





Headquarters:
4300 Boniface Parkway
Anchorage, AK 99504
907-338-6100

Mailing Address:
PO Box 101020
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<http://www.ahfc.state.ak.us>

SPONSOR STATEMENT

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.”

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. It 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. This bill is the culmination of many years of work by several statewide advocacy groups and one of the main recommendations of the Governor's Council on the Homeless, a cabinet level advisory group.

Homelessness is one of the most important social issues facing Alaska.

- 3,500 Alaskans are homeless on any given night, including 1,600 people in families with children.
- 4,000 Alaskan households are on the waiting list for public housing programs – most are families with children.
- 20,000 low-income Alaska households spend more than half their income on housing, placing them at risk of homelessness.

The development of housing alone is not enough to provide permanent solutions to homelessness. People who are homeless, or at risk of being homeless, frequently need supportive services to be successful, such as: treatment, crisis intervention, tenant education, financial literacy, job counseling, and life-skills training.

There are high personal and financial costs associated with the homeless and families at-risk of being homeless.

- Personal costs to individuals and families include a higher risk of crime victimization, increased medical and behavioral health needs, and lower student achievement.
- Financial costs to local governments and the State include increased use of emergency services, medical and behavioral health services, public safety and the courts.

Placing a housing trust within AHFC expands the services of the State without expanding government's size. SB324 will give AHFC and its partners the flexibility to address homelessness in Alaska. Housing trusts are a proven nationwide model.

- There are 600 housing trust funds operating nationwide.



- They generate more than \$1.6 billion a year to support critical housing needs and affordable housing across the U.S.
- On average, each \$1 spent by a housing trust fund leverages \$7 in other funds.

The Governor's proposed FY09 capital budget includes a \$10 million request for the establishment of the housing trust fund. This \$10 million is made up of funds from four different sources: \$2.5 million each from the AHFC dividend, Mental Health Trust Authority receipts, state general funds and contributions from other private sources.





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Alaska Council on the Homeless

Members HB324

Dan Fauske, CEO/Executive Director
Alaska Housing Finance Corporation

Joseph Schmidt, Commissioner
Department of Corrections

Karleen Jackson, Commissioner
Department of Health and Social Services

Jeff Jessee, Executive Director
Alaska Mental Health Trust Authority

Barbara Thompson, Acting-Commissioner
Department of Education and Early Development

Walt Monegan, Commissioner
Department of Public Safety

Major General Craig Campbell, Adjutant General/Commissioner
Department of Military and Veterans Affairs

Public Member Representing Regional Housing Authority

Public Member Representing Local Government

Four Public Members Representing Affordable Housing Industry



"HOUSING FOR ALASKANS"





Alaska Housing Trust is able to pursue our goal of preventing and reducing homelessness with the support of our coalition members:

AARP

Abuse Women Aid in Crisis
Access Alaska
Aiding Women in Abuse and Rape Emergencies Inc.
Akeela Development
Alaska Bankers Association
Alaska Coalition on Housing & Homelessness
Alaska Commission on Faith-Based
and Community Initiatives
Alaska Commission on the Aging
Alaska Office of Long-Term Care Ombudsman
Alaska Mental Health Trust
Alaska Network on Domestic Violence &
Sexual Assault
Alaska State Independent Living Council
Alaska State Council, Inc. Vietnam
Veterans of America
Alaska Traumatic Brain Injury Network
Alaska Veterans Foundation
Alaskan AIDS Assistance Association
Alaskan Women's Lobby
Alliance Bible Church
Anchorage Coalition on Homelessness
Anchorage Community Mental Health Center
Anchorage Downtown Partnership, Ltd
Anchorage Economic Development Corporation
Anchorage Housing Initiatives
Anchorage Neighborhood Housing Services
Association of Alaska Housing Authorities
Bartlett Regional Hospital, Rainforest Recovery Center
Bean's Cafe
Bridge Builders
Bristol Bay Native Corporation
Catholic Social Services
Christian Health Associates
City and Borough of Juneau Assembly
Continental Land Investments
Cook Inlet Housing Authority

Covenant House Alaska

Fairbanks Neighborhood Housing Services
First National Bank Alaska
Gastineau Human Services Corporation
Glory Hole
Governor's Council on Disabilities &
Special Education Commission
Governor's Council on Homelessness
Housing First Coalition
Juneau Affordable Housing Coalition
Juneau Homeless Coalition
Juneau Housing Trust
Love In the Name of Christ
Lutheran Social Services
Partners for Progress
Mat-Su Borough Assembly
Municipality of Anchorage - Americans with
Disabilities Act Commission
Municipality of Anchorage - Housing and
Neighborhood Development Commission
Municipality of Anchorage - Senior Citizens
Advisory Commission
Native Village of Kwinhagak, Housing Dep't
Northrim Bank
Partners for Progress
Rasmuson Foundation
RuralCap/Homeward Bound
Safe Harbour Inn
Salvation Army
St. Vincent De Paul
United Way of Anchorage
United Way of Juneau
USDA Rural Development
Valley Residential Life Services
Vietnam Veterans of America, Chapter 904
Volunteers of America
Wells Fargo Bank
YWCA

Opportunity begins with a home

3745 Community Park Loop, Suite 200, Anchorage, Alaska 99508

Tel: 907.334.2535 Fax: 907.269.7966 Email: kim@akhousingtrust.org www.akhousingtrust.org



Sarah Palin
GOVERNOR

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

May 1st, 2007

ADMINISTRATIVE ORDER NO. 236

I, Sarah Palin, Governor of the State of Alaska, under the authority of art. III, secs. 1 and 24, of the Alaska Constitution, and in accordance with AS 44.19.145(c), establish the Alaska Council on the Homeless in the Alaska Housing Finance Corporation.

BACKGROUND AND PURPOSE

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. The Alaska Council on the Homeless (council) 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 steering committee to assist the governor and the legislature to develop an affordable housing trust. The steering committee completed its work in 2006 and the current council has recommended that the Alaska Housing Trust Fund (fund) be created within the Alaska Housing Finance Corporation (AHFC) under AS 18.56. The purpose of this Administrative Order is to add additional members to the council and to expand the council's duties.

MEMBERSHIP

The council consists of members appointed by the governor to serve at the pleasure of the governor. Continuing members of the original council are: one representative each from the Alaska Housing Finance Corporation, Alaska Mental Health Trust Authority, Department of Health and Social Services, Department of Education and Early Development, Department of Public Safety, and Department of Corrections serving on the effective date of this Order. New members are: one representative of regional Native housing authorities, one representative of municipal government, and four additional members with experience and expertise in housing development or as consumers of affordable housing.

The council may invite to its meetings non-voting representatives from federal and local government agencies, the business community, providers of services to the homeless, philanthropic agencies, faith-based organizations, homeless advocacy organizations, homeless persons, and community leaders. The council may elect a chair and other officers as determined necessary.

DUTIES OF THE COUNCIL

The council's duties set out in Administrative Order No. 214 are amended by adding new duties as follows:

1. Assist with the development of the fund.
2. Upon establishment of the fund, annually evaluate housing needs and priorities to establish a statewide homeless action plan and recommend to the AHFC Board of Directors the allocation of money in the fund to implement the plan; other duties specific to the fund include monitoring implementation of the fund budget, recommending methods for evaluating and monitoring fund activities, recommending methodology for reporting to public and elected officials, coordinating the fund with other available financing sources, seeking additional money to support fund activities, and ensuring that projects supported by the fund are sustainable.
3. Monitor and review implementation of the statewide homeless action plan and annually report to the governor the council's findings and recommendations regarding implementation of the plan.
4. Annually report to the governor on how state resources, in addition to the fund, may be used to end homelessness.

ADMINISTRATIVE SUPPORT

The AHFC shall provide administrative support for the council. In accordance with law, the AHFC may enter into intergovernmental agreements necessary to accomplish the purposes of this Order.

GENERAL PROVISIONS

The following general provisions apply to the activities of the council:

1. Council members do not receive compensation as a member of the council. Per diem and travel expenses for state and federal members of the council are the responsibility of the state or federal agency the member represents.
2. To reduce costs, the council may use teleconferencing or other electronic means to the extent practicable in order to gain the widest public participation at minimum cost.
3. The council shall establish procedures for voting and meetings of the council.
4. Meetings of the council shall be conducted, and notice of the meetings provided, in accordance with AS 44.62.310 and 44.62.320 (Open Meetings of Governmental Bodies).

This Order takes effect immediately. This Order supplements Administrative Order No.

214 on this matter.

DATED at Juneau, Alaska, this 1st day of May, 2007.

/s/Sarah Palin
Governor

WWW.GOV.STATE.AK.US

Administrative Orders 201-present | Contact the Governor | Webmaster | State of Alaska



**ALASKA
HOUSING
TRUST**

January 25, 2008

The Honorable Peggy Wilson
Alaska House of Representatives
State Capitol, Room 403
Juneau, AK 99801-1182

Dear Representative Wilson:

On behalf of the over 70 groups that comprise the coalition in support of the Alaska Housing Trust, I would like to thank you for hearing HB324. This important bill will give Alaska a needed tool to combat a growing problem in our state: homelessness.

The Alaska Housing Trust Initiative began in 2006 as a ground swell from service providers and affordable housing organizations to address a gap in the way that low income housing is built and to create stable housing with supportive services to help people transition into self-sufficiency.

The problem of homelessness is getting worse. Here are a few startling statistics:

- 3,500 Alaskans are homeless on any given night, including 1,600 people in families with children.
- 4,000 Alaskan households are on the waiting list for public housing programs – most are families with children.
- 20,000 low-income Alaska households spend more than half their income on housing, placing them at risk of homelessness.
- Families with children are the fastest growing segment of Alaska's homeless population.

The impacts of homelessness are not just limited to a lack of housing. Homeless people have trouble accessing services to help them get back on their feet, it is difficult to find or hold onto a job. Children suffer academically and often move from school to school.

There are high personal and public costs associated with being homeless or living on the edge of homelessness. Personal costs to individuals and families include greater family stress, lower student achievement, a higher risk of becoming a victim of crime, and increased medical and behavioral health needs. Costs to local governments and the State include increased use of emergency services, medical and behavioral health services, public safety and the courts.

The Housing Trust model is a tool that can help address some of the issues that cause homelessness and help homeless individuals get the services they need to get and maintain stable housing.

Opportunity begins with a home

3745 Community Park Loop, Suite 200, Anchorage, Alaska 99508

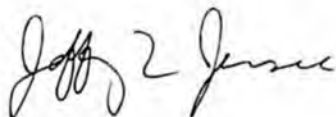
Tel. 907.334.2535 Fax: 907.269.7966 Email: kim@akhousingtrust.org www.akhousingtrust.org

We have attached a regional breakdown of rents and wages demonstrating how long a person working at minimum wage would have to work to afford housing in their community. Clearly, many Alaskans are struggling to stay in housing and the pace of wages cannot keep up with the rising cost of housing.

The Housing Trust model has been successful in over 33 states and in hundreds of communities. Supportive housing is one of the least expensive ways of addressing the issues that so many homeless people face. It cost thousands less per year than incarceration, hospitalization or institutionalization.

On behalf of the Coalition, we respectfully submit these materials and look forward to working together to create the Alaska Housing Trust.

Sincerely,



Jeff Jessee
Chair, Housing Trust Steering Committee
CEO, Alaska Mental Health Trust Authority

Opportunity begins with a home

3745 Community Park Loop, Suite 200, Anchorage, Alaska 99508

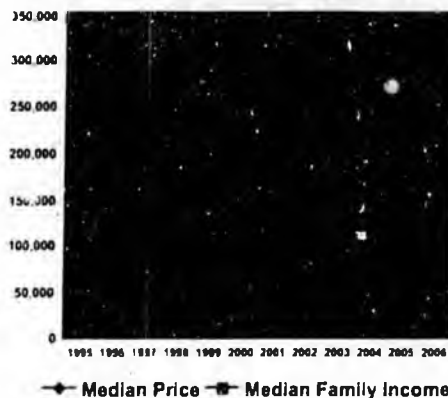
Tel: 907.334.2535 Fax: 907.269.7966 Email: kim@akhousingtrust.org www.akhousingtrust.org

In Anchorage, housing prices have moved out of reach for ordinary people.



Working Alaskans in Anchorage cannot afford to buy a house.
 In the past ten years, the cost of a single family home in Anchorage has increased by over 100%, while median family income has increased by 38%.

Anchorage: Price of Homes vs. Median Family Income



Working Alaskans in Anchorage cannot afford rent.
 A person living in Anchorage must earn \$17.71 per hour to afford the average fair market rent for a two-bedroom apartment of \$942.00 monthly. A person earning minimum wage must work 99 hours to afford this rent.



Seniors, veterans, and disabled Alaskans are at risk of homelessness.
 People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Anchorage.



1,702

The number of (K-12) school-age children in Anchorage who were homeless at one time in the 2005-2006 school year.

633

The number of children in preschool in Anchorage who were homeless at one time in the 2005-2006 school year.

20,000

The number of low-income Alaskans spending over 50% of their income on housing.

16%

The percentage of homeless people in Alaska who are victims of domestic violence.*

9%

The percentage of homeless people in Alaska who are veterans.*

*Homeless Counts by District & School Year - Alaska Department of Education and Early Development
 *Homeless Counts by District & School Year - Alaska Department of Education and Early Development
 MOA Housing and Community Development Consolidated Plan, 2003-07, State 5 year HCD Plan, 2005-10
 AHFC's Statewide Homeless Survey, Winter 2005
 AHFC's Statewide Homeless Survey, Winter 2005
 Data on rent, purchase price, and income collected from: Alaska Housing Finance Corporation, U.S. Census Bureau, and Alaska Department of Labor and Workforce Development.



ALASKA HOUSING TRUST

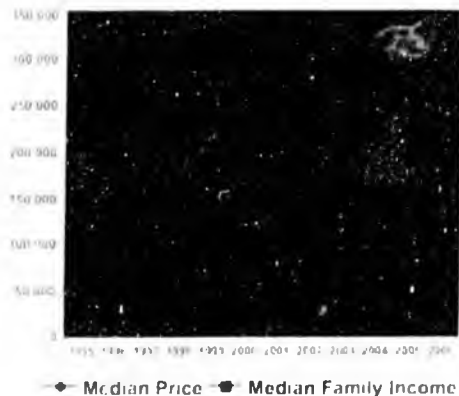


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1,702 **633** **20,000** **16%** **9%**



ALASKA HOUSING TRUST



In the Mat-Su Borough, housing prices have moved out of reach for ordinary people.



Working Alaskans in the Mat-Su cannot afford to buy a house.

In the past ten years, the cost of a single family home in the Mat-Su Borough has increased by over 95% while median family income has increased by 38%.



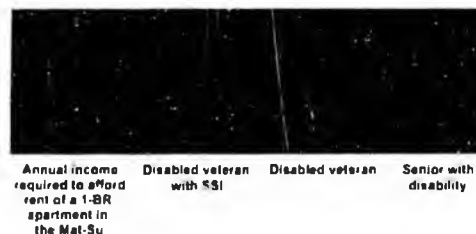
Working Alaskans in the Mat-Su cannot afford rent.

A person living in Mat-Su must earn \$14.98 per hour to afford the average fair market rent for a two-bedroom apartment of \$797.00 monthly. A person earning minimum wage must work 84 hours to afford this rent.



Seniors, veterans, and disabled Alaskans in the Mat-Su are at risk of homelessness.

People living on fixed incomes like seniors and people with disabilities cannot afford to rent a fair market rate, one-bedroom apartment in the Mat-Su.



530

The number of schoolchildren (K-12) in the Mat-Su Borough who were homeless at one time in the 2005-2006 school year.

137

The number of children in preschool in the Mat-Su Borough who were homeless at one time in the 2005-2006 school year.

20,000

The number of low-income Alaskans spending over 50% of their income on housing.

16%

The percentage of homeless people in Alaska who are victims of domestic violence.¹

9%

The percentage of homeless people in Alaska who are veterans.¹



¹Homeless Counts by District & School Year, Alaska Department of Education and Early Development
²Homeless Counts by District & School Year, Alaska Department of Education and Early Development
 MCA Housing and Community Development Consolidated Plan, 2003-07 State 5 year HCD Plan, 2006-10
 AHFC's Statewide Homeless Survey, Winter 2006
 AHFC's Statewide Homeless Survey, Winter 2006
 Data on rent, purchase price, and income collected from Alaska Housing Finance Corporation, U.S. Census Bureau, and Alaska Department of Labor and Workforce Development

ALASKA HOUSING TRUST



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Seniors, veterans, and disabled Alaskans in the Mat-Su are at risk of homelessness.

People living on fixed incomes like seniors and people with disabilities cannot afford to rent a fair market rate, one-bedroom apartment in the Mat-Su.



530

Annual income required to afford rent for a 2 BR apartment in the Mat-Su

137

Personal & family care needs

20,000

Income

16%

Retail sales

9%

Seniors with disability



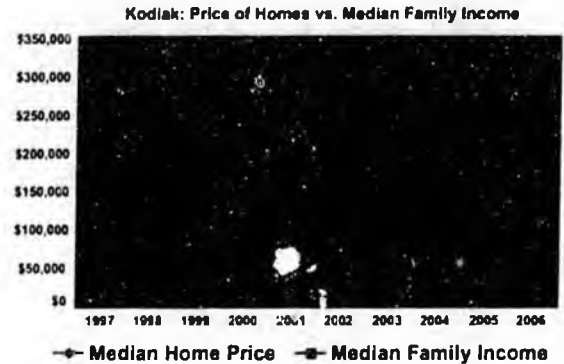
ALASKA HOUSING TRUST



In Kodiak, housing prices have moved out of reach for ordinary people.



Working Alaskans in Kodiak cannot afford to buy a house. In the past ten years, the price of a single family home in Kodiak has increased by \$55,401 while the median family income has increased by \$20,400.



Working Alaskans in Kodiak cannot afford rent. A person living in Kodiak must earn \$19.21 per hour to afford the average fair market rent for a two-bedroom apartment of \$1034.00 monthly. A person earning minimum wage must work 107 hours to afford this rent.



Seniors, veterans, and disabled Alaskans in Kodiak are at risk of homelessness. People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Kodiak.



7

The number of schoolchildren (K-12) in Kodiak who were homeless at one time in the 2005-2006 school year.

13

The number of children in preschool in Kodiak who were homeless at one time in the 2005-2006 school year.

20,000

The number of low-income Alaskans spending over 50% of their income on housing.

16%

The percentage of homeless people in Alaska who are victims of domestic violence.

9%

The percentage of homeless people in Alaska who are veterans.



¹ Homeless Counts by District & School Year, Alaska Department of Education and Early Development
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³ MOA Housing and Community Development Consolidated Plan, 2003-07, State 5 year HCD Plan, 2006-10
⁴ AHFC's Statewide Homeless Survey, Winter 2006
⁵ AHFC's Statewide Homeless Survey, Winter 2006
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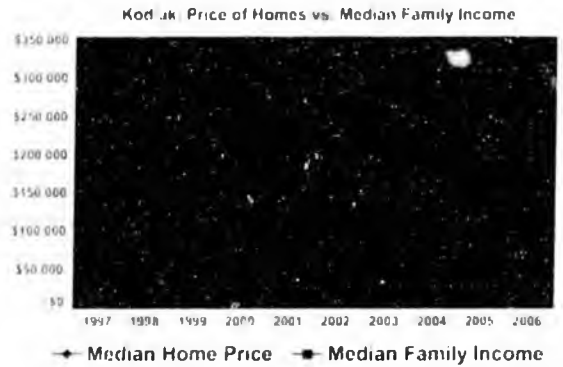
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Seniors, veterans, and disabled Alaskans in Kodiak are at risk of homelessness. People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one bedroom apartment in Kodiak.



7	13	20,000	16%	9%
Number of people in Kodiak who cannot afford to buy a house	Number of people in Kodiak who cannot afford to rent	Number of people in Kodiak who are at risk of homelessness	Percentage of people in Kodiak who are at risk of homelessness	Percentage of people in Kodiak who are at risk of homelessness



ALASKA HOUSING TRUST



In Ketchikan, housing prices have moved out of reach for ordinary people.



Working Alaskans in Ketchikan cannot afford to buy a house.

In the past ten years, the cost of a single family home in Ketchikan has increased by \$31,228 while median family income has increased by only \$12,800.



Working Alaskans in Ketchikan cannot afford to rent.

A person living in Ketchikan must earn \$17.88 per hour to afford the fair market rent for a two-bedroom apartment of \$962.00 monthly. A person earning minimum wage must work 100 hours to afford this rent.



Seniors, veterans, and disabled Alaskans in Ketchikan are at risk of homelessness.

People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent at fair market rate, one-bedroom apartment in Ketchikan.



38

The number of schoolchildren (K-12) in Ketchikan who were homeless at one time in the 2005-2006 school year.

20,000

The number of low-income Alaskans spending over 50% of their income on housing.

16%

The percentage of homeless people in Alaska who are victims of domestic violence*

9%

The percentage of homeless people in Alaska who are veterans*



*Homeless Counts by District & School Year, Alaska Department of Education and Early Development
 MDA Housing and Community Development Consolidated Plan, 2003 (17) State 5 year HCD Plan, 2006 10
 AHFC's Statewide Homeless Survey, Winter 2006
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ALASKA HOUSING TRUST



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People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent at fair market rate, one-bedroom apartment in Ketchikan.



38%

20,000

16%

9%



ALASKA HOUSING TRUST



In Kenai, housing prices have moved out of reach for ordinary people.



Working Alaskans in Kenai cannot afford to buy a house.

In the past ten years, the cost of a single family home in Kenai has increased by over 78%, while median family income has increased by only 25%.



Working Alaskans in Kenai cannot afford to rent an apartment.

A person living in Kenai must earn \$13.60 per hour to afford the average fair market rent for a two-bedroom apartment of \$732.00 monthly. A person earning minimum wage must work 76 hours to afford this rent.



Seniors, veterans, and disabled Alaskans in Kenai are at risk of homelessness.

People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Kenai.



241

The number of schoolchildren (K-12) in Kenai who were homeless at one time in the 2005-2006 school year

34

The number of children in preschool in Kenai who were homeless at one time in the 2005-2006 school year

20,000

The number of low-income Alaskans spending over 50% of their income on housing

16%

The percentage of homeless people in Alaska who are victims of domestic violence.*

9%

The percentage of homeless people in Alaska who are veterans



*Homeless Counts by District & School Year. Alaska Department of Education and Early Development
 **Homeless Counts by District & School Year. Alaska Department of Education and Early Development
 MDA Housing and Community Development Consolidated Plan, 2003-07, State 5 year HCD Plan, 2006-10
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People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Kenai.



241

34

20,000

16%

9%



ALASKA HOUSING TRUST



In Juneau, housing prices have moved out of reach for ordinary people.



Working Alaskans in Juneau cannot afford to buy a house.

In the past ten years, the cost of a single family home in Juneau has increased by over 83%, while median family income has increased by only 43%.

Juneau: Price of Homes vs. Median Family Income



Working Alaskans in Juneau cannot afford to rent.

A person living in Juneau must earn \$20.37 per hour to afford the average fair market rent for a two-bedroom apartment of \$1096.00 monthly. A person earning minimum wage must work 114 hours to afford this rent.



Seniors, veterans, and disabled Alaskans in Juneau are at risk of homelessness.

People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Juneau.



167

The number of schoolchildren (K-12) in Juneau who were homeless at one time in the 2005-2006 school year

3

The number of children in preschool in Juneau who were homeless at one time in the 2005-2006 school year

20,000

The number of low-income Alaskans spending over 50% of their income on housing¹

16%

The percentage of homeless people in Alaska who are victims of domestic violence.⁴

9%

The percentage of homeless people in Alaska who are veterans.²



¹Homeless Counts by District & School Year, Alaska Department of Education and Early Development
²Homeless Counts by District & School Year, Alaska Department of Education and Early Development
³MOA Housing and Community Development Consolidated Plan, 2003-17, State 5 year HUD Plan, 2006-10
⁴AHFC's Statewide Homeless Survey, Winter 2006
⁵AHFC's Statewide Homeless Survey, Winter 2006
 Data on rent, purchase price, and income collected from Alaska Housing Finance Corporation, U.S. Census Bureau, and Alaska Department of Labor and Workforce Development

ALASKA HOUSING TRUST



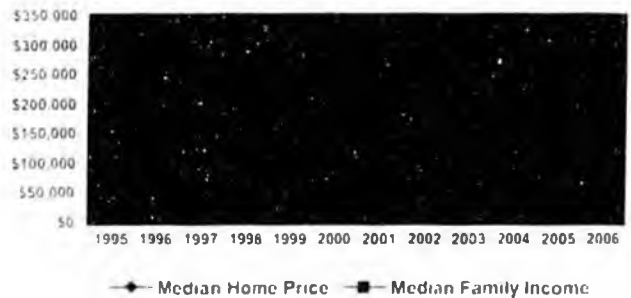
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Juneau: Price of Homes vs Median Family Income



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People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Juneau.



167

3

20,000

16%

9%



ALASKA HOUSING TRUST



In Fairbanks, housing prices have moved out of reach for ordinary people.



Working Alaskans in Fairbanks cannot afford to buy a house. In the past ten years, the cost of a single family home in Fairbanks has increased by over 90%, while median family income has increased by only 52%.

Fairbanks: Price of Homes vs. Median Family Income



Working Alaskans in Fairbanks cannot afford to rent an apartment.

A person living in Fairbanks must earn \$15.96 per hour to afford the average fair market rent for a two-bedroom apartment of \$859.00 monthly. A person earning minimum wage must work 89 hours to afford this rent.



Seniors, veterans, and disabled Alaskans are at risk of homelessness.

People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Fairbanks.



333

The number of schoolchildren (K-12) in Fairbanks who were homeless at one time in the 2005-2006 school year

10

The number of children in preschool in Fairbanks who were homeless at one time in the 2005-2006 school year

20,000

The number of low-income Alaskans spending over 50% of their income on housing

16%

The percentage of homeless people in Alaska who are victims of domestic violence.*

9%

The percentage of homeless people in Alaska who are veterans



*Homeless Counts by District & School Year - Alaska Department of Education and Early Development
 †Homeless Counts by District & School Year - Alaska Department of Education and Early Development
 ‡MOA Housing and Community Development Consolidated Plan, 2001-07, State 5 year HCD Plan, 2006-10
 §AHFC's Statewide Homeless Survey, Winter 2006
 ¶AHFC's Statewide Homeless Survey, Winter 2006
 ††Data on rent, purchase price, and income collected from Alaska Housing Finance Corporation, U.S. Census Bureau, and Alaska Department of Labor and Workforce Development

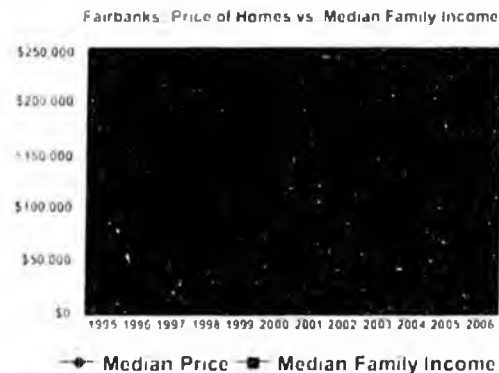
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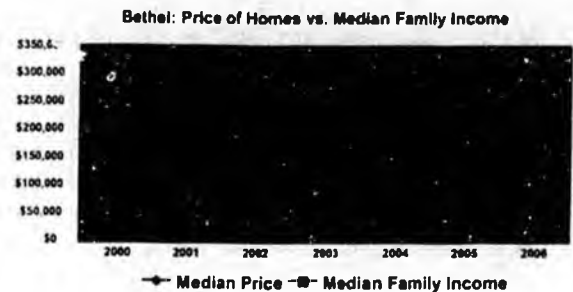
ALASKA HOUSING TRUST



In Bethel, housing prices have moved out of reach for ordinary people.



Working Alaskans in Bethel cannot afford to buy a house. In the past six years, the cost of a single family home in Bethel has fluctuated three times, while median family income has increased only gradually.



Working Alaskans in Bethel cannot afford to rent.

A person living in Bethel must earn \$22.54 per hour to afford the fair market rent for a two-bedroom apartment of \$1213.00 monthly. A person earning minimum wage must work 126 hours to afford this rent.



Seniors, veterans, and disabled Alaskans are at risk of homelessness.

People living on fixed incomes, like seniors, people with disabilities, and veterans, cannot afford to rent a fair market rate, one-bedroom apartment in Bethel.



20,000
The number of low-income Alaskans spending over 50% of their income on housing

16%
The percentage of homeless people in Alaska who are victims of domestic violence.

9%
The percentage of homeless people in Alaska who are veterans.

MCA Housing and Community Development Consolidated Plan, 2003-07; State 5-year HCD Plan, 2006-10
 AHFC's Statewide Homeless Survey, Winter 2006
 AHFC's Statewide Homeless Survey, Winter 2006
 Data on rent, purchase price, and income collected from Alaska Housing Finance Corporation, U.S. Census Bureau, and Alaska Department of Labor and Workforce Development



ALASKA HOUSING TRUST



3745 Community Park Loop, Suite 200, Anchorage, AK 99508 Tel: 907.334.2535 Fax: 907.289.7968 Email: kim@akhousingtrust.org www.akhousingtrust.org

In Bethel, housing prices have moved out of reach for ordinary people.



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20,000

16%

9%



ALASKA HOUSING TRUST



HB

325

SARAH PALIN
GOVERNOR

GOVERNOR@GOV.STATE.AK.US



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

P.O. BOX 110001
JUNEAU, ALASKA 99811-0001
(907) 465-3500
FAX (907) 465-3532
WWW.GOV.STATE.AK.US

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 that would expand the teachers' and nurses' housing loan program established within the Alaska Housing Finance Corporation. This bill expands the program to allow licensed or certified health care professionals, including registered nurses, in the state to take advantage of the housing loan program. This loan program is a crucial component in Alaska school districts' and communities' ability to recruit and retain qualified public school teachers, counselors, school administrators, and health care professionals.

In 2003 Senate Bill 25 was signed into law establishing the loan program. Under this program, a qualified applicant is allowed to purchase an owner-occupied home, without paying a conventional down payment. As of October 31, 2007, 373 loans in 34 Alaska communities have been made to teachers and registered nurses, comprising over 72 million dollars in loans.

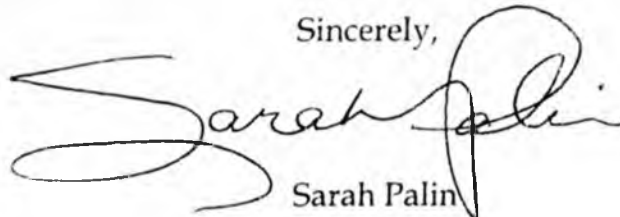
This bill would make two significant changes to the existing program. First, the original legislation contained a five-year sunset provision that would repeal the program on July 1, 2008. This bill would repeal the sunset provision and would make the program permanent within the Alaska Housing Finance Corporation. Second, this bill would expand the program to allow qualified licensed or certified health care professionals, including registered nurses, in the state to take advantage of the housing loans. There is a serious shortage of health care professionals in Alaska. With this change, I hope to use this housing loan program to help reduce this shortage. I am committed to improving access to health care services and I believe expanding the housing loan program will help accomplish this goal.

HOUSE BILL NO. 325

The Honorable John Harris
January 15, 2008
Page 2

I urge your prompt and favorable action on this measure.

Sincerely,

A handwritten signature in black ink, reading "Sarah Palin". The signature is written in a cursive style with a large, looping "S" at the beginning and a long, sweeping "P" at the end.

Sarah Palin
Governor

Enclosure



Headquarters
4300 Bonifacio 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 Health, Education, & Social Services
Alaska State Legislature
Juneau, Alaska

Re: House Bill 325, Teachers'/Health Care Professionals' Housing Loan

Dear Chairwoman Wilson:

House Bill 325 was referred to the House HESS Committee.

This legislation repeals the sunset provision of the teachers' and nurses' housing loan program and expands the program to teachers and health care professionals.

The largest obstacle to homeownership is the availability of cash. By allowing 100% financing, which does not require a down payment, it allows entry level teachers and health care professionals to become home owners where otherwise they may not have the opportunity. The ability to own a home is an important factor in recruiting and retaining teachers and health care professionals.

Since 2003, when the program was initiated, 373 teachers and nurses have mortgaged homes, at no additional cost to AHFC or to the state. AHFC does not anticipate additional cost as the result of the change to the program to include health care professionals.

I respectfully request that HB 325 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 cursive script that reads "Daniel R. Fauske".

Daniel R. Fauske
CEO/Executive Director



"HOUSING FOR ALASKANS"



HB

332

Alaska State Legislature
REPRESENTATIVE BRYCE EDGMON
House District 37



SPONSOR STATEMENT / SECTIONAL ANALYSIS

HB332 – Pre-Elementary School Programs

- Adak
- Akutan
- Aleknagik
- Atka
- Chignik
- Chignik Lagoon
- Chignik Lake
- Clark's Point
- Cold Bay
- Dillingham
- Egegik
- Ekwok
- Fair Pass
- Fairbank
- King Cove
- King Salmon
- Koliganek
- Manokotak
- Naknek
- Nelson Lagoon
- New Stuyahok
- Nikolski
- Perryville
- Pilot Point
- Portage Creek
- Port Heiden
- St. George
- St. Paul
- Sand Point
- South Naknek
- Togiak
- Twin Hills
- Ugashik
- Unalaska

HB332 proposes adding pre-elementary and Head Start programs to the definition of an elementary school for federal funding purposes.

This change will allow these programs to qualify for Federal E-Rates. These rates were available to Alaskans for several years, then were cut off when the Universal Service Administrative Company (USAC) made a determination that Alaska's definition of elementary schools did not fit what was required in federal law.

HB332 will allow those pre-elementary programs to be eligible to apply for federal funding to help pay for infrastructure, equipment, or other costs related to providing telephonic and internet transmissions.

This bill also assures that adding these programs to the definition of an elementary school will not have any affect on admission numbers used by the Dept. of Education and Early Development in the Education Funding Formula.

This simple change in statute to allow these programs to garner funding is needed now. Head Start programs have closed in many communities and operations have been scaled back in programs state-wide over the last few years.

I appreciate your support for this bill.

BILL SECTION 1: Amends 14.03.060(a) to assure that adding the pre-elementary programs in Bill Section 2 has no other effect than to make them available for federal funding.

BILL SECTION 2: Adds a new section to include pre-elementary and head start programs to the definition of elementary schools. Also assures that those students may not be counted in a school's average daily membership.

Alaska State Legislature
REPRESENTATIVE BRYCE EDGMON
House District 37



SPONSOR STATEMENT / SECTIONAL ANALYSIS

HB332 – Pre-Elementary School Programs

Adak
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Aleknagik
Atka
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Chignik Lake
Clark's Point
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Egegik
Ekwok
False Pass
Ivanof Bay
King Cove
King Salmon
Koliganek
Manokotak
Naknek
Nelson Lagoon
New Stuyahok
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Portage Creek
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Letter of Support for HB 332

I am writing to express my support for HB 332. This legislation will once again allow Head Start programs in Alaska to be eligible to apply for federal funds that are collected as taxes on Alaskan's phone bills.

Head Start programs have experience flat funding at the state and federal level for many years, while inflationary costs have continued to rise. Making this simple legislative change will help open up another source of federal revenue to help with the increased cost of operating this important early childhood program in our state.

Thank you for your support of this legislation.



AnneMarie Mattacchione, Director
907-452-4267 Ext 223

Play N Learn Community Head Start
1949 Gillam Way Suite A
Fairbank AK 99701

Adam Berg

From: Cheryl turner [caturner@mtaonline.net]
Sent: Thursday, March 06, 2008 2:12 PM
To: Adam Berg
Subject: Head Start

Hi Adam,
I'm Cheryl Turner, Mat-Su School Board Member and CCS Board Member (I'm currently on a short leave from my CCS Board position but will be reseated soon).

I'm writing this last minute email to show my support for the Head Start Bill 332 sponsored by Rep. Edgmon. I truly believe in prevention over treatment and our CCS program is an awesome tool to "jump-start" these kids. The "family intervention" component along with the appropriate academic package is the key to a child, who would undoubtedly struggle in school, become successful. I'd rather see my dollars go to supporting Head Start over prisons.

Tell your boss, this is one registered Republican who wishes her party would support Head Start (and not just support it, but understand all the benefits that come from assisting these families). Also tell Rep. Edgmon thank-you so very much for all of his support!!

God Bless,
Cheryl Turner

BRISTOL BAY NATIVE ASSOCIATION

P.O. BOX 310
DILLINGHAM, ALASKA 99576
PHONE (907) 841-5257

March 6, 2008

Tribal Councils
Served by BBNA:

- Alekn'ik
- Chignik Bay
- Chignik Lagoon
- Chignik Lake
- Clarke Point
- Curyung
- Egegik
- Ekuk
- Erwok
- Igigig
- Iimna
- Ivanof Bay
- Kaanak
- King Salmon
- Kokhanok
- Koliganek
- Levelock
- Manoktoak
- Naknek
- New Stuyahok
- Newhalen
- Nondalton
- Pedro Bay
- Perryville
- Pilot Point
- Port Heiden
- Portage Creek
- South Naknek
- Togiak
- Twin Hills
- Ugashik

Representative Bryce Edgmon
State Capitol Room 424
Juneau, AK 99801

Bryce
Dear Representative Edgmon:

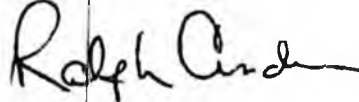
Letter of Support for HB 332

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Head Start programs have experience flat funding at the state and federal level for many years, while inflationary costs have continued to rise. Making this simple legislative change will help open up another source of federal revenue to help with the increased cost of operating this important early childhood program in our state.

Thank you for your support of this legislation.

Sincerely yours,



Ralph Andersen
Chief Executive Officer

Letter of Support for HB 332

I am writing to express my personal support for HB 332. This legislation will once again allow Head Start programs in Alaska to be eligible to apply for federal funds that are collected as taxes on Alaskan's phone bills. These funds are then redistributed to schools and libraries to help pay for long distance service, internet costs, and other technology expenses (which we all know are especially important in our state).

A couple years ago several Alaska Head Start programs decided that they would apply for these funds as well. As a result, several programs were awarded E-rate funds. Our beginning efforts caused the Universal Service Administrative Company (USAC) to set up some rules determining what Head Start programs would be eligible. Based on these rules the majority of states now have Head Start programs that are eligible for E-rate, unfortunately Alaska is not among them. This legislation would fix that.

Head Start programs have experienced flat funding at the state and federal level for many years, while inflationary costs have continued to rise. Making this simple legislative change will help open up another source of federal revenue to help with the increased cost of operating this important early childhood program in our state.

Thank you for your support of this legislation.

Mark Leckey
Alaska Head Start Association

HB

337/345

(FILE 1)

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Mischel
3/5/08

CS FOR HOUSE BILL NO. 337(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

**Offered:
Referred:**

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

A BILL

FOR AN ACT ENTITLED

1 **"An Act establishing the Alaska Health Care Commission and the Alaska health care**
2 **information office; relating to health care planning and information; relating to the**
3 **certificate of need program for certain health care facilities; and providing for an**
4 **effective date."**

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

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

8 **LEGISLATIVE FINDINGS AND INTENT.** (a) The Alaska Legislature finds that

9 (1) the Constitution of the State of Alaska requires the legislature to promote
10 and protect the public health;

11 (2) health policy issues present some of the greatest challenges faced by the
12 state;

13 (3) the health status of Alaskans is directly tied to the long-term success of
14 the state's economy and well being; and

1 (4) the increasing cost of health care is threatening employer-sponsored
2 health care and making companies less competitive in the global economy.

3 (b) The legislature intends to mandate under this Act an evaluation of the state's
4 health care needs, propose reforms, and improve health care in Alaska by establishing the
5 Alaska Health Care Commission to include public and private stakeholders for the purpose
6 of developing a comprehensive policy that better meets the current and long-range health
7 care needs in the state.

8 * Sec. 2. AS 18.05.010(b) is amended to read:

9 (b) In performing its duties under this chapter, AS 18.09, and AS 18.15.355 -
10 18.15.395, the department may

11 (1) flexibly use the broad range of powers set out in this title assigned
12 to the department to protect and promote the public health;

13 (2) provide public health information programs or messages to the
14 public that promote healthy behaviors or lifestyles or educate individuals about
15 health issues;

16 (3) promote efforts among public and private sector partners to
17 develop and finance programs or initiatives that identify and ameliorate health
18 problems;

19 (4) establish, finance, provide, or endorse performance management
20 standards for the public health system;

21 (5) develop, adopt, and implement a statewide health plan, public
22 health plans, and formal policies through regulations adopted under AS 44.62 or
23 collaborative recommendations that guide or support individual and community
24 public health efforts;

25 (6) establish formal or informal relationships with public or private
26 sector partners within the public health system;

27 (7) identify, assess, prevent, and ameliorate conditions of public
28 health importance through surveillance; epidemiological tracking, program
29 evaluation, and monitoring; testing and screening programs; treatment;
30 administrative inspections; or other techniques;

31 (8) promote the availability and accessibility of quality health care

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services through health care facilities or providers;

(9) promote availability of and access to preventive and primary health care when not otherwise available through the private sector, including acute and episodic care, prenatal and postpartum care, child health, family planning, school health, chronic disease prevention, child and adult immunization, testing and screening services, dental health, nutrition, and health education and promotion services;

(10) systematically and regularly review the public health system and recommend modifications in its structure or other features to improve public health outcomes; and

(11) collaborate with public and private sector partners, including municipalities, Alaska Native organizations, health care providers, and health insurers, within the public health system to achieve the mission of public health.

* Sec. 3. AS 18.07.031(e) is amended to read:

(e) In (a) of this section, "expenditure" means the payment or promise of payment for medical [INCLUDES THE PURCHASE OF PROPERTY OCCUPIED BY OR THE EQUIPMENT REQUIRED FOR THE HEALTH CARE FACILITY AND THE NET PRESENT VALUE OF A LEASE FOR SPACE OCCUPIED BY OR THE] equipment required for the health care facility; "expenditure" does not include costs associated with routine maintenance and replacement of equipment at an existing health care facility.

* Sec. 4. AS 18.07.111(8) is repealed and reenacted to read:

(8) "health care facility"

(A) means

(i) a private, municipal, or state hospital, psychiatric hospital, independent diagnostic testing facility, tuberculosis hospital, kidney dialysis center (including freestanding hemodialysis units), intermediate care facility, or ambulatory surgical facility if the hospital, facility, or center is located in a municipality or borough in which a hospital is designated by the department as a critical access hospital or that has a population of 60,000 or fewer persons,

1 excluding recipients of public health care who are members of the
2 military or Indian Health Services;

3 (ii) a nursing home;

4 (iii) a residential psychiatric treatment center;

5 (B) does not include

6 (i) the Alaska Pioneers' Home and the Alaska
7 Veterans' Home administered by the Department of Health and Social
8 Services under AS 47.55;

9 (ii) the offices of private physicians or dentists,
10 whether in individual or group practice; and

11 (iii) military and tribal health entities funded or
12 operated by the federal government;

13 * Sec. 5. AS 18.07.111 is amended by adding new paragraphs to read:

14 (11) "ambulatory surgical facility" has the meaning given to
15 "ambulatory surgical center" in AS 47.32.900;

16 (12) "critical access hospital" means a facility that is a hospital
17 licensed in the state that satisfies the criteria set out in 42 U.S.C. 1395i-4(c)(2)(B)
18 and meets the conditions of participation set out in 42 C.F.R. 485.601 - 485.647;

19 (13) "independent diagnostic testing facility" means a distinct fixed
20 or mobile entity that

21 (A) operates for the primary purpose of conducting medical
22 diagnostic tests on patients;

23 (B) does not assume ongoing responsibility for patient care;

24 and

25 (C) provides its services for use by outside medical personnel;

26 (14) "intermediate care facility" means a nursing facility that is not a
27 skilled nursing facility;

28 (15) "kidney dialysis center" means a treatment center, including a
29 freestanding hemodialysis unit, that is devoted to the treatment of kidney disease;

30 (16) "nursing home" means a nursing facility, as defined in 42 U.S.C.
31 1396r(a);

1 (17) "office of private physicians" means an office or clinic that is 50
2 percent owned by physicians licensed or authorized under AS 08.64, and provides
3 medical services to patients on an ongoing basis;

4 (18) "psychiatric hospital" means a hospital or part of a hospital that
5 is primarily for the diagnosis and treatment of mental, emotional, or behavioral
6 disorders.

7 * Sec. 6. AS 18 is amended by adding a new chapter to read:

8 **Chapter 09. Statewide Health Care Information.**

9 **Article 1. Alaska Health Care Information Office.**

10 **Sec. 18.09.100. Office.** The Alaska health care information office is
11 established in the department. The purpose of the office is to improve access by
12 residents of the state to consistently updated

13 (1) information about health care facilities to aid consumers of health
14 care services of health care facilities in the state; and

15 (2) information to encourage personal responsibility in prevention
16 and healthy living.

17 **Sec. 18.09.110. Dissemination of information.** (a) The department shall
18 establish and maintain an information database on the Internet of information about
19 all health care facilities in the state to provide objective, unbiased, and factually
20 based information on health care facilities in the state. The department may require
21 those health care facilities to provide information in a standard form or format to the
22 department for placement in the database. Before information is placed in the
23 database, the commission shall review the information for accuracy.

24 (b) The database developed under (a) of this section must include the
25 following:

26 (1) a list of preferred drugs approved by the department for
27 reimbursement by the department;

28 (2) a complete list, organized by region and address, of

29 (A) health facilities located in the state;

30 (B) licensed pharmacists and pharmacies located in the state;

31 (C) emergency and urgent care facilities located in the state;

- 1 (D) health insurance companies offering coverage in the state;
- 2 (E) health care providers licensed or authorized in the state,
3 including the provider license number, type, and expiration date along with
4 disciplinary actions, if any;
- 5 (F) long-term, in-home, and hospice care providers located in
6 the state;
- 7 (G) public assistance offices of the department;
- 8 (3) a list, updated monthly, of not more than 1500 of the most
9 commonly prescribed medications in the state and the source and price of the
10 medications;
- 11 (4) a list, updated monthly, of not more than 250 of the most
12 commonly conducted medical procedures in the state, organized by the cash and
13 negotiated price of the procedure at available providers and insurers; the list must
14 include medical procedures covered by workers' compensation under AS 23.30;
- 15 (5) available hospital ratings, including the rates of hospital acquired
16 infections and mortality occurring at each hospital located in the state;
- 17 (6) consumer education information on topics that include body mass
18 index, diet and nutrition, exercise, smoking cessation, and alcohol and drug
19 addictions, that includes the location of available sites that provide care and
20 treatment related to those issues;
- 21 (7) a list of procedures approved by state agencies for emergency
22 response and treatment;
- 23 (8) disease management support information;
- 24 (9) insurance information that includes
- 25 (A) a navigator to determine insurance eligibility using a
26 matrix of available insurers;
- 27 (B) links to Internet websites for purchasing insurance
28 policies;
- 29 (C) an explanation of mandatory and optional insurance
30 coverage; and
- 31 (D) the usual and customary fee structure and the method of

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determining the fee structure;

(10) a list of primary care clinics that cater to uninsured and self-pay patients; and

(11) information on the quality of health care facilities, including any actions taken by state or federal agencies related to

(A) licensure and accreditation of a health care facility; or

(B) a licensed professional practicing in a health care facility.

(c) The department shall develop and consistently update an Internet website to provide residents of the state timely and accurate information regarding prevention and healthy living.

Sec. 18.09.120. Mandatory reporting. (a) A health care facility shall provide to the department the following information related to the facility's health care services for placement in the database developed under AS 18.09.110:

(1) information on costs to the consumer for health care services; in this paragraph, "costs to the consumer" means the actual price paid by the consumer for health care services;

(2) types of insurance and payment accepted by the health care facility for health care services;

(3) each location where the health care facility operates, and the hours of operation;

(4) the types and scope of health care services offered at the health care facility;

(5) the Internet address of any Internet website of the health care facility the purpose of which is to provide factual information to aid the consumer;

(6) any other readily accessible information that the department determines would help the consumer make informed decisions about the health care facility's services.

(b) The department shall develop a standard form or format for reporting the information required in (a) of this section. The department shall adopt regulations specifying the timing and frequency of the reporting of the information required by (a) of this section.

1 (c) The department shall notify the health care facility of a failure to report
2 under (a) of this section and give the health care facility an opportunity to contest or
3 cure the failure. If the health care facility does not promptly cure the failure, the
4 department shall post the notice of failure on the database developed under
5 AS 18.09.110.

6 **Sec. 18.09.130. Coordination of departments.** The Department of
7 Administration, the Department of Commerce, Community, and Economic
8 Development, the Department of Labor and Workforce Development, and the
9 Department of Law shall

10 (1) provide to the department information for placement in the
11 database developed under AS 18.09.110 regarding an adverse action taken against a
12 health care facility in the state or against a licensed professional practicing in a
13 health care facility in the state; and

14 (2) cooperate with the department in the performance of its duties
15 under AS 18.09.100 - 18.09.130.

16 **Article 2. General Provisions.**

17 **Sec. 18.09.900. Regulations.** The department may adopt regulations under
18 AS 44.62 (Administrative Procedure Act) to carry out the purposes of this chapter.

19 **Sec. 18.09.990. Definitions.** In this chapter,

20 (1) "department" means the Department of Health and Social
21 Services;

22 (2) "health care facility" means

23 (A) a facility licensed under AS 47.32 that provides health
24 care services;

25 (B) an independent diagnostic testing facility providing
26 services in the state;

27 (C) an agency providing a home and community based waiver
28 service that is certified under regulations adopted by the department;

29 (D) an agency providing personal care services that is
30 certified under regulations adopted by the department.

31 * **Sec. 7.** The uncodified law of the State of Alaska is amended by adding a new section to

1 read:

2 ALASKA HEALTH CARE COMMISSION ESTABLISHED. (a) The Alaska Health
3 Care Commission is established in the Department of Health and Social Services. The
4 purposes of the commission are

5 (1) to consider the entire spectrum of health care related issues in the state
6 and formulate targeted and specific policy recommendations to be presented to the
7 legislature and the executive branch;

8 (2) to provide recommendations for and foster the development of a
9 statewide plan to address the quality, accessibility, and affordability of health care for all
10 citizens of the state; and

11 (3) to provide an annual report to the legislature that includes a
12 comprehensive list of policy options considered by the commission.

13 (b) The commission consists of 16 members who are residents of and are qualified
14 voters in the state, appointed as follows:

15 (1) the state officer assigned the duties of medical director for the
16 Department of the Health and Social Services, who shall serve as chair;

17 (2) a representative of the Alaska Mental Health Trust Authority, appointed
18 by the authority;

19 (3) a representative of the University of Alaska's health education and
20 training programs, appointed by the university;

21 (4) seven public members, including

22 (A) one member representing the Alaska Native Tribal Health
23 Consortium, appointed by the consortium;

24 (B) one member representing the Alaska Primary Care Association,
25 appointed by the association;

26 (C) one member representing the Alaska State Hospital and Nursing
27 Home Association, appointed by the association;

28 (D) one member representing the health insurance industry,
29 appointed by the governor;

30 (E) one member representing the Alaska Nurses Association,
31 appointed by the association;

1 (F) two health care consumers or advocates appointed by the
2 governor, one of whom must also be a small business owner in the state;

3 (5) six members of the legislature, appointed as follows: the president of the
4 senate and the speaker of the house of representatives shall each appoint two members of the
5 majority organizational caucus and one member of the minority organizational caucus from
6 their respective bodies; if there is no minority organizational caucus in a house, the presiding
7 officer of that house shall appoint three members from the majority organizational caucus of
8 that house; at least one legislator from each house must be a member of the standing
9 committee that considers matters related to health and social services.

10 (c) Terms of office are as follows: (1) members of the commission serve for
11 staggered terms of three years; (2) if a vacancy occurs in a member's seat on the
12 commission, the entity that made the original appointment shall appoint a replacement for
13 the unexpired portion of that member's term. The governor may remove a public member of
14 the commission from office only for cause.

15 (d) The commission shall employ an executive director, who may not be a member
16 of the commission. The executive director shall serve at the pleasure of the commission. The
17 commission shall establish the duties of the executive director. The executive director is in
18 the partially exempt service under AS 39.25 (State Personnel Act).

19 (e) The Department of Health and Social Services may assign employees of the
20 department to serve as staff to the commission. The commission shall prescribe the duties of
21 staff of the commission.

22 (f) The commission, on approval of a majority of its membership and consistent
23 with state law, shall adopt and amend bylaws governing proceedings and other activities,
24 including provisions concerning a quorum to transact business and other aspects of
25 procedure; frequency and location of meetings; and establishment, functions, and
26 membership of committees.

27 (g) The commission shall serve as the state health planning and coordinating body.
28 Consistent with state and federal law, the commission shall provide recommendations for
29 and foster the development of a statewide health plan containing the following:

- 30 (1) a comprehensive statewide health care policy;
31 (2) a strategy for

1 (A) encouraging personal responsibility in prevention and healthy
2 living for all residents of the state;

3 (B) reducing health care costs for all residents of the state to below
4 the national average;

5 (C) ensuring access in communities to safe water and wastewater
6 systems;

7 (D) developing a sustainable health care workforce in the state;

8 (E) ensuring access to quality health care being accessible for all
9 residents of the state; and

10 (F) increasing the number of residents of the state who are covered
11 by insurance for health care services.

12 (h) The commission shall review and make recommendations about health care
13 information for placement on the Department of Health and Social Services' database
14 developed under AS 18.09.110. The department shall post and make available information
15 related to the commission, including the commission's annual reports.

16 (i) A member of the commission shall submit an annual report to the legislature and
17 the governor by February 1 of each year and shall present the key findings of the report in
18 person to the appropriate legislative committees, to the extent permitted by those
19 committees. The report must summarize significant work, findings, and recommendations of
20 the commission. The first report of the commission must include a five-year strategic plan
21 with prioritized, targeted, and defined objectives as well as an evaluation of the strengths,
22 weaknesses, and relative performance of health care services and conditions in Alaska.
23 Subsequent reports must include revisions, if any, to the strategic plan, along with a report
24 on the progress of the commission in meeting the objectives of the plan.

25 (j) A public member appointed to the commission under (b)(4) of this section is not
26 entitled to a salary, but is entitled to per diem, reimbursement for travel, and other expenses
27 authorized by law for boards and commissions under AS 39.20.180.

28 (k) The Department of Administration, the Department of Commerce, Community,
29 and Economic Development, the Department of Labor and Workforce Development, and the
30 Department of Law shall cooperate with the commission in the performance of its duties.

31 (l) The Alaska Health Care Commission shall terminate on June 30, 2014.

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

3 **TRANSITION: PENDING APPLICATIONS, ADMINISTRATIVE APPEALS,**
4 **AND COURT ACTIONS FOR THE CERTIFICATE OF NEED PROGRAM.** The
5 commissioner of health and social services through the Department of Law shall
6 immediately take steps to seek dismissal of pending administrative appeals and court actions
7 concerning the issuance of certificates of need, as appropriate, under AS 18.07, as amended
8 by secs. 3 - 5 of this Act, or implementation of AS 18.07.

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

11 **TRANSITION: REGULATIONS.** The Department of Health and Social Services
12 may proceed to adopt regulations necessary to implement the changes made by this Act. The
13 regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the
14 effective date of the statutory changes.

15 * **Sec. 10.** The uncodified law of the State of Alaska is amended by adding a new section
16 to read:

17 **CERTIFICATE OF NEED STUDY.** The Department of Health and Social Services
18 shall contract with an entity that has no financial interest in health care services to conduct a
19 comprehensive study of the effects of the certificate of need program in the state. The
20 department shall provide a copy of the study to the legislature.

21 * **Sec. 11.** Section 9 of this Act takes effect immediately under AS 01.10.070(c).

22 * **Sec. 12.** Except as provided in sec. 11 of this Act, this Act takes effect July 1, 2008.

CS FOR HOUSE BILL NO. 337(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

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

A BILL

FOR AN ACT ENTITLED

1 **"An Act establishing the Alaska Health Care Commission and the Alaska health care**
2 **information office; relating to health care planning and information; relating to the**
3 **certificate of need program for certain health care facilities; and providing for an**
4 **effective date."**

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

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

8 **LEGISLATIVE FINDINGS AND INTENT.** (a) The Alaska Legislature finds that

9 (1) the Constitution of the State of Alaska requires the legislature to promote
10 and protect the public health;

11 (2) health policy issues present some of the greatest challenges faced by the
12 state;

13 (3) the health status of Alaskans is directly tied to the long-term success of the
14 state's economy and well being; and

1 (4) the increasing cost of health care is threatening employer-sponsored health
2 care and making companies less competitive in the global economy.

3 (b) The legislature intends to mandate under this Act an evaluation of the state's
4 health care needs, propose reforms, and improve health care in Alaska by establishing the
5 Alaska Health Care Commission to include public and private stakeholders for the purpose of
6 developing a comprehensive policy that better meets the current and long-range health care
7 needs in the state.

8 * Sec. 2. AS 18.05.010(b) is amended to read:

9 (b) In performing its duties under this chapter, AS 18.09, and AS 18.15.355 -
10 18.15.395, the department may

11 (1) flexibly use the broad range of powers set out in this title assigned
12 to the department to protect and promote the public health;

13 (2) provide public health information programs or messages to the
14 public that promote healthy behaviors or lifestyles or educate individuals about health
15 issues;

16 (3) promote efforts among public and private sector partners to
17 develop and finance programs or initiatives that identify and ameliorate health
18 problems;

19 (4) establish, finance, provide, or endorse performance management
20 standards for the public health system;

21 (5) develop, adopt, and implement a statewide health plan, public
22 health plans, and formal policies through regulations adopted under AS 44.62 or
23 collaborative recommendations that guide or support individual and community public
24 health efforts;

25 (6) establish formal or informal relationships with public or private
26 sector partners within the public health system;

27 (7) identify, assess, prevent, and ameliorate conditions of public health
28 importance through surveillance; epidemiological tracking, program evaluation, and
29 monitoring; testing and screening programs; treatment; administrative inspections; or
30 other techniques;

31 (8) promote the availability and accessibility of quality health care

1 services through health care facilities or providers;

2 (9) promote availability of and access to preventive and primary health
3 care when not otherwise available through the private sector, including acute and
4 episodic care, prenatal and postpartum care, child health, family planning, school
5 health, chronic disease prevention, child and adult immunization, testing and screening
6 services, dental health, nutrition, and health education and promotion services;

7 (10) systematically and regularly review the public health system and
8 recommend modifications in its structure or other features to improve public health
9 outcomes; and

10 (11) collaborate with public and private sector partners, including
11 municipalities, Alaska Native organizations, health care providers, and health insurers,
12 within the public health system to achieve the mission of public health.

13 * Sec. 3. AS 18.07.031(e) is amended to read:

14 (e) In (a) of this section, "expenditure" means the payment or promise of
15 payment for medical [INCLUDES THE PURCHASE OF PROPERTY OCCUPIED
16 BY OR THE EQUIPMENT REQUIRED FOR THE HEALTH CARE FACILITY
17 AND THE NET PRESENT VALUE OF A LEASE FOR SPACE OCCUPIED BY OR
18 THE] equipment required for the health care facility; "expenditure" does not include
19 costs associated with routine maintenance and replacement of equipment at an existing
20 health care facility.

21 * Sec. 4. AS 18.07.111(8) is repealed and reenacted to read:

22 (8) "health care facility"

23 (A) means

24 (i) a private, municipal, or state hospital, psychiatric
25 hospital, independent diagnostic testing facility, tuberculosis hospital,
26 kidney dialysis center (including freestanding hemodialysis units),
27 intermediate care facility, or ambulatory surgical facility if the hospital,
28 facility, or center is located in a municipality or borough in which a
29 hospital is designated by the department as a critical access hospital or
30 that has a population of 60,000 or fewer persons, excluding recipients
31 of public health care who are members of the military or Indian Health

1 Services;

2 (ii) a nursing home;

3 (iii) a residential psychiatric treatment center;

4 (B) does not include

5 (i) the Alaska Pioneers' Home and the Alaska Veterans'
6 Home administered by the Department of Health and Social Services
7 under AS 47.55;

8 (ii) the offices of private physicians or dentists, whether
9 in individual or group practice; and

10 (iii) military and tribal health entities funded or
11 operated by the federal government;

12 * Sec. 5. AS 18.07.111 is amended by adding new paragraphs to read:

13 (11) "ambulatory surgical facility" has the meaning given to
14 "ambulatory surgical center" in AS 47.32.900;0

15 (12) "critical access hospital" means a facility that is a hospital
16 licensed in the state that satisfies the criteria set out in 42 U.S.C. 1395i-4(c)(2)(B) and
17 meets the conditions of participation set out in 42 C.F.R. 485.601 - 485.647;

18 (13) "independent diagnostic testing facility" means a distinct fixed or
19 mobile entity that

20 (A) operates for the primary purpose of conducting medical
21 diagnostic tests on patients;

22 (B) does not assume ongoing responsibility for patient care;
23 and

24 (C) provides its services for use by outside medical personnel;

25 (14) "intermediate care facility" means a nursing facility that is not a
26 skilled nursing facility;

27 (15) "kidney dialysis center" means a treatment center, including a
28 freestanding hemodialysis unit, that is devoted to the treatment of kidney disease;

29 (16) "nursing home" means a nursing facility, as defined in 42 U.S.C.
30 1396r(a);

31 (17) "office of private physicians" means an office or clinic that is 50

1 percent owned and operated by physicians licensed or authorized under AS 08.64 and
2 that provides medical services to patients on an ongoing basis;

3 (18) "psychiatric hospital" means a hospital or part of a hospital that is
4 primarily for the diagnosis and treatment of mental, emotional, or behavioral
5 disorders.

6 * Sec. 6. AS 18 is amended by adding a new chapter to read:

7 **Chapter 09. Statewide Health Care Information.**

8 **Article 1. Alaska Health Care Information Office.**

9 **Sec. 18.09.100. Office.** The Alaska health care information office is
10 established in the department. The purpose of the office is to improve access by
11 residents of the state to consistently updated

12 (1) information about health care facilities to aid consumers of health
13 care services of health care facilities in the state; and

14 (2) information to encourage personal responsibility in prevention and
15 healthy living.

16 **Sec. 18.09.110. Dissemination of information.** (a) The department shall
17 establish and maintain an information database on the Internet of information about all
18 health care facilities in the state to provide objective, unbiased, and factually based
19 information on health care facilities in the state. The department may require those
20 health care facilities to provide information in a standard form or format to the
21 department for placement in the database. Before information is placed in the
22 database, the commission shall review the information for accuracy.

23 (b) The database developed under (a) of this section must include the
24 following:

25 (1) a list of preferred drugs approved by the department for
26 reimbursement by the department;

27 (2) a complete list, organized by region and address, of

28 (A) health facilities located in the state;

29 (B) licensed pharmacists and pharmacies located in the state;

30 (C) emergency and urgent care facilities located in the state;

31 (D) health insurance companies offering coverage in the state;

1 (E) health care providers licensed or authorized in the state,
2 including the provider license number, type, and expiration date along with
3 disciplinary actions, if any;

4 (F) long-term, in-home, and hospice care providers located in
5 the state;

6 (G) public assistance offices of the department;

7 (3) a list, updated monthly, of not more than 1500 of the most
8 commonly prescribed medications in the state and the source and price of the
9 medications;

10 (4) a list, updated monthly, of not more than 250 of the most
11 commonly conducted medical procedures in the state, organized by the cash and
12 negotiated price of the procedure at available providers and insurers; the list must
13 include medical procedures covered by workers' compensation under AS 23.30;

14 (5) available hospital ratings, including the rates of hospital acquired
15 infections and mortality occurring at each hospital located in the state;

16 (6) consumer education information on topics that include body mass
17 index, diet and nutrition, exercise, smoking cessation, and alcohol and drug addictions,
18 that includes the location of available sites that provide care and treatment related to
19 those issues;

20 (7) a list of procedures approved by state agencies for emergency
21 response and treatment;

22 (8) disease management support information;

23 (9) insurance information that includes

24 (A) a navigator to determine insurance eligibility using a
25 matrix of available insurers;

26 (B) links to Internet websites for purchasing insurance policies;

27 (C) an explanation of mandatory and optional insurance
28 coverage; and

29 (D) the usual and customary fee structure and the method of
30 determining the fee structure;

31 (10) a list of primary care clinics that cater to uninsured and self-pay

1 patients; and

2 (11) information on the quality of health care facilities, including any
3 actions taken by state or federal agencies related to

4 (A) licensure and accreditation of a health care facility; or

5 (B) a licensed professional practicing in a health care facility.

6 (c) The department shall develop and consistently update an Internet website
7 to provide residents of the state timely and accurate information regarding prevention
8 and healthy living.

9 **Sec. 18.09.120. Mandatory reporting.** (a) A health care facility shall provide
10 to the department the following information related to the facility's health care services
11 for placement in the database developed under AS 18.09.110:

12 (1) information on costs to the consumer for health care services; in
13 this paragraph, "costs to the consumer" means the actual price paid by the consumer
14 for health care services;

15 (2) types of insurance and payment accepted by the health care facility
16 for health care services;

17 (3) each location where the health care facility operates, and the hours
18 of operation;

19 (4) the types and scope of health care services offered at the health
20 care facility;

21 (5) the Internet address of any Internet website of the health care
22 facility the purpose of which is to provide factual information to aid the consumer;

23 (6) any other readily accessible information that the department
24 determines would help the consumer make informed decisions about the health care
25 facility's services.

26 (b) The department shall develop a standard form or format for reporting the
27 information required in (a) of this section. The department shall adopt regulations
28 specifying the timing and frequency of the reporting of the information required by (a)
29 of this section.

30 (c) The department shall notify the health care facility of a failure to report
31 under (a) of this section and give the health care facility an opportunity to contest or

1 cure the failure. If the health care facility does not promptly cure the failure, the
 2 department shall post the notice of failure on the database developed under
 3 AS 18.09.110.

4 **Sec. 18.09.130. Coordination of departments.** The Department of
 5 Administration, the Department of Commerce, Community, and Economic
 6 Development, the Department of Labor and Workforce Development, and the
 7 Department of Law shall

8 (1) provide to the department information for placement in the
 9 database developed under AS 18.09.110 regarding an adverse action taken against a
 10 health care facility in the state or against a licensed professional practicing in a health
 11 care facility in the state; and

12 (2) cooperate with the department in the performance of its duties
 13 under AS 18.09.100 - 18.09.130.

14 **Article 2. Gen ral Provisions.**

15 **Sec. 18.09.900. Regulations.** The department may adopt regulations under
 16 AS 44.62 (Administrative Procedure Act) to carry out the purposes of this chapter.

17 **Sec. 18.09.990. Definitions.** In this chapter,

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 21 services;

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 23 services in the state;

24 (C) an agency providing a home and community based waiver
 25 service that is certified under regulations adopted by the department;

26 (D) an agency providing personal care services that is certified
 27 under regulations adopted by the department.

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

30 **ALASKA HEALTH CARE COMMISSION ESTABLISHED.** (a) The Alaska Health
 31 Care Commission is established in the Department of Health and Social Services. The

1 purposes of the commission are

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3 formulate targeted and specific policy recommendations to be presented to the legislature and
4 the executive branch;

5 (2) to provide recommendations for and foster the development of a statewide
6 plan to address the quality, accessibility, and affordability of health care for all citizens of the
7 state; and

8 (3) to provide an annual report to the legislature that includes a comprehensive
9 list of policy options considered by the commission.

10 (b) The commission consists of 16 members who are residents of and are qualified
11 voters in the state, appointed as follows:

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13 of the Health and Social Services, who shall serve as chair;

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15 the authority;

16 (3) a representative of the University of Alaska's health education and training
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18 (4) seven public members, including

19 (A) one member representing the Alaska Native Tribal Health
20 Consortium, appointed by the consortium;

21 (B) one member representing the Alaska Primary Care Association,
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23 (C) one member representing the Alaska State Hospital and Nursing
24 Home Association, appointed by the association;

25 (D) one member representing the health insurance industry, appointed
26 by the governor;

27 (E) one member representing the Alaska Nurses Association,
28 appointed by the association;

29 (F) two health care consumers or advocates appointed by the governor,
30 one of whom must also be a small business owner in the state;

31 (5) six members of the legislature, appointed as follows: the president of the

1 senate and the speaker of the house of representatives shall each appoint two members of the
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 3 their respective bodies; if there is no minority organizational caucus in a house, the presiding
 4 officer of that house shall appoint three members from the majority organizational caucus of
 5 that house; at least one legislator from each house must be a member of the standing
 6 committee that considers matters related to health and social services.

7 (c) Terms of office are as follows: (1) members of the commission serve for staggered
 8 terms of three years; (2) if a vacancy occurs in a member's seat on the commission, the entity
 9 that made the original appointment shall appoint a replacement for the unexpired portion of
 10 that member's term. The governor may remove a public member of the commission from
 11 office only for cause.

12 (d) The commission shall employ an executive director, who may not be a member of
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 14 commission shall establish the duties of the executive director. The executive director is in the
 15 partially exempt service under AS 39.25 (State Personnel Act).

16 (e) The Department of Health and Social Services may assign employees of the
 17 department to serve as staff to the commission. The commission shall prescribe the duties of
 18 staff of the commission.

19 (f) The commission, on approval of a majority of its membership and consistent with
 20 state law, shall adopt and amend bylaws governing proceedings and other activities, including
 21 provisions concerning a quorum to transact business and other aspects of procedure;
 22 frequency and location of meetings; and establishment, functions, and membership of
 23 committees.

24 (g) The commission shall serve as the state health planning and coordinating body.
 25 Consistent with state and federal law, the commission shall provide recommendations for and
 26 foster the development of a statewide health plan containing the following:

27 (1) a comprehensive statewide health care policy;

28 (2) a strategy for

29 (A) encouraging personal responsibility in prevention and healthy
 30 living for all residents of the state;

31 (B) reducing health care costs for all residents of the state to below the

1 national average;

2 (C) ensuring access in communities to safe water and wastewater
3 systems;

4 (D) developing a sustainable health care workforce in the state;

5 (E) ensuring access to quality health care being accessible for all
6 residents of the state; and

7 (F) increasing the number of residents of the state who are covered by
8 insurance for health care services.

9 (h) The commission shall review and make recommendations about health care
10 information for placement on the Department of Health and Social Services' database
11 developed under AS 18.09.110. The department shall post and make available information
12 related to the commission, including the commission's annual reports.

13 (i) A member of the commission shall submit an annual report to the legislature and
14 the governor by February 1 of each year and shall present the key findings of the report in
15 person to the legislature. The report must summarize significant work, findings, and
16 recommendations of the commission. The first report of the commission must include a five-
17 year strategic plan with prioritized, targeted, and defined objectives as well as an evaluation
18 of the strengths, weaknesses, and relative performance of health care services and conditions
19 in Alaska. Subsequent reports must include revisions, if any, to the strategic plan, along with a
20 report on the progress of the commission in meeting the objectives of the plan.

21 (j) A public member appointed to the commission under (b)(4) of this section is not
22 entitled to a salary, but is entitled to per diem, reimbursement for travel, and other expenses
23 authorized by law for boards and commissions under AS 39.20.180.

24 (k) The Department of Administration, the Department of Commerce, Community,
25 and Economic Development, the Department of Labor and Workforce Development, and the
26 Department of Law shall cooperate with the commission in the performance of its duties.

27 (l) The Alaska Health Care Commission shall terminate on June 30, 2014.

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

30 TRANSITION: PENDING APPLICATIONS, ADMINISTRATIVE APPEALS, AND
31 COURT ACTIONS FOR THE CERTIFICATE OF NEED PROGRAM. The commissioner of

1 health and social services through the Department of Law shall immediately take steps to seek
2 dismissal of pending administrative appeals and court actions concerning the issuance of
3 certificates of need, as appropriate, under AS 18.07, as amended by secs. 3 - 5 of this Act, or
4 implementation of AS 18.07.

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

7 TRANSITION: REGULATIONS. The Department of Health and Social Services may
8 proceed to adopt regulations necessary to implement the changes made by this Act. The
9 regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the
10 effective date of the statutory changes.

11 * Sec. 10. The uncodified law of the State of Alaska is amended by adding a new section to
12 read:

13 CERTIFICATE OF NEED STUDY. The Department of Health and Social Services
14 shall contract with an entity that has no financial interest in health care services to conduct a
15 comprehensive study of the effects of the certificate of need program in the state. The
16 department shall provide a copy of the study to the legislature.

17 * Sec. 11. Section 9 of this Act takes effect immediately under AS 01.10.070(c).

18 * Sec. 12. Except as provided in sec. 11 of this Act, this Act takes effect July 1, 2008.

25-GH2050L
Mischel
3/3/08

CS FOR HOUSE BILL NO. 337(HES)

**IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - SECOND SESSION**

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

**Offered:
Referred:**

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

A BILL

FOR AN ACT ENTITLED

1 **"An Act establishing the Alaska Health Care Commission and the Alaska health care**
2 **information office; relating to health care planning and information; relating to the**
3 **certificate of need program for certain health care facilities; relating to physician**
4 **referrals to physician-owned health care facilities; and providing for an effective date."**

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

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

8 **LEGISLATIVE FINDINGS AND INTENT.** (a) The Alaska Legislature finds that

9 (1) the Constitution of the State of Alaska requires the legislature to promote
10 and protect the public health;

11 (2) health policy issues present some of the greatest challenges faced by the
12 state;

13 (2) the health status of Alaskans is directly tied to the long-term success of
14 the state's economy and well being; and

1 (4) the increasing cost of health care is threatening employer-sponsored
2 health care and making companies less competitive in the global economy.

3 (b) The legislature intends to mandate under this Act an evaluation of the state's
4 health care needs, propose reforms, and improve health care in Alaska by establishing the
5 Alaska Health Care Commission to include public and private stakeholders for the purpose
6 of developing a comprehensive policy that better meets the current and long-range health
7 care needs in the state.

8 * Sec. 2. AS 08.64 is amended by adding a new section to article 3 to read:

9 **Sec. 08.64.364. Physician referrals.** (a) A physician may not refer or
10 encourage a patient who is being evaluated or treated by the physician to have
11 services performed at a health care facility that is owned by the physician. A
12 physician may, however, provide the name of a facility that is owned by the
13 physician to a patient on a list with other health care facilities operating in the
14 community.

15 (b) Notwithstanding other penalties provided by law, the department may
16 seek an administrative fine not to exceed \$5,000 for each incident in which a
17 physician refers or encourages a patient in violation of (a) of this section.

18 * Sec. 3. AS 18.05.010(b) is amended to read:

19 (b) In performing its duties under this chapter, AS 18.09, and AS 18.15.355 -
20 18.15.395, the department may

21 (1) flexibly use the broad range of powers set out in this title assigned
22 to the department to protect and promote the public health;

23 (2) provide public health information programs or messages to the
24 public that promote healthy behaviors or lifestyles or educate individuals about
25 health issues;

26 (3) promote efforts among public and private sector partners to
27 develop and finance programs or initiatives that identify and ameliorate health
28 problems;

29 (4) establish, finance, provide, or endorse performance management
30 standards for the public health system;

31 (5) develop, adopt, and implement a statewide health plan, public

1 health plans, and formal policies through regulations adopted under AS 44.62 or
2 collaborative recommendations that guide or support individual and community
3 public health efforts;

4 (6) establish formal or informal relationships with public or private
5 sector partners within the public health system;

6 (7) identify, assess, prevent, and ameliorate conditions of public
7 health importance through surveillance; epidemiological tracking, program
8 evaluation, and monitoring; testing and screening programs; treatment;
9 administrative inspections; or other techniques;

10 (8) promote the availability and accessibility of quality health care
11 services through health care facilities or providers;

12 (9) promote availability of and access to preventive and primary
13 health care when not otherwise available through the private sector, including acute
14 and episodic care, prenatal and postpartum care, child health, family planning, school
15 health, chronic disease prevention, child and adult immunization, testing and
16 screening services, dental health, nutrition, and health education and promotion
17 services;

18 (10) systematically and regularly review the public health system and
19 recommend modifications in its structure or other features to improve public health
20 outcomes; and

21 (11) collaborate with public and private sector partners, including
22 municipalities, Alaska Native organizations, health care providers, and health
23 insurers, within the public health system to achieve the mission of public health.

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25 (e) In (a) of this section, "expenditure" **means the payment or promise of**
26 **payment for medical** [INCLUDES THE PURCHASE OF PROPERTY OCCUPIED
27 BY OR THE EQUIPMENT REQUIRED FOR THE HEALTH CARE FACILITY
28 AND THE NET PRESENT VALUE OF A LEASE FOR SPACE OCCUPIED BY
29 OR THE] equipment required for the health care facility; "expenditure" does not
30 include costs associated with routine maintenance and replacement of equipment at
31 an existing health care facility.

1 * Sec. 5. AS 18.07.111(8) is repealed and reenacted to read:

2 (8) "health care facility"

3 (A) means

4 (i) a private, municipal, state, or federal hospital,
5 psychiatric hospital, independent diagnostic testing facility,
6 tuberculosis hospital, kidney dialysis center (including freestanding
7 hemodialysis units), intermediate care facility, or ambulatory surgical
8 facility if the hospital, facility, or center is located in a municipality or
9 borough in which a hospital is designated by the department as a
10 critical access hospital or that has a population of 110,000 or less;

11 (ii) a nursing home;

12 (iii) a residential psychiatric treatment center;

13 (B) does not include

14 (i) the Alaska Pioneers' Home and the Alaska
15 Veterans' Home administered by the Department of Health and Social
16 Services under AS 47.55;

17 (ii) the offices of private physicians or dentists,
18 whether in individual or group practice; in this sub-subparagraph,
19 "office of private physicians" means an office or clinic that is 75
20 percent owned by physicians licensed under AS 08.64, and provides
21 medical services to patients on an ongoing basis; and

22 (iii) tribal health entities funded or operated by the
23 federal government;

24 * Sec. 6. AS 18.07.111 is amended by adding new paragraphs to read:

25 (11) "ambulatory surgical facility" has the meaning given to
26 "ambulatory surgical center" in AS 47.32.900;

27 (12) "critical access hospital" means a facility that is a hospital
28 licensed in the state that satisfies the criteria set out in 42 U.S.C. 1395i-4(c)(2)(B)
29 and meets the conditions of participation set out in 42 C.F.R. 485.601 - 485.647;

30 (13) "independent diagnostic testing facility" means a distinct fixed
31 or mobile entity that

1 (A) operates for the primary purpose of conducting medical
2 diagnostic tests on patients;

3 (B) does not assume ongoing responsibility for patient care;
4 and

5 (C) provides its services for use by outside medical personnel;

6 (14) "intermediate care facility" means a nursing facility that is not a
7 skilled nursing facility;

8 (15) "kidney dialysis center" means a treatment center, including a
9 freestanding hemodialysis unit, that is devoted to the treatment of kidney disease;

10 (16) "nursing home" means a nursing facility, as defined in 42 U.S.C.
11 1396r(e);

12 (17) "psychiatric hospital" means a hospital or part of a hospital that
13 is primarily for the diagnosis and treatment of mental, emotional, or behavioral
14 disorders.

15 * Sec. 7. AS 18 is amended by adding a new chapter to read:

16 **Chapter 09. Statewide Health Care Information.**

17 **Article 1. Alaska Health Care Information Office.**

18 **Sec. 18.09.100. Office.** The Alaska health care information office is
19 established in the department. The purpose of the office is to improve access by
20 residents of the state to consistently updated

21 (1) information about health care facilities to aid consumers of health
22 care services of health care facilities in the state; and

23 (2) information to encourage personal responsibility in prevention
24 and healthy living.

25 **Sec. 18.09.110. Dissemination of information.** (a) The department shall
26 establish and maintain an information database on the Internet of information about
27 all health care facilities in the state to provide objective, unbiased, and factually
28 based information on health care facilities in the state. The department may require
29 those health care facilities to provide information in a standard form or format to the
30 department for placement in the database. Before information is placed in the
31 database, the commission shall review the information for accuracy.

1 (b) The database developed under (a) of this section must include the
2 following:

3 (1) a list of preferred drugs approved by the department for
4 reimbursement by the department;

5 (2) a complete list, organized by region and address, of

6 (A) health facilities located in the state;

7 (B) licensed pharmacists and pharmacies located in the state;

8 (C) emergency and urgent care facilities located in the state;

9 (D) health insurance companies offering coverage in the state;

10 (E) health care providers licensed in the state, including the
11 provider license number, type, and expiration date along with disciplinary
12 actions, if any;

13 (F) long-term, in-home, and hospice care providers located in
14 the state;

15 (G) public assistance offices of the department;

16 (3) a list, updated monthly, of not more than 1500 of the most
17 commonly prescribed medications in the state and the source and price of the
18 medications;

19 (4) a list, updated monthly, of not more than 250 of the most
20 commonly conducted medical procedures in the state, organized by the cash and
21 negotiated price of the procedure at available providers and insurers; the list must
22 include medical procedures covered by workers' compensation under AS 23.30;

23 (5) available hospital ratings, including the rates of hospital acquired
24 infections and mortality occurring at each hospital located in the state;

25 (6) consumer education information on topics that include body mass
26 index, diet and nutrition, exercise, smoking cessation, and alcohol and drug
27 addictions, that includes the location of available sites that provide care and
28 treatment related to those issues;

29 (7) a list of procedures approved by state agencies for emergency
30 response and treatment;

31 (8) disease management support information;

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- (9) insurance information that includes
 - (A) a navigator to determine insurance eligibility using a matrix of available insurers;
 - (B) links to Internet websites for purchasing insurance policies; and
 - (C) an explanation of mandatory and optional insurance coverage;
- (10) a list of primary care clinics that cater to uninsured and self-pay patients; and
- (11) information on the quality of health care facilities, including any actions taken by state or federal agencies related to
 - (A) licensure and accreditation of a health care facility; or
 - (B) a licensed professional practicing in a health care facility.

(c) The department shall develop and consistently update an Internet website to provide residents of the state timely and accurate information regarding prevention and healthy living.

Sec. 18.09.120. Mandatory reporting. (a) A health care facility shall provide to the department the following information related to the facility's health care services for placement in the database developed under AS 18.09.110:

- (1) information on costs to the consumer for health care services; in this paragraph, "costs to the consumer" means the actual price paid by the consumer for health care services;
- (2) types of insurance and payment accepted by the health care facility for health care services;
- (3) each location where the health care facility operates, and the hours of operation;
- (4) the types and scope of health care services offered at the health care facility;
- (5) the Internet address of any internet website of the health care facility the purpose of which is to provide factual information to aid the consumer;
- (6) any other readily accessible information that the department

1 deterines would help the consumer make informed decisions about the health care
2 facility's services.

3 (b) The department shall develop a standard form or format for reporting the
4 information required in (a) of this section. The department shall adopt regulations
5 specifying the timing and frequency of the reporting of the information required by
6 (a) of this section.

7 (c) The department shall notify the health care facility of a failure to report
8 under (a) of this section and give the health care facility an opportunity to contest or
9 cure the failure. If the health care facility does not promptly cure the failure, the
10 department shall post the notice of failure on the database developed under
11 AS 18.09.110.

12 **Sec. 18.09.130. Coordination of departments.** The Department of
13 Administration, the Department of Commerce, Community, and Economic
14 Development, the Department of Labor and Workforce Development, and the
15 Department of Law shall

16 (1) provide to the department information for placement in the
17 database developed under AS 18.09.110 regarding an adverse action taken against a
18 health care facility in the state or against a licensed professional practicing in a
19 health care facility in the state; and

20 (2) cooperate with the department in the performance of its duties
21 under AS 18.09.100 - 18.09.130.

22 **Article 2. General Provisions.**

23 **Sec. 18.09.900. Regulations.** The department may adopt regulations under
24 AS 44.62 (Administrative Procedure Act) to carry out the purposes of this chapter.

25 **Sec. 18.09.990. Definitions.** In this chapter,

26 (1) "department" means the Department of Health and Social
27 Services;

28 (2) "health care facility" means

29 (A) a facility licensed under AS 47.32;

30 (B) an independent diagnostic testing facility providing
31 services in the state;

1 (C) an agency providing a home and community based waiver
2 service that is certified under regulations adopted by the department;

3 (D) an agency providing personal care services that is
4 certified under regulations adopted by the department.

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

7 ALASKA HEALTH CARE COMMISSION ESTABLISHED. (a) The Alaska Health
8 Care Commission is established in the Department of Health and Social Services. The
9 purposes of the commission are

10 (1) to consider the entire spectrum of health care related issues in the state
11 and formulate targeted and specific policy recommendations to be presented to the
12 legislature and the executive branch; and

13 (2) to provide recommendations for and foster the development of a
14 statewide plan to address the quality, accessibility, and affordability of health care for all
15 citizens of the state.

16 (b) The commission consists of 16 members appointed as follows:

17 (1) the state officer assigned the duties of medical director for the
18 Department of the Health and Social Services, who shall serve as chair;

19 (2) a representative of the Alaska Mental Health Trust Authority, appointed
20 by the authority;

21 (3) a representative of the University of Alaska's health education and
22 training programs, appointed by the university;

23 (4) seven public members, including

24 (A) one member representing the Alaska Native Tribal Health
25 Consortium, appointed by the consortium;

26 (B) one member representing the Alaska Primary Care Association,
27 appointed by the association;

28 (C) one member representing the Alaska State Hospital and Nursing
29 Home Association, appointed by the association;

30 (D) one member representing the health insurance industry,
31 appointed by the governor;

1 (E) one member representing the Alaska Nurses Association,
2 appointed by the association;

3 (F) two health care consumers or advocates appointed by the
4 governor, one of whom must also be a small business owner in the state;

5 (5) six members of the legislature, appointed as follows: the president of the
6 senate and the speaker of the house of representatives shall each appoint two members of the
7 majority organizational caucus and one member of the minority organizational caucus from
8 their respective bodies; if there is no minority organizational caucus in a house, the presiding
9 officer of that house shall appoint three members from the majority organizational caucus of
10 that house.

11 (c) Terms of office are as follows: (1) members of the commission serve for
12 staggered terms of three years; (2) if a vacancy occurs in a member's seat on the
13 commission, the entity that made the original appointment shall appoint a replacement for
14 the unexpired portion of that member's term. The governor may remove a public member of
15 the commission from office only for cause.

16 (d) The commission shall employ an executive director, who may not be a member
17 of the commission. The executive director shall serve at the pleasure of the commission. The
18 commission shall establish the duties of the executive director. The executive director is in
19 the partially exempt service under AS 39.25 (State Personnel Act).

20 (e) The Department of Health and Social Services may assign employees of the
21 department to serve as staff to the commission. The commission shall prescribe the duties of
22 staff of the commission.

23 (f) The commission, on approval of a majority of its membership and consistent
24 with state law, shall adopt and amend bylaws governing proceedings and other activities,
25 including provisions concerning a quorum to transact business and other aspects of
26 procedure; frequency and location of meetings; and establishment, functions, and
27 membership of committees.

28 (g) The commission shall serve as the state health planning and coordinating body.
29 Consistent with state and federal law, the commission shall provide recommendations for
30 and foster the development of a statewide health plan containing the following:

31 (1) a comprehensive statewide health care policy;

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(2) a strategy for

(A) encouraging personal responsibility in prevention and healthy living for all residents of the state;

(B) reducing health care costs for all residents of the state to below the national average;

(C) ensuring access in communities to safe water and wastewater systems;

(D) developing a sustainable health care workforce in the state;

(E) ensuring access to quality health care being accessible for all residents of the state; and

(F) increasing the number of residents of the state who are covered by insurance for health care services.

(h) The commission shall review and make recommendations about health care information for placement on the Department of Health and Social Services' database developed under AS 18.09.110. The department shall post and make available information related to the commission, including the commission's annual reports.

(i) The commission shall present an annual report to the legislature and the governor by February 1 of each year. The report must summarize significant work, findings, and recommendations of the commission. The first report of the commission must include a five-year strategic plan with prioritized, targeted, and defined objectives as well as an evaluation of the strengths, weaknesses, and relative performance of health care services and conditions in Alaska. Subsequent reports must include revisions, if any, to the strategic plan, along with a report on the progress of the commission in meeting the objectives of the plan.

(j) A public member appointed to the commission under (b)(4) of this section is not entitled to a salary, but is entitled to per diem, reimbursement for travel, and other expenses authorized by law for boards and commissions under AS 39.20.180.

(k) The Department of Administration, the Department of Commerce, Community, and Economic Development, the Department of Labor and Workforce Development, and the Department of Law shall cooperate with the commission in the performance of its duties.

(l) The Alaska Health Care Commission shall terminate on June 30, 2014.

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

1 read:

2 TRANSITION: PENDING APPLICATIONS, ADMINISTRATIVE APPEALS,
3 AND COURT ACTIONS FOR THE CERTIFICATE OF NEED PROGRAM. The
4 commissioner of health and social services through the Department of Law shall
5 immediately take steps to seek dismissal of pending administrative appeals and court actions
6 concerning the issuance of certificates of need, as appropriate, under AS 18.07, as amended
7 by secs. 4 - 6 of this Act, or implementation of AS 18.07.

8 * **Sec. 10.** The uncodified law of the State of Alaska is amended by adding a new section
9 to read:

10 TRANSITION: REGULATIONS. The Department of Health and Social Services
11 may proceed to adopt regulations necessary to implement the changes made by this Act. The
12 regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the
13 effective date of the statutory changes.

14 * **Sec. 11.** Section 10 of this Act takes effect immediately under AS 01.10.070(c).

15 * **Sec. 12.** Except as provided in sec. 11 of this Act, this Act takes effect July 1, 2008.

CS FOR HOUSE BILL NO. 337(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:

Referred:

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

A BILL

FOR AN ACT ENTITLED

1 **"An Act establishing the Alaska Health Care Commission and the Alaska health care**
2 **information office; relating to health care planning and information; relating to the**
3 **certificate of need program for certain health care facilities; relating to physician**
4 **referrals to physician-owned health care facilities; and providing for an effective date."**

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

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

8 **LEGISLATIVE FINDINGS AND INTENT.** (a) The Alaska Legislature finds that

9 (1) the Constitution of the State of Alaska requires the legislature to promote
10 and protect the public health;

11 (2) health policy issues present some of the greatest challenges faced by the
12 state;

13 (3) the health status of Alaskans is directly tied to the long-term success of
14 the state's economy and well being; and

1 (4) the increasing cost of health care is threatening employer-sponsored
2 health care and making companies less competitive in the global economy.

3 (b) The legislature intends to mandate under this Act an evaluation of the state's
4 health care needs, propose reforms, and improve health care in Alaska by establishing the
5 Alaska Health Care Commission to include public and private stakeholders for the purpose
6 of developing a comprehensive policy that better meets the current and long-range health
7 care needs in the state.

8 * Sec. 2. AS 08.64 is amended by adding a new section to article 3 to read:

9 Sec. 08.64.364. **Physician referrals.** (a) A physician may not refer or
10 encourage a patient who is being evaluated or treated by the physician to have
11 services performed at a health care facility that is owned by the physician. A
12 physician may, however, provide the name of a facility that is owned by the
13 physician to a patient on a list with other health care facilities operating in the
14 community.

15 (b) Notwithstanding other penalties provided by law, the department may
16 seek an administrative fine not to exceed \$5,000 for each incident in which a
17 physician refers or encourages a patient in violation of (a) of this section.

18 * Sec. 3. AS 18.05.010(b) is amended to read:

19 (b) In performing its duties under this chapter, AS 18.09, and AS 18.15.355 -
20 18.15.395, the department may

21 (1) flexibly use the broad range of powers set out in this title assigned
22 to the department to protect and promote the public health;

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24 public that promote healthy behaviors or lifestyles or educate individuals about
25 health issues;

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27 develop and finance programs or initiatives that identify and ameliorate health
28 problems;

29 (4) establish, finance, provide, or endorse performance management
30 standards for the public health system;

31 (5) develop, adopt, and implement a statewide health plan, public

1 health plans, and formal policies through regulations adopted under AS 44.62 or
2 collaborative recommendations that guide or support individual and community
3 public health efforts;

4 (6) establish formal or informal relationships with public or private
5 sector partners within the public health system;

6 (7) identify, assess, prevent, and ameliorate conditions of public
7 health importance through surveillance; epidemiological tracking, program
8 evaluation, and monitoring; testing and screening programs; treatment;
9 administrative inspections; or other techniques;

10 (8) promote the availability and accessibility of quality health care
11 services through health care facilities or providers;

12 (9) promote availability of and access to preventive and primary
13 health care when not otherwise available through the private sector, including acute
14 and episodic care, prenatal and postpartum care, child health, family planning, school
15 health, chronic disease prevention, child and adult immunization, testing and
16 screening services, dental health, nutrition, and health education and promotion
17 services;

18 (10) systematically and regularly review the public health system and
19 recommend modifications in its structure or other features to improve public health
20 outcomes; and

21 (11) collaborate with public and private sector partners, including
22 municipalities, Alaska Native organizations, health care providers, and health
23 insurers, within the public health system to achieve the mission of public health.

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5 psychiatric hospital, independent diagnostic testing facility,
6 tuberculosis hospital, kidney dialysis center (including freestanding
7 hemodialysis units), intermediate care facility, or ambulatory surgical
8 facility if the hospital, facility, or center is located in a municipality or
9 borough in which a hospital is designated by the department as a
10 critical access hospital or that has a population of 110,000 or less;

11 (ii) a nursing home;

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13 (B) does not include

14 (i) the Alaska Pioneers' Home and the Alaska
15 Veterans' Home administered by the Department of Health and Social
16 Services under AS 47.55;

17 (ii) the offices of private physicians or dentists,
18 whether in individual or group practice; in this sub-subparagraph,
19 "office of private physicians" means an office or clinic that is 75
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21 medical services to patients on an ongoing basis; and

22 (iii) tribal health entities funded or operated by the
23 federal government;

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25 (11) "ambulatory surgical facility" has the meaning given to
26 "ambulatory surgical center" in AS 47.32.900;

27 (12) "critical access hospital" means a facility that is a hospital
28 licensed in the state that satisfies the criteria set out in 42 U.S.C. 1395i-4(c)(2)(B)
29 and meets the conditions of participation set out in 42 C.F.R. 485.601 - 485.647;

30 (13) "independent diagnostic testing facility" means a distinct fixed
31 or mobile entity that

1 (A) operates for the primary purpose of conducting medical
2 diagnostic tests on patients;

3 (B) does not assume ongoing responsibility for patient care;
4 and

5 (C) provides its services for use by outside medical personnel;

6 (14) "intermediate care facility" means a nursing facility that is not a
7 skilled nursing facility;

8 (15) "kidney dialysis center" means a treatment center, including a
9 freestanding hemodialysis unit, that is devoted to the treatment of kidney disease;

10 (16) "nursing home" means a nursing facility, as defined in 42 U.S.C.
11 1396r(a);

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13 is primarily for the diagnosis and treatment of mental, emotional, or behavioral
14 disorders."

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20 residents of the state to consistently updated

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22 care services of health care facilities in the state; and

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24 and healthy living.

25 **Sec. 18.09.110. Dissemination of information.** (a) The department shall
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27 all health care facilities in the state to provide objective, unbiased, and factually
28 based information on health care facilities in the state. The department may require
29 those health care facilities to provide information in a standard form or format to the
30 department for placement in the database. Before information is placed in the
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(b) The database developed under (a) of this section must include the following:

(1) a list of preferred drugs approved by the department for reimbursement by the department;

(2) a complete list, organized by region and address, of

(A) health facilities located in the state;

(B) licensed pharmacists and pharmacies located in the state;

(C) emergency and urgent care facilities located in the state;

(D) health insurance companies offering coverage in the state;

(E) health care providers licensed in the state, including the provider license number, type, and expiration date along with disciplinary actions, if any;

(F) long-term, in-home, and hospice care providers located in the state;

(G) public assistance offices of the department;

(3) a list, updated monthly, of not more than ¹⁵⁰⁰~~25~~ of the most commonly prescribed medications in the state and the source and price of the medications;

(4) a list, updated monthly, of not more than ²⁵⁰~~25~~ of the most commonly conducted medical procedures in the state, organized by the cash and negotiated price of the procedure at available providers and insurers; ~~updated annually~~; the list must include medical procedures covered by workers' compensation under AS 23.30;

(5) available hospital ratings, including the rates of hospital acquired infections and mortality occurring at each hospital located in the state;

(6) consumer education information on topics that include body mass index, diet and nutrition, exercise, smoking cessation, and alcohol and drug addictions, that includes the location of available sites that provide care and treatment related to those issues;

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- 1 (8) disease management support information;
- 2 (9) insurance information that includes
- 3 (A) a navigator to determine insurance eligibility using a
- 4 matrix of available insurers;
- 5 (B) links to Internet websites for purchasing insurance
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- 7 (C) an explanation of mandatory and optional insurance
- 8 coverage;
- 9 (10) a list of primary care clinics that cater to uninsured and self-pay
- 10 patients; and
- 11 (11) information on the quality of health care facilities, including any
- 12 actions taken by state or federal agencies related to
- 13 (A) licensure and accreditation of a health care facility; or
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- 22 this paragraph, "costs to the consumer" means the actual price paid by the consumer
- 23 for health care services;
- 24 (2) types of insurance and payment accepted by the health care
- 25 facility for health care services;
- 26 (3) each location where the health care facility operates, and the
- 27 hours of operation;
- 28 (4) the types and scope of health care services offered at the health
- 29 care facility;
- 30 (5) the Internet address of any Internet website of the health care
- 31 facility the purpose of which is to provide factual information to aid the consumer;

1 (6) any other readily accessible information that the department
2 determines would help the consumer make informed decisions about the health care
3 facility's services.

4 (b) The department shall develop a standard form or format for reporting the
5 information required in (a) of this section. The department shall adopt regulations
6 specifying the timing and frequency of the reporting of the information required by
7 (a) of this section.

8 (c) The department shall notify the health care facility of a failure to report
9 under (a) of this section and give the health care facility an opportunity to contest or
10 cure the failure. If the health care facility does not promptly cure the failure, the
11 department shall post the notice of failure on the database developed under
12 AS 18.09.110.

13 **Sec. 18.09.130. Coordination of departments.** The Department of
14 Administration, the Department of Commerce, Community, and Economic
15 Development, the Department of Labor and Workforce Development, and the
16 Department of Law shall

17 (1) provide to the department information for placement in the
18 database developed under AS 18.09.110 regarding an adverse action taken against a
19 health care facility in the state or against a licensed professional practicing in a
20 health care facility in the state; and

21 (2) cooperate with the department in the performance of its duties
22 under AS 18.09.100 - 18.09.130.

23 **Article 2. General Provisions.**

24 **Sec. 18.09.900. Regulations.** The department may adopt regulations under
25 AS 44.62 (Administrative Procedure Act) to carry out the purposes of this chapter.

26 **Sec. 18.09.990. Definitions.** In this chapter,

27 (1) "department" means the Department of Health and Social
28 Services;

29 (2) "health care facility" means

30 (A) a facility licensed under AS 47.32;

31 (B) an independent diagnostic testing facility providing

1 services in the state;

2 (C) an agency providing a home and community based waiver
3 service that is certified under regulations adopted by the department;

4 (D) an agency providing personal care services that is
5 certified under regulations adopted by the department.

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

8 ALASKA HEALTH CARE COMMISSION ESTABLISHED. (a) The Alaska Health
9 Care Commission is established in the Department of Health and Social Services. The
10 purposes of the commission are

11 (1) to consider the entire spectrum of health care related issues in the state
12 and formulate targeted and specific policy recommendations to be presented to the
13 legislature and the executive branch; and

14 (2) to provide recommendations for and foster the development of a
15 statewide plan to address the quality, accessibility, and affordability of health care for all
16 citizens of the state.

17 (b) The commission consists of 16 members appointed as follows:

18 (1) the state officer assigned the duties of medical director for the
19 Department of the Health and Social Services, who shall serve as chair;

20 (2) a representative of the Alaska Mental Health Trust Authority, appointed
21 by the authority;

22 (3) a representative of the University of Alaska's health education and
23 training programs, appointed by the university;

24 (4) seven public members, including

25 (A) one member representing the Alaska Native Tribal Health
26 Consortium, appointed by the consortium;

27 (B) one member representing the Alaska Primary Care Association,
28 appointed by the association;

29 (C) one member representing the Alaska State Hospital and Nursing
30 Home Association, appointed by the association;

31 (D) one member representing the health insurance industry,

1 appointed by the governor;

2 (E) one member representing the Alaska Nurses Association,
3 appointed by the association;

4 (F) two health care consumers or advocates appointed by the
5 governor, one of whom must also be a small business owner in the state;

6 (5) six members of the legislature, appointed as follows: the president of the
7 senate and the speaker of the house of representatives shall each appoint two members of the
8 majority organizational caucus and one member of the minority organizational caucus from
9 their respective bodies; if there is no minority organizational caucus in a house, the presiding
10 officer of that house shall appoint three members from the majority organizational caucus of
11 that house.

12 (c) Terms of office are as follows: (1) ~~public~~ members of the commission serve for
13 staggered terms of three years; (2) if a vacancy occurs in a member's seat on the
14 commission, the entity that made the original appointment shall appoint a replacement for
15 the unexpired portion of that member's term. The governor may remove a public member of
16 the commission from office only for cause.

17 (d) The commission shall employ an executive director, who may not be a member
18 of the commission. The executive director shall serve at the pleasure of the commission. The
19 commission shall establish the duties of the executive director. The executive director is in
20 the partially exempt service under AS 39.25 (State Personnel Act).

21 (e) The Department of Health and Social Services may assign employees of the
22 department to serve as staff to the commission. The commission shall prescribe the duties of
23 staff of the commission.

24 (f) The commission, on approval of a majority of its membership and consistent
25 with state law, shall adopt and amend bylaws governing proceedings and other activities,
26 including provisions concerning a quorum to transact business and other aspects of
27 procedure; frequency and location of meetings; and establishment, functions, and
28 membership of committees.

29 (g) The commission shall serve as the state health planning and coordinating body.
30 Consistent with state and federal law, the commission shall provide recommendations for
31 and foster the development of a statewide health plan containing the following: