

ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SHES 125

pharmacological education. Dr. Lentfer asked why optometrists' educational qualifications are in question, when those for dentists and medical doctors are not.

Number 1587

CHAIR WILSON responded that the [educational qualification] is in question because optometrist have not had the other specialized training. Professionals who have not had that training [such as PAs and nurse practitioners have had to] work under other profession.'s.

DR. LENTFER told the members that she took human anatomy, neuroanatomy, physiology, pathology, ocular biology, and ocular physiology at the same time. She explained that, depending on which medical school a medical student goes to, in the third or fourth year there is a series of rotations. During this time the medical student is trying to decide what kind of doctor he/she chooses to be. For those [students] that know they want to be an eye doctor, in the third year of medical school they begin to see patients. **She explained that at the school she attended, the first-year ophthalmology residents were under [fourth-year optometry students] in emergency care.** Dr. Lentfer emphasized that optometry students not only learn about the whole body, but also specialize in eye care, while other medical students are learning about the whole body and not specializing. The fourth year of medical school consists entirely of clinical hours. There are as many as 2,000 patient hours before finishing the fourth year of medical school, which is very good for any health care profession.

EDITOR'S PAGE

Encore! Encore!

Rich Kirkner
Editor-in-Chief



About 30 years ago, a handful of optometric visionaries hammered out an agenda for the profession. At the top of that agenda: gain diagnostic agents, then therapeutics.

Today, you can say mission accomplished. Because of that, our special report, "The State of Optometry," finds that state is solid.

It begs the question: What's next now that the DPA-TPA curtain has dropped?

The vanguards of optometry will have to sort that out, but here's a wish list they can work with:

- **Eye exams for infants.** Operation Bright Sight is onto something here (see "Pilot Program Takes Eye Care to the Cradle.") Cradle-to-grave eye care has to start somewhere. The cradle seems like a logical place.
- **Eye exams for school children.** Kentucky has the right idea passing a law that mandates these. Besides, hasn't anyone yet figured out that our children who see well can learn well?
- **Eye exams for licensed drivers.** The eyes can change a lot between license renewals. Imagine how much they change between the 16th and 65th birthdays. The DMV can't.
- **Promote medical comanagement.** Surgical fees are in a free-fall, so organized ophthalmology is squabbling over your role in managing these patients. To them, it's about money, not sound medical practice. Every patient deserves to have his or her family doctor quarterback care, whether it's brain surgery, foot surgery or eye surgery.
- **Continue to expand the scope of practice.** Optometry now has an excellent track record in disease management. Time to move to the next

level universal privileges for glaucoma meds, orals and injectibles. Then go for laser privileges for all O.D.s. Today Oklahoma, tomorrow America!



- **Raise awareness of computer-related eye problems.** Most people who use a computer have some kind of eye-related symptom—and that's a lot of people, about 75 million on the job and almost as many at home. A good pair of glasses and some expert consultation can fix just about all those aches and pains.

Indeed, this is a public health agenda. Some items are legislative efforts—something the profession can proudly say it is quite skilled at. All would require big-time public awareness campaigns.

The group of visionaries who laid out optometry's DPA and TPA movements 30 years ago scored a rousing success. Now, that the profession finds itself in a pretty good state, it's time for an encore.

Rich Kirkner

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November 15, 2000

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April 27, 2000

Governor Tony Knowles
State of Alaska
Juneau AK 99811

In response to your request for an opinion, the State Medical Board, at its April 27, 2000, meeting unanimously voted to oppose the enactment of Senate Bill 78.

Although this legislation may have been passed by the House and Senate in an effort to improve patient access to care, the board believes that the potential for harm to Alaskans from optometrists prescribing and administering non-topical medications greatly exceeds the benefits. Optometrists do not have the clinical experience to safely administer eye injections, intravenous and intramuscular injections, and oral medications, including some narcotics. Reading about the effect and side effects of medications or attending seminars, does not prepare an optometrist for complications related to patients' other medical problems and chronic medications. The board's charge is to protect Alaskan patients; we believe that this legislation would endanger patients.

Sarah A. Isto, MD, Chair
Alaska State Medical Board



Tony Knowles, Governor

Department of Community and Economic Development

Division of Occupational Licensing

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ALASKA STATE MEDICAL BOARD Telephone: 907/269-8163 ♦ Fax: 907/269-8196

March 18, 2002

Barbara Gabier, Program Coordinator
Division of Occupational Licensing

MAIL BALLOT ON CSHB 215

Ms. Gabier, following is a compilation of the results of a mail ballot survey distributed to the medical board soliciting their opinions on CSHB 215. All eight board members have now responded to the mail ballot.

Table with 2 columns: QUESTION and VOTE. Contains 6 rows of survey questions and their corresponding vote counts.

ISSUE FOR CONSIDERATION: CSHB 215 Optometrists Prescribing Authority

Following this page is the complete text of CSHB 215 that makes changes to optometrists prescribing authority. You are being asked to provide your recommendations on this bill. Please vote and return your ballot to me as soon as possible. Please fax your completed ballots to me at 907/269-8196. Thank you for your continuing efforts in this matter.



CENTRAL COUNCIL
tlingit and haida indian TRIBES of alaska
ANDREW P. HOPE BUILDING
320 West Willoughby Avenue • Suite 300
Juneau, Alaska 99801-9983

April 26, 2007

Senator Bettye Davis
Chairman, Senate Labor
& Commerce Committee
Alaska State Senate
State Capital, Room 30
Juneau AK 99801-1182

Re: GA Resolution 07-16 "Opposition to CS HB 113, An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists"

Dear Senator Davis,

The Central Council of the Tlingit & Haida Indians of Alaska, a federally recognized tribal government, met in Wrangell Alaska last week. Please find attached a resolution adopted by the community delegates who reside in communities throughout Southeastern Alaska and Anchorage.

We would appreciate you sharing this resolution with committee members and if you would include it in the record of your committee.

Thank you.

Sincerely,

William E. Martin
President

Enclosure



CENTRAL COUNCIL
tlingit and haida INDIAN TRIBES OF ALASKA
ANDREW P. HOPE BUILDING
320 West Willoughby Avenue • Suite 300
Juneau, Alaska 99801-9983

CENTRAL COUNCIL OF TLINGIT AND HAIDA INDIAN TRIBES OF ALASKA
Seventy-Second Annual General Assembly
April 18-21, 2007

Resolution GA/ 07-16

Title: An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including
Controlled Substances, by Optometrists

By: Tlingit and Haida's of the City & Borough of Juneau

WHEREAS, Central Council of Tlingit and Haida Indian Tribes of Alaska (Central Council) is a federally recognized tribe of more than 26,000 tribal citizens; and

WHEREAS, the Alaska State Legislature has been considering proposed changes to law that would enable optometrists to use oral and injectable drugs; and

WHEREAS, there exists a difference in the education and training between optometrists and ophthalmologists, with the more comprehensive training of ophthalmologists who are considered medical doctors. Optometrists complete four years education at optometry school without any requirement in Alaska for residency training, ophthalmologists, must complete four year of medical school, a hospital residency, and an additional three to four year residency training program that specializes in medical and surgical treatment of the eye; and

WHEREAS, over the last six years optometrists and ophthalmologists have been engaged in a professional dispute in the legislature with the optometrists promoting the expansion of their scope of practice and the ophthalmologists supporting and protecting public health by advocating comprehensive eye and total health care of Alaskans; and

WHEREAS, very little citizen input to protect the safety and health of Alaskan citizens has been presented to law makers; and

WHEREAS, eye care is related to total body health and the risk of the loss of eyesight is major if eye care is not undertaken by qualified medical doctors. The loss of eyesight cannot be replaced and the diminishment of eyesight can be only prevented with the assistance of medical doctors addressing comprehensive health of patients; and

WHEREAS, legislative authorization of eye care by unqualified persons with the expanded authority to undertake the prescription of drugs and other procedures is not in the best interest of Alaskan citizens.

NOW THEREFORE BE IT RESOLVED, that the Seventy-Second General Assembly of Central Council of Tlingit and Haida Indian Tribes of Alaska convened in Wrangell, Alaska on April 18-21, 2007, hereby opposes CS for HB 113, An Act Relating to the Prescription and Use of Pharmaceutical Agents, Including Controlled Substances, by Optometrists; and

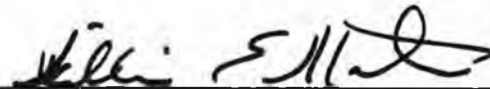
BE IT FURTHER RESOLVED, it is believed that CSHB 113 provides authorization of oral medications (antivirals, antifungals, antihistamines, antimetabolites, steroids, antibiotics, and oral anti-glaucoma drugs) - that will result in increased potential patient risks. In addition to the oral systemic drugs authorized in CSHB 113, this legislation also would allow Alaska optometrists to inject Botox into the eyelids and surrounding tissues, inject steroids into chalazions, inject anesthetics into the lid, and prescribe a broad array of narcotics and analgesics. Such a wide expanded prescription and injection authority is not in the best interest of patient care for Alaskans; and

BE IT FURTHER RESOLVED, that it is believed that Alaskans should receive specialized medical care from the most qualified medical doctors available on the most comprehensive basis possible for the human body, including eyes; and

BE IT FINALLY RESOLVED, that the Alaska State Legislature emphasize patient safety for all Alaskan citizens in the provision of all health care and that the Legislature, on behalf of its citizens, protect citizen and consumer interests over economic competition between professional service groups, including optometrists and ophthalmologists.

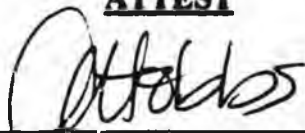
ADOPTED this 21st day of April 2007, by the Seventy-Second General Assembly of Central Council of Tlingit and Haida Indian Tribes of Alaska.

CERTIFY



President William E. Martin

ATTEST



Tribal Secretary Dana Leask Ruaro

HB

136

ALASKA STATE LEGISLATURE

Vice Chair:
House Finance Committee

Chair:
House Finance Subcommittees for,
Department of Public Safety
Department of Law



Session:
Alaska State Capitol
Juneau, AK 99801-1182
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Chugak, AK 99567

BILL STOLTZE

State Representative

Representative_Bill_Stoltze@legis.state.ak.us

CS House Bill 136 (FIN) (title am)

Dental Hygienists

"An Act relating to the supervision of dental hygienists by dentists, establishing a restorative function license endorsement for dental hygienists and allowing collaborative agreements between licensed dentists and dental hygienists."

Good oral health is essential to improving overall health and well being. However, many factors exacerbate the oral health disparity across Alaska's population, including the current structure of the oral healthcare delivery system, geographic and educational barriers, and the cost of care.

Dental Hygienists are licensed oral care health professionals who focus on preventing and treating oral diseases. They have graduated from nationally accredited dental hygiene education programs in colleges and universities, and have successfully passed a national written and state clinical examination. Given their comprehensive education and clinical preparation, dental hygienists are well prepared to deliver preventative oral health care services to the public, safely and effectively.

The provisions of House Bill 136 follow the expanded functions of dental hygienists in other states to improve access to preventative oral health care. Specifically, HB 136:

1. Allows a licensed dental hygienist to place "fillings" into a cavity prepared by a licensed dentist.
2. Authorizes a licensed dental hygienist to administer local anesthetic agents under the general supervision of a licensed dentist.
3. Permits a licensed dental hygienist to enter into a collaborative agreement with a licensed dentist in which the dentist authorizes the dental hygienist to perform certain duties stipulated under HB 136 without the supervision of the dentist.

I ask for your consideration and support of HB 136 to help improve access to oral health care in Alaska.

DISTRICT 16

BIRCHWOOD • BUTTE • CHUGIAK • EKLUTNA • FAIRVIEW LOOP
KNIK RIVER ROAD • LAZY MOUNTAIN • PALMER • PETERS CREEK

ALASKA STATE LEGISLATURE

Vice Chair:
House Finance Committee

Chair:
House Finance Subcommittees for;
Department of Public Safety
Department of Law



Session:
Alaska State Capitol, Rm 501
Juneau, AK 99801-1182
Phone: (907) 465-4958
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BILL STOLTZE
STATE REPRESENTATIVE
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CS House Bill 136 (FIN) (title am) Sectional Analysis

Section 1 authorizes the Board of Dental Examiners to issue a restorative function endorsement to a licensed dental hygienist if the hygienist has successfully completed an accredited program and has passed the required restorative function examination(s).

A restorative function endorsement will allow a licensed dental hygienist to place restorations, i.e. fillings, into a cavity prepared by a licensed dentist and thereafter carve, contour and adjust contacts and occlusion of the restoration under the direct supervision of a licensed dentist.

Section 2 authorizes a licensed dental hygienist to administer local anesthetic agents under the general supervision of a licensed dentist.

Local anesthesia renders a small part of the body, such as a tooth, insensitive to pain without affecting consciousness. Licensed dental hygienists in the state who are certified by the Board have been administering local anesthesia under "direct" or "indirect" supervision of a licensed dentist since 1981. Adding "general" supervision would allow a licensed, Board-certified dental hygienist to administer local anesthetic agents without the requirement for a licensed dentist being present in the dental facility.

Section 3 includes under dental hygienists' scope of practice the ability to place restorations (section 1) and perform the activities authorized under a collaborative agreement with a licensed dentist (section 4).

Section 4 authorizes the Board to approve a collaborative agreement between a licensed dentist and a licensed dental hygienist and specifies the services and procedures allowed under a collaborative agreement.

Working under a collaborative agreement with a licensed dentist, a dental hygienist would be able to initiate treatment within their scope of practice based on his or her assessment of a patient's needs without the specific authorization of a dentist.

Section 5 applies supervision requirements to a dental hygienist operating in conjunction with a licensed dentist under a collaborative agreement.

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Explanation of Changes HB 136 to CSHB 136 (FIN) (title am)

Section 1:

Restorative Function license endorsement.

Page 1, Line 14

Clarifies language requiring a dental hygienist to have been a licensee in another state or United States territory as an option to receive a restorative function license endorsement.

Section 4:

Collaborative agreements.

Page 3, Line 2

Clarifies that the dentist a hygienist enters into a collaborative agreement with is a dentist with an Alaska license granted under AS 08.36.

Page 3, Line 13

Changes the terminology from chemotherapeutic agents to local periodontal therapeutic agents.

Page 3 Line 26

Inserts a new section, (d), that stipulates a dentist may not enter into more than five dental hygienist at a time.

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FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: CSHB 136(FIN)
 (H) Publish Date: 3/28/07

Revision Date/Time (Note if correction): 3/24/2007 Dept. Affected: Commerce
 Title Dental Hygienists RDU Occupational Licensing (117)
 Component Occupational Licensing
 Sponsor Stoltz
 Requester House Finance Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	*	*	*	*	*	*

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()	*	*	*	*	*	*
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
1156-Receipt Supported Services	*	*	*	*	*	*
TOTAL	*	*	*	*	*	*

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)
 This legislation amends AS 08.32 relating to Dental Hygienists to provide for a restorative function license endorsement, to amend supervision requirements, and to provide for collaborative agreements for certain dental hygienists to provide certain services.

Typically license endorsement fees are \$50 and do not included the costs of additional accredited programs requested or approved by the Alaska State Dental Board. There are over 500 licensed Dental Hygienist in the State. At this time the Division of Corporations, Business, and Professional Licensing does not know how many licensees will request a restorative function endorsement and therefore, is unable to estimate costs and revenue.

All Occupational Licensing programs are required to cover costs with licensing fees under AS 08.01.065. Licensees requesting the endorsement will cover the additional fees.

Prepared by: Chris Wyatt, Administrative Manager Phone (907) 465-2572
 Division Corporations, Business, and Professional Licensing Date/Time 3/24/07 2:57 PM
 Approved by: Emil Notti, Commissioner Date 3/24/2007
 Agency Commerce, Community, and Economic Development

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: HB 136
 (H) Publish Date: 3/7/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Commerce
 Title: Dental Hygienists RDU: Occupational Licensing (117)
 Component: Occupational Licensing
 Sponsor: Stoltze
 Requester: House HES Component No.: 2360

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
1156 Receipt Supported Services
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

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All Occupational Licensing programs are required to cover costs with licensing fees under AS 08.01.065. Licensees requesting the endorsement will cover the additional fees.

Prepared by: Chris Wyatt, Administrative Manager
 Division: Corporations, Business, and Professional Licensing
 Approved by: Emil Netti, Commissioner
 Agency: Commerce, Community, and Economic Development

Phone: (907) 465-2572
 Date/Time: 3/5/07 2:00 PM
 Date: 3/5/2007

House Bill 136 – “An act relating to dental hygienists”

• Problem

- Preventable oral diseases can cause life threatening emergencies.
- Many Alaskans cannot afford oral healthcare.
- There are geographic and educational barriers preventing access to oral health care.
- The structure of Alaska's current oral healthcare delivery system contains barriers that prevent access to oral health care.

Dental Hygienists Can Help

Dental hygienists are well-prepared to deliver preventative oral health care services to the public safely and effectively.

- Dental hygienists focus on preventing and treating oral diseases.
- Dental hygienists graduate from nationally accredited dental hygiene education programs in universities, and must pass a national written and state clinical examination in order to practice. Dental hygienists are state-licensed oral healthcare professionals.
- Dental hygienists are key to cost-effective early intervention and education.

Provisions under HB 136

1. Anesthesia under *general* supervision

Allows a licensed dental hygienist to perform local anesthesia under general supervision. A licensed dentist would still be required to diagnose the condition to be treated prior to the hygienist performing treatment.

2. Expanded restorative function

Allows a licensed dental hygienist to place “fillings” into a cavity prepared by a licensed dentist.

3. Collaborative agreement

Allows a licensed dental hygienist to enter into a written agreement with a licensed dentist who would authorize the services to be performed by the dental hygienist without the supervision of the dentist.

Number of Dentists and Dental Hygienists by Region

Region	Population	No. of Dentists	No. of Hygienists	No. of Hyg/Den	No. of Hyg/10,000
New England			13,118	1.4	9.4
Middle Atlantic			25,976	0.9	6.6
East North Central			31,851	1.3	7.1
West North Central			9,481	1	4.9
South Atlantic			27,484	1.1	5.3
East South Central			7,998	1.1	4.7
West South Central			12,287	0.9	3.9
Mountain			10,422	1.2	5.7
Pacific			31,149	1.1	6.9
U.S. Total			169,149	1.1	6.0
Alaska	663,661	497	496	1.0	7.47
Anchorage Mat-Su Region	352,282	226	270	1.2	7.66
Anchorage Municipality	278,241	197	216	1.1	7.76
Matanuska-Susitna Borough	74,041	29	54	1.9	7.29
Gulf Coast Region	74,904	37	42	1.1	5.61
Kenai Peninsula Borough	51,224	27	29	1.1	5.66
Kodiak Island Borough	13,638	7	9	1.3	6.60
Valdez-Cordova Census Area	10,042	3	4	1.3	3.98
Interior Region	102,005	50	45	0.9	4.41
Denali Borough	1,823	0	0	-	-
Fairbanks North Star Borough	87,650	47	45	1.0	5.13
Southeast Fairbanks Census Area	8,471	3	0	-	-
Yukon Koyukuk Census Area	6,061	0	0	-	-
Northern Region	23,669	8	2	0.3	0.84
Nome Census Area	9,452	5	1	0.2	1.06
North Slope Borough	6,894	2	1	0.5	1.45
Northwest Arctic Borough	7,323	1	0	-	-
Southeast Region	70,822	41	48	1.2	6.78
Haines Borough	2,207	1	2	2.0	9.06
Juneau City and Borough	31,193	22	26	1.2	8.34
Ketchikan Gateway Borough	13,125	7	9	1.3	6.86
Prince of Wales-Outer Ketchikan C.A.	5,497	1	2	2.0	3.64
Sitka City and Borough	8,947	6	5	0.8	5.59
Skagway-Hoonah-Angoon C.A.	3,062	0	0	-	-
Wrangell-Petersburg Census Area	6,172	4	4	1.0	6.48
Yakutat City and Borough	619	0	0	-	-
Southwest Region	39,979	13	5	0.4	1.25
Aleutians East Borough	2,659	0	0	-	-
Aleutians West Census Area	5,249	2	1	0.5	1.91
Bethel Census Area	17,085	9	2	0.2	1.17
Bristol Bay Borough	1,073	0	0	-	-
Dillingham Census Area	4,792	2	2	1.0	4.17
Lake and Peninsula Borough	1,620	0	0	-	-
Wade Hampton Census Area	7,501	0	0	-	-
Out-of State		122	84		

Source: National data calculated using ICR, 2000 and U.S. Census Bureau

Source: State population data from ADOL&WD, 2005

Source: Dentist/Hygienist data from AK Div of Occupational Licensing, Jan 2007

HB 136 – “An act relating to Dental Hygienists”

Fact Sheet: Local Anesthesia

<p>What is Local Anesthesia?</p>	<ul style="list-style-type: none"> • Local Anesthesia renders a small part of the body, such as a tooth, insensitive to pain without affecting consciousness. It reduces stress and allows a client to be comfortable while being treated by a dental hygienist for moderate to advanced gum disease.
<p>Statute Change</p>	<ul style="list-style-type: none"> • AS 08.32.110(a) is amended to read: ... (6) if certified by the board and under the direct, [OR] indirect, <u>or general</u> supervision of a licensed dentist, administer local anesthetic agents.
<p>Definitions</p>	<ul style="list-style-type: none"> • “Direct supervision” means the dentist is in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental hygienist. • “Indirect supervision” means a licensed dentist is in the dental facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental hygienist. • “General supervision” means the dentist has authorized the procedures and they are being carried out in accordance with the dentist’s diagnosis and treatment plan.
<p>Dental Hygienists and Local Anesthesia</p>	<ul style="list-style-type: none"> • Dentist discretion – The administration of local anesthesia under general supervision would remain at the discretion of the supervising dentist. • Education – The dental hygiene curriculum is established and competency requirements are enforced by the American Dental Association. <ul style="list-style-type: none"> ▪ Numerous hours of didactic and clinical experience, as well as written and clinical testing are required before a dental hygienist is licensed to administer local anesthetic agents. ▪ In Alaska, a separate written and clinical exam administered by WREB, a national dental and dental hygiene testing agency, is required prior to obtaining a license for administering local anesthesia. ▪ The dental hygiene curriculum encompasses all aspects of local anesthesia and the materials and books used in the courses are the same ones used by dental students nationwide. ▪ As a requirement of license renewal, hygienists must complete at least 14 hours of continuing education that directly relates to patient care. • 25 years of experience – Dental hygienists in Alaska have been delivering local anesthesia successfully under direct and indirect supervision since July 20, 1981. • Record of safety – Local anesthetics are the safest, most effective drugs available in medicine for the prevention and management of pain. <ul style="list-style-type: none"> ▪ There has <u>never</u> been a disciplinary action taken against an Alaskan dental hygienist’s license due to the administration of local anesthesia under the current statutes. ▪ There have been no reported fatalities involving a dental hygienist administering local anesthesia in the United States. • Other states – The states of <i>Idaho</i> and <i>Oregon</i> allow local anesthesia under general supervision. There have been no disciplinary cases against a dental hygienist as related to the administration of local anesthesia.

Continued...

- **Administration** – The administration of local anesthetics is considered essential whenever potentially painful procedures are contemplated, including advanced dental hygiene treatment procedures.
 - Doses are easily calculated and adjusted based on an individual's medical/dental history.
 - The number of local anesthetic cartridges (~1cc) injected in the U.S. is conservatively estimated at 6 million per week.
 - For a 150 pound healthy individual, eight cartridges is the maximum recommended dosage (MRD) of the most commonly used local anesthetic agents such as Lidocaine.
 - Dental hygiene treatment rarely calls for the administration of more than three cartridges of a local anesthetic agent.
 - In addition to dentists and dental hygienists, dental health aide therapists, physicians, physicians' assistants, and podiatrists also administer local anesthetic agents.

- **Emergency training and prevention** – Careful evaluation of a client's medical/dental history, calculation of the maximum recommended dose, and good technique prevent complications from occurring. Dental hygienists are educated and trained to handle emergency situations and maintain current CPR as a requirement of licensure.
 - Overdose reactions are easily preventable and hygienists are highly trained in all aspects of local anesthesia to prevent an overdose from occurring.
 - The Alaska Board of Dental Examiners would adopt regulations requiring additional emergency management training as necessary.

- **Liability Insurance** – The cost of a dental hygienist's liability insurance is the same whether they have a license to deliver local anesthesia or not, which indicates insurance companies do not consider hygienist delivery of local anesthesia an increased risk. The Alaska Board of Dental Examiners would adopt regulations requiring increased malpractice insurance as necessary.

	<i>Dental Assistant</i>	<i>Registered Dental Hygienist (RDH)</i>	<i>Dental Health Aide Therapist (DHAT)</i>	<i>Dentist (DDS or DMD)</i>
<i>Education Required</i>	No	Yes	Yes	Yes
<i>Education</i>	None or optional certification—one year course	Accredited Dental Hygiene Program—Associates, Bachelors, or Masters	Previously trained in New Zealand, currently in Anchorage by AK Native Tribal Health Consortium under University of Washington—no degree.	Accredited Dental Program—Doctorate
<i>Alaska State License Required</i>	No	Yes—Must pass written, clinical, and jurisprudence exams in addition to other qualifications	No	Yes—Must pass written, clinical, and jurisprudence exams in addition to other qualifications
<i>Regulated by State of Alaska</i>	No	Yes	No—DHAT's are regulated by the Federal Government under the Indian Health Care Improvement Act	Yes
<i>Continuing Education Requirements</i>	No—Required to maintain certification (optional)	Yes (14 Credits bi-annually)	Yes	Yes (28 credits bi-annually)
<i>CPR Certification Requirements</i>	No—Required to maintain certification (optional)	Yes	Yes	Yes
<i>Procedures Performed</i>	Assists the dentist in all treatment procedures Topical preventive agents and sealants	Oral health education, cleanings, topical preventive agents, sealants, root planing and curettage, local anesthesia, other services delegated by a dentist—radiographs, periodontal charting, nitrous oxide	Oral health education, cleanings, topical preventive agents, sealants, local anesthesia, diagnosis, cavity preparation and placement, simple extractions, stainless steel crowns, radiographs	Oral health education, cleanings, topical preventive agents, sealants, root planing, local and general anesthesia, operative and surgical procedures, diagnosis, treatment planning, writing prescriptions, root canals, all restorative procedures, nitrous oxide, radiographs



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

Sarah Palin, Governor
Emil Notti, Commissioner
Rick Urion, Director

March 6, 2007

The Honorable Kurt Olson, Chair
Labor and Commerce Committee
House of Representatives
Alaska State Capitol
Juneau, AK 99801-1182

Dear Representative Olson:

RE: HB 136

The Board of Dental Examiners is in support of HB 136, "An Act relating to dental hygienists".

This legislation will be beneficial in providing more dental services to the citizens of the State of Alaska.

Please contact me at (907) 561-6262 or by email at geracedds@gci.net if you have questions regarding our support of this bill.

Sincerely,

William Gerace, DDS, Acting-Chair
Alaska Board of Dental Examiners



February 26, 2007

Representative Bill Stoltze
State Capitol, Room 501
Juneau, AK 99801-1182

Dear Representative Stoltze:

The Alaska State Dental Hygienists' Association (ASDHA) strongly supports House Bill 136 which represents many years of discussion, debate, research and reflection upon the oral health needs of Alaskans. As dental hygienists, we are a community of professionals devoted to the prevention of disease and the promotion and improvement of the public's health. We are preventive oral health professionals who provide education, clinical, and therapeutic services to the public.

In Alaska, the Board of Dental Examiners regulates the professions of dentistry and dental hygiene. Before a license is issued in the state, dentists and hygienists are required to meet specific guidelines. Dental hygienists must graduate from an American Dental Association accredited program and pass a national written and state clinical examination before they are allowed to practice. There are dental hygiene programs in nearly every state and the U.S. Bureau of Labor Statistics states that the profession of dental hygiene is expected to be one of the fastest growing occupations through the year 2012. In comparison, the number of dentists that graduate each year continues to decline as the population continues to grow. The needs of the public cannot be met by dentists alone.

Currently, there are legal barriers that prevent dental hygienists from providing oral health care to the public. State law and regulation limit access by imposing restrictive supervision requirements on dental hygienists. By virtue of our comprehensive education and clinical preparation, dental hygienists are well prepared to deliver preventive oral health care services to the public, safely and effectively, independent of dental supervision. The nation's more progressive states, such as Minnesota and Washington, which have already expanded the role of dental hygienists, have recognized that the traditional oral health delivery system does not work for many segments of the population.

ASDHA supports the statutory changes in HB 136 as it will help address access to oral health care in all Alaskan communities; most notably, in areas with little or no access to traditional dental services. Each statute change shows a continued professional commitment to working collaboratively with dentists in order to meet the needs of the public, and provide these services in a safe and effective manner.

A landmark report by the Surgeon General in 2000, *Oral Health in America*, highlighted the barriers to oral health and the importance and effectiveness of prevention. Most importantly, it calls upon "policymakers, community leaders, private industry, health professionals, the media, and the public" to take action and make necessary changes that will improve the oral health of the nation. ASDHA strongly encourages the Alaska Legislature to help break down the barriers keeping Alaskans from the oral health they deserve.

Thank you,

Ivonne H Millea, RDH

Ivonne Millea
ASDHA President

North Slope Borough

OFFICE OF THE MAYOR

P.O. Box 69
BARROW, ALASKA 99723
☎ 907 852-2611 ext. 200
FAX: 907 852-0337



Edward S. Itta, Mayor

April 2, 2007

The Honorable Representative Bill Stoltze
Alaska House of Representatives
State Capitol, Room 501
Juneau, Alaska 99801-1182

Re: Support for House Bill 136

Dear Representative Stoltze:

I have had an opportunity to review the changes in statute proposed by House Bill 136. I support the bill and encourage its quick passage.

As you are aware the North Slope Borough is a large geographical area. Outside of the Deadhorse/Prudoe Bay area, the communities can only access certain healthcare by flying to a larger community. The more prudent method of delivery is for healthcare professionals to travel to their clients in the communities. Dental care is difficult to access and under our current system those with oral issues are in many cases forced to wait for the dentist's next scheduled trip to the village.

House Bill 136 is a step in the right direction. It will give my constituents greater options on a more regular basis and the medical services delivery system an additional tool when making hiring and budget decisions.

HB 136 appears to fall into the category of common sense measures that ought to have been made law some time ago. Alaska in general and from my vantage point, rural Alaska in particular suffers from a shortage of professional health services. It heartens me that you have chosen as an elected official from an area of Alaska connected to the road system to reach out to rural Alaska.

Again, I support House Bill 136 and request its speedy passage.

Sincerely,

Edward Itta
Mayor

Alaska Primary Care Association

"...uncompromising in the pursuit of access to primary care for all Alaskans."



The Honorable Representative Stoltze
Alaska House of Representatives
State Capitol, Room 501
Juneau, Alaska 99801-1182

Re: Support for HB 136

March 20, 2007

Dear Representative Stoltze

Alaska Primary Care Association (APCA) represents 24 health care organizations and 115 non-profit Community Health Centers, as well as other safety net providers throughout Alaska. In 2005, our sites provided primary healthcare to over 80,000 patients of which 16,243 patients utilized dental services. Of the 34,639 dental encounters at community health centers, 31,210 encounters were seen by Dentists and 3,429 were seen by Dental Hygienists.

Alaska Primary Care Association knows that access to dental services can depend on the availability of providers. Increasing the scope of practice for Dental Hygienists will increase access to preventative dental services for Alaskans, particularly in rural areas where there is a shortage of clinical providers. The APCA has a vested interest in the success of HB 136 as primary care encompasses basic medical, behavioral health, and dental services.

Respectfully,

Handwritten signature of Regan Mattingly in black ink.

Regan Mattingly
State Affairs Coordinator

Handwritten signature of Shelley S. Hughes in black ink.

Shelley S. Hughes
Government Affairs Director

Handwritten signature of Marilyn Kasmar in black ink.

Marilyn Kasmar
Executive Director

Southcentral Foundation

Date: February 22, 2007

From: Kevin Gottlieb, Chief of Staff

RE: House Bill No. 136

Dear Representative Bill Stoltze

Southcentral Foundation would like to state our support for the passage of changing the Statutes for Dental Hygienists in Alaska. These changes allow for local anesthesia under general supervision, restorative functions, and collaborative practice with a dentist. This expanded utilization of a licensed dental hygienist will help to address the inadequacy of access to dental care in Alaska.

It has been documented that Alaska is a State in need of increased access to dental services, especially in the rural areas. These expanded functions would increase the number of people that could be treated while working with a dentist. The collaborative agreement statute would provide increased access to care not only for rural areas but also for individuals in nursing homes, home bound disabled patients and low-income school programs. These individuals whether urban or rural have significant oral health needs and lack easy access to dental care.

The U.S. Surgeon General in May of 2000 made a landmark call to action upon *"policymakers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well-being and to take action."* Furthermore, in the Surgeon General's Report: Oral Health in America, it was reported that no less that a *"silent epidemic of oral diseases is affecting our most vulnerable citizens"* and that *"no one should suffer from oral diseases or conditions that can be effectively prevented and treated."*

4501 Diplomacy Drive • Anchorage, Alaska 99508
(907) 729-4955 • Fax (907) 729-5000



Southcentral Foundation is confident that expanding the scope of practice for dental hygienists will result in improved access to care and improved overall health for Alaskans. These expanded functions are practiced in several other States throughout the country. Dental hygienists are licensed preventive oral health professionals. They have the capability and educational background to provide these services to the public in a safe and effective manner. Please support HB 136.

Sincerely,

SOUTHCENTRAL FOUNDATION

Kevin Gottlieb (Chief of Staff)

Kevin Gottlieb
Chief of Staff



March 19, 2007

The Honorable Kurt Olson, Chair
House Labor and Commerce Committee
Alaska State Capitol, Room 408
Juneau, Alaska 99801-1182

HB 136 (Stoltze)—Support

Dear Chair Olson:

On behalf of the AARP members in Alaska, we encourage you and your colleagues on the House Labor and Commerce Committee to support HB 136, authored by Representative Bill Stoltze.

As you and your Committee colleagues know, Alaska has a shortage of all health professionals, particularly in our remote communities. We will never be able to find a sufficient number of physicians but we use physician assistants and nurse practitioners very effectively. We will never have enough dentists and Alaska uses dental hygienists effectively. We could use them even more effectively and HB 136 would help us accomplish this.

Dental hygienists are not independent practitioners. They work under licensed dentists and focus on preventing and treating oral diseases. HB 136 does not break new ground for their scope of practice. Other states already allow dental hygienists to:

- Place fillings into a cavity already prepared by a dentist
- Administer a local anesthetic under the general supervision of a dentist
- Enter into an agreement with a dentist in which the dentist authorizes the hygienist to work on specified tasks

We recognize that any change in a scope of practice may make other professionals concerned. We want to make certain that all Alaskans have access to high quality, affordable health care, including oral health.

Many oral health problems can be prevented or treated by professional dental hygienists and this care may turn out to be less expensive and more accessible. Our dental costs are high. Dental procedures in Alaska cost 37.7% more than in the rest of the United States. We believe HB 136 will help reduce those costs as well as improve accessibility. Since all of these issues are under the supervision of a dentist or by agreement with a dentist, we also do not believe quality will suffer. Indeed, it may very well improve significantly since hygienists will serve as a "force multiplier" for the dentists we do have.

AARP recommends an "AYE" vote on HB 136.

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

Thank you for your consideration.

Sincerely,

Marie Darlin

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

CC: Vice-Chair Mark Neuman
Representative Carl Gatto
Representative Gabrielle LeDoux
Representative Jay Ramras
Representative Bob Buch
Representative Berta Gardner
Representative Bill Stoltze

Medical staff praise dental-hygienist bill**TESTIMONY: Dentists tell lawmakers how health care would improve in rural Alaska.**By SABRA AYRES
Anchorage Daily News*(Published: March 20, 2007)*

JUNEAU -- Allowing dental hygienists to perform certain procedures without the hands-on supervision of dentists would greatly improve the oral health of adults and children alike in many parts of rural Alaska, dental hygienists and dentists told lawmakers Monday.

Currently, dental hygienists need a dentist present or in the same office to perform such services as cleaning teeth, working on gum problems and applying sealants. But with many villages and rural areas lacking a full-time dentist, patients are often left waiting until a traveling health care provider can relieve their pain.

Lawmakers are considering a bill that would allow dental hygienists to complete preventative and restorative procedures often done by dentists and thus provide more oral health options for the state.

"By allowing a dental hygienist to come in a week early and perform many of the oral screenings, X-rays and preventative treatments before I arrive, I would be able to serve many more patients with emergency needs," said Dr. Glenn Martin, a dentist in Anchorage who has worked as a visiting dentist in 62 villages across the state.

"It's about bringing more health care to the underserved and unserved areas of the state," said Rep. Bill Stoltze, R-Chugiak, who introduced the House bill.

The bill moved out of the Committee on Labor and Commerce and now waits to be scheduled for a full House vote.

Daily News reporter Sabra Ayres can be reached in Juneau at sayres@adn.com or 1-907-586-1531.

Ben Mulligan

From: Dorrie Wallis [dwallis@svt.org]
Sent: Tuesday, February 27, 2007 9:52 AM
To: Rep. Bill Stoltze
Subject: *****SPAM***** HB 136

Dear Rep. Stoltze:

Thank you for sponsoring HB 136. I am a practicing dental hygienist with 14 yrs experience in Alaska providing treatment in many "Bush" communities. Alaska has over 400 hygienist, who are considered mid-level practitioners - if the Bill is approved, our profession can have a significant impact on improving the oral health of those most in need. Please let me know if I can be of any assistance in assisting you or your staff.

Thank you,
Dorrie Wallis, RDH
Homer, AK
(907)235-0626(h)
(907)399-3991(c)

2/27/2007

Ben Mulligan

From: McGregor, Randy [Randy.McGregor@bannerhealth.com]
Sent: Tuesday, April 03, 2007 12:58 PM
To: Rep. Bill Stoltze
Cc: mcerney@mosquionet.com
Subject: House Bill 136

Dear Representative Stoltze,

I have been a practicing anesthesiologist in Alaska for 24 years and I am writing you to endorse House Bill 136 that you are the sponsor of. It is clear that many Alaskans, especially those in rural communities, are not getting access to oral health care. Allowing licensed dental hygienists to perform simple intra-oral local anesthetic infiltrations and peripheral nerve blocks under the general supervision of a licensed dentist and expanding their role in restorative dental care will remove one of the barriers to the delivery of satisfactory oral health care to those Alaskans who need it most.

I believe that these changes in the law will not pose any increased risk to Alaskans. With collaborative agreements, many more Alaskans will have access to basic oral health care. This bill mandates appropriate training and experience of dental hygienists to practice under such collaborative agreements.

Sincerely,

Randall K. McGregor, MD.
PO Box 10595
Fairbanks, Alaska 99710

To: Members of House Labor and Commerce Committee:

Re: HB 136 (Change in Statutes for Dental Hygienists)

I am writing to state strong support for this bill in its original form. These statute changes would allow more dental preventive and therapeutic care to be delivered to underserved groups with NO detrimental effect on quality of care. Dental hygienists have the formal education in programs accredited by the American Dental Association's Council, must pass written national board exams, and must prove competency on an independently administered clinical exam in order to practice in all states and territories of the US. The education is generally two years of college prerequisites and then two full academic years integrated with clinical instruction. For all accredited programs, the faculties are subject to standards and qualifications and the programs are reevaluated at regular intervals. I have served in the past as the state Board of Dental Examiners representative on the site accreditation visit and it was a much more extensive process than one could ever imagine!

The legislation proposing expanding the setting in which local anesthetic is administered was first proposed by Dr David Logan when he was president of the Board of Dental Examiners and I was serving on the board. Dental hygienists have been successfully administering it for 25-30 years in this state, there have been NO malpractice issues or board complaints, and it just makes sense that when a patient of record in the office has an appointment and the dentist leaves, the patient should not have to be rescheduled! The hygienist is in the employ of the dentist and he/she can still request that particular patients not be injected if there is a perceived health concern or if the dentist is less than comfortable with a particular hygienist doing the procedure. The dentist is in control of this situation.

The legislation proposing collaborative practice addresses the critical shortage in preventive health care available to many sectors of the population, providing an avenue for a hygienist to do basic functions that all hygienists currently perform in an expanded setting. I am in firm agreement with requiring a hygienist to have 4000 hours of documented clinical experience and will be an advocate of further regulations which need to be written for the statute. Several states have this option. The restorative functions proposed are truly an expansion of what hygienists do in Alaska, but is modeled after the system used in Washington State for about three decades. This allows a dentist and hygienist to team up to provide more care. The educational requirements for the endorsement on a dental hygiene license would be spelled out in regulation and the hygienist would be required to pass clinical competency boards as well.

In summation, the proposed changes improve health care delivery to the residents of the state, maintain stringent educational standards, assure competency by requiring clinical examination, and mandate accountability—direct supervision when doing restorative functions, general supervision by the dentist for local anesthetic administration, and authorization by the dentist for treatment of patients outside of a traditional office with the express approval of each agreement by the Board of Dental Examiners.

Sincerely,

Mary A. Cerney, RDH, BS
1420 Ithaca Rd.
Fairbanks, AK 99709

Ben Mulligan

From: Brewer, Thomas [tbrewer@SouthcentralFoundation.com]
Sent: Friday, March 16, 2007 4:41 PM
To: Rep. Bill Stoltze
Subject: Support for House Bill #136

Date: 16 March 2007

From: Thomas B. Brewer DDS MS
24327 Thunderbird Dr.
Chugiak, AK 99567
tombrewer@gci.net
688-5580

RE: House Bill No. 136

Dear Representative Stoltze,

I would like to state my support for the passage of House Bill No. 136, changing the Statutes for Dental Hygienists in Alaska. These changes allow for local anesthesia under general supervision, restorative functions, and collaborative practice with a dentist. This expanded utilization of a licensed dental hygienist will help to address the inadequacy of access to dental care in Alaska.

It has been documented that Alaska is a state in need of increased access to dental services, especially in the rural areas. You might have noticed the article on our state's National Guard troops difficulty in achieving deployability status due to unmet dental needs in this week's Eagle River Star newspaper. Expanding the allowable functions for dental hygienists would increase the number of people that could receive treatment. The collaborative agreement statute would provide increased access to care not only for rural areas, but also for individuals in nursing homes, home bound disabled patients and low-income school programs. These individuals whether urban or rural have significant oral health needs and lack easy access to dental care.

The U.S. Surgeon General, in May of 2000, made a landmark call to action upon "*policymakers, community leaders, private industry, health professionals, the media, and the public to affirm that oral health is essential to general health and well-being and to take action.*" Furthermore, in the Surgeon General's Report: Oral Health in America, it was reported that no less that a "*silent epidemic of oral diseases is affecting our most vulnerable citizens*" and that "*no one should suffer from oral diseases or conditions that can be effectively prevented and treated.*"

I am confident that expanding the scope of practice for dental hygienists will result in improved access to care and improved overall health for Alaskans. These expanded functions are practiced in several other States throughout the country. Dental hygienists are licensed preventive oral health professionals. They have the capability and educational background to provide these services to the public in a safe and effective manner. Please support HB 136.

Sincerely, Tom Brewer

4/14/2007

HB

2017



Alaska State Legislature

Representative Peggy Wilson

House District 2

Putting Alaska's Families First

MEMORANDUM

Date: April 1, 2008

To: Senator Bettye Davis, Chair, Senate Health, Social Services, and Education Committee

From: Representative Peggy Wilson *qw*

Re: CSHB 207 – Student Questionnaires and Surveys

I would like to request CSHB 207 be calendared in Senate HESS pending referral. CSHB 207 will change the parental consent requirement for The Youth Risk Behavior Survey in schools from active to passive.

School based surveys continue to be a reliable method for gathering valuable population based information on youth. The current active consent overburdens the school system and significantly increases the costs involved in conducting student surveys. It is estimated that over 80% of the parents who do not return written permission for participation in surveys is not because they do not want their child to take the survey, but rather because of apathy, oversight or student error. This bill will change the current practice of active permission to passive permission so that the parent has the option to deny permission rather than the requirement to provide written permission.

Thank you for considering this important piece of legislation.

ALASKA STATE LEGISLATURE

Interim:
P.O. Box 109
Wrangell, AK 99829
Phone: (907) 874-3088
Fax: (907) 874-3055

Session:
State Capitol, Room 403
Juneau, AK 99801-1182
Phone: (907) 485-3824
1-800-686-3824
Fax: (907) 485-3175

REPRESENTATIVE PEGGY WILSON
HOUSE DISTRICT 2

SPONSOR STATEMENT Committee Substitute House Bill 207

"An Act relating to questionnaires and surveys administered in the public schools."

HB 207 changes the parental consent requirements for Youth Risk Behavior Survey in schools from active to passive.

School-based surveys are a reliable method for gathering valuable population based information on youth that helps policy makers, educators, program planners and parents to better understand important health and social issues that affect their chances of success.

Routine standardized surveys such as the national and state Youth Risk Behavior Survey track trends over time and help guide and evaluate important health and prevention programs. State and federal grant programs that rely on these surveys include tobacco prevention and control, obesity prevention, diabetes, heart disease and stroke, safe and drug free schools and other substance abuse prevention, injury prevention, including violence and suicide prevention, HIV and STD prevention, and more.

Active parental consent requires written permission to opt in to participate in the survey. Active parental consent overburdens the school system and drastically increases the costs and labor involved in conducting student surveys. Though research and experience suggests that the vast majority of parents would consent to their students participating in such surveys, many schools are unable to use the data they collect because there are not enough participants. Most of the research indicates parental failures to provide written permission are driven by apathy, oversight, or student error, not by refusal. Passive parental consent notifies and informs the parents about the nature of the surveys and allows for parents to provide a written refusal to opt out of the survey.

Notification of surveys and their content will still be sent to every parent of a child that is a candidate participant in the survey. A parent will have the option of reviewing the entire survey and how it will be administered before it is administered. Any parent who doesn't want their child to participate will have the option to opt-out.

The House Rules Committee Substitute made a change to allow passive permission for the Youth Risk Behavior Survey.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSHB 207(HES)
 (H) Publish Date: 4/13/07

Revision Date/Time (Note if correction): _____ Dept. Affected: Education
 Title Student Questionnaires and Surveys RDU Teaching & Learning Support
 Component Student and School Achievement
 Sponsor Representative Wilson
 Requester House HESS Component No. 2796

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

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

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

FUND SOURCE (Thousands of Dollars)

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

Estimate of any current year (FY2007) cost: 0.0
 Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill has no fiscal impact on the Department of Education and Early Development. We are, therefore, submitting a zero fiscal note.

Prepared by: Terri Campbell Phone 907-465-8719
 Division: Teaching & Learning Support Date/Time 4/2/07 12:00 AM
 Approved by: Barbara Thompson, Deputy Commissioner Date 4/2/2007
 Agency: Education and Early Development

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: CSHB 207(RLS)
(H) Publish Date: 4/1/08

Identifier (file name): HB 207:HB207-EED-TLS-03-28-08
Title Student Questionnaires and Surveys.

Dept. Affected: Education & Early Development
RDU Teaching & Learning Support
School & Student Achievement

Sponsor Representative Wilson
Requester House Rules Component Number 2798

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	Appropriation Required	Information					
	FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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

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

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
TOTAL							
Other Interagency Receipts							
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: _____

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

This bill has no fiscal impact on the Department of Education and Early Development. We are, therefore, submitting a zero fiscal note.

Prepared by: Richard Luther
Division Commissioner's Office
Approved by: Barbara Thompson, Interim Commissioner

Phone 465-2803
Date/Time 3/28/08 9:00 AM
Date 3/28/2008

2007 State and Local Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

DIRECTIONS

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B C D
- If you change your answer, erase your old answer completely.

1. How old are you?
 A 12 years old or younger
 B 13 years old
 C 14 years old
 D 15 years old
 E 16 years old
 F 17 years old
 G 18 years old or older
2. What is your sex?
 A Female
 B Male
3. In what grade are you?
 A 9th grade
 B 10th grade
 C 11th grade
 D 12th grade
 E Ungraded or other grade
4. Are you Hispanic or Latino?
 A Yes
 B No
5. What is your race? (Select one or more responses.)
 A American Indian or Alaska Native
 B Asian
 C Black or African American
 D Native Hawaiian or Other Pacific Islander
 E White

6. How tall are you without your shoes on?

Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input checked="" type="radio"/>	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input checked="" type="radio"/>
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

Height	
Feet	Inches
<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 1
<input type="radio"/> 5	<input type="radio"/> 2
<input type="radio"/> 6	<input type="radio"/> 3
<input type="radio"/> 7	<input type="radio"/> 4
	<input type="radio"/> 5
	<input type="radio"/> 6
	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

7. How much do you weigh without your shoes on?

Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input checked="" type="radio"/>	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input checked="" type="radio"/>
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input checked="" type="radio"/>	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

Weight		
Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
	<input type="radio"/> 4	<input type="radio"/> 4
	<input type="radio"/> 5	<input type="radio"/> 5
	<input type="radio"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
	<input type="radio"/> 9	<input type="radio"/> 9

The next 4 questions ask about safety.

8. **When you rode a bicycle during the past 12 months, how often did you wear a helmet?**
- A. I did not ride a bicycle during the past 12 months
 - B. Never wore a helmet
 - C. Rarely wore a helmet
 - D. Sometimes wore a helmet
 - E. Most of the time wore a helmet
 - F. Always wore a helmet
9. **How often do you wear a seat belt when riding in a car driven by someone else?**
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
10. **During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?**
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
11. **During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?**
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times

The next 11 questions ask about violence-related behaviors.

12. **During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?**
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days

13. During the past 30 days, on how many days did you carry a gun?
- (A) 0 days
 - (B) 1 day
 - (C) 2 or 3 days
 - (D) 4 or 5 days
 - (E) 6 or more days
14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
- (A) 0 days
 - (B) 1 day
 - (C) 2 or 3 days
 - (D) 4 or 5 days
 - (E) 6 or more days
15. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?
- (A) 0 days
 - (B) 1 day
 - (C) 2 or 3 days
 - (D) 4 or 5 days
 - (E) 6 or more days
16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
- (A) 0 times
 - (B) 1 time
 - (C) 2 or 3 times
 - (D) 4 or 5 times
 - (E) 6 or 7 times
 - (F) 8 or 9 times
 - (G) 10 or 11 times
 - (H) 12 or more times
17. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?
- (A) 0 times
 - (B) 1 time
 - (C) 2 or 3 times
 - (D) 4 or 5 times
 - (E) 6 or 7 times
 - (F) 8 or 9 times
 - (G) 10 or 11 times
 - (H) 12 or more times

18. During the past 12 months, how many times were you in a physical fight?
- (A) 0 times
 - (B) 1 time
 - (C) 2 or 3 times
 - (D) 4 or 5 times
 - (E) 6 or 7 times
 - (F) 8 or 9 times
 - (G) 10 or 11 times
 - (H) 12 or more times
19. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- (A) 0 times
 - (B) 1 time
 - (C) 2 or 3 times
 - (D) 4 or 5 times
 - (E) 6 or more times
20. During the past 12 months, how many times were you in a physical fight on school property?
- (A) 0 times
 - (B) 1 time
 - (C) 2 or 3 times
 - (D) 4 or 5 times
 - (E) 6 or 7 times
 - (F) 8 or 9 times
 - (G) 10 or 11 times
 - (H) 12 or more times
21. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
- (A) Yes
 - (B) No
22. Have you ever been physically forced to have sexual intercourse when you did not want to?
- (A) Yes
 - (B) No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

23. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
- (A) Yes
 - (B) No
24. During the past 12 months, did you ever seriously consider attempting suicide?
- (A) Yes
 - (B) No
25. During the past 12 months, did you make a plan about how you would attempt suicide?
- (A) Yes
 - (B) No
26. During the past 12 months, how many times did you actually attempt suicide?
- (A) 0 times
 - (B) 1 time
 - (C) 2 or 3 times
 - (D) 4 or 5 times
 - (E) 6 or more times
27. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
- (A) I did not attempt suicide during the past 12 months
 - (B) Yes
 - (C) No

The next 11 questions ask about tobacco use.

28. Have you ever tried cigarette smoking, even one or two puffs?
- (A) Yes
 - (B) No
29. How old were you when you smoked a whole cigarette for the first time?
- (A) I have never smoked a whole cigarette
 - (B) 8 years old or younger
 - (C) 9 or 10 years old
 - (D) 11 or 12 years old
 - (E) 13 or 14 years old
 - (F) 15 or 16 years old
 - (G) 17 years old or older

30. During the past 30 days, on how many days did you smoke cigarettes?
- (A) 0 days
 - (B) 1 or 2 days
 - (C) 3 to 5 days
 - (D) 6 to 9 days
 - (E) 10 to 19 days
 - (F) 20 to 29 days
 - (G) All 30 days
31. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?
- (A) I did not smoke cigarettes during the past 30 days
 - (B) Less than 1 cigarette per day
 - (C) 1 cigarette per day
 - (D) 2 to 5 cigarettes per day
 - (E) 6 to 10 cigarettes per day
 - (F) 11 to 20 cigarettes per day
 - (G) More than 20 cigarettes per day
32. During the past 30 days, how did you usually get your own cigarettes? (Select only one response.)
- (A) I did not smoke cigarettes during the past 30 days
 - (B) I bought them in a store such as a convenience store, supermarket, discount store, or gas station
 - (C) I bought them from a vending machine
 - (D) I gave someone else money to buy them for me
 - (E) I borrowed (or bummed) them from someone else
 - (F) A person 18 years old or older gave them to me
 - (G) I took them from a store or family member
 - (H) I got them some other way
33. During the past 30 days, on how many days did you smoke cigarettes on school property?
- (A) 0 days
 - (B) 1 or 2 days
 - (C) 3 to 5 days
 - (D) 6 to 9 days
 - (E) 10 to 19 days
 - (F) 20 to 29 days
 - (G) All 30 days

34. Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?
- (A) Yes
 - (B) No
35. During the past 12 months, did you ever try to quit smoking cigarettes?
- (A) I did not smoke during the past 12 months
 - (B) Yes
 - (C) No
36. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- (A) 0 days
 - (B) 1 or 2 days
 - (C) 3 to 5 days
 - (D) 6 to 9 days
 - (E) 10 to 19 days
 - (F) 20 to 29 days
 - (G) All 30 days
37. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip on school property?**
- (A) 0 days
 - (B) 1 or 2 days
 - (C) 3 to 5 days
 - (D) 6 to 9 days
 - (E) 10 to 19 days
 - (F) 20 to 29 days
 - (G) All 30 days
38. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars?**
- (A) 0 days
 - (B) 1 or 2 days
 - (C) 3 to 5 days
 - (D) 6 to 9 days
 - (E) 10 to 19 days
 - (F) 20 to 29 days
 - (G) All 30 days

The next 6 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

39. During your life, on how many days have you had at least one drink of alcohol?
- A 0 days
 - B 1 or 2 days
 - C 3 to 9 days
 - D 10 to 19 days
 - E 20 to 39 days
 - F 40 to 99 days
 - G 100 or more days
40. How old were you when you had your first drink of alcohol other than a few sips?
- A I have never had a drink of alcohol other than a few sips
 - B 8 years old or younger
 - C 9 or 10 years old
 - D 11 or 12 years old
 - E 13 or 14 years old
 - F 15 or 16 years old
 - G 17 years old or older
41. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A 0 days
 - B 1 or 2 days
 - C 3 to 5 days
 - D 6 to 9 days
 - E 10 to 19 days
 - F 20 to 29 days
 - G All 30 days
42. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A 0 days
 - B 1 day
 - C 2 days
 - D 3 to 5 days
 - E 6 to 9 days
 - F 10 to 19 days
 - G 20 or more days

43. During the past 30 days, how did you usually get the alcohol you drank?
- (A) I did not drink alcohol during the past 30 days
 - (B) I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - (C) I bought it at a restaurant, bar, or club
 - (D) I bought it at a public event such as a concert or sporting event
 - (E) I gave someone else money to buy it for me
 - (F) Someone gave it to me
 - (G) I took it from a store or family member
 - (H) I got it some other way
44. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?
- (A) 0 days
 - (B) 1 or 2 days
 - (C) 3 to 5 days
 - (D) 6 to 9 days
 - (E) 10 to 19 days
 - (F) 20 to 29 days
 - (G) All 30 days

The next 4 questions ask about marijuana use. Marijuana also is called grass or pot.

45. During your life, how many times have you used marijuana?
- (A) 0 times
 - (B) 1 or 2 times
 - (C) 3 to 9 times
 - (D) 10 to 19 times
 - (E) 20 to 39 times
 - (F) 40 to 99 times
 - (G) 100 or more times
46. How old were you when you tried marijuana for the first time?
- (A) I have never tried marijuana
 - (B) 8 years old or younger
 - (C) 9 or 10 years old
 - (D) 11 or 12 years old
 - (E) 13 or 14 years old
 - (F) 15 or 16 years old
 - (G) 17 years old or older

47. During the past 30 days, how many times did you use marijuana?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times
48. During the past 30 days, how many times did you use marijuana on school property?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times

The next 9 questions ask about other drugs.

49. During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times
50. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times
51. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times

52. During your life, how many times have you used **heroin** (also called **smack**, **junk**, or **China White**)?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times
53. During your life, how many times have you used **methamphetamines** (also called **speed**, **crystal**, **crank**, or **ice**)?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times
54. During your life, how many times have you used **ecstasy** (also called **MDMA**)?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times
55. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- A 0 times
 - B 1 or 2 times
 - C 3 to 9 times
 - D 10 to 19 times
 - E 20 to 39 times
 - F 40 or more times
56. During your life, how many times have you used a needle to inject any **illegal drug** into your body?
- A 0 times
 - B 1 time
 - C 2 or more times

57. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

- (A) Yes
- (B) No

The next 7 questions ask about sexual behavior.

58. Have you ever had sexual intercourse?

- (A) Yes
- (B) No

59. How old were you when you had sexual intercourse for the first time?

- (A) I have never had sexual intercourse
- (B) 11 years old or younger
- (C) 12 years old
- (D) 13 years old
- (E) 14 years old
- (F) 15 years old
- (G) 16 years old
- (H) 17 years old or older

60. During your life, with how many people have you had sexual intercourse?

- (A) I have never had sexual intercourse
- (B) 1 person
- (C) 2 people
- (D) 3 people
- (E) 4 people
- (F) 5 people
- (G) 6 or more people

61. During the past 3 months, with how many people did you have sexual intercourse?

- (A) I have never had sexual intercourse
- (B) I have had sexual intercourse, but not during the past 3 months
- (C) 1 person
- (D) 2 people
- (E) 3 people
- (F) 4 people
- (G) 5 people
- (H) 6 or more people

62. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- (A) I have never had sexual intercourse
- (B) Yes
- (C) No

63. The last time you had sexual intercourse, did you or your partner use a condom?
- (A) I have never had sexual intercourse
 - (B) Yes
 - (C) No
64. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)
- (A) I have never had sexual intercourse
 - (B) No method was used to prevent pregnancy
 - (C) Birth control pills
 - (D) Condoms
 - (E) Depo-Provera (injectable birth control)
 - (F) Withdrawal
 - (G) Some other method
 - (H) Not sure

The next 7 questions ask about body weight.

65. How do you describe your weight?
- (A) Very underweight
 - (B) Slightly underweight
 - (C) About the right weight
 - (D) Slightly overweight
 - (E) Very overweight
66. Which of the following are you trying to do about your weight?
- (A) Lose weight
 - (B) Gain weight
 - (C) Stay the same weight
 - (D) I am not trying to do anything about my weight
67. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
- (A) Yes
 - (B) No
68. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
- (A) Yes
 - (B) No
69. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
- (A) Yes
 - (B) No

70. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)
- (A) Yes
 - (B) No
71. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?
- (A) Yes
 - (B) No

The next 8 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

72. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- (A) I did not drink 100% fruit juice during the past 7 days
 - (B) 1 to 3 times during the past 7 days
 - (C) 4 to 6 times during the past 7 days
 - (D) 1 time per day
 - (E) 2 times per day
 - (F) 3 times per day
 - (G) 4 or more times per day
73. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)
- (A) I did not eat fruit during the past 7 days
 - (B) 1 to 3 times during the past 7 days
 - (C) 4 to 6 times during the past 7 days
 - (D) 1 time per day
 - (E) 2 times per day
 - (F) 3 times per day
 - (G) 4 or more times per day
74. During the past 7 days, how many times did you eat green salad?
- (A) I did not eat green salad during the past 7 days
 - (B) 1 to 3 times during the past 7 days
 - (C) 4 to 6 times during the past 7 days
 - (D) 1 time per day
 - (E) 2 times per day
 - (F) 3 times per day
 - (G) 4 or more times per day

75. During the past 7 days, how many times did you eat **potatoes**? (Do not count french fries, fried potatoes, or potato chips.)
- A. I did not eat potatoes during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
76. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
77. During the past 7 days, how many times did you eat **other vegetables**? (Do not count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
78. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day