

Session:  
Alaska State Capitol  
Juneau, AK 99801  
(907) 465-4931

# Alaska House of Representatives

Representative Calvin Schrage

Co-Chair: House Finance Committee

Interim:  
1500 W. Benson Blvd.  
Anchorage, AK 99503  
(907) 269-0205



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## **House Bill 70 – “Rico’s Law”**

*An act relating to emergency medical services for operational canines.*

House Bill 70 empowers Emergency Medical Services (EMS) personnel to deliver on-scene point-of-injury (POI) emergency care and transport for operational canines (OpK9s).

Operational canines are essential members of law enforcement, other government operations, and search-and-rescue teams. These courageous animals amplify the success of countless military, law enforcement, search-and-rescue, and humanitarian missions. Their roles even extend to police or fire chaplaincy during crises.

This bill is named “Rico’s Law” in honor of Alaska State Trooper K9 Rico, whose end of watch occurred on March 26, 2017. Rico was fatally shot while heroically attempting to apprehend a suspect after a lengthy pursuit on the Parks Highway in Wasilla, Alaska.

K9 Rico, like all operational canines, demonstrated unwavering dedication, protecting, and defending his community. These animals are more than just assets or property—they are teammates, partners, and family members who deserve emergency care and transportation rights. Operational canines, especially those deployed in tactical or high-threat situations, face significant risks of injury or preventable death.

Currently, Alaska lacks statutory authority allowing EMS personnel to apply life-saving care to these animals. Under current law, providing such care could be deemed “practicing veterinary medicine without a license,” a violation under AS 08.98.120, carrying severe penalties. The super-rural nature of Alaska adds another dimension of acuity for our operational canines outside of Alaska’s major urban centers.

Alaska’s EMS professionals already possess the equipment, supplies, and medications needed to adapt existing prehospital standards of care for human patients to operational canines. Training programs like the K9 Tactical Emergency Casualty Care (K9 TECC) course provide additional training for clinicians to confidently manage operational canine emergencies. The passage of this bill would eliminate legal barriers, allowing EMS personnel to administer life-saving care and transport injured operational canines to emergency veterinary facilities.

With minimal investment by our participating EMS services, Alaska EMS can ensure that our operational canines have a fighting chance at survival when injured in the line of duty.

**HOUSE BILL NO. 70**

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

**BY REPRESENTATIVE SCHRAGE**

**Introduced: 1/27/25**

**Referred: Health and Social Services, Labor and Commerce**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act relating to emergency medical services for operational canines; relating to the**  
2 **powers, duties, and liability of emergency medical technicians and mobile intensive care**  
3 **paramedics; relating to the practice of veterinary medicine; and providing for an**  
4 **effective date."**

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

6 \* **Section 1.** AS 08.98.125 is amended to read:

7 **Sec. 08.98.125. Exemptions.** This chapter does not apply to the following:

8 (1) a veterinary medical officer in the military service in the discharge  
9 of official duties or as an employee in the federal or state government performing  
10 veterinary medical services within the scope of the person's official duties;

11 (2) a veterinarian who is licensed in another state or country, or a  
12 person whose expertise a veterinarian licensed in this state believes would benefit an  
13 animal, and who provides only consultation to a veterinarian licensed in this state; in  
14 this paragraph, "consultation" means advice or assistance provided in person,

1 telephonically, electronically, or by any other method of communication from a  
 2 veterinarian or other person whose expertise, in the opinion of the veterinarian, would  
 3 benefit the animal; [AND]

4 (3) a veterinarian licensed and residing in another state who provides  
 5 assistance, as requested by and under the supervision of a veterinarian licensed in this  
 6 state, for the purpose of providing skills not otherwise available in this state in  
 7 conducting research or other practice of veterinary medicine on captive or free-ranging  
 8 wildlife; however, that assistance is limited to not more than three events in a calendar  
 9 year for not more than a total of 60 days in the year and may not be on a regular or  
 10 recurring basis, as defined by the board; **and**

11 **(4) an emergency medical technician or mobile intensive care**  
 12 **paramedic providing emergency medical services to an operational canine as**  
 13 **provided under AS 18.08.093.**

14 \* **Sec. 2.** AS 18.08.075(a) is amended to read:

15 (a) An emergency medical technician or mobile intensive care paramedic who  
 16 responds to an emergency with an ambulance service or first responder service, who  
 17 has in the technician's or mobile intensive care paramedic's possession a current  
 18 emergency medical technician or mobile intensive care paramedic identification card,  
 19 and who provides emergency medical care or other emergency medical service, has  
 20 the authority to

21 (1) control and direct activities at the accident site or emergency until  
 22 the arrival of law enforcement personnel;

23 (2) order a person other than the owner to leave a building or place in  
 24 the vicinity of the accident or other emergency for the purpose of protecting the person  
 25 from injury;

26 (3) temporarily block a public highway, street, or private right-of-way  
 27 while at the scene of an accident, illness, or emergency;

28 (4) trespass **on** [UPON] property at or near the scene of an accident,  
 29 illness, or emergency at any time of day or night;

30 (5) enter a building, including a private dwelling, or premises where a  
 31 report of an injury or illness has taken place or where there is a reasonable cause to

1 believe an individual or operational canine has been injured or is ill to render  
2 emergency medical care; and

3 (6) direct the removal or destruction of a motor vehicle or other thing  
4 that the emergency medical technician or mobile intensive care paramedic determines  
5 is necessary to prevent further harm to injured or ill individuals or operational  
6 canines.

7 \* **Sec. 3.** AS 18.08.086(a) is amended to read:

8 (a) A person certified or licensed under AS 18.08.082 who administers  
9 emergency medical services to an injured or sick person or who, under AS 18.08.093,  
10 administers emergency medical services to an operational canine, a person or  
11 public agency that employs, sponsors, directs, or controls the activities of persons  
12 certified or licensed under AS 18.08.082 who administer emergency medical services  
13 to an injured or sick person or who, under AS 18.08.093, administer emergency  
14 medical services to an operational canine, or a health care professional or  
15 emergency medical dispatcher acting within the scope of the person's certification or  
16 licensure who directs or advises a person to administer emergency medical services to  
17 an injured or sick person is not liable for civil damages as a result of an act or  
18 omission in administering those services or giving that advice or those directions if the  
19 administering, advising, and directing are done in good faith and the injured or sick  
20 person or operational canine reasonably seems to be in immediate danger of serious  
21 harm or death. This subsection does not preclude liability for civil damages that are  
22 the proximate result of gross negligence or intentional misconduct, nor preclude  
23 imposition of liability on a person or public agency that employs, sponsors, directs, or  
24 controls the activities of persons certified or licensed under AS 18.08.082 if the act or  
25 omission is a proximate result of a breach of duty to act created under this chapter. In  
26 this subsection, "gross negligence" means reckless, wilful, or wanton misconduct.

27 \* **Sec. 4.** AS 18.08.087 is amended to read:

28 **Sec. 18.08.087. Disclosure of medical records.** When requested for the  
29 purpose of evaluating the performance of an emergency medical technician, mobile  
30 intensive care paramedic, or physician who provided emergency medical care or other  
31 assistance to a sick or injured person, a licensed physician, advanced practice

1 registered nurse, or physician assistant may disclose to an emergency medical  
 2 technician, [A] mobile intensive care paramedic, or physician the medical or hospital  
 3 records of a sick or injured person to whom the paramedic, technician, or physician is  
 4 providing or has rendered emergency medical care or assistance. [HOWEVER, THE  
 5 DISCLOSING PHYSICIAN, ADVANCED PRACTICE REGISTERED NURSE, OR  
 6 PHYSICIAN ASSISTANT SHALL LIMIT DISCLOSURE UNDER THIS SECTION  
 7 TO THE RECORDS THAT ARE CONSIDERED NECESSARY BY THE  
 8 DISCLOSER FOR EVALUATION OF THE PARAMEDIC'S, TECHNICIAN'S, OR  
 9 PHYSICIAN'S PERFORMANCE IN PROVIDING THE EMERGENCY MEDICAL  
 10 CARE OR ASSISTANCE. A MOBILE INTENSIVE CARE PARAMEDIC,  
 11 EMERGENCY MEDICAL CARE TECHNICIAN, OR PHYSICIAN TO WHOM  
 12 CONFIDENTIAL RECORDS ARE DISCLOSED UNDER THIS SECTION MAY  
 13 NOT FURTHER DISCLOSE THE INFORMATION TO A PERSON NOT  
 14 ENTITLED TO RECEIVE THAT INFORMATION UNDER THIS SECTION OR  
 15 ANOTHER LAW.]

16 \* **Sec. 5.** AS 18.08.087 is amended by adding new subsections to read:

17 (b) When requested for the purpose of evaluating the performance of an  
 18 emergency medical technician or mobile intensive care paramedic who provided  
 19 emergency medical care or other assistance to a sick or injured operational canine, a  
 20 licensed veterinarian may disclose to an emergency medical technician or mobile  
 21 intensive care paramedic the medical or hospital records of a sick or injured  
 22 operational canine to whom the technician or paramedic is providing or has rendered  
 23 emergency medical care or assistance.

24 (c) An individual making a disclosure under this section shall limit the  
 25 disclosure to the records that are considered necessary by the discloser for evaluation  
 26 of the technician's, paramedic's, or physician's performance in providing the  
 27 emergency medical care or assistance. An emergency medical care technician, mobile  
 28 intensive care paramedic, physician, or veterinarian to whom confidential records are  
 29 disclosed under this section may not further disclose the information to a person not  
 30 entitled to receive that information under this section or another law.

31 \* **Sec. 6.** AS 18.08 is amended by adding a new section to read:

1           **Sec. 18.08.093. Emergency medical services for operational canines.** (a) If a  
2 veterinarian is unavailable to provide emergency medical services to an operational  
3 canine in a reasonable amount of time, an emergency medical technician or mobile  
4 intensive care paramedic may provide emergency medical services to the operational  
5 canine as long as the emergency medical technician or mobile intensive care  
6 paramedic

7                           (1) has received training on providing emergency medical services to  
8 operational canines;

9                           (2) is trained to provide comparable medical services to a human;

10                          (3) is authorized to provide the comparable medical service to a human  
11 under the scope of the emergency medical technician's or mobile intensive care  
12 paramedic's certification or license; and

13                          (4) meets at least one of the following requirements:

14                                   (A) the emergency medical technician or mobile intensive care  
15 paramedic has obtained informed consent from the owner of the operational  
16 canine or a person authorized to make medical decisions about the operational  
17 canine;

18                                   (B) the emergency medical technician or mobile intensive care  
19 paramedic is employed by the governmental agency that owns or has authority  
20 to make medical decisions about the operational canine; or

21                                   (C) the emergency medical technician or mobile intensive care  
22 paramedic provides the emergency medical service in accordance with a  
23 written protocol developed and approved by a veterinarian.

24           (b) An emergency medical technician or mobile intensive care paramedic who  
25 provides an emergency medical service to an operational canine under (a) of this  
26 section shall

27                           (1) transfer the operational canine to a licensed veterinarian at the  
28 earliest practicable opportunity; and

29                           (2) comply with all laws governing the administration of drugs or  
30 biologics to a human when administering a drug or biologic to an operational canine.

31   \* **Sec. 7.** AS 18.08.100(b) is amended to read:

1 (b) If an individual certified or licensed under this chapter determines in the  
2 course of a telehealth encounter with a patient that some or all of the encounter will  
3 extend beyond the individual's authorized scope of practice, the individual shall advise  
4 the patient that the individual is not authorized to provide some or all of the services to  
5 the patient, recommend that the patient contact an appropriate provider for the services  
6 the individual is not authorized to provide, and limit the encounter to only those  
7 services the individual is authorized to provide. **If the patient is an operational**  
8 **canine, the individual shall provide the advice and recommendation to the person**  
9 **who owns or is authorized to make medical decisions about the operational**  
10 **canine.** The individual certified or licensed under this chapter may not charge for any  
11 portion of an encounter that extends beyond the individual's authorized scope of  
12 practice.

13 \* **Sec. 8.** AS 18.08.200 is amended by adding new paragraphs to read:

14 (15) "operational canine" means a dog used

15 (A) by law enforcement or other government agencies; or

16 (B) in search and rescue operations;

17 (16) "veterinarian" means a veterinarian licensed under AS 08.98.

18 \* **Sec. 9.** This Act takes effect January 1, 2026.



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### *Sectional Analysis*

## **House Bill 70, Version A – “Rico’s Law”**

*An Act related to emergency medical services and operational canines.*

**Section 1:** Amends AS 08.98.125 exempts emergency medical technician or mobile intensive care paramedic from penalty for practicing veterinary medicine without a license when providing emergency medical services to an operational canine as provided under AS 18.08.093.

**Section 2:** Amends AS 18.08.075(a) to authorize emergency medical technicians and mobile intensive care paramedic to enter a building or premises where a report of an injury or illness has taken place or where there is reasonable cause to believe an operational canine has been injured or is ill to render emergency medical care and direct the removal of a motor vehicle or other thing determined necessary to prevent further harm to operational canines.

**Section 3:** Amends AS 18.08.086(a) to provide for civil liability protection to providers, or a director of a provider licensed under AS 18.08.082 who administers emergency medical services to an operational canine within the scope of the person’s certification or licensure and if the operational canine reasonably seems to be in immediate danger of serious harm or death.

**Section 4:** Amends AS 18.08.087 to remove language limiting physicians, advanced practice registered nurses, or physician assistants’ permission to disclose medical information of a patient to emergency medical technicians and mobile intensive care paramedics when the information is not for the purpose of evaluating the performance of an emergency medical technician, mobile intensive care paramedic or physician.

**Section 5:** Adds two new subsections to AS 18.08.087. The first allows licensed veterinarians to disclose medical or hospital records of an operational canine to an emergency medical technician or mobile intensive care paramedic for the purpose of evaluating the performance of an emergency medical technician or mobile intensive care paramedic. The second adds language restricting physicians, advanced practice registered nurses, or physician assistants’ permission to disclose medical information of a patient to emergency medical technicians and mobile intensive care paramedics when the information is not for the purpose of evaluating the performance of an emergency medical technician, mobile intensive care paramedic or physician.

**Section 6:** Adds one new section to AS 18.08 with two subsections. Subsection (a) allows for an emergency medical technician to provide emergency medical services to an operational canine if

a veterinarian is unavailable to provide emergency medical services in a reasonable amount of time, the emergency medical technician or mobile intensive care paramedic has received training on providing emergency medical services to operational canines, is trained to provide comparable medical services to humans, is authorized to provide the comparable medical service to a human under the scope of their license or certification, and has informed consent from the owner or someone authorized to make medical decisions about the operational canine or is providing medical service in accordance with a written protocol developed by a veterinarian. Subsection (b) requires the emergency medical technician or mobile intensive care paramedic to transfer the operational canine to a licensed veterinarian at the earliest practicable opportunity and comply with all laws governing the administration of drugs or biologics to a human when administering a drug or biologic to an operational canine.

**Section 7:** Amends AS 18.08.100(b) to clarify that if individuals licensed under this chapter determine, during a telehealth encounter, that the encounter will extend past their scope of practice they shall advise the person who is authorized to make medical decisions for the operational canine that they are not authorized to provide the services needed, provide recommendation for an appropriate provider, and limit the encounter to the services they are authorized to provide.

**Section 8:** Amends AS 18.08.200 to define “veterinarian” in this chapter the same as it is under AS 08.98 and “operational canine” as a dog used by law enforcement or other government operations; or in search and rescue operations.

**Section 9:** Sets an effective date of January 1<sup>st</sup>, 2026.

# Fiscal Note

State of Alaska  
2025 Legislative Session

Bill Version: HB 70  
 Fiscal Note Number: \_\_\_\_\_  
 () Publish Date: \_\_\_\_\_

Identifier: HB070-DOH-EP-01-30-25  
 Title: EMERGENCY MED SVCS; OPERATIONAL  
           CANINES  
 Sponsor: SCHRAGE  
 Requester: (H) HSS

Department: Department of Health  
 Appropriation: Public Health  
 Allocation: Emergency Programs  
 OMB Component Number: 2877

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2026	Included in	Out-Year Cost Estimates				
	Appropriation Requested	Governor's FY2026 Request	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
<b>OPERATING EXPENDITURES</b>	<b>FY 2026</b>	<b>FY 2026</b>	<b>FY 2027</b>	<b>FY 2028</b>	<b>FY 2029</b>	<b>FY 2030</b>	<b>FY 2031</b>
Personal Services							
Travel							
Services							
Commodities							
Capital Outlay							
Grants & Benefits							
Miscellaneous							
<b>Total Operating</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Fund Source (Operating Only)**

None							
<b>Total</b>	<b>0.0</b>						

**Positions**

Full-time							
Part-time							
Temporary							

**Change in Revenues**

None							
<b>Total</b>	<b>0.0</b>						

**Estimated SUPPLEMENTAL (FY2025) cost:** 0.0 *(separate supplemental appropriation required)*

**Estimated CAPITAL (FY2026) cost:** 0.0 *(separate capital appropriation required)*

**Does the bill create or modify a new fund or account?** No  
*(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No  
 If yes, by what date are the regulations to be adopted, amended or repealed?

**Why this fiscal note differs from previous version/comments:**

Not applicable, Initial version.

Prepared By: Lindsey Kato, Division Director	Phone: (907)465-3573
Division: Public Health	Date: 02/14/2025
Approved By: Pam Halloran, Assistant Commissioner	Date: 02/14/25
Agency: Department of Health	

FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2025 LEGISLATIVE SESSION

BILL NO. HB070

**Analysis**

The intent of this legislation is to empower Emergency Medical Services (EMS) agencies to develop protocols that enable EMS clinicians to provide appropriate emergency care to “operational canines.” The protocols must be reviewed and approved by both the agencies Medical Director and a veterinarian.

This bill also provides immunity from liability for such care.

There is limited programmatic impact and no fiscal impact is foreseen; therefore this is a zero dollar fiscal note.

**REPRESENTATIVE CALVIN SCHRAGE**

**HOUSE BILL 70**

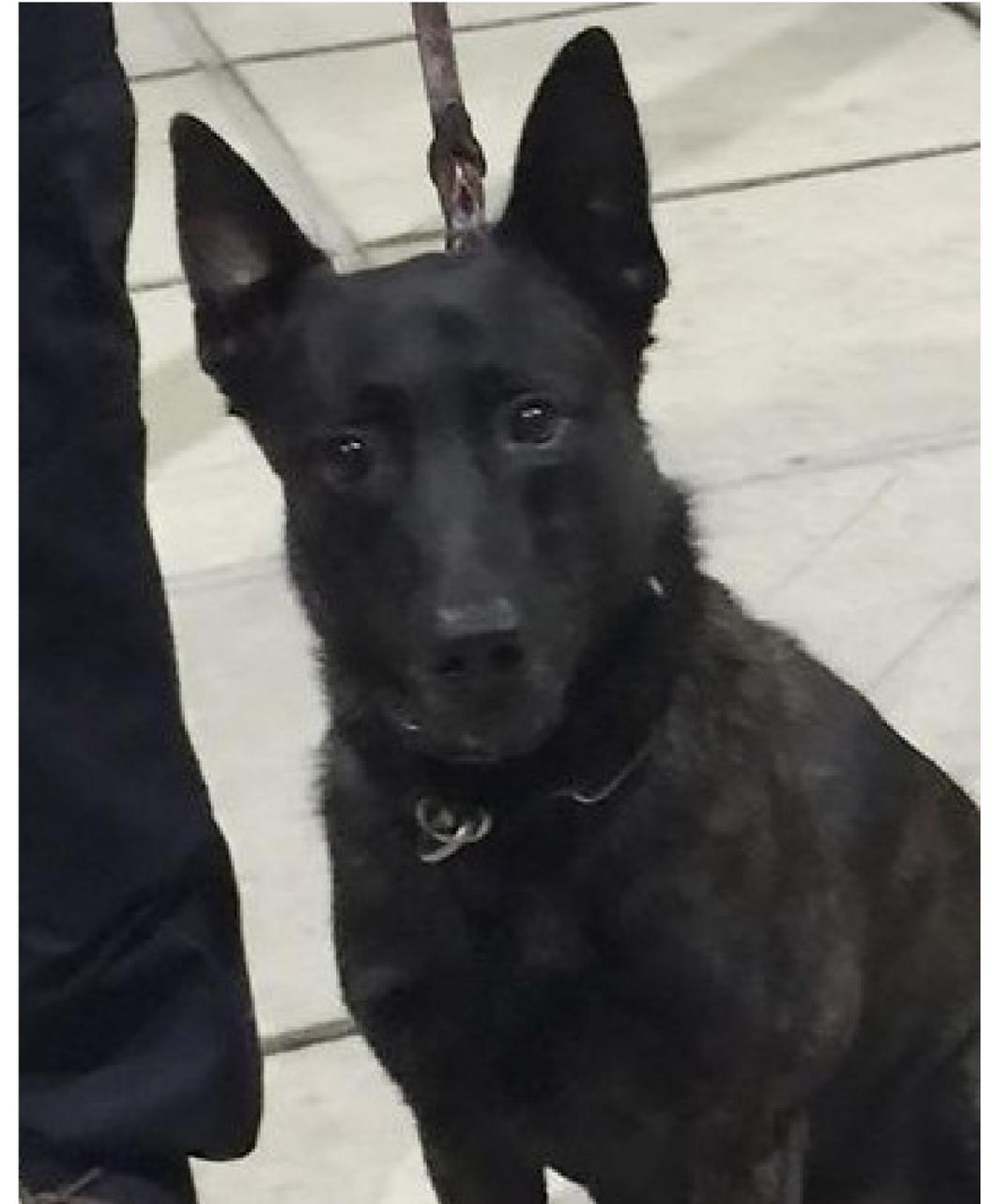
**RICCO'S LAW**

**➤ PRESENTED BY JEREMY HOUSTON**

*An Act relating to emergency services and operational canines.*

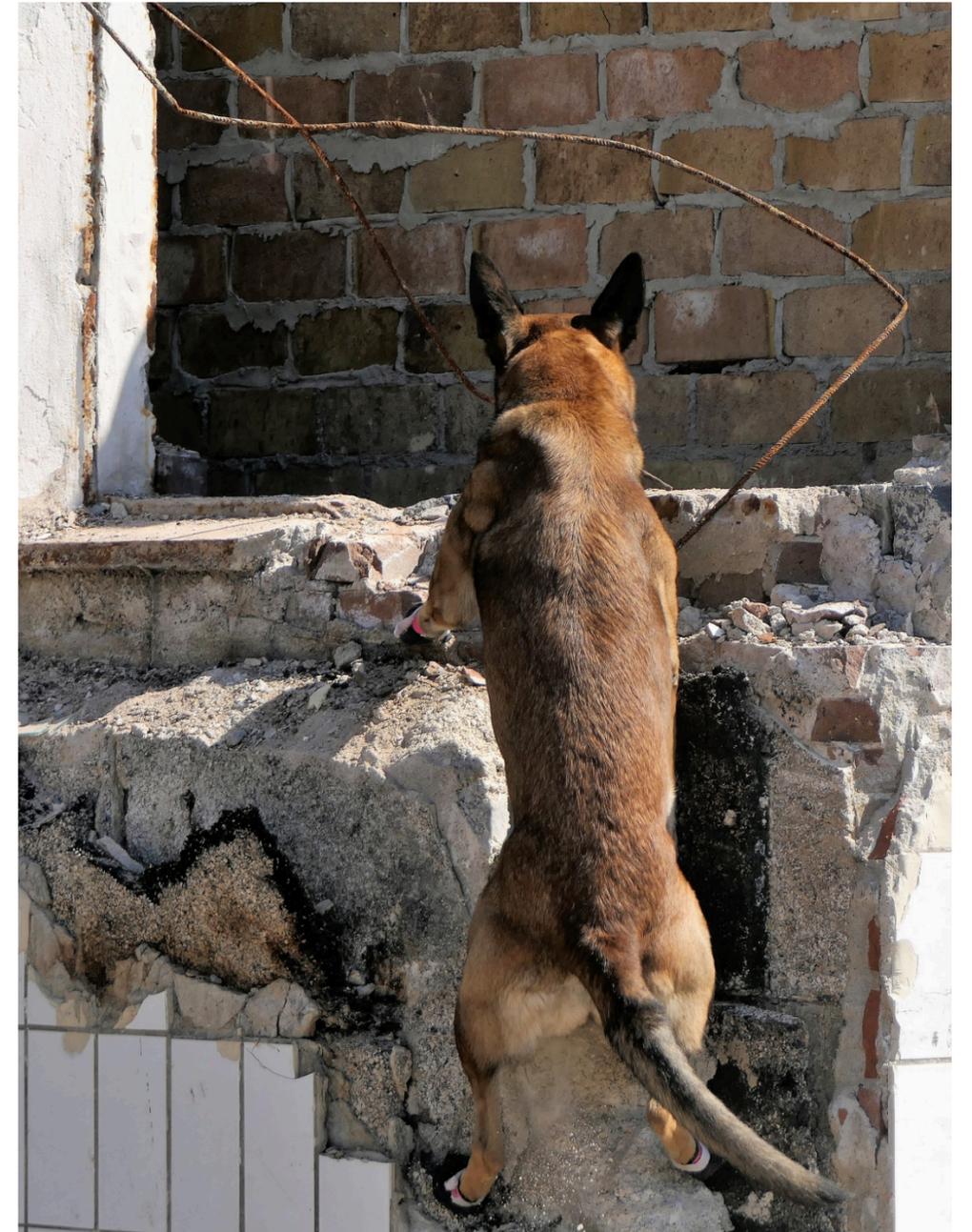
# INTRODUCTION

- Alaska currently lacks statutory authority for emergency medical personnel to care for operational canines.
- EMS personnel already have the medications and equipment needed to provide this care.
- Operational canines have been essential to many successful government and search and rescue operations.
- Passing this bill would allow EMS personnel to provide critical care to their canine colleagues.



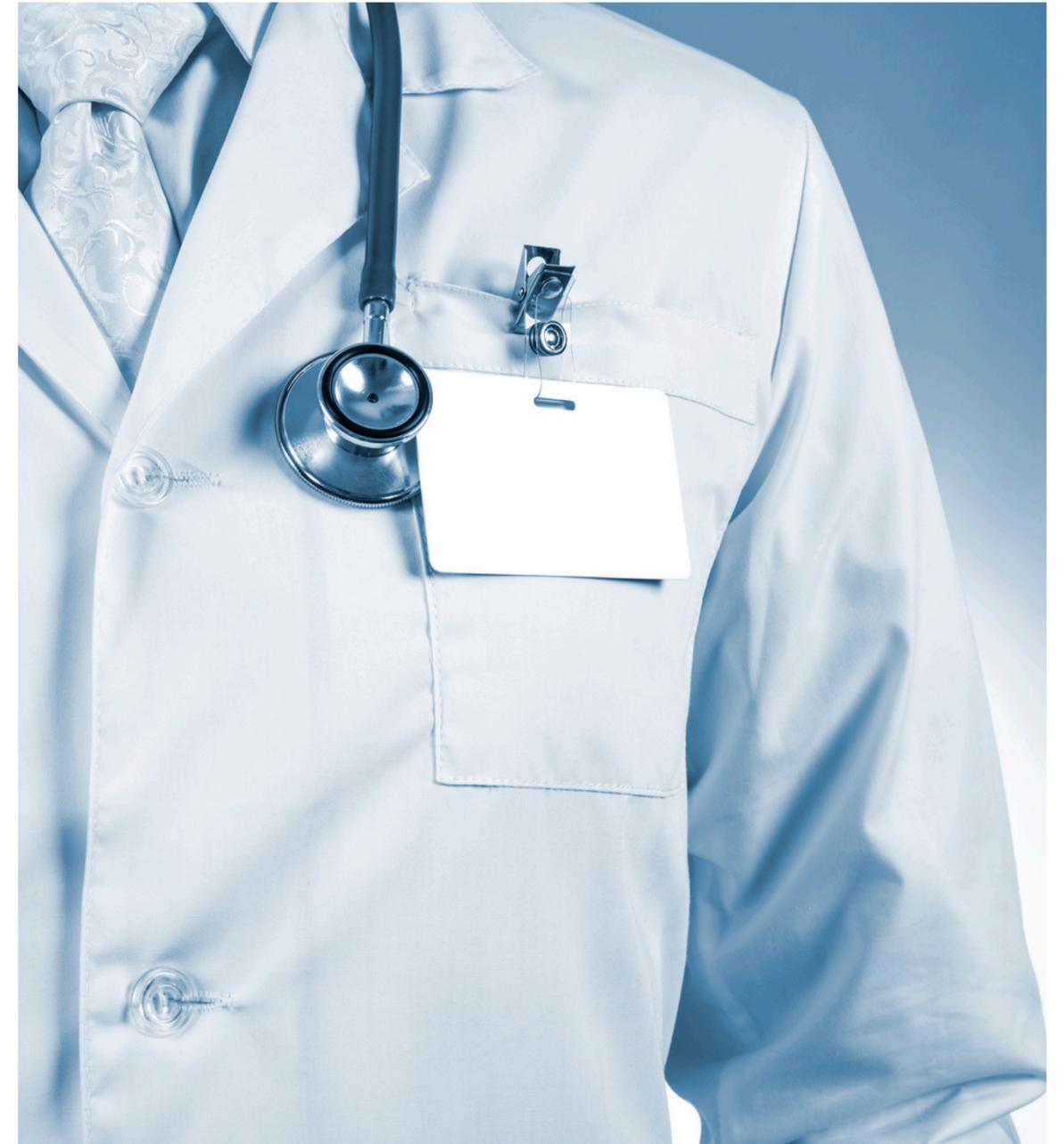
# SECTION 1, 2, AND 3

- Section 1 exempts EMTs and paramedics providing medical care and transport to operational canines from risk of prosecution.
- Section 2 permits EMTs and paramedics to enter private property when caring for an operational canine.
- Section 3 extends civil liability protection to providers, or directors of providers, who care for operational canines.



# SECTION 4 AND 5

- Section 4 removes language preventing the release of medical records to EMTs and paramedics unless necessary for evaluating their performance.
- Section 5 reinserts the removed language and adds a subsection to protect operational canines' medical records.



# SECTION 6

- Subsection (a) sets specific training and authorization requirements for EMTs and paramedics to provide care to an operational canine.
- Subsection (b) sets requirements for transporting and administering drugs to operational canines.



# SECTIONS 7, 8, AND 9

- Section 7 sets requirements for telehealth encounters with operational canines.
- Section 8 defines operational canine and veterinarian under AS 18.08
- Section 9 sets an effective date of January 1, 2026.



# CLOSING

- Currently, emergency medical services personnel are not allowed to apply life-saving point of injury care to operational canines.
- Alaska's EMS professionals already possess the equipment and medications needed to care for operational canines.
- The passage of this bill would allow EMS personnel to provide life-saving care and transport for injured operational canines.

# QUESTIONS

Please direct all questions not answered during the committee hearing to Jeremy Houston, staff to Representative Schrage.

**Jeremy Houston**

Jeremy.houston@akleg.gov

(907) 465-4931

**Representative Calvin Schrage**

rep.calvin.schrage@akleg.gov

(907) 465-4931



Brian Webb &lt;brian.webbak59@gmail.com&gt;

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**Proposed Statute change regarding EMS and pre-hospital care for animals**

1 message

Susan Whiton &lt;[REDACTED]&gt;

Fri, Dec 27, 2024 at 8:22 AM

To: Representative.Calvin.Schrage@akleg.gov

Cc: [REDACTED]

Dear Representative Schrage,

This letter has been written to show the support of MAT+SAR Search and Rescue for the pending legislation change being proposed by Rep. Schrage. This legislation will address the need for a change in the State statutes to allow EMS personnel to provide pre-hospital care and transport for injured animals. This change is particularly needed for dogs that may be working in risky or dangerous situations like law enforcement K9s and search and rescue K9s. Currently, EMS providing such care without being an AK-licensed veterinarian is considered a misdemeanor. This legislative change to existing State statutes seeks to align Alaska with other states that have already enacted or proposed similar legislation. This proposal is a common sense change that is needed to provide support for EMS and working K9s.

Sincerely,

Susan Whiton, DVM

President

MAT+SAR Search and Rescue



To: Representative Calvin Schrage  
State Capitol Room 410  
Juneau AK, 99801  
[Representative.Calvin.Schrage@akleg.gov](mailto:Representative.Calvin.Schrage@akleg.gov)

From: Kate D. Zimmerman, DO, FACEP, FAEMS of Yarmouth, ME

Date: January 28, 2025

Re: **HB70** *An Act relating to the emergency medical services for operational canines; relating to the powers, duties, and liability of emergency medical technicians and mobile intensive care paramedics; relation to the practice of veterinary medicine; and providing for an effective date*

I am writing in support of HB70. I am a board-certified Emergency Medicine and Emergency Medicine Services (EMS) physician in Maine, the Associate State Medical Director for Maine EMS, the EMS Medical Director for the National Association of Veterinary EMS as well as the Medical Director for the City of Portland's Special Reaction Team. I am the lead author Maine EMS' Operational Canine Protocols which were written in collaboration with local and national emergency/critical care veterinary specialists, canine handlers, EMS clinicians and EMS physicians. I have been working at the national level to promote the pre-hospital treatment and transportation of working canines as well as establishing a standardized curriculum for prehospital operational canine care. Though I do not represent my employer, Maine EMS or the national organizations to which I belong, I feel compelled to testify based on my own experience with working canines.

Outside of the hospital setting, I work as a medical director for tactical paramedics embedded in a specialized law enforcement team. Canines are utilized in some of our operations and when deployed, serve as a vital part in the success of our mission by decreasing the risk to those of us involved. These canines are our teammates. They are there to protect us as well as any civilians while achieving our missions' goals. For these reasons, it is important that we be able to treat and transport our canines should they become ill or injured in the line of duty. There is a tremendous amount of time, money and training invested in these team members, as well as an indescribable bond that develops between the handler and their canine. The cost of losing a canine to a preventable death is immeasurable.

You may ask why the handlers cannot treat and transport their own canines and why do we need to rely on EMS to fill this gap? Statistics show that less than 5% of canine handlers receive adequate first aid training to render aid to their injured canine. Furthermore, the handler may not be able to render aid if they are injured or incapacitated themselves. Understanding that the provision of care to humans takes priority, EMS clinicians are well-equipped and often willing to treat and transport injured operational canines. With proper additional training regarding the safety of working around/with these canines and learning about their unique anatomic and physiological differences, EMS clinicians, working within their predefined scope of practice (i.e., the scope of their current EMS license) have the tools to help. This legislation is one more step to enable them to do so.

Thank you for your consideration of my testimony.



Representative Calvin Schrage  
State Capitol, Room 404  
Juneau, AK 99801  
[Representative.calvin.schrage@akleg.gov](mailto:Representative.calvin.schrage@akleg.gov)

4, February 2025

Dear Representative Schrage,

I am writing to express my strong support for the enactment of HB 70, which would authorize Alaska EMS clinicians to provide emergency point-of-injury care and transport for Alaska's Operational K9s (OpK9s).

Points which may be used:

1. Alaska's OpK9s are our protectors, our teammates, and at times we trust our lives and well being to them. They should be afforded the same level of emergency care as their human partners.
2. The loss of one of these highly trained emergency responders can be devastating not only for their agency's mission success, but also for its fiscal health. To replace an OpK9, can be years in the making and cost many thousands of dollars before they are operational.
3. Resuscitating, stabilizing, and transporting these canine team members to emergency veterinary care if it is available is the desire of Alaska EMS, and the reason we support this legislation.
4. Alaska is a remote and austere frontier EMS system with limited access to veterinary services, unless in or near an urban center. There must be the ability for these OpK9s to access point-of-injury care and transport, in order to have a fighting chance at survival. Alaska EMS can provide that ability with passage of HB 70.
5. With proper training and veterinary collaboration of protocols and standing orders, Alaska EMS can be equipped to adapt our human emergency medical skills, equipment, and medications for OpK9s, even under our challenging conditions.

The goal of Alaska EMS is straightforward: To provide the basic and advanced life support necessary to keep OpK9s alive and deliver them to emergency veterinary care in the best possible condition.

I deeply appreciate your leadership in sponsoring this critical legislation and it is a commonsense approach to protect Alaska's operational K9s.

Sincerely,

Mio Rhein, Captain  
Paramedic, FP-C, TP-C, CCP-C  
South Tongass Fire Department  
Ketchikan, Alaska  
[REDACTED]

**From:** [Quigley Peterson](#)  
**To:** [Rep. Calvin Schrage](#)  
**Subject:** HB 70  
**Date:** Thursday, January 30, 2025 7:06:15 AM  
**Attachments:** [image001.png](#)

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Dear Representative Schrage,

Please record my strong support for HB 70, which would authorize Alaska EMS clinicians to provide emergency care and transport for Alaska's Operational K9s.

Capital City Fire & Rescue has treated canines in the past, including for smoke inhalation, unaware there was any prohibition. Canines work with human partners and deserve basic emergency care. Our best example for this is the military.

Replacing an OpK9 can take years of training and cost many thousands of dollars before they can work. As a member of the State EMS Medical Advisory Committee, please consider this request for treatment and transport of these co-workers to emergency veterinary care.

Our experience and past training in Juneau has taught us that we can collaborate to configure protocols and standing orders, thus adapting our human emergency medical skills, equipment, and medications for OpK9s, even under our challenging conditions.

Thank you for your leadership in sponsoring this critical legislation and commonsense approach to protect Alaska's operational K9s.

Sincerely,

--

[Tim Quigley Peterson, MD](#)  
**Medical Director**  
**Capital City Fire & Rescue**



**From:** [Sean McPeck](#)  
**To:** [Rep. Calvin Schrage](#)  
**Cc:** [REDACTED]  
**Subject:** HB 70  
**Date:** Monday, January 27, 2025 3:57:49 PM

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Representative Calvin Schrage,  
My name is Sean McPeck, DVM.

I currently am the owner of Tier 1 Veterinary Medical Center, and was proud to serve 19 years in the US Army, 6 years as a Veterinary Corps Officer. I did 4 tours to Afghanistan, which totaled almost 2 years. During this time I saw the operational need, and amazing results, of implementing cross training between human care providers and Veterinary personnel in order to save Working Dogs (Operational Canines).

I fully support HB 70, and would be whilling to provide any statements, or testimony if needed.

Respectfully,  
Sean McPeck, DVM  
[REDACTED]

January 31, 2025

Representative Calvin Schrage  
State Capitol Room 410  
Juneau, AK 99801  
Representative.Calvin.Schrage@akleg.gov

RE: House Bill No. 70, 34<sup>th</sup> Legislature, State of Alaska

Representative Schrage,

Please accept my support and gratitude for your sponsorship of HB 70 to provide care for Operational Canines in the State of Alaska and to protect those who are called upon to render them medical aid.

Operational canines are integral members of their teams and risk their health and lives in service to the residents of Alaska. In respect of their service, they deserve the same level of emergent medical care available to the rest of their team. Given the operational environments, a veterinarian may not be immediately available and Emergency Medical Technicians and Paramedics (formerly Mobile Intensive Care Paramedics) may be called upon to render aid.

To ensure this aid is available, HB 70 adds language that provides clarification that the operational canine is treated as a patient in the same fashion as their human counterpart. Further, the EMT, Paramedic/MICP and/or Dispatcher are afforded the same degree of authority, protection and indemnity they receive in the normal course of their duties to include Operational Canines.

Respectfully,



Joseph C. Livengood, MD, NRP, FACS  
Medical Director  
Alaska Department of Public Safety



Seth McMillan  
Anchorage, Alaska

December 28, 2024

Alaska Legislative Body,

This letter is to voice my support for the HB 70 bill being introduced by Rep. Calvin Schrage that proposes statutory changes to allow medical personnel to provide emergency medical care for sick or injured operational canines – i.e. police and search and rescue canines.

I have worked in local law enforcement for the largest municipal agency in Alaska for 21 years, 16 on the tactical team. I am also a licensed paramedic. I work closely with, and am regularly protected by, K9 handler/dog teams. It would not be a stretch to say that my life has been saved by a K9 multiple times. We have had dogs assaulted and stabbed. A partner agency has had K9s shot and killed. At the point of wounding, where these K9s have the highest potential for injury, the only immediate access to care will be from local medical personnel and tactical medics. The opportunity for immediate veterinary care is highly unlikely, and even if there was a veterinarian nearby, it's likely the scene would be too dangerous to allow a vet access to the K9.

Speaking for myself and many of my associates in the tactical medical community in Alaska, a small statutory change that would provide peace of mind to providers in low frequency, high risk, high profile events, is a common sense vote.

Thank you for taking the time to read my thoughts, and thank you for advocating for our operational canine partners.

Sincerely,



Seth McMillan

Representative Calvin Schrage  
State Capitol, Room 404  
Juneau, Alaska 99801

January 29, 2025

Dear Representative Schrage,

I am writing a letter to express my strong support for the enactment of HB70, which would authorize Alaska EMS clinicians to provide emergency point-of-injury care and transport for Alaska's Operational K9s. As an EMS Medical Director and tactical physician, I have first-hand experience working with operational K9s and a clear understanding of the challenges and critical importance of our prehospital providers being able to provide point-of-injury care to our canine partners. In the case of APD K9 Midas, I have personally witnessed his life being saved by immediate advanced care when he was stabbed with a sword on a SWAT mission. This allowed for a full recovery and return to duty. I work with several paramedics who have attended K9 casualty care courses on their own time and expense to be prepared to provide this care when able. The need and commitment are there, we now need the support to provide this care without jeopardizing our licenses. Thank you for your time. I am happy to answer any questions.

A handwritten signature in black ink, appearing to read 'DC' followed by a horizontal line.

David Cadogan, MD FACEP  
Emergency Medicine Physician  
Medical Director: Girdwood Fire Department and Guardian Flight Alaska  
Tactical Physician: Anchorage Police Department SWAT and Alaska State Troopers South  
Central SWAT

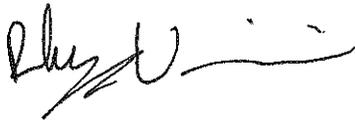
Honorable Representative Schrage,

Anchorage Nordic Ski Patrol (ANSP) supports the proposed legislation that would authorize Alaska Emergency Medical Services (EMS) to provide point-of-injury care and transport for operational K9s.

ANSP provides support to the State of Alaska in Search and Rescue (SAR) situations. While we do not utilize canines in our patrol, we are regularly partnered with canines and their handlers in trainings, scenarios, the annual Nordic Ski Association of Anchorage (NSAA) Ski Train, and real-life emergency situations. The ability to help take care of and transport our canine partners if they are hurt, injured, or sick is of great importance. They are emergency providers just as are the human SAR responders. The dogs deserve the respect and care, same as any other member of a SAR response, to emergency medical care and transport.

It is now standard practice in police and military units to support their canines in health and welfare before, during, and after deployments. It stands to reason that SAR working dogs merit equal support as they are also public servants, but without pay.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rhyss Vivian', with a long horizontal flourish extending to the right.

Rhyss Vivian

Director, ANSP

Representative Calvin Schrage  
State Capitol, Room 404  
Juneau, AK 99801

January 27, 2025

Dear Representative Schrage,

I am writing to express my strong support for the enactment of HB 70, which would authorize Alaska EMS personnel to provide emergency point-of-injury care and transport for Alaska's Operational K9s (OpK9s).

As one of only five nationally certified Tactical Paramedics (TP-C) in Alaska, a retired enlisted military combat medic, and a former medical and security contractor for the U.S. Department of State with multiple deployments to Afghanistan, I have witnessed firsthand the critical role EMS and tactical medical teams play in delivering pre-veterinary emergency care to OpK9s. Resuscitating, stabilizing, and transporting these canine team members to emergency veterinary care is not only vital for mission success but also essential for maintaining team morale.

During my deployments, I often operated in remote and austere conditions with limited access to veterinary services. Before being assigned to operational teams or deployed, we underwent specialized training, including the national K9 Tactical Emergency Casualty Care (TECC) course. This training equipped us to adapt our human emergency medical skills, equipment, and medications for OpK9s. With proper training and protocols developed in collaboration with coalition veterinarians, we ensured seamless care for these unique patients, even under our challenging conditions.

The goal of Alaska EMS is straightforward: to provide the basic and advanced life support necessary to keep OpK9s alive and deliver them to emergency veterinary care in the best possible condition.

I deeply appreciate your leadership in sponsoring this critical legislation. I believe it will garner bipartisan support as a commonsense measure to protect Alaska's operational K9s.

Sincerely,

Brian L. Webb, FF2/Paramedic, NRP, FP-C, CCEMT-P, TP-C, COSS  
CMSgt | USAF | IDMT | Retired





Representative Calvin Schrage  
State Capitol, Room 404  
Juneau, AK 99801  
[Representative.calvin.schrage@akleg.gov](mailto:Representative.calvin.schrage@akleg.gov)

3 February 2025

Dear Representative Schrage,

On behalf of the K9 Tactical Emergency Casualty Care Working Group (K9 TECC) and the National Association of Veterinary EMS (NAVEMS), I am writing in full support for the enactment of HB 70, which would authorize Alaska EMS clinicians to provide emergency point-of-injury care and transport for Alaska's Operational K9s (OpK9s).

I am a board-certified Emergency and Critical Care Veterinarian and active Certified Tactical Paramedic for the Lee County SWAT team in Auburn, AL. I serve as a US Army Reserve Veterinary Corps Officer; Veterinary Medical Director for NAVEMS; Lead and founder for the K9-Tactical Emergency and Casualty Care (K9 TECC) Working Group; Board of Advisers for the Committee of Tactical Emergency Casualty Care (C- TECC), and Member for the Defense Committee on Trauma, Canine Combat Casualty Care committee. All the committees and working groups for which I serve, have the mission of fostering awareness, enhancing the quality, and increasing the availability of Veterinary Prehospital Care through advocacy, education, and research. I have had the privilege of working with various States from across the country to help compose and pass legislation like that desired in Alaska. To date, over 20 states have already enacted or are in the process of developing preveterinary care legislation granting authority for EMS providers to render emergency care to injured Operational K9s (Refer to *Schoenfeld DW et al. Nation-Wide Variation in Presence of Legislation or Protocols for EMS Care of Operational Canines. Prehosp Disaster Med. 2024 Feb;39(1):59-64*).

Operational K9s (OpK9s) serve Federal, State and Local governmental and non-governmental organizations have continuously proven a force multiplier in the success of many operations. Like their human counterparts, OpK9s remain at a high risk for LOD injuries and death. Despite their invaluable contribution towards safeguarding society's freedoms, prehospital care for these OpK9s remains grossly lacking. Most OpK9 handlers receive little to no training in basic first responder care for their canine partner. Veterinary- specific EMS services do not exist, nor do veterinary personnel typically deploy as part of an OpK9 response element or team. Although human-trained EMS providers have the capability to render life-saving aid to an injured OpK9, the lack of defined legal authority authorizing them to render such care hampers their willingness to do so. Lack of clear legal authority leaves the EMS community open to the potential risk of liability and legal reprisal when, and if, they choose to render out-of-hospital emergency care to OpK9s.



The lack of readily available point of injury care and high-risk of traumatic injury provide a recipe for high mortality rates for these invaluable OpK9s. As a vital member of our team, OpK9s deserve access to timely prehospital care to ensure their continued survival and value to our society. Many of the injuries sustained by these OpK9s in the field are easily mitigated with the application of basic first aid techniques. The same techniques that EMS responders are already trained and certified to perform to save human life. It is imperative that we provide an avenue for EMS responders to render such life-saving care to OpK9s when veterinary personnel are not available. Enactment of Preveterinary Care Legislation is the first, and most important, step for providing this avenue and availability of care.

Operational K9s are our companions, teammates, and defenders; they dedicate their lives to ensure society's safety and freedom. It is imperative that we afford OpK9s the care they deserve when injured in the LOD while protecting us. To eliminate any legalities that may interfere with an injured OpK9 receiving appropriate and timely prehospital care, we strongly urge you to support Alaska's Preveterinary Care/VEMS initiative.

I appreciate your leadership in sponsoring this critical legislation and it is a commonsense approach to protect Alaska's Operational K9s.

Respectfully,

A handwritten signature in blue ink, appearing to read "Lee Palmer".

Lee Palmer, DVM, MS, DACVECC, CCRP, EMT-T, NRP, TP-C  
Colonel, Veterinary Corps, US Army Reserves  
Lead, K9 Tactical Emergency Casualty Care Working Group  
Veterinary Medical Director, National Association of Veterinary EMS  
(NAVEMS) Education Medical Director, Univ., Penn., Penn Vet Working Dog  
Practitioner Program

Representative Calvin Schrage  
State Capitol, Room 404  
Juneau, AK 99801

January 28, 2025

Dear Representative Schrage,

I am writing to express my strong support for the enactment of HB 70, which would authorize Alaska EMS clinicians to provide emergency point-of-injury care and transport for Alaska's Operational K9s (OpK9s).

Alaska's OpK9s play an essential role in ensuring public safety and supporting critical operations. When an OpK9 is injured in the line of duty, their lives and the missions they support depend on timely and effective medical intervention and EMS should be allowed to transport them to an appropriate veterinary specialist.

Resuscitating, stabilizing, and transporting these canine team members to emergency veterinary care is the straightforward and compassionate desire of Alaska EMS clinicians, and the reason this legislation is so crucial. Alaska's remote and austere frontier EMS system often limits access to veterinary services, especially outside of urban centers. This lack of immediate care options places these valuable animals at heightened risk. Point-of-injury care and transport capabilities provided by Alaska EMS would give these OpK9s a fighting chance at survival.

The goal of Alaska EMS is clear: to deliver basic and advanced life support that keeps OpK9s alive and allows them to reach emergency veterinary care in the best possible condition. By passing HB 70, Alaska can set a standard of care that reflects the value we place on these courageous canine team members and ensures their safety and survival.

I deeply appreciate your leadership in sponsoring this critical legislation. HB 70 is a commonsense and compassionate measure that will protect Alaska's Operational K9s and support the vital work they perform. Thank you for your attention to this important issue, and I urge you to continue championing its passage.

Sincerely,



Michael Levy MD  
CMO Anchorage Areawide EMS  
Medical Director Anchorage Fire Department and Chugiak Volunteer Fire and Rescue

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# Skyline Medical Consulting

Marc Dumas, MD, FACEP, FAAEM

Emergency Medicine/ Tactical Medicine/ Wilderness Medicine  
/Emergency Medical Services/



Representative Calvin Schrage  
State Capitol, Room 404  
Juneau, AK 99801

January 29, 2025

Dear Representative Schrage,

As an EMS and tactical physician, I am writing to express my strong support for the enactment of HB 70, which would authorize Alaska EMS clinicians to provide emergency point-of-injury care and transport for Alaska's Operational K9s (OpK9s).

As a 22-year SWAT team member and a pre-hospital clinician since 1979, I have much experience in this realm. In 1998, my tactical medic and I saved the life of Teka, an Alaska State Trooper K-9 who had been shot by a perpetrator at contact distance with a high-powered rifle in a remote setting. During this 24-hour siege, and after rendering emergency care to this critically injured K-9 officer, I had to assign my only tactical medic to take a patrol vehicle and rush this poor animal to a veterinary emergency room because local EMS was not allowed to transport K-9 casualties. This removed my second set of hands from a clearly deadly scenario for over an hour, seriously degrading any further medical response. Additionally, the K-9 remained in the back of the vehicle and could not receive ongoing care for the duration of transport.

Operational K-9s are a critical resource for law enforcement (and the public). They provide invaluable capabilities, including tracking, explosive and drug detection, rapid takedown, and show-of-force, just to name a few. These are potential life-saving actions. And they do not come cheaply, as an OpK9 requires years of extensive training before it is operational.

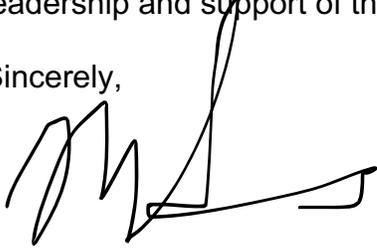
EMS personnel view OpK9s as colleagues and teammates, just as we view law enforcement officers and other first responders. Given the remote and austere

environment in which we often live and work, local EMS providers represent the last, best hope for anyone seriously ill or injured, including OpK9s.

EMS has the ability to manage injured OpK9s provided it has appropriate veterinary training, equipment, protocols, and standing orders. We can provide basic and advanced life support and deliver them to definitive veterinary care, thus preserving both a life and a precious resource.

I feel strongly about HB 70 and see it as a greater good. I greatly appreciate your leadership and support of this bill.

Sincerely,

A handwritten signature in black ink, appearing to be 'M. Dumas', written over a horizontal line.

Marc Dumas, MD



# AKVMA OPPOSES HB 70 and Recommends Amendments to Emergency Medical Services to Operational Canines

## What This Bill Does?

The Alaska Veterinary Medical Association (AKVMA) recognizes the importance of ensuring that operational canines receive timely medical care in emergency situations. However, we have significant concerns with House Bill 70 in its current form. While we understand the intent behind the bill, the AKVMA believes that the language as written could present risks to both the animals and the emergency responders. We urge lawmakers to reconsider certain provisions and work towards amendments that would better safeguard both public and animal welfare.



## Concerns with the Bill?

Section 18.08.093 of House Bill 70 allows emergency medical technicians (EMTs) and mobile intensive care paramedics (MICPs) to provide **emergency medical services** to operational canines under certain circumstances. While we acknowledge the intent to ensure timely medical care, the language in this section is overly broad and creates significant risks to both the animals and emergency responders.

Allowing EMTs and MICPs, who lack formal veterinary training, to provide emergency care to operational canines **beyond basic first aid** could lead to misdiagnosis, improper treatment, legal liabilities, and even potential death for animals.

## AKVMA Proposes:

- ✓ Working towards a solution that allows EMTs and MICPs to provide “*basic first aid to operational canines*” with the goal to stabilize and transport to a veterinary facility for emergency medical services. While we acknowledge the intent to ensure timely medical care, EMTs and MICPs lack the **specialized knowledge** required to safely treat animals, putting both the animals and responders at risk.
- ✓ Including statutory language that defines “*basic first aid to operational canines*” clearly and explicitly ensuring that EMTs and MICPs understand the limited scope of care they can provide.

“*Basic first aid to operational canines*” means providing immediate medical care in an emergency situation to which the emergency responder is responding, that is intended to stabilize the operational canine that the animal can be safely transported as practicable to a licensed veterinarian for treatment. The scope of care provided by EMTs and MICPs should be limited to the following procedures:

- (A) Administering oxygen.
- (B) Managing ventilation by mask.
- (C) Manually clearing the upper airway, not including tracheal intubation or surgical procedures.
- (D) Controlling hemorrhage with direct pressure.
- (E) Bandaging for the purpose of stopping bleeding.

AKVMA welcomes and encourages EMTs, MICPs, and lawmakers to work with veterinarians to craft specific statutory language that balances the need for rapid response with the protection of animal welfare. Together, we can find a solution that works for both the operational canines and the emergency responders who serve them.