

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

January 28, 2016

3:05 p.m.

MEMBERS PRESENT

Representative Paul Seaton, Chair
Representative Liz Vazquez, Vice Chair
Representative Neal Foster
Representative Louise Stutes
Representative David Talerico
Representative Geran Tarr
Representative Adam Wool

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

HOUSE BILL NO. 226

"An Act extending the termination date of the Alaska Commission on Aging; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 260

"An Act relating to the recovery of overpayments of day care assistance and child care grants; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 262

"An Act relating to eligibility requirements of the Alaska senior benefits payment program; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 237

"An Act relating to an interstate compact on medical licensure; amending the duties of the State Medical Board; and relating to the Department of Public Safety's authority to conduct national criminal history record checks of physicians."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 226

SHORT TITLE: EXTEND ALASKA COMMISSION ON AGING

SPONSOR(s): REPRESENTATIVE(s) HAWKER

01/19/16	(H)	PREFILE RELEASED 1/8/16
01/19/16	(H)	READ THE FIRST TIME - REFERRALS
01/19/16	(H)	HSS, FIN
01/28/16	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HB 260

SHORT TITLE: DAY CARE ASSISTANCE & CHILD CARE GRANTS

SPONSOR(s): RULES BY REQUEST OF THE GOVERNOR

01/19/16	(H)	READ THE FIRST TIME - REFERRALS
01/19/16	(H)	HSS, FIN
01/28/16	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HB 262

SHORT TITLE: SENIOR BENEFITS PROG. ELIGIBILITY

SPONSOR(s): RULES BY REQUEST OF THE GOVERNOR

01/19/16	(H)	READ THE FIRST TIME - REFERRALS
01/19/16	(H)	HSS, FIN
01/28/16	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HB 237

SHORT TITLE: INTERSTATE MEDICAL LICENSURE COMPACT

SPONSOR(s): SEATON

01/19/16	(H)	PREFILE RELEASED 1/15/16
01/19/16	(H)	READ THE FIRST TIME - REFERRALS
01/19/16	(H)	HSS, FIN
01/26/16	(H)	HSS AT 3:00 PM CAPITOL 106
01/26/16	(H)	Scheduled but Not Heard
01/28/16	(H)	HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

REPRESENTATIVE MIKE HAWKER
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As the sponsor of the bill, presented HB 226.

DENISE DANIELLO, Executive Director
Alaska Commission on Aging
Division of Senior and Disabilities Services
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 226.

KRISTIN CURTIS, Legislative Auditor
Division of Legislative Audit
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Testified during discussion on HB 226.

MARIE DARLIN, Coordinator
AARP Capital City Task Force
Commission on Aging
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 226.

CHARLES MCKEE
Anchorage, Alaska

POSITION STATEMENT: Testified during discussion of HB 226.

MARY SHIELDS, Chair
Alaska Commission on Aging
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 226.

GORDON GLASER
Alaska Commission on Aging
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 226.

PETER ZUYUS
Homer, Alaska

POSITION STATEMENT: Testified in support of HB 226.

DAVID LEVY, Senior Services Coordinator
Anchorage Senior Advisory Commission
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 226.

SEAN O'BRIEN, Director
Division of Public Assistance

Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Provided an overview and responded to questions during discussion of HB 260 and HB 262.

STACIE KRALY, Chief Assistant Attorney General
Statewide Section Supervisor
Human Services Section
Civil Division (Juneau)
Department of Law
Juneau, Alaska

POSITION STATEMENT: Testified and answered questions during presentation on HB 260.

JANICE BRADEN
Child Care Program Office
Division of Public Assistance
Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Testified during discussion of HB 260.

MONICA MITCHELL, Chief
Policy and Program Development
Division of Public Assistance
Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: Answered questions during discussion of HB 262.

TANEEKA HANSEN, Staff
Representative Paul Seaton
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HB 237 on behalf of the sponsor, Representative Seaton.

ACTION NARRATIVE

[3:05:15 PM](#)

CHAIR PAUL SEATON called the House Health and Social Services Standing Committee meeting to order at 3:05 p.m. Representatives Seaton, Tarr, Wool, and Talerico were present at the call to order. Representatives Vazquez, Foster, and Stutes arrived as the meeting was in progress.

HB 226-EXTEND ALASKA COMMISSION ON AGING

3:06:32 PM

CHAIR SEATON announced that the first order of business would be HOUSE BILL NO. 226, "An Act extending the termination date of the Alaska Commission on Aging; and providing for an effective date."

3:06:49 PM

REPRESENTATIVE MIKE HAWKER, Alaska State Legislature, explained that HB 226 would extend the sunset date of the Alaska Commission on Aging. He pointed out that these board extensions were an administrative job of the Alaska State Legislature, as it offered an opportunity to review and examine the performance of the board in accordance with the statutes which authorized them and its relevance and importance to the state. The review of the boards and commissions is performed by the state auditor and the state audit group, which produce an audit with recommendations. Upon completion of its recent sunset review, April 10, 2015, the state auditors recommended extension of the Alaska Commission on Aging for eight years, through June 30, 2024, as also requested in proposed HB 226. He stated that the Alaska Commission on Aging was a bit different than most commissions, as it was necessitated by the federal Older Americans Act (OAA). He explained that to receive the federal funding of \$11 million to various programs for the benefit of seniors, there must be a council in the state, comprised of older individuals who are eligible to participate in OAA funded programs. He further defined that this entity must be the "state agency regarding aging issues and make recommendations to our state agency that handles these programs," which was the Department of Health and Social Services in Alaska. He pointed out that the Commission on Aging developed the state plan for senior services. He declared that this board "actually does something," that it had an important mission and it developed policy. He pointed out that the Commission was necessary in order to continue to qualify for federal funding to senior programs. He reported that auditors had noticed two issues that the commission needed to rectify: better advance noticing of meetings, of which the commission had agreed and taken steps to rectify; and to better monitor the legislative watch list, as there were bills listed that were not relevant. He suggested that the commission served an important purpose, and that it leveraged a relatively small amount of state money to bring in more than \$11 million to support programs for senior Alaskans.

3:14:00 PM

DENISE DANIELLO, Executive Director, Alaska Commission on Aging, Division of Senior and Disabilities Services, Department of Health and Social Services (DHSS), stated that she supported the legislative audit to extend the termination date for the Commission on Aging. She offered a brief overview of the work by the commission and its role in state government. She explained that the mission was "to ensure the dignity and independence of all older Alaskans and to assist them to lead useful and meaningful lives through planning, advocacy, education, and inter agency cooperation." She declared that the State of Alaska was unique, in comparison with other states, as it constituted a single planning and service area for its provision of services for seniors; whereas, other states had numerous area agencies to administer funding, programs, and services for seniors. In Alaska, the Department of Health and Social Services was the sole state agency on aging, and the responsibilities were carried out jointly by the Division of Senior and Disabilities Services, which administered the majority of federal and state funding for senior programs, and the Alaska Commission on Aging, which developed the state plan for senior services and provided advocacy, outreach, and education, as specified under the OAA. She reiterated that Alaska received about \$11 million of federal funding annually for senior programs and services. She noted that this was also extended to Alaska Native Tribal providers, through the Department of Labor & Workforce Development. She reported that the commission had been formed in 1981, and was originally called the Older Alaskans Commission. She relayed that the commitment was to ensure that seniors gained access to appropriate and quality services, and to maintain their health and independence to allow them to remain in their own community, living independently, for as long as possible. She stated that this work was now more important than ever, as the senior population continued to grow, from its current estimate of 120,444 Alaskans over 60 years of age, at a 4.2 percent annual increase. She shared that this comprised 16 percent of the state population, and was the fastest growing age demographic in Alaska. She added that for the sixth consecutive year Alaska was the state with the fastest growing senior population per capita.

3:19:18 PM

MS. DANIELLO shared that the commission was charged with formulating a four year comprehensive Alaska state plan for senior services for approval by the Department of Health and Social Services in order to satisfy the federal requirement for all states to have a state plan when receiving funding through the OAA. She relayed that, since FY08, the commission, working collaboratively with many agencies as well as seniors, had developed three state plans for senior services. The current state plan for FY16 - FY19 included 6 goals, with 28 strategic objectives, and 48 performance measures, as well as a formula that directed the distribution of federal and state funding for senior programs and services: the nutrition and transportation support services program, and the senior in home services program. She reported that the commission also provided the senior snapshot published in the annual report, which is an annual statistical analysis of senior demographics, use of programs and services, and reports on indicators related to senior health, senior safety, senior housing, and economic security. The commission also provided annual budget and policy recommendations to the Alaska Mental Health Trust Authority concerning the needs of older Alaskans living with Alzheimer's and related dementia. She offered a conservative estimate that there were 6,600 Alaskans aged 65 years or older with Alzheimer's, which did not include early onset or related dementias. She pointed out that the commission provided information quarterly to the Trust and collaboratively published Alaska's roadmap to address Alzheimer's and related dementia, which was the first state plan to address the challenges and complexity of issues for these diseases. She noted that the commission also made recommendations to the governor and the legislature with respect to legislation, regulations, and appropriations for programs and services that benefit older Alaskans, including the Medicaid adult dental program, the Alaska senior benefits program, and the statewide alert system for vulnerable adults, the silver alert. She pointed out that the commission actively encouraged public participation for policy and budget recommendations, and conducted regular community forums and bi-weekly statewide legislative teleconferences for discussion on legislation relevant to seniors.

[3:24:32 PM](#)

MS. DANIELLO reported that, in recent years, the commission had made efforts to recognize the many issues facing Alaskan seniors, by coordinating the power of aging symposium, and encouraging seniors to participate in civic engagement. She

relayed that the commission had collaborated in the coordination of the senior housing summit, and the senior fall prevention coalition, as falls were the number one cause of hospitalization and death for seniors aged 75 and older. She mentioned the Healthy Body, Healthy Brain campaign, which raised awareness of risk factors and protective factors promoting cognitive health. The commission had called attention to the fact that seniors were a \$3 billion industry in Alaska, which did not include the countless hours of volunteer and care giving work. She declared that seniors appreciated the programs and services to strengthen their health and ability to live independently in their communities. She referenced the audit findings, which required public online postings for all the commission board and committee meetings, as well as review and approval of the legislative watch list by the commission chair prior to its distribution. She expressed the commission's approval for these findings, noting the updated policies and procedures, and reported that the new practices had been implemented. She declared support for HB 226.

3:27:03 PM

REPRESENTATIVE TARR asked how the issue for the shortage of affordable housing was being addressed outside urban areas.

MS. DANIELLO replied that the commission had participated in the governor's housing summit in January, which included eight breakout sessions, one of which was a session for senior housing. During this session, a problem statement was defined which declared that Alaska had a shortage of accessible, affordable housing for people to age in place, and a list of recommendations was provided. These recommendations included the implementation of strategies identified in the Alaska road map for addressing Alzheimer's disease. She expressed a desire to read the report from this housing summit, and "a large need to continue this conversation with these recommendations from the senior housing breakout session to provide the platform for continuing that discussion and further work." She expressed her desire to create a partnership with the Alaska Housing Finance Corporation and the Alaska Mental Health Trust Authority. Referencing housing outside urban areas, she opined that it was important to identify ways to improve accessibility in the home so that people would not have to leave their homes.

3:30:30 PM

REPRESENTATIVE TARR asked whether the four full time employees listed on the fiscal note were enough to do the job. She asked if the current travel freeze would impact the commission.

MS. DANIELLO, in response to Representative Tarr, stated that the commission budget had been reduced by \$3000, mainly for travel, so the commission will be having more meetings by audio and video conference. She relayed that, as the commission was required by statute to have four board meetings each year, they would try to limit this to one face to face meeting.

[3:32:00 PM](#)

REPRESENTATIVE TARR asked if this would compromise the work of the commission.

MS. DANIELLO expressed her agreement that this was a valid concern, sharing that an on-site rural outreach commission meeting was invaluable, but expensive.

[3:34:08 PM](#)

KRISTIN CURTIS, Legislative Auditor, Division of Legislative Audit, Alaska State Legislature, reported that the division had conducted a sunset review and the main points had been presented by Representative Hawker. She stated that she was available for questions.

[3:35:08 PM](#)

MARIE DARLIN, Coordinator, AARP Capital City Task Force, Commission on Aging, referenced her earlier letter of support to HB 226 from AARP to the committee [Included in members' packet]. She pointed out that over the years AARP had worked closely with the commission on many different projects, as the two groups were faced with many of the same issues. She stated that the two groups had a very good working relationship. She acknowledged that the commission had successfully addressed the issues on the audit, and had been updated on senior housing issues and the restructuring of fund distribution through Alaska Housing Finance Corporation.

[3:38:46 PM](#)

REPRESENTATIVE TARR asked if AARP and other groups were coordinating to consider the net impact on seniors if there were changes, and whether the commission be involved.

MS. DARLIN replied that this was already happening, especially for the concerns and impacts in the outlying areas.

[3:41:25 PM](#)

CHARLES MCKEE read from a letter he wrote to U.S. Representative Paul Ryan regarding the welfare of senior citizens.

CHAIR SEATON asked that Mr. McKee focus his comments directly on proposed HB 226 and the Alaska Commission on Aging.

[3:45:07 PM](#)

MARY SHIELDS, Chair, Alaska Commission on Aging, stated that the senior population was the fastest growing demographic in Alaska, while contributing about \$3 billion annually to the state economy. She relayed that the commission members were the eyes and ears for the senior community, especially for the older, vulnerable Alaskans. The commission brought these messages back to the policy makers, noting that a lot of information came from the rural outreach meetings. She pointed out that the commission also contacted the state ombudsman to ensure any wrongdoings directed at seniors were properly addressed. She lauded the central positioning of the commission, and she declared support for HB 226.

[3:48:09 PM](#)

GORDON GLASER, Alaska Commission on Aging, shared that he was also on the board of the Anchorage Senior Activities Center. He relayed that the commission looked at broad policy as well as individual cases, as their mission was to determine what was going on and what needed to be changed, then making recommendations to the legislature, the state agencies, and the governor. He stated support of HB 226, adding that the aging population was a resource, with vital, active leadership and involvement in the community.

[3:50:57 PM](#)

PETER ZUYUS directed attention to his letter in support of the commission [Included in members' packets] and pointed out that, although the Kenai Peninsula Borough had more than 18,000 senior citizens, growing at 16 percent annually, it did not have any representation on the commission. He asked that the proposed

bill contain an amendment to include a member of the Kenai Peninsula Borough on the commission.

[3:53:03 PM](#)

DAVID LEVY, Senior Services Coordinator, Anchorage Senior Advisory Commission, testified that the Anchorage Senior Advisory Commission supported HB 226. He reported that the commission looked at issues of concern for seniors in the Anchorage area. He shared that the Anchorage Senior Advisory Commission had worked closely with the Alaska Commission on Aging.

[3:54:45 PM](#)

CHAIR SEATON closed public testimony.

REPRESENTATIVE STUTES offered anecdotal testimony regarding the Kodiak Senior Center, and how well all the services interact.

[3:56:32 PM](#)

CHAIR SEATON offered his comments on the Alzheimer's conference in Anchorage, and suggested that committee members try to attend any future meetings.

[3:57:16 PM](#)

REPRESENTATIVE HAWKER directed attention to the fiscal note, noting that it needed a correction, as the revenues line on page 1 should reflect the \$11 million dollars in federal revenue.

[3:58:13 PM](#)

CHAIR SEATON declared that HB 226 would be held over.

HB 260-DAY CARE ASSISTANCE & CHILD CARE GRANTS

[3:58:39 PM](#)

CHAIR SEATON announced that the next order of business would be HOUSE BILL NO. 260, "An Act relating to the recovery of overpayments of day care assistance and child care grants; and providing for an effective date."

[3:59:23 PM](#)

SEAN O'BRIEN, Director, Director's Office, Division of Public Assistance, Department of Health and Social Services (DHSS), explained that the division provided child care funding to qualified individuals with low to moderate incomes who needed assistance in order to return to work. He reported that the proposed bill would allow for the collection of overpayments and misspent funds through the garnishment of permanent fund dividends (PFDs) when it could not be collected through voluntary repayment, as was the current strategy. Reflecting on FY15, he reported that the division had about 30 open claims, with about half actively repaying. He stated that most of the department's claims occurred when there was either a lack of accurate information or neglect for the reporting of a change to circumstances. The proposed bill included four important aspects, which the department considered justification for its passage. The bill supported federal compliance with the child care development program to recover improper or fraudulent payments, and addressed a gap in the division's current authority to recoup those payments. He shared that the inability to recoup these payments through voluntary means, resulted in the cost being covered through state general funds. The proposed bill would provide a consistency of collection practices with other Division of Public Assistance programs, thereby streamlining the process. He clarified that the effective date would be July 1, 2016, in order to allow leverage of the 2016 PFD. He shared that the division had a policy allowing for a one year look back period, which was consistent with practices for recouping payment in other public assistance programs. He clarified that child care assistance was paid to providers on a parent's behalf, so that the collections would come from the parents. He noted that, for child care grants paid to licensed providers for specific purposes, the division would go directly to the provider to recoup the funds.

[4:03:33 PM](#)

CHAIR SEATON asked if the proposed bill enabled collection of overpayment of grants for daycare and child care assistance similar to collection from adult public assistance and medical assistance.

MR. O'BRIEN expressed agreement, stating that the proposed bill would make consistent and align the recovery collection systems.

CHAIR SEATON asked if the proposed bill would necessitate a new set of regulations for implementation.

MR. O'BRIEN explained that the Child Care Program Office currently had a notice of proposed rulemaking, and within that language two major features were indicated: identify fraud or other program violations and investigate the recovery of fraudulent payments with accompanying sanctions on clients and providers. He offered his belief that the ability to collect the payments was in place, but the methodology for enforcement and collection was in volunteer status.

CHAIR SEATON asked for clarification whether regulations would need to be written. He opined that regulations would need to be written for Section 2 of the proposed bill.

[4:06:39 PM](#)

STACIE KRALY, Chief Assistant Attorney General, Statewide Section Supervisor, Human Services Section, Civil Division (Juneau), Department of Law, offered her belief that it was not necessary to draft regulations to implement the proposed bill, as the ability for recovery already existed, and the proposed bill offered an additional tool with the statutory provision for the garnishment of PFDs. In response to Chair Seaton, she explained that Section 2, the retroactive provision, contemplated the ability to garnish the 2016 PFD for debts or overpayments that had accrued prior to the effective date of the proposed bill. She pointed out that the department policy was to look back one year for collection of debts.

[4:09:10 PM](#)

REPRESENTATIVE VAZQUEZ expressed her support for the closure of this loophole, and she asked about inclusion in the proposed bill for collection of overpayments to the heating assistance program.

MR. O'BRIEN replied that he did not know the background for whether this program had been considered for inclusion to the proposed bill.

MS. KRALY acknowledged that this program should be considered by the committee for addition to the proposed bill.

CHAIR SEATON asked for more information so this could be considered in an amendment.

REPRESENTATIVE VAZQUEZ expressed the desire for the Department of Health and Social Services to have any necessary tools to

recover any overpayments, "especially in the light of our fiscal gaps."

4:11:08 PM

REPRESENTATIVE TARR, referencing the fiscal note, asked for clarification of the breakdown between the grants and the individual recipients for day care assistance. She noted that she had been pondering ways for program improvement, and shared that one challenge posed by many providers was that the assistance was done in time blocks, which made it difficult for "drop-in" services and often resulted in payment for time that was not necessary. She asked if flexibility for shorter time blocks could be considered.

4:13:17 PM

JANICE BRADEN, Child Care Program Office, Division of Public Assistance, Department of Health and Social Services, in response to Representative Tarr, said that she did not have that information readily available. She relayed that, as the recent re-authorization of the federal child care development and block grants had made many changes, states also needed to make changes within the regulations. She reported that her office was in the process of reviewing the necessary changes to meet these new requirements for the child care assistance program.

CHAIR SEATON asked that any federal changes be brought forward to be included in the proposed bill.

REPRESENTATIVE TARR asked if the aforementioned breakdown could be sent to the committee.

MS. BRADEN acknowledged that she would send them.

4:16:58 PM

REPRESENTATIVE WOOL asked if the funding went directly to the child care provider or to the parent, and how often was this audited to reconcile any overpayments.

MS. BRADEN explained that with the Child Care Assistance program the family would apply and provide documentation for household, income, and activity, such as work or school, in support of eligibility. She explained that recipients were asked to report any changes and eligibility was then reviewed and re-determined at six months. She shared that the most common unreported

change was for a second parent back in the home, which affects the family size and income to determine benefit levels. In the childcare assistance program, the benefits were paid directly to the child care provider on the family's behalf, so any recoup of overpayment came from the parent.

CHAIR SEATON asked for clarification that, if there was a single parent upon determination of eligibility, but then the parents reunited prior to the six month review resulting in a second income to the household, this was an example of "things not getting reported."

MS. BRADEN expressed her agreement that this was one of the most common examples.

REPRESENTATIVE WOOL asked for clarification that, when the payments went to the child care provider, if there were a change in situation, then the parent was responsible for any overpayment. He asked if they would have to approach the child care provider for reimbursement. He opined that the discrepancy was not for the amount of child care provided, but for the amount of [financial] assistance that was provided.

REPRESENTATIVE TARR asked for clarification that although the overpayment went directly to the provider, the individual parent was responsible for repayment. She asked if the provider was entitled to keep the funding, as they had provided the service.

MS. BRADEN explained that the provider would not be penalized by recouping money as they had provided the services, and they had a cost for those services. What the state had paid on behalf of the family was too much, as the family should have paid more of the portion to the provider.

REPRESENTATIVE WOOL asked if the child's PFD could be garnished.

MS. KRALY explained that, as the agreement was with the parent, not with the child, it would be garnishment of the parent's PFD.

CHAIR SEATON said that HB 260 would be held over.

HB 262-SENIOR BENEFITS PROG. ELIGIBILITY

[4:23:33 PM](#)

CHAIR SEATON announced that the next order of business would be HOUSE BILL NO. 262, "An Act relating to eligibility requirements

of the Alaska senior benefits payment program; and providing for an effective date."

SEAN O'BRIEN, Director, Director's Office, Division of Public Assistance, Department of Health and Social Services (DHSS), summarized the senior benefits program to Alaskan seniors with a low to moderate income as three different cash benefit amounts, \$125, \$175, and \$250 per month, dependent on the income of the applicant and tied to the Alaska Federal Poverty Guidelines. He explained that the intent of proposed HB 262 was four fold: one additional eligibility requirement for the necessity to be a U.S. citizen or qualified alien is added; qualified aliens would be eligible with all other public assistance programs; the original intent of the program to be in alignment with the adult public assistance program is corrected with this one criteria; and, about \$43,000 annually based on the 16 non-qualified aliens currently known to be in the system is saved. He reported that, in order to meet citizenship requirements, a person must be a U.S. citizen or national, or a qualified alien. He noted that a qualified alien must have been in the U.S. for five years, whereas a non-qualified alien would either be someone who the U.S. Immigration Service is aware of but has no plan to deport; a non-immigrant, an individual in the U.S. lawfully but temporarily; or an illegal alien. He reported that of the 16 aforementioned non-qualified individuals, 12 had not yet met the five year waiting period, 3 were non-immigrants, and 1 was illegal.

CHAIR SEATON asked for clarification about the three non-immigrants.

MR. O'BRIEN explained that these individuals were here lawfully but on a temporary basis, such as work visas, student visas, or diplomats.

CHAIR SEATON asked about the amounts paid relative to the percentage of poverty.

[4:29:22 PM](#)

MONICA MITCHELL, Chief, Policy and Program Development, Division of Public Assistance, Department of Health and Social Services, explained that the monthly payment of \$250 was for an income level up to 75 percent of the federal poverty level, the \$175 monthly payment was for an income level between 75 and 100 percent of federal poverty level, and the \$125 monthly payment

was for income between 100 percent and 175 percent of the federal poverty level.

CHAIR SEATON directed attention to page 2, line 5 of the proposed bill, and asked for clarification regarding the payment of \$120 a month.

MS. MITCHELL offered her belief that this senior benefit could be a holdover from the general assistance program which would need to be corrected.

CHAIR SEATON asked for this to be identified, and, if necessary, cleaned up at this time.

REPRESENTATIVE TARR opined that this was in reference to the senior longevity program.

CHAIR SEATON asked for the definitive answer.

REPRESENTATIVE VAZQUEZ declared her support of the proposed bill as it closed a loophole. She asked if the general relief statutes should also be addressed and imposed with the same requirement.

MR. O'BRIEN said he would review this.

[4:32:16 PM](#)

CHAIR SEATON opened public testimony. After ascertaining that no one wished to testify, closed public testimony.

[HB 262 was held over.]

[4:33:27 PM](#)

The committee took an at-ease from 4:33 p.m. to 4:36 p.m.

HB 237-INTERSTATE MEDICAL LICENSURE COMPACT

[4:36:23 PM](#)

CHAIR SEATON brought the committee back to order.

CHAIR SEATON announced that the final order of business would be HOUSE BILL NO. 237, "An Act relating to an interstate compact on medical licensure; amending the duties of the State Medical Board; and relating to the Department of Public Safety's

authority to conduct national criminal history record checks of physicians."

[4:36:55 PM](#)

TANEEKA HANSEN, Staff, Representative Paul Seaton, Alaska State Legislature, reported that proposed HB 237 was model legislation, already entered into by 12 states with 11 other states considering it, and passage would enter Alaska into the Interstate Medical Licensure Compact. She stated that the purpose of this compact was to create another venue into medical licensure by joining other compact states in creating an expedited license process for qualified physicians, as well as creating an interstate commission to administer the compact and maintain all the necessary information.

CHAIR SEATON asked for an explanation to the necessity of the proposed bill.

MS. HANSEN shared that the proposed bill was a result of the delays in the licensure process, and she directed attention to a letter from Aaron Kusano [Included in members' packets] which listed specific changes for improvement to the process. Upon investigation, she shared that awareness of the Interstate Medical Licensure Compact became an option. She relayed that the basic premise of the compact, that physicians in a compact state could verify eligibility within the state of primary licensure, and then, if eligible, register with the interstate commission and list the other states in which they requested licensure. These states would then be notified of the physician's eligibility, and upon receipt of the licensing fees, the doctor would be licensed. This would allow a physician to work through the compact for verification instead of through each state individually, thereby avoiding the duplicative process.

CHAIR SEATON pointed out the need for physicians, emphasizing that these were medical licenses, and noted that there was also a nurses licensing compact, which was not included in this proposed bill.

MS. HANSEN expressed agreement, reiterating that a goal was to ensure that the state had enough providers to address all the health care needs, which was "a real concern in some communities, that we do have a shortage of health care providers."

[4:41:03 PM](#)

REPRESENTATIVE VAZQUEZ directed attention to the FAQ, page 1, [Included in members' packets] and read: "possess specialty certification or be in possession of a time unlimited specialty certificate." She asked for clarification about whether a general practitioner would be eligible for participation.

MS. HANSEN acknowledged that they would "take feedback from the medical board and practitioners as to who would be eligible." She shared that her research indicated that almost 80 percent of physicians would currently be eligible for the expedited license under the current definitions, and that the other physicians would still be able to apply for a license in the State of Alaska. She declared that this did not supersede the licensing procedure in Alaska, it only provided another venue.

REPRESENTATIVE VAZQUEZ reiterated that this appeared that only doctors with a specialty certification would be allowed to use the compact mechanism.

MS. HANSEN deferred the question to the medical board, noting that the bill defined the specialty certifications.

REPRESENTATIVE VAZQUEZ declared her support for the goal of the proposed bill. Noting that it was necessary for 7 states to join the compact for it be launched, she asked how many states had currently joined the compact.

MS. HANSEN replied that there were already 12 states in the compact, although no licenses had yet been awarded. She reported that the interstate commission had met on December 18, 2015, and would meet again in the near future, in order to establish the by-laws.

REPRESENTATIVE WOOL asked if this was also designed for physicians practicing telemedicine in multiple states.

MS. HANSEN explained that it would still depend on the specific statutes on an eligible physician for telemedicine in Alaska, although eligibility would also be dependent on being licensed in the State of Alaska.

REPRESENTATIVE VAZQUEZ asked if this was a step toward more use of telemedicine.

CHAIR SEATON explained this was a step that would permit this, but it would not institute it, as a person had to be licensed and pay the licensing in the state. He clarified that it was necessary for an expedited license in each state, and that the compact did not create a single license for use in all compact states.

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REPRESENTATIVE VAZQUEZ directed attention to the FAQ, page 2, and read: "have successfully completed a graduate medical education (GME) program." She said that she would have a question about this, opining that it was a question for the medical board. She directed attention to another requirement on page 2, of the FAQ, and read: "have passed the USMLE or COMLEX within three attempts." She acknowledged that these were both technical questions.

MS. HANSEN explained that the examination requirement was similar to what was currently in the medical statutes, and that there was a similarly worded requirement for having passed an approved GME program. She noted that the approving bodies in Alaska were different than those approving bodies in the compact, and she deferred to the state medical board for further discussion. She directed attention to the letter dated January 13, 2015, from the Director of the Division of Corporations, Business and Professional Licensing detailing interest by the Department of Commerce, Community & Economic Development but not indicating any current reservations.

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MS. HANSEN referenced the Sectional Analysis of HB 237, [Included in members' packets] explaining that Sections 1 - 6 were Alaska specific language to include the Interstate Medical Licensure Compact; whereas, Section 7, the main body of the proposed bill, was the model language to enter into the Compact, and could not be substantially changed if Alaska desired to be a part of the Compact. She reported that Section 8 of the Sectional Analysis was also Alaska specific language. She paraphrased from the Sectional Analysis of HB 237, which read:

Section 1- Amends AS 08.64.101, duties of the state medical board, to include implementation of the Interstate Medical Licensure Compact.

Section 2- Adds to AS 08.64.190 to require a physician applying for an expedited license under this compact to submit the fingerprints and fees necessary for a criminal background check. Statute does not currently require physicians licensed in Alaska to have a background check.

Section 3- Requires the medical board to waive licensure requirements if a physician is eligible for expedited licensure under the Interstate Medical Compact.

Section 4- Authorizes the Department of Commerce, Community, and Economic Development to set fees for the issuance or renewal of expedited licenses.

Section 5- Clarifies in AS 08.64.370 the exceptions to licensure requirements under chapter 08.64.

Section 6- Amends the definition of the "practice of medicine" or "practice of osteopathy" to allow for the definition under the Interstate Medical Licensure Compact.

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MS. HANSEN moved on to explain that Section 7 of the proposed bill was the model legislation, and that the first seven sections of Section 7 dealt with the ground rules for entry into the Compact. She paraphrased from Section 7, which read:

Section 08.64.500- Enacts and enters Alaska into the Interstate Medical Licensure Compact as created in the following sections.

Section 08.64.510- States that the purpose of the compact is to provide a streamlined licensure process that enhances portability while complementing existing state license authority. Maintains the jurisdiction of individual state medical boards.

Section 08.64.520- Defines terms to be used throughout the compact, including definitions of "expedited license" and "physician" for the purpose of qualification for an interstate expedited license.

Section 08.64.530- Declares that a physician must meet the eligibility requirements defined in 08.64.520(11) to receive an expedited license. Allows that a physician that does not meet these requirements may obtain an individual state license if all state laws and requirements are met.

Section 08.64.540- Directs a physician to designate a compact member state as the state of principal licensure to register for an expedited license and defines what qualifies as a principal state of licensure.

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MS. HANSEN moved on to the next section, which outlined how to get an expedited license, and read:

Section 08.64.550- Outlines how a physician shall apply for an expedited compact licensure through an application with the medical board of the physician's state of principal license. The board shall evaluate the physician's eligibility under the compact, including through primary source verification and criminal background checks. If determined eligible, the physician shall then register with the Interstate Commission, select states of licensure, and pay any necessary fees to each selected member state before receiving licenses in those states. A physician must follow all applicable laws and regulations of the issuing state.

REPRESENTATIVE WOOL asked whether a physician arriving in Alaska from a state not participating in the Compact could simply fulfill the Alaska requirements, although this would take longer.

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MS. HANSEN expressed her agreement. She returned attention to the Sectional Analysis, which read:

Section 08.64.560- Allows compact member states to impose a fee for expedited licensure and authorizes the Interstate Commission to develop rules regarding these fees.

Section 08.64.570- Describes how a qualified physician may seek renewal of an expedited license through the Interstate Commission. States that the physician shall comply with any continuing education requirements of any member state where they seek a renewed license, and that member states may charge renewal fees through the Interstate Commission.

Section 08.64.580- Establishes a database of all physicians licensed through the Interstate Commission and describes what information compact member states must report.

Section 08.64.590- Outlines how compact member boards may participate in joint investigations.

Section 08.64.600- States that any disciplinary action taken by one member board may be acted upon or imposed by other member states, that if a license is revoked by the state of principal license all other member state licenses are automatically revoked, and that if the license is revoked by a state that is not the principal state of license all other licenses are automatically suspended for 90 days for investigation by each member board.

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MS. HANSEN described the last sections of the model legislation, which read:

Section 08.64.610- Creates the Interstate Medical Licensure Compact Commission to administer the Interstate Medical Licensure Compact and describes the voting members and meeting procedures of the commission. Each member state shall have two voting representatives.

Section 08.64.620- Describes the powers and duties of the Interstate Commission.

Section 08.64.630- Authorizes the Interstate Commission to levy an assessment against member states to cover its costs and requires certain financial restrictions of the commission.

Section 08.64.640- Sets out the organization and operation of the Interstate Commission including the adoption of bylaws, the election of officers, and the immunity and liability of commission directors and employees.

Section 08.64.650- States that the Interstate Commission shall promulgate reasonable rules for the administration of the compact and describes a petition against a commission rule.

Section 08.64.660- Declares that all branches of a state government shall enforce the Compact and maintains that the Compact shall not override existing state authority to regulate medicine.

Section 08.64.670- Provides guidelines for how the Interstate Commission may take legal action to enforce the provisions and the rules of the Compact.

Section 08.64.670- Outlines procedures of the Interstate Commission should a member state default in its obligations under the Compact.

Section 08.64.690- Allows the Interstate Commission to promulgate rules for dispute mediation and resolution at the request of a member state or states. The following sections relate to the effective date, withdrawal proceedings, and other construction questions relating to the Compact.

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MS. HANSEN paraphrased from the Compact, that for any change to the Compact, the member states would have to give unanimous consent, which read:

Section 08.64.700- Declares that the Compact shall be effective and binding on member states once enacted by no less than seven states, that nonmember states shall be invited to participate as a non-voting member, and that a proposed amendment to the Compact shall not become binding unless enacted by unanimous consent of the members states.

Section 08.64.710- Provides that a member state may withdraw from the Compact one year after the effective date of a statute repealing the Compact in that state.

Section 08.64.720- States that the Compact and the Interstate Commission shall dissolve if the Compact membership is reduced to one member state.

Section 08.64.730- Allows that the provisions of the Compact are severable, should any one provision be deemed unenforceable.

Section 08.64.740- Details the interaction between the Compact and other laws of member states, including that laws in conflict with the Compact are supersede to the extent of the conflict and that Compact provisions that are in conflict with a state constitution shall be ineffective to the extent of the conflict.

Section 08.64.750- Allows the state medical board to designate a compact administer to facilitate that administration of the Compact across state departments and agencies.

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MS. HANSEN reviewed the final section, Section 8, which read:

Section 8- Amends existing Alaska statute AS 12.62.400 to allow the Department of Public Safety to submit fingerprints to the Federal Bureau of Investigation to obtain a national criminal background check for physicians applying for expedited licensure.

[HB 237 was held over]

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ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:01 p.m.