

5/8/2018

Dear Members of the House Finance Committee:

Please fully-fund Medicaid and add critical funds for community-based substance use disorder treatment: that will continue to fill gaps in unmet need for thousands of vulnerable Alaskans seeking to improve their health and ability to participate in their families and communities.

Please do not fund the UAA LARC study, which does not currently uphold patient needs above cost-savings.

When I started using birth control, what empowered me was the way my doctor informed me of the different choices I had and the pros and cons of various options in relation to my personal health. The way that she centered me and my needs and desires, made me feel confident in taking this step towards strengthening my control over my health and wellness. **This in turn has empowered my ability to achieve my goals: so I can imagine how important this level of informed and patient-centered care would be for me, if I were facing the challenge of substance use disorder and trying to achieve recovery – while dealing with other likely challenges increasing my vulnerability and need for support.**

Key concerns I've heard over and over again from my fellow constituents are that – in spite of its positive goals and intentions – this study does not sufficiently protect women from being coerced into using a LARC; it does not address what would happen if someone needed their LARC removed prior to the study's end; and **it does not address the underlying questions of 'Why are women not accessing supposedly accessible reproductive health care? What can we do to expand substance use treatment to address that specific issue?'**

Policy and strained state funding should address root problems around improving access to reproductive care in a way that is patient-centered and upholds reproductive justice (taking into account the complex and intersecting factors in a given person's life as she strives to decide if, when and how to create and sustain a family with dignity, free from discrimination, coercion or violence). These factors include access to treatment, housing, education and employment.

Knowing the ongoing intergenerational and multi-abuse trauma surrounding health-related issues in Alaska, it is paramount that we uphold transparency, accountability and caution in all efforts to expand comprehensive and affordable health care to Alaskans.

I ask that you instead fully fund critical Medicaid services and the Governor's proposed \$18 million for substance use disorder treatment, which the most vulnerable Alaskans depend on. Please also fund hospital-based behavioral health care, nursing at the Alaska Psychiatric Institute, elders with Alzheimer's and dementia at the Pioneer Homes, and public and community transportation. These priorities implicate significant social and economic public health and safety costs and savings to our state.

Respectfully

Aliza Kazmi
Downtown Juneau Resident

Please accept this written testimony regarding HB284 and request for the following:

* Fund the \$18 million 4-Year Substance Use Disorder (SUD) grant program so treatment providers can help Alaskans respond to the Opioid Crisis and keep our communities safe.

* Fully fund the Medicaid program so behavioral health providers can continue to deliver critical treatment services to Alaskans.

* Provide the matching funding for the State to be able to use Disproportionate Share Hospital Funding to help our hospitals better respond to psychiatric emergencies.

It is critical that Alaska invest in services for its residents with behavioral health needs, for these critical emergency services, substance use disorder treatment, and other critical behavioral health services. Alaska must build its treatment capacity, in order to have healthy and thriving communities. Continued erosion of the behavioral health continuum of care will only serve to exacerbate the current crisis, decrease quality of life for all residents, and increase long-term costs to the healthcare system. Thank you for your time.

Sherrie Wilson Hinshaw, MS | President & CEO
Volunteers of America Alaska

Please make certain that we keep funding for treatment intact. That 18 MILLION dollars is necessary to keep Alaskans alive. My daughter is an example of TREATMENT WORKS. She is alive today because treatment was available to her 14 years ago. Rep. Ortiz knows my daughter personally. He knows that she is alive and well today because of treatment. Those dollars do more than treatment.... We totally need to keep API upright and working well for those who need that facility. So very important, as co-occurring issues are typical. Please take care of PEOPLE.

Renee Schofield, CEO
TSS, Inc
Ketchikan, AK

Thank you, Representatives Foster and Seaton, Co-Chairs, and members of the House Finance Committee for the opportunity to offer testimony on HB284 and specifically, the Weatherization Program, funded under the Alaska Housing Finance Corporation (AHFC).

This program has allowed my organization to provide energy efficiency upgrades to 337 homes in the Aleutian and Pribilof Islands region. One great example of the program's success in our region is Atka. Atka is a small, very remote community near the end of the Aleutian chain. Atka very carefully documented its 12 month pre-weatherization community fuel use and expenditures and 12 month post-weatherization use and expenditures for serviced homes. The result was an average of 43% savings in gallons consumed and dollars spent. Approximately \$4,100 per household on average!! Because of the high cost of living, Atka is struggling to keep families with children in the community. This program may be the difference between the community keeping the school open, or being forced to close it due to the lack of students. With this relatively modest investment, these are annual savings that continue year after year, and grow with every home weatherized. The program also provides secondary, but critically important benefits of improved client health and safety and significant local employment and job training opportunities. It is hard to overestimate the importance of the program or imagine a program that has had a more direct significant impact on so many households and communities across the state.

I would also like to thank you for recognizing the importance of two other critical programs funded under AHFC – the Supplemental Housing Development Program (SHDP) and the Senior Citizens Housing Development Program (SCHDP). The SHDP is a small program that does big things for Alaska. It helps to secure non-state funding, closes development gaps, stimulates economic development, and most critically,

it results in the production of energy efficient homes throughout the State. Without this funding, the number of housing projects constructed would decrease significantly and the impact of that decrease would ripple through the state's economy. Lastly, the SCHDP, although also a very small program, is a very important component that makes most senior new development projects possible. It is unlikely that any senior housing will be constructed without this funding component.

I understand the difficult financial situation the state is facing and I can't thank you enough for your continued support of these very important programs.

Again, thank you for this opportunity,

Erin

Erin M. Wilson

Deputy Director



520 East 32nd Avenue
Anchorage, Alaska 99503



CENTRAL COUNCIL

Tlingit and Haida Indian Tribes of Alaska

Office of the President • Edward K. Thomas Building

9097 Glacier Highway • Juneau, Alaska 99801

May 8, 2018

Representative Foster
Representative Seaton
Alaska House of Representatives
120 4th Street
Juneau, AK 99801

Finance Committee Co-Chairs and committee members:

The Central Council of Tlingit and Haida Indian Tribes of Alaska (Tlingit & Haida) is writing in in support of additional funds to HB 284 for disposal of lead contaminated soil located on Wrangell Island. We understand a Committee Substitute for Senate Bill 142 was introduced, which includes \$2.5 million for the Byford Junkyard cleanup. The Co-Chair of Senate Finance announced the additional \$2.5 million would need to be added by the House. We are writing to request the addition of \$2.5 million be added to the Capital Budget for this purpose.

The Byford Junkyard is an issue of safety and human health. 18,500 cubic yards (the equivalent of approximately 1,875 dump truck loads) of lead contaminated soil currently sit at the Byford junkyard, in a residential area in Wrangell. The Environmental Protection Agency was initially responsible for the cleanup of the Byford Junkyard, but funding from the Superfund was diverted for the Animas disaster, and the Alaska Department of Environmental Conservation (DEC) took over the project. The extent of the contamination at the Byford junkyard was far greater than initially expected.

If additional funding is not appropriated in the Capital Budget, the alternative under the current budget is disposal at a rock pit monofill near the junkyard. This rock pit is 0.2 miles from Pats Creek, an anadromous fish stream, near Pats Lake. The land is pristine environment; used extensively by Wrangell Tribal and community members for subsistence activities, including hunting, fishing, berry and medicinal gathering; wood gathering; and recreational activities.

Tlingit & Haida appreciates the support of Governor Walker, with his initial request to the Office of Management & Budget, and his following second personal request to the Legislature for the addition to the Capital Budget for the Byford cleanup.

We support this action, and respectfully request the House to add the additional \$2.5 million to House Bill 284, necessary for transporting the lead contaminated material from Byford Junkyard to an appropriate repository off Wrangell Island.

Sincerely,



Richard J. Peterson,

President Toll Free 800.344.1432 www.ccthita-nsn.gov Direct 907.586.1432

We need to be investing heavily in treating the addiction in our community. The wait lists for treatment centers is unacceptable considering our crisis. My husband was an active addict and wanted help but was put on wait lists to get it. That moment of clarity when an addict is willing to get help is fleeting and being told to wait weeks, just left my husband using and isolated. My husband was reporting high levels of meth and heroine use and was being referred to out-patient clinics and continuing to use while on Methadone. Methadone clinics are not communicating with the DMV or monitoring driving of these people on these drugs while they are using them. Methadone is a serious drug. When my husband finally did agree to go into treatment no center could take him in a timely manner in this state. I found out of state care that I had to pay for out of pocket to get him into a facility. He had to find specialized detox, since most detox facilities are only licensed to detox someone off methadone of 20m a day and my husband was being given 80m a day and was being told that was not the highest dose they were doling out of the out-patient treatment center. Methadone is highly toxic and requires medical supervision to detox from, it gets into your bones.

The general fund needs money to treat the opioid epidemic that is impacting our community as a whole, education for intervention as well as what these drugs are doing. My child tested positive for meth in her hair samples from simply coming into contact with her father while he was on meth. These are things that as mothers, fathers, caregivers that love addicts and want to help them into recovery and protect their children deserve to know!

Giving money from the general fund to expanding detox and treatment centers, public education and funds available to help people find recovery options is what needs to be done! Narcon kits and methadone clinics are not solving anything in my opinion. Recovery groups, intervention groups, support for those impacted by addiction becoming advocates for recovery instead of keeping them stuck in the name of help...(which consider there are at least two for every one addict)

There are programs out there that can make a difference that need funding to do it.

Look up:

Pay it forward recovery, can be found on facebook by searching @stopusingnow

Shauna Howell

Proud wife of a recovered addict.

Dear Representative Seaton, Co-Chair House Finance Committee.

I am writing to ask you and the House Finance Committee to:

1. Fully fund Medicaid including the supplemental to finish out FY 2018. Some of the behavioral health providers cannot go weeks without Medicaid payments.
2. Fund \$18m proposed for the 4-year Substance Use Disorder (SUD) grant program to help communities and providers better respond to the Opioid Crisis and other addictions impacting Alaska and
3. Consider the matching funding for the State to be able to use Federal Disproportionate Share Hospital Funding to help hospitals better respond to the psychiatric emergencies facing them while awaiting acute care psychiatric beds to become available.

Thank you for considering my comments and your hard work on the House Finance Committee.

Sincerely,

Jerry A. Jenkins, M.Ed., MAC
Chair, National Certification Commission for Addiction Professionals (NCC AP)
President, Board of Directors, Alaska eHealth Network (AeHN)
Immediate Past President, Alaska Behavioral Health Association (ABHA)
Consultant
Anchorage Community Mental Health Services
Fairbanks Community Mental Health Services
4020 Folker Street
Anchorage, AK 99508

May 8, 2018

Alaska Senators and Representatives:

Thank you for the opportunity to testify on HB 284. NAMI Fairbanks is a grass roots organization made up of people with serious mental illness and their families that has been active since 1983. We have been increasingly aware that mental health services are not adequate for the need. Behavioral health services are a poor place to cut the budget. As people are not able to access community based treatment, there will be an increase in more expensive institutional care, including jails, psych hospital beds and emergency rooms.

We request that you allocate funding for the following items:

Funding for Substance Use Disorder Treatment and Community Supports.

Alaska is experiencing an opioid crisis that is devastating the state and its families. It is a public safety issue. Treatment works and provides a path to recovery. Funds will provide more detox beds and build treatment capacity in both rural and urban areas as well as supportive services that reduce relapse.

Funding for Hospital Based Behavioral Health Care.

API is currently operating at capacity resulting in patients who are having a mental health crisis waiting for days or longer in hospital emergency rooms. Action is needed to reduce the likelihood that patients will escalate, causing harm for them and/or staff. Can you imagine patients coming to the emergency room for a heart attack or stroke being put into queue waiting for a treatment bed. With reduced community supports in Fairbanks, a record number of people rely on the ER and hospital for treatment.

Support Funding for Nursing Staff at API.

The current nursing shortage at API restricts the facility from operating at full capacity resulting in 22 beds of an 80 bed capacity remaining empty. This crisis puts the patients and staff at risk. Funding which is not yet included on any budget, will support hiring and retaining qualified nursing staff.

Support the Pioneer Home Renovation to Serve Patients with Alzheimers Disease or Dementia.

An increased number of elders with Alzheimers and Dementia are inappropriately being placed at API due to challenging behaviors. Alaska's Pioneer Homes serve elders with ADRD in semi secure wings. Funding will support renovations in Anchorage and Ketchikan Pioneer Homes.

Support Public and Community Transportation.

Elders and people with disabilities rely on local transportation to get to work, medical appointments, shopping and other activities. State funds leverage federal dollars to support transportation programs.

Thank you for the opportunity to testify on these issues that impact so many Alaskans.

Jeanette Grasto, Advocacy Chair

To the House Finance Committee -

Please remove the \$500K supplemental for the UAA Long-Acting Contraception (LARC) Study within the FY 19 capital budget. Treat women as whole people, and fully fund critical Medicaid services and substance use disorder treatment programs for all Alaskans, instead.

Kind thanks,

Annie Caulfield

Juneau, Alaska

SB 142

I am writing in support of the Wrangell Junkyard project to continue as planned, storing the treated and neutralized material on Wrangell Island at the designated monofil site. Asking for additional funding is unnecessary as the project can be completed safely and at a substantially lower cost by storing it at the monofil rather than transporting it off island.

There are significant reasons to keep the project local:

1. The material is treated and neutralized. There has been additional testing and monitoring that has proven that the material won't pose a hazard once properly stored.
2. The end product will actually leave the monofil area in better condition than when the project began. Recreation areas in the area will not be harmed by storing it at the monofil site in any way.
3. It is completely unnecessary and fiscally irresponsible to spend the money to ship it out when we have a site on Wrangell Island that meets and exceeds all the requirements for safely storing the material and Wrangell has more pressing needs for funding, such as a water treatment facility.
4. Continuing with the project as planned benefits local businesses by keeping the work local.

I strongly urge you to vote no on this amendment to add additional funding to ship the material off island.

Brett Woodbury
Wrangell, Alaska 99929

Dear members of the Alaska State Legislature,

My name is Janice Caulfield. I am a resident of Juneau, Alaska, in House District 33 and Senate District Q. I have lived and voted in Alaska since 1979.

I am writing to express my serious concerns about the State's intent to fund a study on a Long-Acting Reversible Contraception (LARC), currently included in the Senate's version of the Capital Budget. The LARC study targets women with substance abuse disorders in an effort to prevent their pregnancies. I fully support providing medical, substance abuse treatment, and contraceptive care for all women in Alaska -- and urge the Legislature to provide

that funding and opportunity through Medicaid services and substance abuse disorder treatment programs. However, the LARC approach is unethical, coercive to the most vulnerable women in our society, and echoes the not-so-distant past of forced sterilization imposed on elements of society that those in power find "troubling". It is a slippery slope -- and you are heading down that slope with this budget item.

There has not been adequate public notice and opportunity for comment by the public and by the organizations who provide medical services to women in Alaska and work closely to with marginalized populations. I am actually shocked that the proposed study would be undertaken at the University of Alaska and question the ethics of the research.

I urge you to remove the \$500K supplemental for the UAA Long-Acting Contraception Study within the FY 19 capital budget, added by the Senate. I also urge you to fully fund critical Medicaid services and substance use disorder treatment programs for all Alaskans.

Thank you for your consideration of my comments.

Janice Caulfield

525 W 9th St.
Juneau, AK 99801

Thank you, my name is Serene Rose O'Hara-Jolley and I live in Fairbanks, I am an adjunct professor at University of Alaska Fairbanks and I am here representing myself.

Please remove the \$500K supplemental for the UAA Long-Acting Contraception (LARC) Study within the FY 19 capital budget. Treat women as whole people, and fully fund critical Medicaid services and substance use disorder treatment programs for all Alaskans, instead. In graduate school I had the privilege of gaining IRB approval. I would like to speak to the IRB process as I have some concerns I hope the committee will take into consideration. The IRB does in fact have stringent ethical standards and all research that is approved by the board must pass rigorous guidelines. However, in the past, all though unintentional the IRB has approved studies that have harmed vulnerable population, and although they have learned from these missteps and taken steps to prevent these oversights from happening again we must remember they are not infallible. We must insure that the IRB is considering all aspects of the potential risk to the health and safety of participants. The IRB only applies their guidelines to the research proposal as it is laid before the board. Aspects that may need to be ethically considered, if not directly laid out in the study, fall out side of the potential purview of the board. To put that in the context of the current study. Right now, the study as written is concerned with the insertion of LARC and its effects on pregnancy rates, currently it lays out no provisions or funding for the removal of LARC. If this is not explicitly part of the study the IRB could potentially not address removal. I personally have reservations about implanting and inserting medical devises that require not only an additional doctors visit but the funds to pay for removal or access to insurance that covers it. LARC removal is expensive and will eventually be necessary for all participants as all LARC has an expiration date. Since this proposal as written does not account for this it potentially leaves an already at risk group of women with another financial responsibility, one that could lead to adverse heath effects if the LARC is not removed when needed. In testimony in front of a House committee the PI stated that they would help women to gain insurance to cover costs, however if a participant is not able to obtain insurance one adverse effect could either use all the financial resources of the study or the study could leave that woman to bare the burden of that cost. In addition, retention rates of all participants in studies are small and no provisions are in place if a woman leaves Alaska for the removal of the

device. I also have concerns that will be addressed by the IRB but I think should also be brought to the attention of the committee as the state is funding this project. This study is potentially coercive if participants financially feel as though they have no other option. In addition, asking women who have just given birth and are potentially not of sound mind from chemical substances self administered or administered by hospital staff calls into question for me personally the ethics of this study. It does not seem that these women will be in a position to give informed consent. We already know that LARC prevents unintended pregnancies, we do not need to put a group of women at risk to study something we already know to be fact. I urge the committee to make sure that our state is funding a project that is safe for the women involved and not setting them up for further financial hardship or medical complications. I urge the committee to remove the supplement to the budget.

Thank you for your time

Tom Chard
Executive Director
Alaska Behavioral Health Association (ABHA)
P.O. Box 32917 Juneau, Alaska 99803
(907/toll-free 855) 523-0376
tom@alaskabha.org



May 8, 2018

House Finance Committee Members
Emailed at: housefinance@akleg.gov

Re: House Bill 284 / FY18 Supplemental and FY19 Capital Budgets

Esteemed Representatives -

The Alaska Behavioral Health Association (ABHA) is a statewide non-profit representing over 60 mental health and substance abuse treatment providers from the smallest community clinics to the largest healthcare employers in the state. Our membership is diverse – including for-profit and non-profit private corporations, tribal and non-tribal health organizations, and secular and religious-based mental health and substance abuse treatment programs that help Alaskans of all ages. We see our diverse perspective as an incredible strength as we lend support to decisions about how best to fashion a system of care focused on access to quality, cost-effective behavioral health care for all Alaskans.

We appreciate that you have provided an opportunity for public testimony today on House Bill 284. We would like to draw your attention to three opportunities you have in the bill before you.

First, we urge you to support the \$18 million 4-year Substance Use Disorder (SUD) grant program that the Governor originally introduced and included in his Public Safety Action Plan. The 4-year grant program was modeled after the successful \$6 million grant program that came out of this committee a couple of years ago. That \$6 million program provided access to withdrawal management services (detox) in Kenai, a sobering center in Fairbanks, and residential treatment services for women with children in the Mat-Su valley. The \$6 million

program was based on community support and matching resources, focused on building our state's treatment capacity, and required a plan for ongoing sustainability. Those same principles were applied to the request before you. This approach is a responsible response to the opioid crisis in Alaska and public safety concerns our communities are facing.

There are roughly 500 substance use disorder counselors, program directors, and others at the Sheraton in Anchorage today listening to state and national experts and learning about the best ways to help their fellow Alaskans achieve and maintain recovery from alcohol and drugs. This year's Annual School on Addictions and Behavioral Health conference theme is "Alcohol and Opioid Use Disorders: Advances in Treatment and Recovery." These Alaskans will return to their communities to help their friends, family members, and neighbors. They need you to help support them by providing the resources needed to offer timely access to quality treatment services. The \$18 million 4-year SUD grant request helps provide those resources and that access to care.

ABHA Testimony To House Finance on HB284 Page 1 of 3

The second request we respectfully make is for you to fully fund the Medicaid program. ABHA has written each of you about this problem in the past and we're appreciative of the feedback and guidance we've received from you.

We have shared with you the importance of timely Medicaid reimbursement for services rendered and the incredible financial fragility of the behavioral health service system. We have also shared how important the Medicaid program is in ensuring Alaskans have access to healthcare, as well as how detrimental it is to individuals, families, and communities when care that is needed is not accessible. Finally, we have talked with you over the years about how an investment in behavioral health treatment is just that, an investment. Today, I wanted to bring a different concern to your attention.

The Governor requested a significant sum of money for the FY18 Medicaid budget. Facing budgetary restraints, the request was partially funded with the explanation that cost-saving measures were underway and it was expected that the Department of Health & Social Services would come back with a supplemental request for whatever they needed to bridge the difference between what was budgeted for FY18 and actual program costs. The Department has done an incredible job of employing cost savings and cost avoidance strategies. You have heard them report that we are at FY15 budget levels, but serving many more additional individuals. Despite considerable efforts to bring the Medicaid budget down, the Department did end up asking for a very large supplemental budget request to see the program through to the end of the fiscal year. Facing an immediate budget shortfall that threatened service continuity, the Legislature passed the "Fast Track Supplemental." We appreciated your leadership and responsiveness when we were facing that funding crisis. Once again, it appears we are facing a budget shortfall, a looming deadline, and a crisis. The Department has indicated that the Medicaid program will run out of money sometime in the next week or two.

The FY18 Medicaid budget shortfall that led, in part, to the FY18 supplemental request is creating concern among Medicaid providers about the reliability of the program and State's promise to reimburse services after they have been delivered. It appears we are setting ourselves up for the same problem again next year as the FY19 Medicaid request may not be fully funded either. The potential that Medicaid may not be fully funded is increasing, and alarmingly so. At the same time, the size of the budget shortfall (and thus the potential impact) is also increasing. In the end, this dangerous combination puts Medicaid providers (and the Alaskans they serve) at serious risk.

While we are trying to refinance behavioral health providers to the degree possible off of a reliance on state general fund grants so that we can better capture federal matching resources available, behavioral health providers and other healthcare providers are questioning their reliance on the State's Medicaid promise.

ABHA urges you to fully fund the FY18 Medicaid supplemental so that providers have the confidence to continue providing services over the next month and a half. We also highly caution against short-funding Medicaid and relying on last minute supplemental deals to sustain the viability of the program.

The final request we would like you to consider is funding the Disproportionate Share Hospital (DSH) match to pull down additional federal funds. It is no secret that our hospitals are struggling to provide appropriate care for people showing up undiagnosed, untreated, and during a behavioral health crisis. We have talked with you before about the impact of inadequate Medicaid reimbursement rates, as well as continued grant cuts we have sustained over the years, on our community based behavioral health providers. Our community behavioral health treatment system does not have adequate resources to meet the needs of our community members. As a consequence, children are removed from their homes, our court systems and prisons are overcrowded, and people are

ABHA Testimony To House Finance on HB284 Page 2 of 3

bypassing less expensive, local community behavioral health treatment options and going straight to emergency departments for help. Increased volume at the emergency departments has led to issues of workplace violence, longer waits to get help, and patients boarded at the hospitals awaiting treatment. Unfortunately, we are being forced to respond to the symptoms of a much larger problem. Fortunately, there are resources available to help. The hospitals have demonstrated leadership and a sincere interest in addressing the issues that are presenting. The federal Disproportionate Share Hospital program offers resources that Alaskans have not fully utilized, and leadership at the federal level and here in Alaska has provided unexpected resources to the State from cost savings through the Alaska Comprehensive Health Insurance (ACHI) fund. The budget proposal is time-limited, responsive to the needs we are seeing, would be matched by additional \$10.5 million in federal funding, and would help provide critical resources to our hospitals to better serve individuals presenting in behavioral health crisis. Whether it is funded in the operating budget or in the capital budget, **the \$10.5 million budget request is critical and we urge you to support it.**

The Alaska Behavioral Health Association respectfully requests that you fully support the \$18 million 4-year SUD grant program, fully fund the Medicaid supplemental, and help make additional resources available to hospital to help Alaskans in crisis by supporting the Disproportionate Share Hospital funding request.

We sincerely appreciate your service to Alaskans and appreciate this opportunity to provide some perspective to the decisions you have before you.



Thank you,

Tom Chard
Alaska Behavioral Health Association (ABHA)

Dear Members of the House Finance Committee,

I ask you to restore full funding to the following items that were eliminated by Senate version R of the Capital Budget.

- FY18 supplemental \$45 million for Medicaid funding
- FY18 supplemental \$18 million for Substance Abuse funding

Providing the needed funding for public health programs should be a priority for the legislature along with public education.

Additionally, I noticed that in CS FOR SENATE BILL NO. 142(FIN) in addition to Wildlife Management and Research, there is language to fund "Hunting Access".

"Wildlife Management, Research and Hunting Access (HD 1-40) 12,000,000 2,000,000 10,000,000".

While I support reasonable funding levels for wildlife management and research, I believe that there is ample hunting access for Alaskans and we should not be spending money for something we already have.

Thank you for considering my comments

Sincerely,

Dave

Dave Bachrach
Homer, AK 99603

Good afternoon,

My name is Jessica Girard and I am a resident of Fairbanks from House District 4 and Senate District B. I am writing today to urge against funding the UAA Long-Acting Contraception (LARC) Study and instead fund critical medicaid services and substance use disorder treatment programs. This study is apprehensible and limits the full choice women should have when making personal choices about their body and reproductive options. This also continues to marginalized women from specific communities. Please do not fund this study.

Thank you for your time.

With hope,

Jessica J. Girard
Fairbanks AK, 99712

To the House and Senate:

I'm a constituent from Fairbanks House District 4, writing to express my expectation that you remove the UAA Long-Acting Contraception Study from the Capitol Budget. This study is an unethical way to control a vulnerable population of women by subjecting them to an unnecessary study with no definitive plan for the removal of the contraceptive device. This seems coercive. This smacks of eugenics, and will only perpetuate the long history in our country and state of medical experiments on vulnerable populations. SB 198, which proposed this same study did not advance out of committee due to public opposition. We already know that LARCs are effective. If you really want to help women, please propose legislation that improves insurance coverage of contraceptives for everyone. If you are really interested in supporting people who struggle with substance abuse, you can use this money to fund Medicaid and substance abuse treatment plans as the Mental Health Board requested.

Please remove the UAA LARC Study from the Capitol Budget

Thank You

Phoebe Rohrbacher
Fairbanks, AK 99709

To the House and Senate Finance Co-Chairs:

I'm writing to ask that the UAA Long-Acting Contraception Study be **removed** from the 2018 Capitol Budget.

While I readily applaud efforts to provide *all* women with free birth control, that is not what this "study" will do. This act is a broadly unethical way of legislatively controlling the bodies of a vulnerable population of women by coercing them to an unnecessary "study." There are no definitive plans for the removal of the devices. There are no provisions for the actual health and wellbeing of the women involved, beyond being labrats. We already know that long-acting contraception is effective. Those studies have already been done. No new knowledge will be gained from this "study" - other than knowing which of our representatives are willing to experiment on the bodies of vulnerable women.

This legislation only serves to control the bodies of women deemed unfit for motherhood while grossly masquerading as caring.

SB 198, proposing this same study, already could not advance out of committee due to public opposition - it's still not a good idea when it's shrouded inside the budget. **If you really want to help women, propose legislation that improves insurance coverage of contraceptives - for everyone. If you actually want to help people who struggle with substance use, use this money to fund Medicaid and substance use treatment plans as requested by the Mental Health Board.**

At the very least, *remove the UAA LARC study from the Capitol Budget.*

Thank you,

Hannah C. Hill
Fairbanks, AK

Good afternoon. I am Jennifer Beckmann, Executive Director for Central Area Rural Transit System. We provide public transportation for the central Kenai Peninsula and have also served the southern peninsula – Homer and surrounding communities - with a taxi voucher program.

I am asking the committee to support the \$1 million Community Transportation Match Funds as originally included in the governor's recommended FY19 budget. These funds are essential to transit systems across the state.

Here at CARTS we have used these funds to leverage funds to purchase new vehicles and other capital improvements as well as leverage dollars for operating. In addition, human service agencies in the borough have used these match funds to help support taxi voucher programs and capital purchases.

Again, I urge you to support these funds and continue to invest in community and public transportation. These funds are important in helping the long-term stability of public transportation services on the Kenai Peninsula and throughout the state.

Thank you for the opportunity to share my comments today.

Jennifer Beckmann
Executive Director
Central Area Rural Transit System, Inc. (CARTS)



Planned Parenthood Votes Northwest and Hawaii

House Finance Committee
Alaska State Capitol
Juneau, AK 99801

Re: Capital Budget - UAA LARC Study Funding

May 8, 2018

Dear Representatives,

I am writing on behalf of Planned Parenthood Votes in Alaska to urge you to **please remove the \$500K supplemental for the UAA Long-Acting Contraception (LARC) Study within the FY 19 capital budget**, added by the Senate.

While we share the legislature's interest in improving access to health care for women and children in our state, and strongly support efforts to improve access to a full range of birth control methods, we reject any efforts that coerce anyone into any one particular birth control method solely because it is cost-effective or more effective at preventing pregnancy.

Planned Parenthood has been in communication with supporters of the study, through the movement of its original bill, SB 198. As written, this study proposal prioritizes the provision of LARC over other birth control methods and does not adequately safeguard the reproductive autonomy of study participants. Since the bill's first hearing in Senate Finance, we have and will continue to voice concerns around the lack of protections for study participants' rights and bodily autonomy. While we appreciate the study's supporters' willingness to engage with us, our concerns were unfortunately never alleviated and some were even heightened after listening to four hours of invited testimony in the House Health and Social Services Committee.

During invited testimony, we heard numerous conflicting descriptions of what the study would and would not do to safeguard participants from reproductive coercion. This confusion is deeply troubling. It also made clear that, as written, the current study proposal does not adequately safeguard the reproductive autonomy of study participants. This includes ensuring that study participants have access to LARC removal both during and after the study. Women who cannot continue using LARC, or who would prefer not to, must have access to the follow-up care needed to discontinue use. As written, the

study proposal does not take this into account and the funding allotted in the original bill and the capital budget does not include enough to put a process in place. If there is no funding to provide removal services and follow-up care, it simply will not be possible to establish a removal process for all participants, including those who remain uninsured. Removal on demand is mandatory and we cannot simply assume that this and other important concerns will be worked out later.

Birth control is not one-size-fits-all. Women consider many factors when making decisions about contraception. This includes side effects, personal comfort or discomfort with a method, and other health concerns such as the need to protect against STIs. Only affordable coverage of all birth control

options along with a comprehensive, medically-accurate, and culturally competent discussion of them will ensure treatment of the whole human being and truly meet the health and life needs of every woman, including women struggling with substance use disorder.

Steering women with substance use disorder to LARC over other methods to prevent pregnancies that may result in prenatal drug or alcohol exposure, and covering the cost of LARC is the very definition of contraceptive coercion. Funding this study will perpetuate our nation's long history of birth control experiments on marginalized groups of women.

We ask that you treat all women as whole people with complex and unique needs, and **instead fully fund critical Medicaid services and substance use disorder treatment programs for all Alaskans.**



Thank you for your consideration.

Alyson Currey, MSW
Alaska Legislative Liaison
Planned Parenthood Votes Northwest and Hawaii
C 907.957.8708 | Alyson.Currey@ppvnh.org

This idea of spending \$500,000 on forced contraceptive had huge opposition in committee. This response should be respected and not included here.

This is the type of move that gives politicians a “slimey” reputation. Don’t stoop this low.

Thank you

Mary Burtress

To the House and Senate Finance Co-Chairs:

I’m writing to express my expectation that you remove The UAA Long-Acting Contraception Study from the Capitol Budget. I can appreciate the desire to provide women with free birth control, but this study is not proposing that. This study is an unethical way to control the bodies of a vulnerable population of women by subjecting them to an unnecessary study with no definitive plan for the removal of the device. This is legislative contraceptive coercion.

LARCs have already been proven effective in preventing pregnancy. This study only serves to control the bodies of women deemed not fit for motherhood while masquerading as caring. SB 198, proposing this same study, didn’t advance out of committee due to public opposition. It’s not any more well liked when hidden in the budget.

If you would really like to help women, propose legislation that improves insurance coverage of contraceptives for everyone. If you'd really like to help people struggling with substance use, use this money to fund Medicaid and substance use treatment plans as requested by the Mental Health Board.

Please remove the UAA LARC study from the Capitol Budget.

Thank you,

Barbara R McCarthy
Fairbanks, AK 99711

House Finance Committee,

Please fund these two items that are imperative to increasing public safety in Alaska:

- 1) \$48 million needed to fulfill the anticipated FY18 shortfall in Medicaid services. These services are critical for Alaska's most vulnerable citizens. Many of those that struggle with mental health and substance use DEPEND on Medicaid to access services, services necessary for them to heal enough to be productive members of our communities. Without a fully-funded Medicaid program many Alaskans may turn to theft and other detrimental behaviors that can endanger our state.
- 2) \$18 million that was part of the Governor's Public Safety Action Plan to expand community substance use, mental health, and reentry services. Public safety is a concern expressed by all Alaskans this legislative session and something that will not be silenced until public safety improves. This funding is critical to improve safety and reduce drug-related crime! Reducing drugs in Alaska means addressing both supply AND demand. Rehabilitation and treatment services are necessary to help our Alaskan's in their drug recovery, reducing the demand for drugs in our communities and building a stronger, healthier, more productive state. I am tired of hearing SB 91 blamed for the ills in our communities; statistics show that crime was on the rise long before SB 91 and this increase correlates with the drug epidemic we find ourselves in as a country. Please fund the \$18 million that is the most important provision of SB 91. Let's show the naysayers that ALASKANS DO RECOVER!!!

I also ask that you remove the following from the budget:

- 3) \$500,000 UAA Long-Acting Contraception Study. The LARC study is poorly written and inherently racist. Please reconsider including this funding in the budget- this money would better be used to study why the services (already funded and offered to the population identified in the study) are not being utilized. Please don't provide money in a budget crisis to a poorly designed study that will only result in duplicative services.

My state is very important to me. I am an Alaska Native woman, a decorated Air Force Veteran and a property owner in Juneau. I love the beauty in this land and in our people and it breaks my heart to see the state divided over criminal justice reforms. I believe that EVERY SINGLE LIFE is precious and as long

as there is breath, there is hope. I don't want to see anyone else in this state die from a heroin overdose; young lives full of promise GONE because they could not find the services they needed to address their trauma and instead found themselves in the spiral of drugs and alcohol. This is not acceptable to me and should not be acceptable to our legislature. I implore you, PLEASE fully fund Medicaid and allocate the \$18 million for the Governor's Public Safety Action Plan. Do not fund the LARC study. Gunalchéesh.

Gunalchéesh, Háw'aa / Thank you,

Talia Eames
"Ghaayéítłi"
Program Coordinator
Public Safety Department•Second Chance Reentry Program
Central Council Tlingit & Haida Indian Tribes of Alaska
320 W. Willoughby Avenue, Suite 331 • Juneau, Alaska 99801

Testimony on HB 284 (re: previous S.B.198)

This is my 3rd written testimony regarding SB-198, NOW HB 284:

*** University of Alaska * * UAA Long-Acting Contraception Study 500,000 (HD 1-40)** It is the intent of the legislature that two interim reports be provided: June 30, 2019 and June 30, 2020, and a final report be due by June 30, 2021.

The first testimony was to the House Health and Social Services Committee Tuesday, April 17th. While i was not able to give oral testimony either on the 17th or 18th, I was able to hear the I.R.B. (Institutional Review Board) for UAA. It was such an illuminating testimony, that i would highly suggest that if you have not listened, it is more than worth your while! **Because unless this U of A LARC bill has significantly changed, passing it will likely open the State up to significant future litigation! If this gets through your committee, I strongly suggest that it be sent to the Judiciary Committee for evaluation!**

While the research group planning to implement this study has said many right things during their testimony, their verbiage is not in the legislation:

1- The research group assures that all who enroll into the program will do so **VOLUNTARILY**. This word is NOT in the legislation. And if it gets into the legislation, it will need to be precisely stated when and how that voluntary consent will be obtained.

2- The research group states that **all contraceptive choices** will be available to the women in the study, sorry not in the legislation as written.

For these 2 reasons alone this Bill should be rejected outright.

As a nurse of 40 years in Alaska, i applaud your concern for women and children—that has been my main focus. Somehow it feels less than fully sincere, however. Yes, yes, this subgroup of women needs competent, compassionate intervention to honor their lives and dreams for themselves and

their children. **However, if you really want to effect the rates and consequences of substance addiction, then at least 2 things need to be in place:**

1-Universal coverage of contraceptive option availability to both men and women.....

Actually you could require that all insurance companies operating in Alaska, include full contraceptive services in their coverage! That would be a powerful statement of your sincerity on this issue.

2-Available treatment programs, with community resource support, for all people who want to leave addiction and it's lifestyle behind.

Regarding concern about people following up properly on their contraceptive of choice, PLEASE watch the movie **“Bending the Arc”** about Dr. Paul Farmer, who took on an “impossible” situation with TB and AIDS in Haiti, and created **Partners-in-Health**. These partners, were not case managers, or monitors, but truly partners helping people accomplish their wellness possibilities, saving lives, & adding to the economic growth of community through healthier individuals and families. One of the founders of P-I-H went on to bring this public health concept to the WHO which began implementing it internationally.

Brief Summary:

This is either a very poorly written bill, OR, the intention was indeed to remain vague on implementation and dangerously close to falling over the cliff of eugenics.

There is a disconnect with what i heard the research people say, and what the bill actually says. Somehow the story of intention and implementation needs match up!!

Please use Alaskan's \$500,000 to serve Alaskan women and children in a more effective way!

Thank you!

Kate Finn
Homer 99603

To the House and Senate Finance Co-Chairs:

I'm writing to express my expectation that you remove The UAA Long-Acting Contraception Study from the Capitol Budget. I can appreciate the desire to provide women with free birth control, but this study is not proposing that. This study is an unethical way to control the bodies of a vulnerable population of women by subjecting them to an unnecessary study with no definitive plan for the removal of the device. This is legislative contraceptive coercion. We already know that LARCs are effective. This only serves to control the bodies of women deemed not fit for motherhood while masquerading as caring. SB 198, proposing this same study, already didn't advance out of committee due to public opposition. It's not any more well liked when hidden in the budget. If you would really like to help women, propose legislation that improves insurance coverage of contraceptives - for everyone. If you'd really like to help people with struggling with substance use, use this money to fund Medicaid and substance use treatment plans as requested by the Mental Health Board.

Please remove the UAA LARC study from the Capitol Budget.

Thank you,
Brenae Baker
Fairbanks, AK