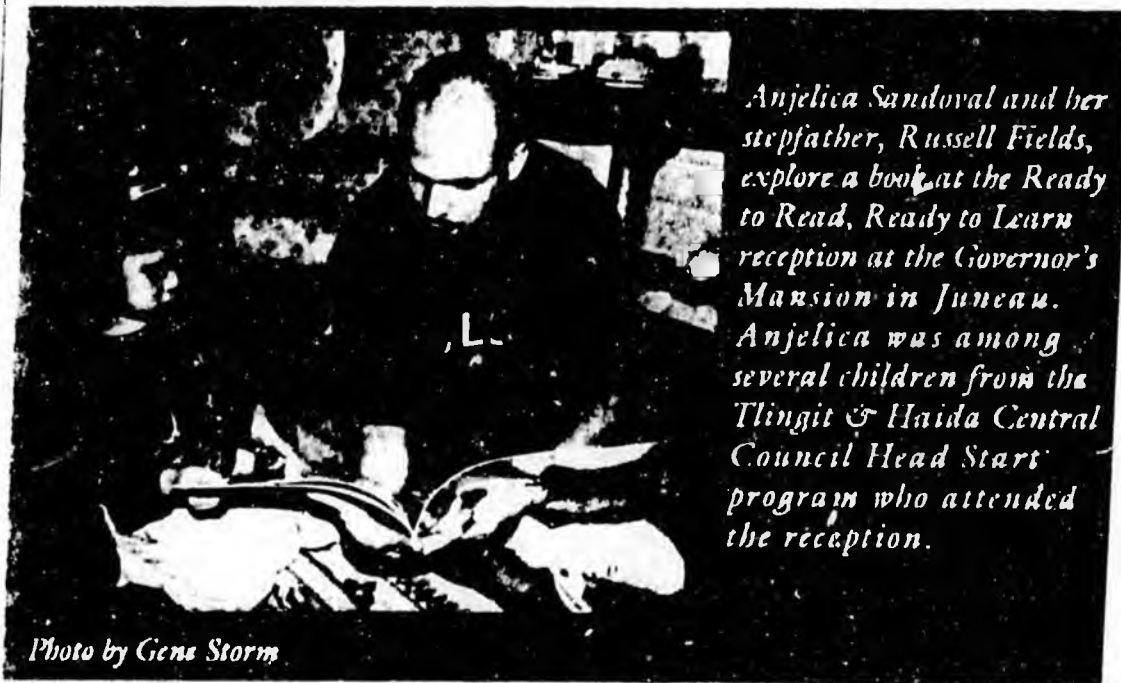
- The approach is voluntary and parents retain the choice of whether to have their children participate.
- Families can select a pre-kindergarten program from available choices, including those privately owned, faith-based, run by the community, operated by nonprofit organizations or are part of public school systems.
- Local leaders and families actively participate in developing effective pre-kindergarten options.
- Families are provided with financial support or incentives.
- The system is phased in to allow communities and programs time to ensure appropriate planning.

Government

The Federal Reserve Bank study shows the economic impact of supporting early learning and how government can save money by investing in young children. The SEED report shows the public overwhelmingly supports government investment in early childhood education. The State of Alaska has committed funding to support the Ready to Read, Ready to Learn recommendations. Government at every level must recognize supporting early childhood learning is a good investment. For example, publicly funded libraries are a mainstay in early literacy and learning. Children who have the ability to learn and succeed will contribute to the long-term economic and civic vitality of their local communities and Alaska.

Faith-Based Community

Alaska's faith based community plays an important role for young children and their families through child care, early learning programs and support for families. These efforts will ensure more children will arrive at school ready to read and learn.



Anjelica Sandoval and her stepfather, Russell Fields, explore a book at the Ready to Read, Ready to Learn reception at the Governor's Mansion in Juneau. Anjelica was among several children from the Tlingit & Haida Central Council Head Start program who attended the reception.

Photo by Gena Storm



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Effects of early intervention on intellectual and academic achievement: A follow-up study of children from low-income families. Campbell, F. A. & Ramey, C. T. (1994).

Lifetime effects: The High/Scope Perry Preschool study through age 40. Schweinhart, L. J., Montie, J., Xiang, Z., Barnett, W. S., Belfield, C. R., & Nores, M. Ypsilanti. (2005).

Lives in the balance: Age 27 benefit cost analysis of the High/Scope Perry Preschool Program. Barnett, W. S. Ypsilanti. (1996).

Significant benefits: The High/Scope Perry Preschool study through age 27. Schweinhart, L. J., Barnes, H. V., & Weikart, D. P. Ypsilanti. (1993).

The State of Preschool 2005 State Preschool Yearbook. W. Steven Barnett, Ph.D., Jason T. Hustedt, Ph.D., Kenneth B. Robin, Psy.D., and Karen L. Schulman, M.P.P.

Online Resources

Born Learning

bornlearning.org

Children's Defense Fund

childrensdefense.org

Every Child Matters

everychildmatters.org

Minneapolis Federal Reserve

minneapolisfed.org/research/studies/earlychild

Mind in the Making

mindinthemaking.org

National Governor's Association

nga.org

National Institute for Early Education Research

nieer.org

Pre-K Now

preknow.org

Qualistar Early Learning

corra.org

Smart Start North Carolina

smartstart.nc.org

State of Alaska's Early Learning Guidelines

educ.state.ak.us

State of Alaska, DHSS, Division of Public

Assistance, Child Care Program Office

hss.state.ak.us/dpa/programs/ccare

System for Early Education Development

seed.alaska.edu

Talaris Research Institute

talaris.org

Thrive by Five

thrivebyfive.wa.org

Voices for America's Children

voices.org

Zero to Three

zerotothree.org

"Story Time" - Special thanks!



A special thank you to Barbara Lavalley for making available the use of her artwork "Story Time" for the Ready to Read, Ready to Learn logo. This work pictures what Alaskans desire to see: parents and young children engaged in reading and learning together. Reading or storytelling is the central subject of much of her art. Other works by the artist can be seen online at: artqued.com/artists/bio_artist/

NIEER

NATIONAL INSTITUTE FOR
EARLY EDUCATION RESEARCH

The State of Preschool 2006

STATE PRESCHOOL YEARBOOK

The National Institute for Early Education Research
is supported by the State Child Care
Trusts of the State University of Iowa



Alaska

NO PROGRAM

Although Alaska does not have a state-funded prekindergarten program, the state has provided a supplement to federal Head Start programs since the 1980s. State funding through this initiative is available to any federally recognized Head Start program in Alaska, and totaled more than \$6 million during the 2005-2006 school year. These funds are primarily targeted toward quality improvement through professional development and school readiness activities. Wherever possible, remaining funds are used to serve additional children and families by creating new Head Start slots. In 2005-2006, an estimated 538 children were served in state-funded Head Start slots, approximately 525 of whom were ages 3 and 4.

ACCESS RANKING-4s

ACCESS RANKING-3s

RESOURCES RANKING

No Program



Email Address

Resource Center

- 1. Research Reports
- 2. State Profiles
- 3. Mapping Tools
- 4. Model Development Tools
- 5. Abstracts
- 6. Press Releases
- 7. Research Publications
- 8. Reports on NIEER's Work
- 9. Highlights from "Voice Counts"

Alaska Snapshot

Quality

Each year, the National Early Childhood Education Research Project (NIEER) reports on the quality of the nation's pre-kindergarten programs. This report includes the number of states that have implemented a Pre-K standard year for determining NIEER's quality benchmark and which states have not done so. See more about the NIEER State Preschool Yearbook.

Number of NIEER quality benchmark criteria met: 7

Notes: Alaska is the only state that has implemented a Pre-K standard year for determining NIEER's quality benchmark. Alaska is the only state that has implemented a Pre-K standard year for determining NIEER's quality benchmark.

Availability

Alaska is the only state that has implemented a Pre-K standard year for determining NIEER's quality benchmark. Alaska is the only state that has implemented a Pre-K standard year for determining NIEER's quality benchmark. See more about the NIEER State Preschool Yearbook.

Percentage of four-year olds in public pre-K: 3

Notes: Alaska is the only state that has implemented a Pre-K standard year for determining NIEER's quality benchmark. Alaska is the only state that has implemented a Pre-K standard year for determining NIEER's quality benchmark.

Public Enrollment

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State of Enrollment

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Pre-K Now Reacts to Research on Pre-K Expulsions

Pre-K Now issued a statement today regarding the research on the impact of expulsions on children's development. Pre-K Now has long been a leader in the field of early childhood education and is committed to providing high-quality, research-based information to the public.

read the full statement

Expanding Pre-K Evidence

Pre-K Now is committed to providing high-quality, research-based information to the public. We are currently working on a new report that will provide more information on the impact of expulsions on children's development.

Photo: iStockphoto.com/Markus Spiske

Key Policymaker Support	No
Legislative or Ballot Measure Activity	No
Funding	Yes
Advocacy	Yes
Business Community Support	No
Media Coverage	No
Governance	No
Teacher Professional Development	No
Pre-K-to-All	No

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enter keywords

Testimony re: HB 306

Dirk Shumaker
Executive Director
Kids' Corps, Inc.
1840 S. Bragaw, Suite 210
Anchorage, AK 99508

Thank you for this opportunity to provide brief written testimony re: HB 306.

96% of the children enrolled in the Anchorage Head Start program where I work live in poverty. For all too many of these children, a so-called "achievement gap" already separates them from their better off peers and threatens to diminish their chances for success in school and life.

Through my long association with Kids' Corps Head Start programs, I have seen the benefits that young children and families gain through participation in a high quality early learning program. These gains—carefully observed and measured over the program year by trained staff and consultants—include significant progress in such school readiness domains as letter recognition and early literacy, vocabulary, math, fine motor coordination and most importantly, social-emotional development.

Unfortunately, every year our particular Head Start program receives hundreds of applications for children and families we cannot serve. Some cannot enroll because we do not have space at our centers for all the children who are eligible. Others do not qualify because their parents' earnings, although often very low, still exceed Head Start poverty level income requirements. And, because Alaska is one of the handful of states that lack a state funded pre-kindergarten program, these families who are not eligible for Head Start have few affordable pre-k options available for their children.

By establishing an affordable, voluntary, quality pre-kindergarten program that serves low income families first, the state of Alaska would take an important step in increasing the odds of educational success for thousands of children. No one claims that even the best pre-k program alone will dramatically raise 3rd grade reading scores or high school graduation rates. However, volumes of research do show that a state pre-k program that is aligned with quality standards like Alaska's Early Learning Guidelines and that is coordinated with successful, established programs can play a critically important role in helping Alaska achieve these goals.

Sincerely,

Dirk Shumaker

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Sincerely,

Dirk Shumaker

HB

319

TERI K. JARNAGIN, D.D.S., P.C.
13012 OLD GLENN HWY, SUITE 101
EAGLE RIVER, AK 99577
907-694-2129 FAX 694-1129

To Whom It May Concern:

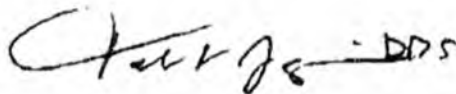
I am not for this proposition # HB319.

Dentistry is a profession not a tooth mechanic—filling placement and polishing teeth.

I do believe that having assistants who perform these tasks will be making assisting two class society- the ones who are qualified and those who are not and pay will be expected to follow.

If this were to pass there should be education and boards to pass before performance is allowed.

Thank you for your attention.



Teri K, Jarnagin, D.D.S., P.C.

Dan O. Pitts, D.D.S.

155 Smith Way, Suite 102 Soldotna, AK 99669

Office (907) 262-4989 Fax (907) 262-6595
e-mail: depdds@alaska.net

To: Rep Peggy Wilson

2/12/08

Re: HB 319

Dear Rep Wilson,

HB 319 IS A bill primarily to INCREASE
ACCESS TO DENTISTRY FOR ALASKA'S
RURAL AREAS. Requiring NATIONAL CERTIFICATION
IS AN UNNECESSARY LAYER OF EDUCATION AND
EXAMS THAT WILL DO NOTHING TO MAKE
PATIENTS TX OR SAFETY BETTER.

ACCESS WILL AGAIN BE LIMITED AND COSTS
INCREASED.

PLEASE PASS HB 319 OUT OF HESS

SINCERELY

Dan O. Pitts



Alaska Dental Society, Inc.

9170 Jewel Lake Road, Suite 203
Anchorage, Alaska 99502-5390
(907) 563-3003 • FAX: 563-3009
akdental@alaska.net

Dental Assistants' Expanded Duties

What it does:

- Creates two-tier system for dental assistants.
- Uncertified assistants would continue to perform duties currently authorized by present Dental Practice Law.
- Certified (expanded) dental assistants would be authorized to:
 - Place restorative materials in tooth prepared by dentist. This is commonly referred to as "packing and carving."
 - Allow coronal polishing (use of rubber cup to clean teeth above the gums)
 - Certification for the restorative function would be equal to training and testing established for dental hygienists in HB-136/SB-98.
 - Certification for coronal polishing would be done under regulations established by the Board of Dental Examiners

How it can improve access to care:

- Restorative function and coronal polishing by assistants will help community health centers and itinerant dental teams in remote areas provide cost effective treatment.
- Coronal polishing by assistants will encourage dental offices to accept more Medicaid/EPSDT and more Denali Kid Care eligible patients.
- Retaining the existing "uncertified" dental assistant position will ensure that dentists in rural communities can continue to hire and train assistants in their office.

Supported by Alaska Dental Society, Alaska Board of Dental Examiners, Alaska Native Tribal Health Consortium.

Meets the goals of the preliminary report for the Governor's Health Care Strategies Planning Council



Alaska Dental Society, Inc.

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Layperson's Guide to Dental Offices

Dental offices generally have 4 job classifications as employees with different levels of education and training. Three of the classifications involve working on patients, the remaining classification, front office staff, is limited to clerical tasks and will not be covered.

Dentists: 4 years of dental school and generally 4 years of college. Specialists have 2-4 years of additional school beyond dental school. Dentists supervise other dental care providers and are authorized to perform all dental procedures.

Dental Hygienists: 2 years of dental hygiene school and generally have 2 years of college. Hygienists work with dentists but generally do not work on patients at the same time with dentists. Hygienists may work on patients without a dentist present if the dentist has seen the patient beforehand. Hygienists are allowed to:

1. Clean teeth including deep cleaning
2. Apply sealants and fluoride
3. Apply therapeutic agents for gum disease
4. Administer anesthetic, if they have passed a test and if a dentist present on the premises
5. Perform any function a dental assistant can perform

HB136/SB239 would allow hygienists to:

1. Administer anesthetic without a dentist present
2. Work on patients independently of a dentist
3. Place fillings into cavities prepared by a dentist (restorative function) after training and passing a test

Dental Assistants: May attend formal education of 12-18 months or may be trained in dental offices. No educational prerequisites. Dental assistants work directly with dentists and are not allowed to see patients without a dentist present. Assistants are allowed to:

1. Apply sealants and fluoride
2. Clean teeth before applying sealants or fluoride but can not be considered a cleaning
3. Place rubber dams
4. Take impressions (molds)
5. Make temporary crowns
6. Place and remove orthodontic brackets

HB319/SB239 would allow assistants to:

1. Place fillings into cavities prepared by a dentist (restorative function) after training and passing a test. (same test and training as hygienists)
2. Clean teeth without tartar. Assistants can currently clean teeth before applying sealants or fluoride but it is not considered a "cleaning".



Alaska Dental Society, Inc.

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Two Dental Bills

There are currently two dental bills before the legislature. A quick recount of the bills and the differences between them.

HB136/SB98 Introduced last year, HB136 cleared the House and Senate HESS and L&C. Currently in Senate Finance. HB136 is sponsored by Rep. Stoltze and cosponsored by Rep. Gardner and Rep. Foster. SB98 was sponsored by Sen. Davis.

HB136 applies to dental hygienists.

1. Would allow dental hygienists to place fillings into teeth prepared by a dentist
2. Would allow hygienists to administer local anesthetic without a dentist present (currently a dentist must be in the building)
3. Would allow dental hygienists to work independently of dentists under a collaborative agreement.

HB319/SB239. Introduced this year, HB319 is sponsored by Rep. Ramrus and cosponsored by Rep. Thomas and Salmon. SB239 is sponsored by Sen. Thomas.

HB319/SB239 applies to dental assistants.

1. Would allow dental assistants to place fillings into teeth prepared by a dentist (same education and testing standards as for hygienists in HB136)
2. Would allow dental assistants to perform coronal polishing (cleaning teeth with a rubber cup) as a cleaning service (currently can only do so before applying sealants or fluoride)

Alaska Dental Outreach Consortium

Dentists reaching out to those in need

Dr. Michale Boothe
Chugiak
President

Dr. Pete Higgins
Fairbanks
Vice President

James R. Towle
Anchorage
Secretary

Dr. Dave Eichler
North Pole
Treasurer

Dr. Dave Logan
Juneau
Director

The Honorable Peggy Wilson, Chair; &
Honorable Members
House Committee for Health Education & Social Services
State Capitol Building
Juneau, AK 99901

1 February 2008

Chairman Wilson & Honorable Members:

On behalf of the Board of Directors of the Alaska Dental Outreach Corporation (ADOC), I urge you to support the passage of House Bill 319 & Senate Bill -239 concerning the expansion of duties for certified dental assistants.

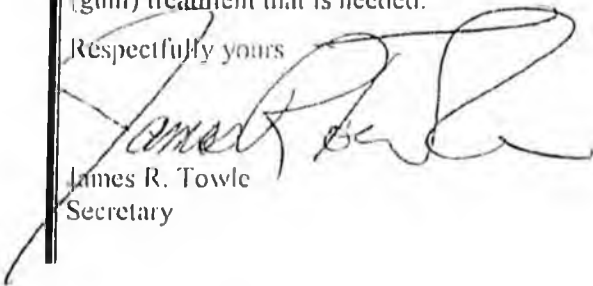
These bills would allow greater access to care in rural areas and increase the ability of dentists to deliver care under the Medicaid and Denali Kid Care system.

ADOC is a non-profit organization started by the Alaska Dental Society in 2007. It has requested IRS designation as a tax-exempt entity, and is currently awaiting a ruling prior to commencing operations. ADOC has been established to provide care in underserved rural areas of Alaska using volunteer dentists.

The adoption of HB-319/SB-239 will ensure that ADOC's volunteer dentists are able to use the expanded duty for dental assistants to significantly increase the amount of care they are able to provide compared to than would be possible under the exist statutes. Certified dental assistants placing fillings after the dentists have prepared teeth will allow our dental teams to work efficiently. One dentist working in concert with several assistants will be able to provide care to 50-75% more patients than a dentist who is not allowed to delegate the "restorative services" authorized by these bills.

Allowing certified dental assistants to perform coronal polishing is also crucial to the efficient delivery of care. Unless ADOC is able to recruit hygienists willing to accompany our volunteer dentists and provide their services without compensation or remuneration, it will be cost prohibitive for ADOC to provide basic dental hygiene services. This will severely hinder ADOC's ability to provide this most basic of preventive services. Our dentists, due to the more pressing need to restore decayed teeth, will be unable to provide little more than a minimal number of the cleanings needed in the communities we will serve. However, with the adoption of these bills, dental assistants can provide coronal polishing, under the supervision of a dentist, who after removing any calculus (tartar) and treating any sub-gingival (below the gum line) treatment deemed appropriate, can focus on providing restorative and periodontal (gum) treatment that is needed.

Respectfully yours



James R. Towle
Secretary

-----Original Message-----

From: Thomas Jacobsen [mailto:gbheron@jci.net]

Sent: Tuesday, February 05, 2008 6:28 PM

To: Rep. Peggy Wilson

Subject: HB 319

Representative Wilson, I am contacting you to urge your support for the Expanded Duty for Dental Assistants bill. I am a dentist in private practice here in Sitka, and I can assure you that passage of this bill would increase access to care for rural, Medicaid and Denali Kid Care patients. As you know, these assistants would have to be certified and would be working under the direct supervision of a licensed dentist, thereby assuring quality of care. Thank you in advance for your support.

Thomas E Jacobsen DDS

-----Original Message-----

From: Thomas Hipsher [mailto:tgh@gci.net]
Sent: Wednesday, February 06, 2008 1:03 AM
To: Rep. Peggy Wilson
Subject: House HESS to Act on Dental Assisting Bill

Representative Wilson:

HB-319, the bill for Expanded Duty for Dental Assistants, will be heard before the HESS committee on Thursday, February 7th. Please vote to pass HB-319 out of the HESS committee with a favorable recommendation.

HB-319 will increase access to care in rural areas and increase access for children under the Medicaid and Denali Kid Care systems.

HB-319 will allow certified dental assistants to place fillings after the dentists have prepared teeth, known as the restorative function. The restorative function will allow itinerant dental teams to work more efficiently which is extremely important in rural areas to deliver additional services.

HB-319 will allow dental assistants to perform coronal polishing. Coronal polishing is the last step in cleaning, the toothpaste that is used on a rubber cup on teeth. Dental assistants who have been certified in coronal polishing will be able to see children without tarter and perform a cleaning allowing dental offices to offer this service under the fee structure of the Medicaid and Denali Kid Care systems.

Both of these functions will require certification for dental assistants to be able to perform, insuring safety for the public and both functions will be performed under the direct supervision of a dentist meaning the patient will be examined before the procedure and evaluated after the procedure.

Your cooperation is greatly appreciated.

Sincerely,

Thomas Hipsher
Owner/President
Thomas G. Hipsher, DDS, PC
2000 Abbott Rd Ste 100
Anchorage, AK 99507



**Alaska Native
Tribal Health Consortium**

Administration · 4000 Ambassador Drive · Anchorage, Alaska 99508 · Phone: (907) 729-1900 · Fax: (907) 729-1901 · www.anthc.org

February 5, 2008

Representative Jay Ramras
Alaska State House
Juneau, AK 99801

Dear Representative Ramrus:

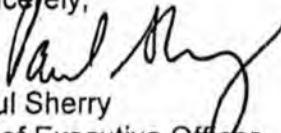
According to the U.S. Surgeon General, periodontal disease in American Indian and Alaska Native adults is 2.5 times greater than in the general U.S. population. Data from Alaska shows that 92 percent of Alaska Native adolescents have signs of early periodontal disease. In the last decade, research has demonstrated the association of periodontal disease in pregnant women with premature birth and studies are underway now to test interventions. Infant mortality is a problem in Alaska and oral health problems can only contribute to this unnecessary loss.

Virtually without exception, the studies of dental therapists in other countries and even expanded duty personnel in the U.S. show that these highly competent technicians perform fillings at the same level as their dentist supervisors. A study in Michigan showed that expanded duty personnel had one-third as many failures of dental sealants over 10 years as dentists with an overall retention rate similar to published studies. A study in Canada showed that 79 percent of pit and fissure sealants applied by dental therapists were retained for at least three years and 46 percent less caries in these teeth. Similarly studies in the U.S. showed good agreement between trained dental extenders and dentists in dental caries screening.

In the United States, dentistry is an aging profession. Of the nation's roughly 162,000 practicing dentists, 22.5 percent were ages 55-64, and 10 percent were age 65 and older in 2005. A large portion of this group is expected to retire over the next five to ten years, leaving an even greater need for other dental disciplines to be fully trained and ready to move into the workforce. The national shortage of dentists means even greater hardships for the Alaska Native people living in rural Alaska.

Given the high number of oral health disparities faced by our people, the Alaska Native Tribal Health Consortium supports the expanded function practices of Dental Hygienists and Dental Health Aide Therapists across Alaska and the United States.

Sincerely,


Paul Sherry
Chief Executive Officer

Alaska Dental Outreach Consortium

Dentists reaching out to those in need

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1 February 2008

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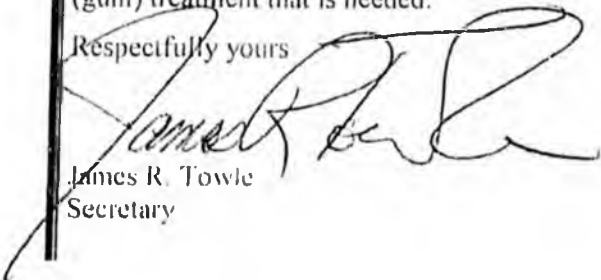
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Respectfully yours



James R. Towle
Secretary



Alaska Dental Society, Inc.

9170 Jewel Lake Road, Suite 203
Anchorage, Alaska 99502-5390
(907) 563-3003 • FAX: 563-3009
akdental@alaska.net

The Honorable Jay Ramras
Alaska House of Representatives
State Capitol Bldg. Rm 118
Juneau, AK 99801

Dear Representative Ramras,

The Alaska Dental Society welcomes you back, for what we hope will be a productive and rewarding 2008 session of the Alaska Legislature.

This session the Alaska Dental Society (ADS) is backing legislation sponsored by Sen. Joe Thomas and Rep. Jay Ramras. These bills are one of several steps the is undertaking to increase access to dental care to rural and other Alaskans in need. A packet enclosed provides information on the Expanded Duty for Dental Assistants Bills, HB-319 and SB-239, as well as other components of a strategic plan for dealing with the shortage of dental care in Alaska.

Given the short 90 day session in 2008 we hope you will give HB-319 and SB-239 your support and urge you fellow lawmakers to take prompt attention before preparation of the FY2009 budget takes center stage.

Enclosed are complementary toothbrushes, floss for you and your staff.

Respectfully yours,

A handwritten signature in cursive script that reads "David Logan".

David Logan, DDS, Chairman
Legislative Committee



Alaska Dental Society, Inc.

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Anchorage, Alaska 99502-5390
(907) 563-3003 • FAX: 563-3009
akdental@alaska.net

HB-319 & SB-239 -- Dental Assistants' Expanded Duties

What it does:

- Creates two-tier system for dental assistants.
 - Uncertified assistants would continue to perform duties currently authorized by present Dental Practice Law.
 - Certified (expanded) dental assistants would be authorized to:
- Allows dental assistants to place restorative materials in tooth prepared by dentist. This is commonly referred to as "packing and carving."
- Allows dental assistants to perform coronal polishing (use of rubber cup to clean teeth above the gums) This should not be confused with an adult "prophy" performed by dental hygienists.
- Certification for the restorative function would be equal to training and testing established for dental hygienists in HB-136/SB-98.
- Certification for coronal polishing would be done under regulations established by the Board of Dental Examiners

How it can improve access to care:

- Restorative function and coronal polishing by assistants will help community health centers and itinerate dental teams in remote areas provide cost effective treatment.
- Coronal polishing by assistants will encourage dental offices to accept more Medicaid/EPSDT and more Denali Kid Care eligible patients.
- Retaining the existing "uncertified" dental assistant position will ensure that dentists in rural communities can continue to hire and train assistants in their office.
- Supported by Alaska Dental Society, Alaska Board of Dental Examiners, Alaska Native Tribal Health Consortium.
- Meets the goals of the preliminary report for the Governor's Health Care Strategies Planning Council.



Alaska Dental Society, Inc.

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(907) 563-3003 • FAX: 563-3009
akdental@alaska.net

Long Term Strategic Plan for Providing Care for the Underserved in Alaska

The majority of Alaskans enjoy access to excellent and affordable dental care – some of the best in the world. A segment of the Alaska's population does not have ready access to basic dental care and struggles to pay for the treatment they need; particularly if they have delayed seeking care and their condition has gotten worse and more difficult and costly to treat.

The Alaska Dental Society has developed a long term strategic plan which will increase access to care for those Alaskans most in need and with the greatest challenges to getting regular care and treatment. It will require cooperation between the Alaska Dental and the Alaska Dental Board, the Legislature, as well as the other state and federal agencies responsible for dental and health care.

The Alaska Dental Society recommends the following steps to increase access to dental care:

1. Legislation to expand the duties that can be assigned to auxiliary dental personnel. Increasing the tasks performed by hygienists and assistants will increase efficiency while lowering costs.
2. Implement a 10% tax at the wholesale level on soda pop, soft drinks that contain significant percentages of sugar and candy products. Proceeds of the tax would be directed to the general fund and used to offset key programs to improve and increase access to dental care.
3. Implementation of a state grant program for delivery of preventive care in underserved areas.
4. Institute a loan program to encourage health care providers to deliver care in underserved areas.
5. Modifications to the Medicaid system by the Department of Health and Social Services that will encourage rather than discourage dentists to participate.
6. Incentives from the state to encourage communities to fluoridate community water systems and development of a state program to provide fluoride supplementation in communities without fluoridated water.

More detailed information on the above listed programs can be found in the accompanying material.

EXPANDED FUNCTIONS FOR DENTAL ASSISTANTS

STATE	RESTORATIVE FUNCTION	CORONAL POLISHING
ARIZONA		COURSE AND EXAM
ARKANSAS		COURSE AND EXAM
CALIFORNIA	COURSE AND EXAM	COURSE AND EXAM, OR MAY BE TRAINED BY DENTIST
COLORADO		NO EXAM REQUIRED
FLORIDA		COURSE AND EXAM
GEORGIA		NO EXAM REQUIRED
IDAHO		BOARD CERTIFICATION
ILLINOIS		COURSE AND EXAM
KANSAS		NO EXAM REQUIRED
MAINE	BOARD CERTIFICATION	NO EXAM REQUIRED
MASSACHUSETTS		COURSE AND EXAM
MICHIGAN		COURSE AND EXAM
MINNESOTA		COURSE AND EXAM
MISSOURI	COURSE AND EXAM	COURSE AND EXAM
MONTANA	COURSE AND EXAM	COURSE AND EXAM
NEBRASKA		COURSE AND EXAM
NEVADA		NO EXAM REQUIRED
NEW JERSEY		COURSE AND EXAM
NEW MEXICO		COURSE AND EXAM
NEW YORK	COURSE AND EXAM	COURSE AND EXAM
NORTH CAROLINA		COURSE AND EXAM
NORTH DAKOTA		COURSE AND EXAM
OHIO	BOARD CERTIFICATION	BOARD CERTIFICATION
OKLAHOMA		COURSE AND EXAM
OREGON		COURSE AND EXAM
PENNSYLVANIA	COURSE AND EXAM	COURSE AND EXAM
RHODE ISLAND		COURSE AND EXAM
SOUTH CAROLINA		COURSE AND EXAM
SOUTH DAKOTA		COURSE AND EXAM
TENNESSEE	BOARD CERTIFICATION	COURSE AND EXAM
UTAH		NO EXAM REQUIRED
VERMONT	BOARD CERTIFICATION	BOARD CERTIFICATION
WASHINGTON	BOARD CERTIFICATION (2008)	NO EXAM REQUIRED
WEST VIRGINIA		COURSE AND EXAM
WISCONSIN		NO EXAM REQUIRED
WYOMING		NO EXAM REQUIRED

-----Original Message-----

From: Phyllis Pendergrast [mailto:soviev@yahoo.com]
Sent: Wednesday, February 06, 2008 9:48 PM
To: Rep. Peggy Wilson
Subject: *****SPAM***** HB-319 Expanded Duty Dental Assistants

Dear Chairman Wilson,

For the past 32 years I have been involved with dentistry and dental education. One of my main areas of focus has been that of "Access". In both Washington State and Alaska I have worked to help develop and support programs to reduce the cost of dental care and increase the access for services.

I ask that you support this bill as it will directly address and help resolve the challenge of access for all the people of Alaska.

Respectfully,

Charles W. Lemke CDT
President Alaska State Dental Laboratory Association
907-388-4981

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-----Original Message-----

From: Phyllis Pendergrast [mailto:soviev@yahoo.com]
Sent: Wednesday, February 06, 2008 4:10 PM
To: Rep. Peggy Wilson
Subject: *****SPAM***** HB-319 Expanded Duty Dental Assistants

Dear Chairman Wilson,

Thank you for hearing HB-319 this session.

I have been practicing dentistry in Alaska for over 30 years. I was the Interior Dental Director for the Public Health Service. I practiced for 7 years in bush Alaska. I have been president of local dental society in Fairbanks. I have been president of the Alaska Dental Society. I have been president of the Alaska State Dental Board. I have been president of the WREB (Western Regional Examining Board). I sit on the Advisory Board for the dental assisting and dental hygiene programs at UAF and I continue in full time private practice while acting as a Chief Floor Examiner for the WREB.

I can assure you that passing this bill dramatically address the challenge of access of quality dental care in Alaska.

You have the opportunity to correct the problem of quality, affordable access to dental care and the time is now. I would be available for testimony as requested.

Respectfully,

Phyllis Pendergrast DMD
3539 Thomas
Fairbanks, AK. 99709
Phone 907-452-7041
Fax 907-451-7166
soviev@yahoo.com

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From: Sun & Nick LaJiness [mailto:snl39@hotmail.com]

Sent: Wednesday, February 06, 2008 2:39 PM

To: Rep. Peggy Wilson; Rep. Bob Roses; Rep. Sharon Cissna; Rep. Anna Fairclough;
rep_berta_gardnew@legis.state.ak.us; rep_wes_keller@legis.state.ak.us; Rep. Paul Seaton

Subject: *****SPAM***** HB-319 bill

To the committee members for bill HB-319:

Hello, my name is Sun LaJiness and I am a certified dental assistant that would like to voice my support for this particular bill. I have been a dental assistant for the past 13 years now and certified for 10 of those years. In the past I have sat on a dental assistant advisory board for the University of Alaska Tanana Valley Campus for at least 7 years and was the co-founder, president, past-president and vice president for the local dental assisting society. My past interests and commitment to the community displays that I am a strong believer in dental education and advocate of dental health within the community. I am very interested in this current bill at hand and would like to make sure my support is well known for this bill. Living in the rural "bush" Alaska community, as a child when my parents were teachers for the BIA, I know first hand the need for dental attention to these communities and what an asset this bill would be. I personally feel that this bill will bring a lot of benefit to not only our surrounding community, but an extreme benefit to the rural communities Alaska has to offer. I feel so many needy people will then have the quality care they deserve and need with the passing of this bill. Having certified dental assistants acquire the proper training and certification this bill outlines will allow efficiency within the dental offices and allow the team as a whole to "attack" the dental situation at hand. I work along side a very supportive dentist that is capable and willing to allow the quality trained assistants present take the proper measures to maximize beneficial attention to the needed dental community. She also has a firm affirmation that there is a great need for a bill, like HB-319, to be developed and implemented within the dental community for the greater good of all the communities within Alaska. I thank you for your time.

Sincerely,

Sun LaJiness, CDA

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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 13, 2008

SUBJECT: CSHB 319(HES) Wording Problem (Work Order No. 25-LS1281\L)

TO: Representative Peggy Wilson
Chair of House Health, Education, and Social Services Committee
Attn: Becky Rooney

FROM: Kathryn L. Kurtz 
Assistant Revisor

Enclosed is the committee substitute you requested.

The language the committee inserted at page 3, lines 4 - 6 is internally inconsistent. With the change, the section provides:

(b) A dentist licensed in this state may delegate to a dental assistant under direct supervision

...

(3) other dental operations and services as defined and regulated by the board that do not require the professional skill of a licensed dentist or licensed dental hygienist, *including those dental operations and services provided in AS 08.32.110(c) and this chapter.*

(Emphasis added). AS 08.32.110 addresses the scope of practice of dental hygienists, and subsection (c) limits the tasks which may be delegated by a dentist:

(c) This section does not authorize delegation of

(1) diagnosing, treatment planning, and writing prescriptions for drugs; writing authorizations for restorative, prosthetic, or orthodontic appliances;

(2) operative or surgical procedures on hard or soft tissues except as allowed in (a)(4) of this section; or

(3) *other procedures that require the professional competence and skill of a dentist.*

(Emphasis added). Obviously, this is not a list of tasks that do not require the professional skill of a licensed dentist or licensed dental hygienist, as the lead-in language

Representative Peggy Wilson
February 13, 2008
Page 2

The simplest solution to this drafting problem would be to remove the phrase "*including those dental operations and services provided in AS 08.32.110(c) and this chapter*" on page 3, l. 5 - 6. Another approach would be to clarify the language to match what the committee presumably intended, perhaps along these lines:

(b) A dentist licensed in this state may delegate to a dental assistant under direct supervision

...

(3) other dental operations and services as defined and regulated by the board; however, a dentist may not delegate to a dental assistant a dental operation or service that requires the professional skill of a licensed dentist or licensed dental hygienist, including those dental operations and services specified in AS 08.32.110(c).

Please alert the next committee of referral to this issue, and please call if you have questions or would like us to draft an amendment.

KLK:med
08-096.med

Enclosure

Amendment #1:

Conceptual amendment to require all Dental Assistants that wish to become certified to perform coronal polishing or to perform restorative functions must be Certified Dental Assistants (CDA).

Certified Dental Assistant – CDA means a dental assistant that has registered with the board, passed the Dental Assisting National Board Exam (DANB), and maintains the credential (CDA) by meeting DANB recertification requirements.

DANB offers three pathways to becoming a CDA – All pathway options require CPR

1. Graduation from ADA-CODA accredited dental assisting or dental hygiene program
2. High school graduation (or equivalent) and 3500 hours work experience as a dental assistant
3. Current or former DANB CDA or graduation from ADA-CODA accredited dental degree program or graduation from a foreign dental degree program.

Page 3 line 4

After board insert “that do not require the professional skill of a licensed dentist or licensed dental hygienist, including those provided in AS 08.32.110(c) and this chapter.”

Page 3 line 11

Replace “facility” with “office”

HB 319 Dentists and Dental Assistants

Amendment #2:

Page 3 line 4

After board insert “that do not require the professional skill of a licensed dentist or licensed dental hygienist, including those provided in AS 08.32.110(c) and this chapter.”

Passed

Alaska State Legislature

Session:

State Capitol, Room 118
Juneau, Alaska 99801-1182
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**Interim:**

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Toll Free: (877) 465-3004

Representative Jay Ramras House District 10

Chair, House Judiciary Committee • Member, House Labor & Commerce Committee • Member, House Oil & Gas Committee • Member, House Military & Veteran Affairs Committee

Sectional HB 319- An Act relating to the practice of dentistry and to dental assistants

(Version 25-LS1281\K)

* **Section 1.** Adds a new section to AS 08.36 defining dental assistants.

Sec. 08.36.342 Describes the coronal polishing certificate.

Sec. 08.36.344 Describes the restorative function certificate.

Sec. 08.36.346 Describes delegated duties to a dental assistant.

Sec. 08.36.349 Defines "direct" and "indirect" supervision.

* **Section 2.** AS 08.36.370 Adds the definitions "calculus", "coronal polishing", and "dental assistant".

* **Section 3.** Repeals AS 08.32.110(d).

From: housemajority_email@housemajority.org
Sent: Thursday, February 07, 2008 6:09 PM
To: Rep. Jay Ramras
Subject: HB 319

From: swighs@yahoo.com

Dear Representative Ramras,

I am writing to you as a dental hygienist who loves her job and loves her patients. I worked hard for my degree and am proud of the level of training I received. I am very concerned about HB 319.

Dental Hygienists are highly trained and highly educated professionals. Your Bill states that only tartar free children would be polished by assistants, why would you want someone with less hands on training and less education working on our most precious resource? We should expect the same high level care for children that we do for adults and that is with a hygienist.

Recently Dental Health Aides were allowed to practice in our rural areas and a new Dental Hygiene program was opened in Fairbanks. As more students graduate more professionals will be available to treat the needs of Rural Alaska. They will be professionals with at least 2 years of intense clinical training, which is what our states deserves.

Thank you,
Sarah Sullivan

- Sarah Sullivan
Zip Code: 99709

+-----+
DO NOT REPLY TO THIS EMAIL if you want to correspond with this author.
If suspected Spam please forward to: support@housemajority.org
+-----+

Chair, House Judiciary
Labor & Commerce
Oil & Gas
Military & Veteran Affairs

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Fax: (907) 452-1146

Alaska State Legislature House of Representatives



While in Session
State Capitol, Room 118
Juneau, Alaska 99801-1182
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Representative Jay Ramras
District 10

Sponsor Statement for HB 319

“An Act relating to the supervision and duties of dental assistants by dentists, establishing a restorative function certificate and a coronal polishing certificate.”

Oral health plays a key role in overall health. Untreated dental problems can cause pain, effect nutrition and affect the quality of life. Good dental health helps a healthy lifestyle and promotes good self esteem. Unfortunately not all Alaskan's enjoy good dental health due to limitations on dental personnel, geographical barriers, fear of dental treatment, and cost of dental care.

Dental Assistants work directly with dentists to provide dental treatment. They have the opportunity to work closely with dentists, generally in the same room, have the chance to observe the dentist's procedures and have their work closely monitored.

The provisions of House Bill 319 follow the expanded functions of dental assistants in other states to improve access to dental care and reduce costs. The restorative function will allow efficient delivery of fillings reducing costs. The coronal polishing portion will allow dental assistants to see children to provide cleanings and fluoride. Allowing assistants to delivery these limited cleaning services will lower costs encouraging dental offices to see children under Medicaid and Denali Kid Care providing treatment at a time when children are most at risk. Specifically, HB 319:

1. Allows a certified dental assistant to place "fillings" into a cavity prepared by a licensed dentist.
2. Allows a certified dental assistant to do coronal polishing of teeth.

Alaska State Legislature

Session:

State Capitol, Room 118
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Representative Jay Ramras House District 10

Chair, House Judiciary Committee • Member, House Labor & Commerce Committee • Member, House Oil & Gas Committee • Member, House Military & Veteran Affairs Committee

Sectional HB 319- An Act relating to the practice of dentistry and to dental assistants

- * **Section 1.** AS 08.36.075(c) Amends AS 08.36.075 (c) to add conforming language related to the type of supervision by dentists for dental assistants related to the use of radiological equipment.
- * **Section 2.** AS 08.36.075(d) Amends AS 08.36.075 (d) to add conforming language related to the supervision provided by dentists for dental assistants related to the use of radiological equipment after the date on the most recent inspection seal.
- * **Section 3.** AS 08.36.315 Amends AS 08.36.315 adds grounds for discipline, suspension, or revocation of license of a dentist based on findings from a board hearing.
- * **Section 3.** AS 08.36.315 (6) Amends AS 08.36. 315 (6) to add conforming language related to the type of supervision by dentists for dental assistants related to minimum professional standards of dentistry regardless of whether actual injury to the patient occurred.
- * **Section 4.** AS 08.36 Is amended by adding new sections:
 - Article 3A. adds the term Dental Assistants.
 - Sec. 08.36.342. Proposes and defines certification standards for dental assistants pertaining to the expanded duty of coronal polishing.
 - Sec. 08.36.344. Proposes and defines certification standards for dental assistants related to restorative function.
 - Sec. 08.36.346. Proposes delegation of duties to dental assistants under indirect supervision except as provided in AS 08.32.110 (c).
- * **Section 5.** AS 08.36.370. Is amended adding definitions for key terms used throughout the bill.
- * **Section 6.** AS 08.32.110 (d). is repealed.



DAVID L. EICHLER, D.M.D.

3375 Badger Road, Suite 1
North Pole, AK 99705
Telephone: (907) 488-0978

January 16, 2008

To whom it may concern:

At the December 7, 2007 meeting of the Alaska Board of Dental Examiners, we considered the proposed change to the Dental Practice Act enabling a broader scope of practice for dental assistants as presented by the Alaska Dental Society, introduced as HB 319. After discussion by the Board we voted unanimously to support the proposal as beneficial to the citizens of the State by improving access to care while still maintaining the oversight to ensure safety and quality of care. We look forward to providing for these proposed changes and introducing this innovative way to help our profession deliver care to all Alaskans.

Sincerely

David L. Eichler DMD
President, Alaska Board of Dental Examiners



Alaska Dental Society, Inc.

9170 Jewel Lake Road, Suite 203
Anchorage, Alaska 99502-5390
(907) 563-3003 • FAX: 563-3009
akdental@alaska.net

Long Term Strategic Plan for Providing Care for the Underserved in Alaska

The majority of Alaskans enjoy access to excellent and affordable dental care – some of the best in the world. A segment of the Alaska's population does not have ready access to basic dental care and struggles to pay for the treatment they need; particularly if they have delayed seeking care and their condition has gotten worse and more difficult and costly to treat.

The Alaska Dental Society has developed a long term strategic plan which will increase access to care for those Alaskans most in need and with the greatest challenges to getting regular care and treatment. It will require cooperation between the Alaska Dental and the Alaska Dental Board, the Legislature, as well as the other state and federal agencies responsible for dental and health care.

The Alaska Dental Society recommends the following steps to increase access to dental care:

1. Legislation to expand the duties that can be assigned to auxiliary dental personnel. Increasing the tasks performed by hygienists and assistants will increase efficiency while lowering costs.
2. Implement a 10% tax at the wholesale level on soda pop, soft drinks that contain significant percentages of sugar and candy products. Proceeds of the tax would be directed to the general fund and used to offset key programs to improve and increase access to dental care.
3. Implementation of a state grant program for delivery of preventive care in underserved areas.
4. Institute a loan program to encourage health care providers to deliver care in underserved areas.
5. Modifications to the Medicaid system by the Department of Health and Social Services that will encourage rather than discourage dentists to participate.
6. Incentives from the state to encourage communities to fluoridate community water systems and development of a state program to provide fluoride supplementation in communities without fluoridated water.

More detailed information on the above listed programs can be found in the accompanying material.



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Dental Assistant Expanded Duty Bill

- Create 2 tier system for assistants
 - Uncertified assistants who perform current tasks
 - Certified expanded duty class with 2 areas of certification
 - Packing and carving fillings (restorative function)
 - Coronal polishing
- Certification for restorative function would mirror training and testing in HB136/SB98 for hygienists
- Certification for coronal polishing would be done under regulations by board
- Keeping current tasks performed by dental assistants uncertified would allow remote areas to hire local people and in-office train
- Restorative function and coronal polishing by assistants would help community health centers and itinerate dental teams in remote areas provide cost effective treatment
- Coronal polishing by assistants would encourage dental offices to see children under Medicaid and Denali Kid Care

Expanded Duty Dental Assistant Draft Bill

The following is a draft prepared for dissemination by the Alaska Dental Society

Additions and deletions in red

Sec. 08.32.110 is amended by removing section (d) to read:

Sec. 08.32.110. Scope of practice of dental hygienists. (a) The role of the dental hygienist is to assist members of the dental profession in providing oral health care to the public. A person licensed to practice the profession of dental hygiene in the state may

(1) remove calcareous deposits, accretions, and stains from the exposed surfaces of the teeth beginning at the epithelial attachment by scaling and polishing techniques;

(2) apply topical preventive agents;

(3) apply pit and fissure sealants;

(4) perform root planing and periodontal soft tissue curettage;

(5) perform other dental operations and services delegated by a licensed dentist if the dental operations and services are not prohibited by (c) of this section; and

(6) if certified by the board and under the direct or indirect supervision of a licensed dentist, administer local anesthetic agents.

(b) The board shall specify by regulation those additional functions that may be performed by a licensed dental hygienist only upon successful completion of a formal course of instruction approved by the board. The board shall adopt regulations specifying the education requirements, evaluation procedures, and degree of supervision required for each function.

(c) This section does not authorize delegation of

(1) diagnosing, treatment planning, and writing prescriptions for drugs; writing authorizations for restorative, prosthetic, or orthodontic appliances;

(2) operative or surgical procedures on hard or soft tissues except as allowed in (a)(4) of this section;

or

(3) other procedures that require the professional competence and skill of a dentist.

Sec. 08.36.365 is amended to read:

Sec. 08.36.365. Rights of Dentists. (a) A dentist licensed in this state may

(1) practice in an association, partnership, corporation or other lawful entity with other dentists including specialists;

(2) practice under the name of "dental center" or other descriptive term that does not deceive the public about the nature of the services provided;

(3) supervise research that would otherwise violate this chapter or regulations adopted under this chapter when the research does not involve treatment of dental patients if the research is performed by a nonprofit dental research institution chartered by this state or by a dental or dental auxiliary school accredited by the Commission on Accreditation of the American Dental Association, or its successor agency;

(4) supervise research that would otherwise violate this chapter or regulations adopted under this chapter when the research involves the treatment of dental patients if the research is performed by a nonprofit dental research institution chartered by this state or by a dental or dental auxiliary school accredited by the Commission on Accreditation of the American Dental Association, or its successor agency, and if the dentist notifies the board in writing, at least 60 days before beginning the treatment, of the intended practices or procedures and the board does not disapprove the research.

(b) A dentist licensed in this state may delegate to an uncertified dental assistant under direct or indirect supervision:

(1) Exposing and developing radiographs

(2) applying topical preventive agents

(3) applying pit and fissure sealants

- (4) other procedures or duties not prohibited under 08.36.360 or 08.32.110
- (c) A dentist licensed in this state may delegate to a certified dental assistant under direct supervision:
- (1) coronal polishing of teeth
 - (a) The board shall issue a coronal polishing endorsement to a dental assistant who is certified under this chapter if the licensee furnishes evidence satisfactory to the board that the certifiee has successfully completed a program of instruction approved by the board.
 - (b) An endorsement issued under this section authorizes a certified dental assistant under the direct supervision of a licensed dentist to perform coronal polishing on a patient without the presence of calculus
 - (c) The board may by regulation establish renewal, fees, and continuing education requirements for an endorsement under this section.
 - (2) placement of filling materials
 - (a) The board shall issue a restorative function endorsement to a dental assistant who is certified under this chapter if the certifiee furnishes evidence satisfactory to the board that the certifiee has
 - (1) successfully completed a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the board; and
 - (2) passed the Western Regional Examining Board's restorative examination or other equivalent examination approved by the board within the five years preceding the certifiee's endorsement application, or the certifiee has legal authorization from another state or jurisdiction to perform restorative functions.
 - (b) An endorsement issued under this section authorizes a certified dental assistant under the direct supervision of a licensed dentist to place restorations into a cavity prepared by the licensed dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration.
 - (c) The board may by regulation establish renewal, fees, and continuing education requirements for an endorsement under this section.
 - (3) other procedures as defined and regulated by the board

Sec. 08.36.370 is amended to read:

Sec. 08.36.370. Definitions. In this chapter, unless the context requires otherwise,

- (1) "board" means the Board of Dental Examiners;
- (2) "department" means the Department of Commerce, Community, and Economic Development.
- (3) "impaired practitioner" means a person who is unfit to practice dentistry due to addiction or dependence on alcohol or other drugs that impair the practitioner's ability to practice safely.
- (4) "dental assistant" means a person employed to provide clinical assistance to a dentist
- (5) "direct supervision" means the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental assistant,
- (6) "indirect supervision" means a licensed dentist is in the dental facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental assistant.
- (7) "coronal polishing" means the removal of supragingival plaque and stains



LAWS OF ALASKA

2005

Source
CSHB 211(FIN)

Chapter No.

AN ACT

Extending the termination date of the Board of Dental Examiners; and relating to dentists and dental hygienists.

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

THE ACT FOLLOWS ON PAGE 1

Enrolled HB 211

AN ACT

1 Extending the termination date of the Board of Dental Examiners; and relating to dentists and
2 dental hygienists.

3

4 * Section 1. AS 08.03.010(c)(7) is amended to read:

5 (7) Board of Dental Examiners (AS 08.36.010) - June 30, 2011 [2005];

6 * Sec. 2. AS 08.32.030 is amended to read:

7 **Sec. 08.32.030. Licensure by credentials.** The board may provide for the
8 licensing without examination of a dental hygienist who

9 (1) meets the criteria of AS 08.32.020(a);

10 (2) has successfully passed a state or regional dental hygiene clinical
11 examination that [WHICH] the board has determined is at least equivalent in scope,
12 quality, and difficulty to the Alaska clinical examination;

13 (3) has been in active clinical dental hygiene practice averaging not
14 [NO] less than 700 hours a year [14 HOURS PER WEEK] for each of the two years

1 immediately preceding application for state licensure;

2 (4) has not failed the clinical dental hygiene examination of this state;

3 (5) has not previously had a license to practice dental hygiene issued
4 by any state or region revoked;

5 (6) **has completed not less than 14 hours of continuing education**
6 **related to clinical hygiene in the two years before filing an application with the**
7 **board; the continuing education required under this paragraph must be**
8 **approved by the board, the American Dental Association, the Academy of**
9 **General Dentistry, or the American Dental Hygienists' Association** [IS
10 PERSONALLY INTERVIEWED BY A BOARD MEMBER];

11 (7) pays the fees required under AS 08.32.097; and

12 (8) is not the subject of an unresolved complaint, review procedure, or
13 disciplinary proceeding undertaken by a dental or dental hygiene licensing
14 jurisdiction.

15 * Sec. 3. AS 08.36.075(d) is amended to read:

16 (d) The board shall require that inspection of dental radiological equipment
17 occur once within every six [FIVE] calendar years and require that records concerning
18 the inspection be provided to the board by the owner or lessee of the equipment and
19 kept on file where the equipment is located. The board shall, upon application by the
20 owner or lessee of the dental radiological equipment, submission of evidence
21 documenting compliance with the inspection standards of the board, and payment of a
22 fee set by the board, issue to the owner or lessee an inspection seal indicating the date
23 by which the dental radiological equipment must pass inspection again. The date on
24 the inspection seal shall be December 31 of the fifth [FOURTH] calendar year that
25 occurs after the calendar year in which the inspection occurred. A dentist may not use,
26 or allow a person under the dentist's supervision to use, dental radiological equipment
27 in this state after the date on the most recent inspection seal. The board may authorize
28 an inspector who is not a member of the board to determine whether the owner or
29 lessee of dental radiological equipment is in compliance with the inspection standards
30 of the board, collect the appropriate fee and remit the fee to the board, and issue an
31 inspection seal indicating the date by which the dental radiological equipment must

1 pass inspection again. An inspector who performs an inspection under this subsection
2 shall report the results of each inspection to the board and to the department,
3 indicating whether the dental radiological equipment was in compliance with the
4 inspection standards of the board and whether an inspection seal was issued.

5 * Sec. 4. AS 08.36.110 is amended to read:

6 **Sec. 08.36.110. Qualifications for license.** An applicant for a license to
7 practice dentistry shall

8 (1) provide certification to the board that the applicant

9 (A) is a graduate of a dental school that, at the time of
10 graduation, is accredited by the Commission on Accreditation of the American
11 Dental Association;

12 (B) holds a certificate from the American Dental Association
13 Joint Commission on National Dental Examinations that the applicant has
14 successfully passed the written examinations given by the commission;

15 (C) has not had a license to practice dentistry revoked,
16 suspended, or voluntarily surrendered in this state or another state;

17 (D) is not the subject of an adverse decision based upon a
18 complaint, investigation, review procedure, or other disciplinary proceeding
19 within the five years immediately preceding application, or of an unresolved
20 complaint, investigation, review procedure, or other disciplinary proceeding,
21 undertaken by a state, territorial, local, or federal dental licensing jurisdiction
22 or a dental society;

23 (E) is not the subject of an unresolved or an adverse decision
24 based upon a complaint, investigation, review procedure, or other disciplinary
25 proceeding, undertaken by a state, territorial, local, or federal dental licensing
26 jurisdiction, dental society, or law enforcement agency that relates to criminal
27 or fraudulent activity, dental malpractice, or negligent dental care and that
28 adversely reflects on the applicant's ability or competence to practice dentistry
29 or on the safety or well-being of patients;

30 (F) is not the subject of an adverse report from the National
31 Practitioner Data Bank or the American Association of Dental Examiners

1 Clearinghouse for Board Actions that relates to criminal or fraudulent activity,
2 or dental malpractice;

3 (G) is not [AN] impaired to an extent that affects the
4 applicant's ability to practice dentistry [PRACTITIONER];

5 (H) has not been convicted of a crime that adversely reflects
6 on the applicant's ability or competency to practice dentistry or that
7 jeopardizes the safety or well-being of a patient;

8 (2) pass, to the satisfaction of the board, written, clinical, and other
9 examinations administered or approved by the board; and

10 (3) meet the other qualifications for a license established by the board
11 by regulation.

12 * Sec. 5. AS 08.36.234(a) is amended to read:

13 (a) The board shall provide for the licensing without examination, except as
14 provided in (2) of this subsection, of a dentist who

15 (1) provides certification to the board that the dentist

16 (A) is a graduate of a dental school accredited by the
17 Commission on Accreditation of the American Dental Association, or its
18 successor agency, and holds a certificate from the American Dental
19 Association Joint Commission on National Dental Examinations that the
20 dentist has passed the written examination given by the commission;

21 (B) has passed clinical and written examinations required for
22 licensure in another state, territory, or region of the United States and is
23 licensed to practice dentistry in a state, territory, or region of the United States;
24 the state, territory, or region in which the dentist is licensed must have
25 licensing requirements at least generally equivalent to those of this state at the
26 time of application; if the board does not consider the licensing requirements
27 of the other jurisdiction to be generally equivalent to those of this state at the
28 time of application because certain areas of subject matter were not included in
29 the other jurisdiction's examinations, the board may find compliance with the
30 requirements of this subparagraph if the dentist holds a specialty certification
31 in the omitted subject areas;

1 (C) is in good standing with the licensing entity in the
2 jurisdiction where the dentist is currently licensed and in all jurisdictions in
3 which the dentist was previously licensed while practicing in those
4 jurisdictions; if the dentist is employed by the federal government, the dentist
5 must be in good standing with the employing federal agency;

6 (D) has been engaged in continuous active clinical practice
7 averaging at least 20 hours a week for each of the five years immediately
8 preceding the application

9 (i) in a jurisdiction in which the dentist was licensed
10 and in good standing; or

11 (ii) working for the federal government while in good
12 standing with the employing federal agency and after having been
13 licensed by a jurisdiction;

14 (E) is not the subject of an adverse decision based upon a
15 complaint, investigation, review procedure, or other disciplinary proceeding
16 within the five years immediately preceding application, or of an unresolved
17 complaint, investigation, review procedure, or other disciplinary proceeding,
18 undertaken by a state, territorial, local, or federal dental licensing jurisdiction
19 or a dental society;

20 (F) is not the subject of an unresolved or an adverse decision
21 based upon a complaint, investigation, review procedure, or other disciplinary
22 proceeding undertaken by a state, territorial, local, or federal dental licensing
23 jurisdiction, dental society, or law enforcement agency that relates to criminal
24 or fraudulent activity, dental malpractice, or negligent dental care and that
25 adversely reflects on the applicant's ability or competence to practice dentistry
26 or on the safety or well-being of patients;

27 (G) has not previously had a license to practice dentistry
28 suspended for grounds similar to those specified under AS 08.36.315, revoked,
29 or voluntarily surrendered;

30 (H) has completed at least 42 hours of continuing education
31 related to clinical dentistry in the three years preceding application for a

1 license in this state; the continuing education must have been approved by the
2 American Dental Association, the Academy of General Dentistry, or the
3 appropriate specialty board;

4 (I) has not, within the previous three years, failed the clinical
5 exam given by the Western Regional Examining Board;

6 (J) is not the subject of an adverse report from the National
7 Practitioner Data Bank or the American Association of Dental Examiners
8 Clearinghouse for Board Actions that relates to criminal or fraudulent activity,
9 negligent dental care, or malpractice;

10 (2) has passed, to the satisfaction of the board, a written examination
11 [THAT CONSISTS OF THE PORTION OF THE WRITTEN EXAMINATION
12 GIVEN UNDER AS 08.36.160(b)] that pertains to the state's laws on the practice of
13 dentistry; the board may not require a higher passing score for applicants under this
14 section than the board requires for applicants under AS 08.36.110;

15 (3) is personally interviewed by the board for purposes of verifying
16 credentials;

17 (4) pays all required fees;

18 (5) provides the board with an affidavit that the dentist is not an
19 impaired practitioner;

20 (6) provides to the board an authorization for release of records in a
21 form prescribed by the board.

22 * Sec. 6. AS 08.36.246(a) is amended to read:

23 (a) An applicant for a specialty license shall

24 (1) meet all of the requirements under AS 08.36.110(1) and (3)
25 [POSSESS A LICENSE TO PRACTICE DENTISTRY IN THE STATE];

26 (2) have completed as many academic years of advanced education in
27 the specialty as are required by the appropriate specialty board in a program accredited
28 by the Commission on Accreditation of the American Dental Association or its
29 successor agency; [AND]

30 (3) be a diplomate or the equivalent of the appropriate specialty board,
31 or be eligible to be examined for diplomate status as documented by an organization

1 recognized by the American Dental Association; and

2 (4) satisfy one of the following:

3 (A) pass an examination approved by the board;

4 (B) pass a specialty examination given by the Central
5 Regional Examining Board; or

6 (C) be board certified by a specialty certification board
7 recognized by the American Dental Association.

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

10 REVISOR'S INSTRUCTION. The revisor is instructed to substitute the word
11 "practice" for the word "work" in the catch line to AS 08.32.110.

12 * Sec. 8. AS 08.32.020(b); AS 08.36.120, 08.36.130, 08.36.160, 08.36.180, and 08.36.190
13 are repealed.

HB

324

SARAH PALIN
GOVERNOR

GOVERNOR@GOV.STATE.AK.US



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January 15, 2008

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

Dear Speaker Harris:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill relating to the Alaska Housing Trust Fund and to the Alaska Council on the Homeless.

Homelessness is one of the most challenging domestic issues facing the United States. Alaska is no exception. Alaska's Faith-Based and Community Initiatives Task Force found housing to be the most commonly identified challenge facing those in need. On any given night 3,500 Alaskans are homeless, including 1,600 people in families with children. Currently, 4,000 Alaska households are on the waiting list for public housing programs and most are families with children. Furthermore, 20,000 low-income Alaska households spend over half their income on housing, placing them at risk of homelessness.

The Alaska Council on the Homeless was initially established by Administrative Order No. 214 in April 2004 to develop a statewide action plan addressing homelessness in Alaska.

The plan, Keeping Alaskans Out of the Cold, was completed and submitted in October 2005. Included in its recommendations was the appointment of a permanent council to assist the Governor and Legislature to develop an affordable housing trust fund. The Alaska Council on the Homeless completed its work in 2006 and recommended that the Alaska Housing Trust Fund (fund) be created within the Alaska Housing Finance Corporation under AS 18.56. The bill would also provide for advice for governance of the fund by establishing the Alaska Council on the Homeless in permanent law. To date, the council has operated under the authority of administrative orders.

The Honorable John Harris

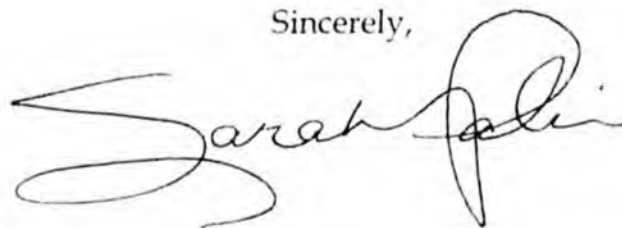
January 15, 2008

Page 2

The bill would create a fund to serve as a financial structure for receiving money to address the needs of Alaska's homeless. The bill would provide authority to provide financial assistance intended to promote the creation and retention of an adequate supply of affordable housing for eligible persons. The fund could also be expended to create capital improvements intended to alleviate homelessness, assist eligible persons in avoiding foreclosures and evictions, provide financial assistance to support housing retention services or to encourage transition from dependency on low-cost housing, and permit participation in demonstration housing projects that address the needs of the homeless.

I urge your prompt and favorable consideration on this measure.

Sincerely,

A handwritten signature in black ink that reads "Sarah Palin". The signature is fluid and cursive, with a large initial "S" and a distinct "P" at the end.

Sarah Palin
Governor

Enclosure



Headquarters
4300 Boniface Parkway
Anchorage, Alaska
907-338-6100

Mailing Address
PO Box 101020
Anchorage, AK 99510-1020

Internet Web Site
<http://www.ahfc.state.ak.us>

January 17, 2008

The Honorable Peggy Wilson
Chair House Health, Education and Social Services Committee
Alaska State Legislature
Juneau, Alaska 99801

Re: House Bill 324, An Act relating to the Alaska housing trust

Dear Chair Wilson:

House Bill 324 has been referred to the House Health, Education and Social Services Committee.

HB 324 will create a housing trust fund within the Alaska Housing Finance Corporation (AHFC) to address the problems of homelessness in the State of Alaska. HB324 will increase AHFC's flexibility in addressing long term solutions to homelessness.

HB 324 will also codify the role of the Governor's Council on the Homeless, which has been operating under Administrative Order.

Homelessness is one of the most important social issues facing Alaska. The Alaska constitution requires the State to protect the public's safety, including ensuring that all Alaskans have a safe and decent place to live. Housing alone is not enough. People who are homeless, or at risk of being homeless, frequently need supportive services to be self-reliant. There are high personal and public financial costs associated with homelessness and those at-risk of being homeless. Placing the housing trust within AHFC expands the services of the State without expanding government's size. Creation of a housing trust is a proven model to address homelessness.

I respectfully request that HB 324 be scheduled for a hearing at your earliest convenience. I urge your prompt and favorable action on this measure.

If you need assistance or information, please do not hesitate to contact Bryan Butcher at 330-8445.

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Fauske".

Daniel R. Fauske
CEO/Executive Director



"HOUSING FOR ALASKANS"





Headquarters
4300 Boriface Parkway
Anchorage, Alaska
907-338-6100

Mailing Address
PO Box 101020
Anchorage, AK 99510-1020

Internet Web Site
<http://www.ahfc.state.ak.us>

SECTIONAL ANALYSIS
House Bill 324

“An Act relating to the Alaska housing trust fund and to the Alaska Council on the Homeless; and providing for an effective date.”

Section 1: Amends AS 18.56 by adding new sections that:

- a. Establishes the Alaska housing trust fund and its funding priorities.
- b. Increases AHFC’s authority to participate in projects that meet the intent of the fund.
- c. Allows for administrative costs to be paid from the fund.
- d. Establishes long term affordability goals for projects funded through the trust fund.
- e. Establishes eligible organizations for funding.
- f. Allows for the adoption of regulations.
- g. Establishes the Alaska Council on the Homeless as an advisory council to AHFC.
- h. Outlines the Councils’ membership.
- i. Establishes AHFC’s reporting requirements for the trust fund.
- j. Defines specific terms.

Section 2: Effective date is July 1, 2008.



“HOUSING FOR ALASKANS”



Alaska Council on the Homeless

WHEREAS, the Alaska Council on the Homeless is charged with developing strategies designed to address the needs of homeless Alaskans; and

WHEREAS, approximately 3,500 people are homeless on any given night, including 1,600 people in families with children,¹ and more than 3,000 children were homeless or inadequately housed at some time during the 2005-2006 school year,² and

WHEREAS, approximately 4,000 households are waiting for public housing programs, mostly with children³ and approximately 20,000 low-income households spend over half their income on housing, placing them at risk of homelessness;⁴ and

WHEREAS, current housing programs are poorly connected to supportive services necessary to end the cycle of homelessness, and the lion's share of housing assistance is provided by federal programs that do not adequately focus on Alaska's homeless problem; and

WHEREAS, approximately \$45,000 is spent on intervention services on each homeless person in Alaska over a 20 month period;⁵ and

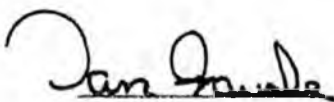
WHEREAS, more than 30 states have created housing trust funds, with consistent success in decreasing homelessness, which on average have leveraged \$9.25 in additional funding for each dollar invested; and

WHEREAS, an Alaska Housing Trust would emphasize prevention of homelessness in addition to addressing the needs of those who are already homeless; and

WHEREAS, an Alaska Housing Trust would be a strong partnership between public and private agencies and organizations; and

THEREFORE, BE IT RESOLVED THAT the Alaska Council on the Homeless supports the creation of an Alaska Housing Trust.

ADOPTED THIS 8th DAY OF February, 2007



Dan Fauske
Chairperson

¹ AHFC, Statewide Homeless Survey: Winter 206. The survey uses the HUD definition, which focuses on people in shelters. It is a point-in-time count.

² Preliminary number from M. Gaber/Alaska Department of Education, Homeless Education Coordinator (personal communication to S. Schubert 9/25/06). The DOE definition also includes children in substandard housing, shared housing, and non-traditional spaces such as motels, campgrounds, and cars. DOE's number is cumulative for the school year.

³ AHFC, Statewide Homeless Survey: Winter 206. The survey uses the HUD definition, which focuses on people in shelters. It is a point-in-time count.

⁴ MOA Housing and Community Development Consolidated Plan, 2003-2007, State 5-Year HCD Plan, 2006-10

⁵ Segal, B. Center for Alcohol & Addiction Studies, UAA. Summary Progress Report: Innovative Services for Alaska's Homeless Persons with Mental Illness, 7/03