ALASKA STATE LEGISLATURE
HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES
STANDING COMMITTEE
February 27, 2001
3:03 p.m.

MEMBERS PRESENT

Representative Fred Dyson, Chair
Representative Peggy Wilson, Vice Chair
Representative John Coghill
Representative Vic Kohring
Representative Sharon Cissna
Representative Reggie Joule

MEMBERS ABSENT

Representative Gary Stevens

COMMITTEE CALENDAR

HOUSE CONCURRENT RESOLUTION NO. 6
Requesting the Governor to declare March 18 - 24, 2001, to be Inhalants and Poisons Awareness Week.

- MOVED CSHCR 6(HES) OUT OF COMMITTEE

HOUSE BILL NO. 114
"An Act relating to abuse of inhalants."

- HEARD AND HELD

SENATE BILL NO. 21
"An Act increasing the maximum civil fine that may be imposed by the State Medical Board as a disciplinary sanction."

- MOVED SB 21 OUT OF COMMITTEE

PREVIOUS ACTION

BILL: HCR 6
SHORT TITLE:INHALANTS AND POISONS AWARENESS WEEK
SPONSOR(S): REPRESENTATIVE(S)KAPSNER

Jrn-Date	Jrn-Page		Action
02/23/01	0409	(H)	READ THE FIRST TIME -

			REFERRALS
02/23/01	0409	(H)	HES
02/27/01		(H)	HES AT 3:00 PM CAPITOL 106

BILL: HB 114
SHORT TITLE: INHALANT ABUSE
SPONSOR(S): REPRESENTATIVE(S)KAPSNER

Jrn-Date	Jrn-Page		Action
02/07/01	0263	(H)	READ THE FIRST TIME - REFERRALS
02/07/01	0263	(H)	HES, JUD, FIN
02/07/01	0263	(H)	REFERRED TO HES
02/21/01	0392	(H)	COSPONSOR(S): STEVENS
02/27/01		(H)	HES AT 3:00 PM CAPITOL 106

BILL: SB 21
SHORT TITLE: FINES BY THE STATE MEDICAL BOARD
SPONSOR(S): SENATOR(S) OLSON

Jrn-Date	Jrn-Page		Action
01/10/01	0037	(S)	READ THE FIRST TIME - REFERRALS
01/10/01	0038	(S)	JUD, FIN
01/23/01	0144	(S)	JUD RPT 4DP
01/23/01	0144	(S)	DP: TAYLOR, ELLIS, COWDERY, THERRIAULT
01/23/01	0144	(S)	FN1: ZERO(CED)
02/13/01	0353	(S)	FIN RPT 9DP
02/13/01	0353	(S)	LETTER OF INTENT WITH FIN REPORT
02/13/01	0353	(S)	DP: DONLEY, KELLY, GREEN, AUSTERMAN,
02/13/01	0353	(S)	HOFFMAN, OLSON, WILKEN, LEMAN, WARD
02/13/01	0353	(S)	FN1: ZERO(CED)
02/16/01	0405	(S)	RULES TO CALENDAR 1OR 2/16/01
02/16/01	0409	(S)	READ THE SECOND TIME
02/16/01	0410	(S)	ADVANCED TO THIRD READING UNAN CONSENT
02/16/01	0410	(S)	READ THE THIRD TIME SB 21
02/16/01	0410	(S)	ADOPTED FIN LETTER OF INTENT
02/16/01	0410	(S)	PASSED Y15 N- E5
02/16/01	0413	(S)	SB 21 TRANSMITTED TO (H)
02/19/01	0363	(H)	READ THE FIRST TIME - REFERRALS
02/19/01	0363	(H)	HES, JUD

WITNESS REGISTER

REPRESENTATIVE MARY KAPSNER
Alaska State Legislature
Capitol Building, Room 424
Juneau, Alaska 99801
POSITION STATEMENT: Sponsor for HCR 6 and HB 114.

BARBARA BRINK, Director
Public Defender Agency
Department of Administration
900 West 5th Avenue
Anchorage, Alaska 99501
POSITION STATEMENT: Testified on HB 114.

ALVIA ("STEVE") DUNNAGAN, Lieutenant
Department of Public Safety
5700 East Tudor Road
Anchorage, Alaska 99507
POSITION STATEMENT: Testified in support of HB 114.

SANDRA KLEVEN, Clinical Social Worker
Coordinator of the Rural Human Services Program
Yukon-Kuskokwim Health Corporation
P.O. Box 2423
Bethel, Alaska 99559
POSITION STATEMENT: Testified on HB 114.

PAM WATTS, Executive Director
Governor's Advisory Board on Alcoholism and Drug Abuse
Office of the Commissioner
Department of Health & Social Services
P.O. Box 110608
Juneau, Alaska 99801
POSITION STATEMENT: Testified on HB 114.

MARIE LAVIGNE, Executive Director
National Association of Social Workers
Alaska Chapter
4220 Resurrection Drive
Anchorage, Alaska 99504
POSITION STATEMENT: Testified in support of HB 114.

ROBERT BUTTCANE, Legislative & Administrative Liaison
Division of Juvenile Justice

Department of Health & Social Services
P.O. Box 110635
Juneau, Alaska 99811
POSITION STATEMENT: Testified on HB 114.

SENATOR DONALD OLSON
Alaska State Legislature
Capitol Building, Room 510
Juneau, Alaska 99801
POSITION STATEMENT: Sponsor of SB 21.

CATHERINE REARDON, Director
Division of Occupational Licensing
Department of Community & Economic Development
P.O. Box 34159
Juneau, Alaska 99803
POSITION STATEMENT: Testified on SB 21.

ACTION NARRATIVE

TAPE 01-20, SIDE A
Number 0001

CHAIR FRED DYSON called the House Health, Education and Social Services Standing Committee meeting to order at 3:03 p.m. Members present at the call to order were Representatives Dyson, Coghill, Cissna, and Joule. Representatives Wilson and Kohring joined the meeting as it was in progress.

HCR 6-INHALANTS AND POISONS AWARENESS WEEK

CHAIR DYSON announced the committee would hear testimony on HOUSE CONCURRENT RESOLUTION NO. 6, Requesting the Governor to declare March 18 - 24, 2001, to be Inhalants and Poisons Awareness Week.

Number 0149

REPRESENTATIVE MARY KAPSNER, Alaska State Legislature, came forth as sponsor of HCR 6. She explained that the third week of March is nationally recognized as inhalant abuse awareness week. She expressed her desire for Alaska to join in the effort in recognizing the detrimental effects of inhalant abuse, which is what HCR 6 requests.

CHAIR DYSON asked Representative Kapsner to explain the problem, what it does to people, and how big a problem it is in Alaska.

REPRESENTATIVE KAPSNER said, from her understanding, inhalant abuse has had serious, far-reaching effects all over the nation as well as in Alaska, including rural Alaska. She stated that inhalants affect all of the major organs, especially the brain. A first-time user could die, and repeated users become retarded. She added that inhalants could also affect the reproductive organs. She remarked that this isn't like FAS (fetal alcohol syndrome), where a woman has to worry about drinking for just nine months of her pregnancy. If an eight- or ten-year- old is involved in inhalants, there could be repercussions for generations to come.

Number 0314

REPRESENTATIVE KAPSNER remarked that part of the problem is that this activity is not illegal, and a lot of the older kids know that. There's nothing VPSOs (village public safety officers) and clinicians can do to persuade older kids from using inhalants. Inhalant use is very addictive. Because the inhalant is "huffed" it goes into the system quickly and gives the users an immediate rush, sense of power, and euphoria.

CHAIR DYSON asked Representative Kapsner to list commercial products that are easily available in homes and stores that kids could use.

REPRESENTATIVE KAPSNER answered that any type of aerosol, glue, gasoline, and something known as whip-its from whipped cream can be inhaled. She added that part of her reluctance in listing all the products is that she doesn't want to give any young listeners ideas as to things that can get them high. She continued saying that treatment facilities have been known to lock up markers, whiteout, and any kind of aerosol. Locks have to be put on gas tanks because people who go into treatment are often found wandering in the parking lot huffing out of the gas tanks. She stated that the hard thing is that none of these things are contraband, but are easily accessible and deadly.

REPRESENTATIVE CISSNA stated that the really tough thing about inhalant abuse is that it is not just what happens when a person inhales; the substances that are used are dangerous as well. She shared that when her foster daughter was in her early teens, she accepted a jar of gasoline to inhale, and it caught on fire and "melted" half of her face.

REPRESENTATIVE KAPSNER informed the committee that 1,400 products are considered to be inhalants.

CHAIR DYSON reiterated the intent of HCR 6. He expressed the hope that people would understand the problem.

Number 0620

REPRESENTATIVE JOULE asked if the governor's proclamation will reach all the communities and how.

REPRESENTATIVE KAPSNER answered that it may be possible to attach intent language to the resolution.

REPRESENTATIVE JOULE remarked that he thinks it would be beneficial to enlist the help of school districts in order to get this information to all of the schools.

REPRESENTATIVE KAPSNER noted that she had spoken with the person in charge of the Head Start programs in Bethel and asked her if she could do some education at that level, when younger users are starting to get involved with inhalants. She added that it definitely should be discussed at the elementary level.

Number 0800

CHAIR DYSON proposed a conceptual amendment: on page 2, line 17, change the period to a comma and insert, "using every means they can to inform Alaskan children and families about the dangers of inhalants."[No objection was stated.]

Number 0832

REPRESENTATIVE JOULE made a motion to move HCR 6 as amended out of committee with individual recommendations and the attached zero fiscal note. There being no objection, CSHCR 6(HES) moved from the House Health, Education and Social Services Standing Committee.

HB 114-INHALANT ABUSE

CHAIR DYSON announced the committee would hear testimony on HOUSE BILL NO. 114, "An Act relating to abuse of inhalants."

Number 0884

REPRESENTATIVE MARY KAPSNER, Alaska State Legislature, came forth as sponsor of HB 114. She stated that HB 114 provides public safety officials, medical personnel, and the courts leverage to place individuals who use and abuse inhalants into rehabilitation. She mentioned that in 1999 she went to Bethel for the inhalant abuse conference held by YKHC (Yukon-Kuskokwim Health Corporation). At the conference she realized that because inhalant abuse is not illegal, village public safety officers (VPSOs) and health aides have no leverage in convincing kids not to [use inhalants].

Number 0942

REPRESENTATIVE KAPSNER stated that although inhalant abuse is not a new problem, it is reaching "rampant proportions" throughout Alaska and among youth across the nation. She noted that as of January 1999, 24 other states had passed laws addressing inhalant abuse, ranging from punishing people who sell contrabanded items that were used for inhalants to punishing people who abused inhalants. The laws vary greatly in content, from sending individuals to treatment to criminalizing their behavior. She remarked that one of the problems is the lack of treatment facilities, which are very different from drug and alcohol abuse facilities. She added that it could take 30 or 40 days just to "detox" people to the point that they can accept treatment. For example, she said, sometimes the brain retardation is so severe [from inhalant abuse] that patients don't have any auditory memory and their only hope of treatment is through art therapy.

REPRESENTATIVE KAPSNER stated that at one of the YKHC inhalant abuse conferences, U.S. Senator Frank Murkowski received a very heartfelt plea from one of the elders. He told Senator Murkowski that his grandson was a victim of inhalant abuse and asked how he [Senator Murkowski] could help. Senator Murkowski was able to secure funding for construction and the first three years of operation for a treatment facility in Bethel, to be completed on October 31, 2001. She noted that there are currently only two other treatment facilities [in the U.S.], in South Dakota and Texas, and that Canada has around ten facilities.

Number 1050

REPRESENTATIVE KAPSNER continued, stating that a 1998 survey by YKHC found that during 1996 and 1997, 161 Alaskans sought treatment for inhalant abuse at drug and alcohol programs.

During the same period 46 people with a history of inhalant abuse died. A 1993 survey by the Indian Health Service in Alaska looked at the cost to society of inhalant abusers if they are left untreated. That study found that a 19-year-old with a chronic history of inhalant abuse, and with significant brain or organic damage, would cost society $1.4 million dollars over a lifetime of treatment, medical care, social services, law enforcement, and court costs.

Number 1108

REPRESENTATIVE COGHILL asked if there were facilities in the rest of the state.

REPRESENTATIVE KAPSNER answered that to her understanding, all abusers will be sent to this facility [in Bethel]. House Bill 114 will help medical personnel and law enforcement to make an assessment of an individual. It will not send first-time inhalant users who are six years old to the treatment facility, but will only send the chronic users and abusers.

Number 1183

BARBARA BRINK, Director, Public Defender Agency. Department of Administration, testified via teleconference. She said that the Alaska Public Defender Agency agrees that inhalant abuse is a very serious problem, not only in the rural locations but also among Alaskan urban youth. She stated that the agency's main concern with the bill is it seems to take an immediate approach to criminalization. She stated that Sections 1 and 2 of the bill make [abuse of inhalants] a class B misdemeanor defense, and require that children who are huffing or using these substances go through the adult district court process. She stated that the agency's first concern with this is that the district court process is antithetical to providing the kind of care and treatment that kids need. She remarked that, for example, last year Bethel handled over 982 misdemeanor cases, while the juvenile court only handled about 57 cases. She added that the criminal justice system doesn't work well with addictive behaviors, but works really well at holding people accountable and punishing them with jail time. The court system itself is struggling to take new approaches, including a therapeutic course. She stressed that [this bill] is jumping the gun and leaping immediately to a criminalization process, and she feels that the civil commitment idea is the best approach.

Number 1261

MS. BRINK continued, stating that if there have already been 150 people or so requesting treatment, it appears that coercion is not necessary. If this act were changed from a class B misdemeanor to a violation, the danger that kids could be jailed for this behavior would be reduced. She suggested there be a less criminalizing approach first. She stated that the other potential problem involves the fiscal note report. When an act is considered a crime, prosecution and defense must be provided. With a class B misdemeanor, a person is entitled to make a request for appointed counsel and a jury trial. If this were a simple violation, those things wouldn't take place.

MS. BRINK concluded that perhaps [Alaska] should look at other states' prevention, treatment, and encouragement methods.

Number 1352

REPRESENTATIVE JOULE asked if it is a crime when minors consume alcohol.

MS. BRINK replied that currently it is looked at as a violation; however, since driver's licenses can be automatically revoked through DMV (Department of Motor Vehicles), a level of due process is required, including a request for appointed counsel and a jury trial.

Number 1398

CHAIR DYSON asked, to clarify, if Ms. Brink was recommending that this be dealt with as a violation in juvenile court and not as a misdemeanor.

MS. BRINK answered yes.

CHAIR DYSON asked at what age she thinks it would be proper for these violations to be heard in adult court.

MS. BRINK replied that in situations other than status offenses when a person is using a substance that is causing damage only to that person, her recommendation would be to leave it at [age] 18. She said that the juvenile court is set up much better to take into account an individual juvenile offender's needs. She added that included in the juvenile statute there is a section that requires a division to develop the individual case plan for each child.

Number 1463

REPRESENTATIVE JOULE asked if a bill had been passed in the last few years concerning somebody who was hurting kids or taking kids for the purpose of huffing. He added that if not, maybe this is a point where somebody would be sent to the adult courts.

MS. BRINK responded that she does not recall anything previously done in that area. However, she said, Representative Joule's question brings up a whole other arena of how to regulate this behavior. She remarked that, as Representative Kapsner pointed out, the whole trouble is that [inhalant products] are readily available. She suggested taking a look at what is done in the alcohol arena and regulating household goods to discourage people from buying them in the grocery store.

Number 1553

ALVIA DUNNAGAN, Lieutenant, Department of Public Safety, testified via teleconference. He stated that he deals with the legislative information on bills that are proposed. He said the Department of Public Safety supports this bill and does not anticipate a fiscal impact.

CHAIR DYSON stated that he hoped Lieutenant Dunnagan would remark on the magnitude of the problem in his jurisdiction.

LIEUTENANT DUNNAGAN replied that there are many cases in rural Alaska where young people and adolescents are abusing inhalants to the point of (indisc.) and death. He said taking any enforcement actions is tough, because [inhalant abuse] is not against the law. He added that looking back in the past year, there are only a handful of cases documented as actual abuse of inhalant cases. The reason is that there's a myriad of things abuse cases can be attributed to or classified, as such as medical assists or suspicious circumstances. He remarked that if VPSOs and troopers working in the villages in rural Alaska had some kind of enforcement authority, more people would be made aware of the fact that there needs to be some kind of intervention before the problem gets too serious.

CHAIR DYSON reiterated that he had specifically asked if Lieutenant Dunnagan had any information on how extensive the use is in the urban areas.

LIEUTENANT DUNNAGAN replied that he does not know.

Number 1731

SANDRA KLEVEN, Clinical Social Worker and Coordinator of the Rural Human Services Program, Yukon-Kuskokwim Health Corporation (YKHC), came forth to testify on HB 114. She shared several experiences and observations relating to inhalant abuse:

> I admitted an 11-year-old boy to our short-term residential facility that described a history of gas sniffing. He was also recovering from third degree burns to his arm and abdomen as a result of using a lighter to illuminate the shed where he was sniffing. Our team admitted a 10-year-old girl to "Charter" who continued to experience hallucinations long after the effects of gas sniffing should have cleared her system. I assessed a 10-year-old who couldn't seem to quit, and whose family was terrified but overcome by a sense of helplessness trying to confine him to home, but unable to watch him every minute. My experience with this family gave me a sense of how addictive gas sniffing could be. This boy wanted to quit but couldn't quit.

MS. KLEVEN continued, stating:

> I've also had experience with adult inhalant abusers. Our clinical team meets every morning to review crisis calls, and certain long-term clients surface again and again needing shelter and care. These are men in their 20s whose minds have been permanently impaired from sniffing, who still cannot stop. They get in trouble in their villages, create problems in their families; they begin to be outcasts. They surface in our emergency system lost, homeless, and in need of assistance.

Number 1825

MS. KLEVEN continued, stating:

> In most villages chronic gas sniffers are known to public safety officials. The VPSOs have told me how helpless they are to intervene, as there is no law against using inhalants. They're helpless as they watch young people destroy themselves and others.

> Village counselors have tried to respond by passing local ordinances, but there's no effective enforcement.

MS. KLEVEN remarked that the most horrific impact she wanted to share occurred almost two years ago at the start of Holy Week. She remarked:

> A man in his 20s, impaired from gas sniffing, shot and killed his seven-month-old niece because her cries bothered him. Her two-year-old brother witnessed the shooting. The village was devastated [in] the aftermath of this tragedy. Our behavioral health program was asked to lend support and I flew in with the Alaska State Troopers. As I climbed from the plane, I could see clear plastic bags containing tagged evidence ready to be loaded in the plane. Included was the baby's walker the tray splattered with blood. I visited the family's home and tried to replay in my mind the events of the day before. The village health aides who had responded to the call, which knew this baby and this family, were in anguish, and two have since resigned due to post-traumatic stress, in spite of our efforts to meet their needs.

Number 1911

MS. KLEVEN concluded that in August 2001 when the treatment facility will open in Bethel to serve young people throughout the state, this bill could serve as an adjunct to treatment services, lending authority to intervention efforts.

REPRESENTATIVE JOULE asked why people are [using inhalants].

MS. KLEVEN responded that it is impossible to know if it is a habitual activity that moves from one child to another, or a result of problems in the home where children are looking for an odd type of self-medication to escape from troubles. She added that maybe, in the course of doing treatment work with children, more of the motivating and mitigating factors will be discovered.

Number 1973

CHAIR DYSON asked if she has a sense that the kids are informed of the danger and are doing it anyway.

MS. KLEVEN replied yes.

CHAIR DYSON asked if it is her sense that parents have been actively warning [the children].

MS. KLEVEN answered yes, and said the parents are often moved to the point of frustration and losing their temper with these children. She remarked that this is where she gets the sense that it is as addictive as for a late-stage alcoholic, the urge to continue once it's become habitual.

CHAIR DYSON asked if there is any knowledge about the success of when a kid is detoxified and there hasn't been organic damage, and he or she receives some kind of behavior modification treatment.

Number 2044

MS. KLEVEN replied that there is not a lot of success to look for. She added that as the Bethel program is being developed, [YKHC] has been visiting the programs in Canada and the Lower 48, in order to reach all of the expertise available.

CHAIR DYSON suggested that gas tanks have locking gas caps and parents have a locked box at home. He asked whether the amount of inhalants is so pervasive that isolation of [the products] is impractical.

MS. KLEVEN replied that she thinks it could help. In response to an earlier point, she has heard that after some prevention efforts in the schools, when the substances have been shown, the level of [inhalant] use increased. As a result, there is caution when showing pictures and examples. She added that all of the products mentioned are used throughout the state, and that in Bush Alaska gas is the primary choice.

Number 2134

PAM WATTS, Executive Director, Advisory Board on Alcoholism & Drug Abuse, Office of the Commissioner, Department of Health & Social Services, came forth in support of HB 114. She stated that the advisory board worked with Representative Kapsner's office last year helping to put this bill together. She remarked that there is not an easy answer to this problem of inhalant abuse. She stated that the advisory board supports efforts to intervene early with inhalant abusers. She added that it is not necessary for every person to go into residential

treatment; however, often that might be the case when intervening with chronic users. Having the treatment facility in the state will certainly be an asset.

Number 2199

MS. WATTS remarked that last year the advisory board supported Representative Kapsner's efforts to modify the Title 47 involuntary commitment statute to be able to civilly commit persons who are abusing inhalants. After working with some legal support this year, [the Advisory Board on Alcoholism & Drug Abuse] has some problems with [the involuntary commitment statute], because inhalants are different than alcohol and other drugs. However, the nature of the Title 47 involuntary commitment statute is that there must be significant proof that the individual is an alcoholic or is addicted to some drug. She said that [the Advisory Board on Alcoholism & Drug Abuse] is concerned that a lot of these people, particularly the young folks, can’t wait that long. As mentioned, there are some concerns with making this a misdemeanor, but [the Advisory Board on Alcoholism & Drug Abuse] has heard from some of the VPSOs that this is the only way to intervene with some of these kids. If [the VPOs] sees a young person huffing, there is no crime to charge him or her with, because it isn't against the law.

Number 2232

MS. WATTS continued, stating that on the other hand, a person may be taken in on a Title 47, 12-hour protective custody and put in jail who has specific medical needs. There is a chance those needs won't be met and that that person could die. She clarified that with the Title 47 there is the protective custody; there is also the involuntary commitment, initially for up to 30 days, and then possible recommitment for 180 days.

Number 2271

MS. WATTS concluded that [the Advisory Board on Alcoholism & Drug Abuse] would like to continue supporting Representative Kapsner in forwarding legislation to protect these vulnerable citizens. However, [the Advisory Board on Alcoholism & Drug Abuse] does have some concerns about the way it is at present.

Number 2338

REPRESENTATIVE JOULE asked if the name of her board [Advisory Board on Alcoholism & Drug Abuse] was expanded at one point to include inhalants.

MS. WATTS replied that it wasn't.

REPRESENTATIVE JOULE remarked that at some point the issue of inhalants was also tacked on to the duties of the Division of Alcoholism & Drug Abuse.

MS. WATTS responded that she believes that is accurate, statutorily; however, it is not in the title of the advisory board. To clarify, she stated that the board certainly supports inclusion of inhalants.

TAPE 01-20, SIDE B
Number 2378

MARIE LAVIGNE, Executive Director, National Association of Social Workers (NASW), Alaska Chapter, came forth as representative of over 500 professional social workers in support of HB 114. She stated:

> As you have heard, inhalant abuse is a serious problem in Alaska, and it has reached epidemic proportions. This is a public health emergency that we're facing that warrants a comprehensive public health approach to address inhalant abuse, including a comprehensive range of prevention and intervention. House Bill 114, in our opinion, is a significant contribution toward addressing this problem. National Association of Social Workers eagerly awaits the opening of the first inhalant abuse treatment center in Alaska and continued opportunities for comprehensive prevention. The experience of our members and social work practice is Alaska has taught us that intervening at the earliest possible opportunity is critical, as inhalant abuse can kill its user on the first attempt. As you've heard today, brain damage and significant health concerns also result from inhalant use.

Number 2320

MS. LEVIGNE remarked that the NASW has two concerns with HB 114. She stated:

National Association of Social Workers encourages you to recognize that inhalant users are the very young, adolescents, and adults. We have individuals seeking help and mental health support services across Alaska who are adults who are also abusing inhalants, and we need to make sure that legislation includes services and resources for both youth and adults. The NASW also has concern with the stigma that may be attached from criminalization of inhalant use, and we encourage the sponsors to consider other alternatives. However, we recognize, more importantly, there's an outcry from our communities and from our members across Alaska that we need resources to respond to this epidemic of inhalant use and to offer our public health aids, our VPSOs, and other law enforcement officers the opportunity to respond and protect inhalant users. Intervening at the earliest opportunity [is] critical to prevent and treat those who are using inhalants, and we encourage you to support HB 114.

Number 2220

ROBERT BUTTCANE, Legislative & Administrative Liaison, Division of Juvenile Justice (DJJ), Department of Health & Social Services (DHSS), came forth to comment on HB 114. He said that in his experience in Juneau he has not encountered a bill that has evoked such levels of discussion and consideration as HB 114. He said that he has learned more about inhalant abuse in the past two weeks than he has known in his entire life. Remarking on what others have said in previous testimony, Mr. Buttcane stressed that [inhalant abuse] is a serious problem and that it is not a new problem. He stated that it is something people have turned a blind eye to, in part because it is very easy to become overwhelmed with the magnitude of what might need to be done in order to address or respond to this issue. To do nothing could well cost people their lives; to do anything almost makes a commitment to do everything, which would be an incredible commitment of financial, personal, and medical resources to address this problem.

Number 2106

MR. BUTTCANE stated that what he thinks HB 114 is trying to accomplish is to identify those people who do abuse inhalants, to find some way to formally and systematically separate out those people who maybe are just starting to experiment, from

those who are addicted, and who have suffered physiological and neurological damage, in order to respond appropriately.

Number 2085

MR. BUTTCANE stated that after identifying these kids, it is necessary to assess, to educate, and to treat. He added that at that point, fiscal ramifications and impacts need to be addressed.

CHAIR DYSON asked if Mr. Buttcane's has experienced, in the criminal justice system, kids who are "huffing" and who are also doing other criminal activity.

MR. BUTTCANE responded that in the juvenile justice system there is not a good understanding of the extent of this problem and how it associates with other delinquent offenses. Based on the discussion in the past couple of weeks, it is the DJJ's belief that there are "huffers" in the youth facilities after they have committed delinquent offenses. However, this issue has not been assessed because it has not been part of the standard screening process. He wondered, now, if some individuals who were thought to have one issue have this issue as well [being inhalant abusers].

Number 2010

REPRESENTATIVE JOULE commented that it has been the Division of Alcoholism & Drug Abuse's responsibility, for some time, to deal with inhalants. He asked, to be addressed at the next meeting, whether there have been any efforts and requests from the [Department of Health & Social Services] to the legislature to do anything.

Number 1994

CHAIR DYSON stated that the committee is going to suspend the hearing on HB 114. [HB 114 was held over.]

SB 21-FINES BY THE STATE MEDICAL BOARD

CHAIR DYSON announced the committee would hear testimony on SENATE BILL NO. 21, "An Act increasing the maximum civil fine that may be imposed by the State Medical Board as a disciplinary sanction."

Number 1948

SENATOR DONALD OLSON, Alaska State Legislature, came forth as sponsor of SB 21. He stated that he had introduced SB 21 in order to increase the monetary sanctions that the State Medical Board may impose on a licensee for professional or ethical misconduct. This bill increases the maximum penalty from the $10,000 limit that is currently in statute to $25,000.

SENATOR OLSON remarked that he feels the need for SB 21 is twofold. First, he said, he believes the maximum sanction of $10,000 does not provide a sufficient monetary deterrent, given the economic status of many licensees. Often the severity of the penalty is not equivalent to the damage caused in extreme cases of misconduct. Furthermore, the $10,0000 limit has not changed since it was first enacted 14 years ago. Senator Olson stated that a second reason for SB 21 is the increasing costs that the board is experiencing in its caseload management of misconduct allegations. It is not unusual for the cost of a misconduct determination to exceed the $10,000 penalty limit. Since the activities of the board are wholly supported by licensure, fees, and fines, the increased cost of operations usually translates into license fee increases. Therefore, SB 21 offers a second way to meet the increasing caseload costs by expanding the board's cost recoverability through increased fees. In practice, the financial burden for this regulatory activity may be shifted more from the general membership to the wrongdoers themselves.

Number 1853

SENATOR OLSON concluded, stating that currently the board has 188 cases that are open for potential investigation and adjudication by the Division of Occupational Licensing. During the calendar year 2000, 130 new cases were opened and 133 closed. This effort resulted in 35 disciplinary actions against State Medical Board licensees. In fiscal year 2000, the cost of pursuing misconduct charges exceeded $160,000.

REPRESENTATIVE JOULE asked why there is no effective date on the bill.

Number 1811

CATHERINE REARDON, Director, Division of Occupational Licensing, Department of Community & Economic Development, replied that the bill does not need to have [an effective date]. Without [a

specified] effective date, the bill takes effect 90 days after the governor signs it.

CHAIR DYSON asked if the fines being applied to the department are mentioned in the code.

MS. REARDON replied that the Occupational Licensing Board, such as the State Medical Board, are governed by AS 08.01.065 (c), which states that the revenue generated from each profession has to cover the costs of licensing and regulating that profession. She explained that when the [Division of Occupational Licensing] does the calculations to see if [the medical professionals] are financially self-sufficient, [the Division of Occupational Licensing] does credit that board or professional with the fine money and license fee money that comes in.

CHAIR DYSON questioned that. He noted that it has been important not to allow law enforcement to reap the rewards of more fines.

Number 1723

REPRESENTATIVE COGHILL noted that on page 2, line 5, of the bill, language [allows] a fine to be imposed. However, the body of the bill includes intent language [that allows a sliding scale]. Therefore, he asked if there are other discretionary measures that allow for a sliding scale, other than that intent language.

SENATOR OLSON replied that the intent of the bill wasn't so much to do away with a sliding scale, but to make sure [that the amount of the fee] is more in alignment with the egregious acts that [the medical practitioners] have committed.

REPRESENTATIVE COGHILL clarified that he is wondering if the "of not more than" language gives the latitude that is being sought. He asked if it would be more appropriate to say, "up to but no more than". He remarked that this certainly would be challenged in court, and, therefore, he wondered whether the intent language should be clearly stated in the statutory language.

SENATOR OLSON replied that he hadn't looked at it that way. He explained that in creating the bill, it was necessary that the fines stay in place; however, the maximum penalty was able to reach a degree more indicative of the finding of misconduct.

REPRESENTATIVE COGHILL reiterated his aforementioned concerns.

Number 1597

CHAIR DYSON related his belief that SB 21 is simple, and that all that is being done is changing the upper limit such that the fine [more accurately] reflects the [violation]. He announced his position that the House Health, Education and Social Services Standing Committee would want all medical practitioners to be as ethical as possible, and would want the occupational licensing process to work at weeding out the "bad guys."

Number 1540

REPRESENTATIVE COGHILL made a motion to move SB 21 out of committee with individual recommendations and the accompanying zero fiscal note. There being no objection, SB 21 moved from the House Health, Education and Social Services Standing Committee.

Number 1531

CHAIR DYSON called an at-ease at 4:12 p.m. in order to hear the Association of Alaska School Boards' overview. [The minutes for the Association of Alaska School Boards' overview are in the 4:16 p.m. cover sheet for the same date.]