

ALASKA LEGISLATURE
JOINT SENATE AND HOUSE HEALTH, EDUCATION & SOCIAL SERVICES
COMMITTEES

January 16, 2002
1:34 p.m.

SENATE MEMBERS PRESENT

Senator Lyda Green, Chair
Senator Loren Leman, Vice Chair
Senator Gary Wilken
Senator Bettye Davis

SENATE MEMBERS ABSENT

Senator Jerry Ward

HOUSE MEMBERS PRESENT

Representative Fred Dyson, Chair
Representative Peggy Wilson, Vice Chair
Representative John Coghill
Representative Gary Stevens
Representative Sharon Cissna

HOUSE MEMBERS ABSENT

Representative Vic Kohring
Representative Reggie Joule

OTHER LEGISLATORS PRESENT

Senator Dave Donley

COMMITTEE CALENDAR

Overview: Division of Public Health
Session Initiatives

PREVIOUS ACTION

No previous action to record.

WITNESS REGISTER

PRESENTERS:

Mr. Jay Livey, Commissioner
Department of Health and Social Services
PO Box 110601
Juneau, AK 99811-0601

Mr. Elmer Lindstrom, Deputy Commissioner
Department of Health &
Social Services
PO Box 110601
Juneau, AK 99801-0601

Ms. Karen Pearson, Director
Division of Public Health
Department of Health &
Social Services
PO Box 110601
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Dr. Beth Funk
Division of Public Health
Department of Health &
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PO Box 110601
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Dr. Bernard Jilly
Chief of Laboratories
Division of Public Health
Department of Health &
Social Services
PO Box 110601
Juneau, AK 99801-0601

ACTION NARRATIVE

TAPE 02-1, SIDE A [Senate HES tape]

CO-CHAIRMAN FRED DYSON called the Joint meeting of the Senate and House Health, Education & Social Services Committees to order at 1:34 p.m. Senate HESS members present were Senators Leman, Wilken, Davis and Co-Chair Green. House HESS members present were Representatives Wilson, Coghill, Stevens, Cissna, and Co-Chair Dyson. Senator Donley was also in attendance.

CO-CHAIRMAN DYSON announced that the purpose of the meeting was to hear an explanation from Administration officials on its legislative proposals to strengthen homeland security, particularly the budget implications and proposed changes to the Governor's

authority.

COMMISSIONER JAY LIVEY, Department of Health and Social Services (DHSS), informed the group that DHSS will discuss how its proposed plan to deal with bioterrorism fits into the state homeland security plan. He stated that after September 11, Adjutant General Oates, Commissioner of the Department of Military and Veterans Affairs, was designated to lead a group to study disaster planning for the state. That group was broken down into five subgroups, one of which developed the proposal before the committee. He pointed out that a key issue in dealing with bioterrorism is that such activities are not immediately obvious; detection is a key step.

DR. BETH FUNK, Division of Public Health, DHSS, gave a power point presentation entitled, Alaska Public Health - More than a One-Shot Deal. Highlights of the presentation revolved around the need for: more and better-trained public health professionals; a state-of-the-art communications network; better-equipped state laboratories; and tracking of diseases and environmental exposures. Dr. Funk reviewed ongoing and emerging preventable diseases the Division of Public Health deals with, as well as diseases that may result from terrorist threats, which could be nuclear, radiologic or biologic. Dr. Funk reviewed preparedness components, which include detection, investigation and an adequate infrastructure with which to respond. She pointed out that medical providers and laboratory workers must be educated to recognize symptoms and diagnose diseases so that an outbreak can be identified and interrupted.

1:50 p.m.

DEPUTY COMMISSIONER ELMER LINDSTROM, DHSS, discussed the legal issues related to the Administration's legislative proposals, SB 237 and HB 325. He explained that the civil defense and disaster statutes need minor modifications to assure that the governor has the necessary authority and sufficient capacity to deal with an outbreak of disease resulting from a bioterrorist attack or a credible threat of one. The legislation adds a terrorist attack or the credible threat of one to the list of activities that provides the governor with emergency powers. It will also allow DHSS to allocate pharmaceuticals and inspect health care records in such an event. DHSS assessed a new model law on this subject; it appears that enacting such a law will require many changes to Alaska's statutes and Constitution. DHSS would like to engage the committees in a discussion of the model law.

SENATOR LEMAN asked if Alaska statute contains a definition of a terrorist attack or the reasonable threat of one.

DEPUTY COMMISSIONER LINDSTROM said the legislation contains a definition of a disaster that includes, "a terrorist or enemy attack or credible threat of such an attack or an outbreak of disease or credible threat of an outbreak of disease."

SENATOR LEMAN expressed concern that almost any criminal activity could be considered to be a terrorist attack. He suggested the legislature limit that definition to apply to activities by international networks.

CO-CHAIRMAN DYSON said he is intrigued by what is meant by the phrase, "enforce all laws related to civil defense and assume control of all civil defense." He asked if the language on page 1, lines 11-15 gives the governor the right to seize SUVs.

DEPUTY COMMISSIONER LINDSTROM said that language is in existing law.

CO-CHAIRMAN DYSON said he noticed that under existing law, the governor cannot affect the media. He asked if it is the Administration's position that no terrorist threats would require, for security purposes, inhibiting the media on an ad hoc basis.

DEPUTY COMMISSIONER LINDSTROM said he could not provide an answer to that question.

CO-CHAIRMAN DYSON asked if the language on page 3, line 8, allows the governor to suspend the sale of firearms.

DEPUTY COMMISSIONER LINDSTROM deferred to Adjutant General Oates for an answer, as the underlying statute is the disaster statute, which is under his purview.

CO-CHAIRMAN DYSON asked if the new language on page 3, line 17, will allow DHSS to access confidential health care records.

DR. FUNK explained that as part of an investigation, during either a naturally occurring outbreak or an intentional outbreak, DHSS needs immediate and ready access to emergency room logs, laboratory results, and other records to look for trends and patterns. If an outbreak occurs statewide, the level of urgency would make access to those records a priority.

CO-CHAIRMAN DYSON expressed concern that the legislation raises privacy concerns and asked Dr. Funk to advise the committee on how the medical community has addressed such situations in the past.

DR. FUNK replied the question of finding a balance between

individual rights and public health is currently being discussed on a national level but unfortunately, but it has no easy answer.

CO-CHAIRMAN DYSON asked if medical data could be collected so that it remains anonymous.

DR. FUNK said it can in some cases, but the problem arises when information must be gathered from a number of different sites. There would be no way to know if duplication exists.

CO-CHAIRMAN DYSON asked Deputy Commissioner Lindstrom to be prepared to address that question at future hearings.

REPRESENTATIVE COGHILL noted that pharmaceutical and medical supplies [on page 3, line 11], are treated like food, water, fuel and clothing and may require a different protocol. He asked if pharmaceuticals and medical supplies should be placed elsewhere in statute.

DEPUTY COMMISSIONER LINDSTROM told members that provision breaks new ground and that the DHSS budget request contains funding for a state pharmacist to work on that issue. In the case of a disaster, DPS will need to know what pharmaceuticals exist in state and will need to coordinate with the federal government.

2:03 p.m.

CO-CHAIRMAN DYSON asked if this legislation empowers the governor to quarantine part of the population or whether that power exists in statute now.

DEPUTY COMMISSIONER LINDSTROM replied that this legislation adds a terrorist event to the list of reasons the governor can quarantine or isolate part of the population. The existing public health statute has a provision for quarantine but it is exclusive to tuberculosis.

DR. FUNK added that the main concern is an outbreak of small pox. Isolation is an important factor in interrupting the transmission of the disease so the bill gives the governor the right to restrict a person's movement. She noted that the Center for Disease Control (CDC) will bring a team together next month to discuss that question.

CO-CHAIRMAN DYSON cautioned DHSS representatives that a certain part of the population may be very concerned about that issue. He noted as soon as DHSS is ready, he is prepared to hear this issue in committee but expects protracted debate.

DR. FUNK continued with the power point presentation and explained that a lot of work has already been done so the necessary systems are in place. The expertise to deal with a bioterrorist threat is available in Alaska but Alaska's capacity is at a beginning level.

2:10 p.m.

MS. KAREN PEARSON, Director of the Division of Public Health, DHSS, expressed appreciation for legislative support of the public health lab that opened last January as it provided Level 3 bio-safety lab capacity in Alaska during the Anthrax scare. Had the lab not been available, DHSS would have had to send specimens out of state and negotiated to get those specimens tested in competition with tests at other state labs. Many specimens are still in storage in other states waiting to be tested.

MS. PEARSON reviewed the budget request for DHSS associated with SB 237 and HB 325. DHSS's budget request has been broken down into four areas: public health nursing; laboratories; epidemiology; and emergency medical services. In the event of a covert attack, DHSS would be completely dependent on health care providers in communities to identify an outbreak and report that information so that a response can be mobilized. Most health professionals in the country have never seen a case of anthrax. DHSS needs resources to make sure that public health nurses have the ability to identify and respond. Regarding the anthrax cases, the science was changing on a daily basis; CDC was learning and getting information out to the states. DHSS needs the ability to get that information out to its field staff. Funding for travel, training, and enhanced communications is requested.

MS. PEARSON said DHSS also needs an adequate number of microbiologists, funding for increased salaries, lab testing kits, a statewide computer program to track lab tests and communicate with CDC, and training funds.

CO-CHAIRMAN DYSON asked if the state has a computer program now.

MS. PEARSON said DHSS is waiting to receive a new computer program from CDC that is public domain but DHSS will need training funds and about \$80,000 per year to employ a microtechnician to maintain the system and make sure it is operational.

MS. PEARSON stated the third category of expenses is related to epidemiology. Physicians and clinics consult the Epidemiology Section when questions arise about the need for an investigation. Once a problem has been identified, it has to be traced back to its

origin to determine the number of people exposed. That category contains funds for nurse epidemiologists and travel to provide training to the public and private provider community. She added that DHSS sorely needs a pharmacist. DHSS already maintains a multi-million dollar vaccine program. A pharmacist will plan what medications and vaccines are necessary and available for different outbreaks.

REPRESENTATIVE WILSON noted that Wrangell has been advertising for a pharmacist but has had no applicants. She asked how much DHSS expects to pay to lure someone to Alaska.

MS. PEARSON said DHSS has requested \$90,000 but she believes it will be hard pressed to find someone. She added that pharmacists are in very short supply right now.

SENATOR LEMAN asked if the state has access to a central database or another way to deal with inventory, short of hiring a pharmacist.

MS. PEARSON said that DHSS has staff to deal with inventory but needs a pharmacist to provide consultations on what drugs are most effective and changing drug interactions as more vaccines become available.

TAPE 02-1, SIDE B

CO-CHAIRMAN DYSON asked if, under current law, state government can compel people to become vaccinated.

MS. PEARSON said to her understanding, no. However, if a person chooses not to be vaccinated, there may be a consequence, for example he or she may be quarantined.

CO-CHAIRMAN DYSON discussed the likelihood of a threat in Alaska and noted the threat of a bioterrorist attack is small. The more likely scenario is that people may travel to Alaska who unknowingly have a contagious disease.

MS. PEARSON said Alaska's population may not be a first choice for a target but that does not mean Alaskans are not vulnerable. Alaska could be impacted by a direct assault or by the fact that Alaska's population is very mobile and travels internationally.

CO-CHAIRMAN DYSON asked if Alaska will start to pre-screen people before they arrive in Alaska, particularly if there is an outbreak elsewhere.

COMMISSIONER LIVEY said he is not sure but noted that part of CDC's plan, in the case of an outbreak of smallpox, contains components to control populations that have been infected.

DR. FUNK indicated that there is no way to prescreen for these biological agents. Only one of the five agents being discussed, smallpox, is spread from person to person and no prescreening test is available. Bubonic plague can be transmitted to some degree prior to treatment but small pox is the main concern. She pointed out the small pox plan is based on knowing that something has happened in a certain place and advising nationally so that individuals who were potentially exposed can be observed through the incubation period and others around them vaccinated. That plan is evolving and will be similar to the international eradication program.

CO-CHAIRMAN DYSON asked, "...but, they keep stamping my passport. Can't we screen that way?"

DR. FUNK said the issue of free travel versus the right to public health will have to be hammered out.

SENATOR LEMAN asked Ms. Pearson if she is satisfied with the coordination between the state laboratory and the CDC laboratory so that minimal duplication is occurring.

MS. PEARSON said there is no duplication as the two labs do very different kinds of tests. She said communication is very good between the two agencies. She then continued her review of the budget aspects of the proposed legislation. She discussed the need for a better communication system for emergency medical responders in the form of a mobile land radio. In addition, local volunteers and paid EMS responders need to be trained to be effective and protect themselves.

COMMISSIONER LIVEY clarified that the Alaska Public Health Alert Network is different from the Mobile Land Radio system. It is an internal system of health providers within the state that allows them to share information and communicate.

MS. PEARSON concluded her review by informing members that the communication and support between all agencies over the last months has been phenomenal.

COMMISSIONER LIVEY emphasized that the four areas of public health services that need to be enhanced are already in place. The budget requests will not be used to create anything new; they will enhance the existing system and be used for all public health functions on

a day-to-day basis.

MS. PEARSON said in the event that no bioterrorist activity is going on and the lab capacity is increased, the state has many unmet needs that the increased capacity can be used for on a daily basis.

CO-CHAIRMAN DYSON encouraged DHSS to consider the issue of interconnectivity when purchasing any new software so that departments can cooperate and communicate with each other.

2:40 p.m.

DR. BERNARD JILLY, Epidemiology Section of DHSS, gave a power point presentation on the recent anthrax crisis in the United States and its affects in Alaska. He reviewed a suspected case of cutaneous anthrax in a mail worker on the North Slope. He pointed out of the 11 people nationwide with inhalation anthrax, six survived, primarily because the low number of cases allowed for very intensive intervention. Of the 110 suspected incidents of anthrax in Alaska, 69 required lab testing, which cost \$51,750.

REPRESENTATIVE WILSON asked how long it takes to diagnose anthrax from a lab kit test.

DR. JILLY answered under ideal circumstances, four hours, but under poor conditions, anywhere from 24 to 48 hours. He explained that all anthrax symptoms present as upper respiratory problems.

CO-CHAIRMAN DYSON asked if DHSS believes the state should provide more public education and whether first-aid training will need to be changed.

COMMISSIONER LIVEY said that DHSS needs to do more training with first responders and, on a broader level, DHSS needs to do more systems training so that it can test its system in conjunction with state troopers, etc.

3:12 p.m.

REPRESENTATIVE CISSNA asked DHSS to calculate the amount of state funds saved during the September 11 crisis by having the new lab in place.

CO-CHAIRMAN DYSON announced that the proposed legislation will be heard in committee at a later date and asked members to direct questions to DHSS so that they can be prepared to answer at that time. He then adjourned the meeting at 3:15 p.m.