

**ALASKA STATE LEGISLATURE
HOUSE SPECIAL COMMITTEE ON MILITARY AND
VETERANS' AFFAIRS**

February 21, 2002
3:23 p.m.

MEMBERS PRESENT

Representative Mike Chenault, Chair
Representative Beverly Masek
Representative Lisa Murkowski
Representative Joe Green
Representative Pete Kott

MEMBERS ABSENT

Representative Sharon Cissna
Representative Joe Hayes

COMMITTEE CALENDAR

HOUSE BILL NO. 324

"An Act making supplemental and other appropriations for homeland security; and providing for an effective date."

- HEARD AND HELD

PREVIOUS ACTION

BILL: HB 324

SHORT TITLE:HOMELAND SECURITY APPROPRIATIONS

SPONSOR(S): RLS BY REQUEST OF THE GOVERNOR

Jrn-Date	Jrn-Page		Action
01/16/02	1972	(H)	READ THE FIRST TIME - REFERRALS
01/16/02	1972	(H)	MLV, STA, FIN
01/16/02	1972	(H)	GOVERNOR'S TRANSMITTAL LETTER
01/16/02	1972	(H)	SPREADSHEET BY DEPT. COST
02/12/02		(H)	MLV AT 3:00 PM CAPITOL 124
02/12/02		(H)	Heard & Held
02/12/02		(H)	MINUTE(MLV)
02/19/02		(H)	MLV AT 3:00 PM CAPITOL 124
02/19/02		(H)	Heard & Held MINUTE(MLV)
02/21/02		(H)	MLV AT 3:00 PM CAPITOL 124

WITNESS REGISTER

JANET CLARKE, Director
Division of Administration Services
Department of Health and Social Services (DHSS)
P.O. Box 110650
Juneau, Alaska 99811-0650
POSITION STATEMENT: During hearing on HB 324, explained Items 43 and 51-55 and answered questions.

KAREN E. PEARSON, Director
Division of Public Health
Department of Health and Social Services
P.O. Box 110610
Juneau, Alaska 99811-0610
POSITION STATEMENT: During hearing on HB 324, assisted with the explanation of Items 43 and 51-55 and answered questions.

ACTION NARRATIVE

TAPE 02-12, SIDE A
Number 0001

CHAIR MIKE CHENAULT called the House Special Committee on Military and Veterans' Affairs meeting to order at 3:23 p.m. Representatives Chenault, Masek, Green, and Kott were present at the call to order. Representative Murkowski arrived as the meeting was in progress.

HB 324-HOMELAND SECURITY APPROPRIATIONS

CHAIR CHENAULT announced that the committee would continue to consider HOUSE BILL NO. 324, "An Act making supplemental and other appropriations for homeland security; and providing for an effective date."

Number 0134

CHAIR CHENAULT brought attention to Item 43 [of the document titled "Terrorism Disaster Policy Cabinet: Cost Estimates for Highest Priority Recommendations," dated 1/14/02]. He informed the committee that Wayne Rush was online to answer questions.

Number 0181

JANET CLARKE, Director, Division of Administration Services, Department of Health and Social Services (DHSS), came forward to

testify along with Karen Pearson. Before addressing Item 43, she offered a handout related to federal funding, titled "Bioterrorism Preparedness & Response: Supplemental Funding Summary." Ms. Clarke informed members that Washington, D.C., has recognized the problems in public health and in not having enough support and infrastructure capacity for public health throughout the country.

MS. CLARKE pointed out that the federal government has dealt with anthrax issues since the previous fall, and to her belief has already appropriated, through the President, over a billion dollars nationwide; a certain amount allocated to the State of Alaska can go for many items proposed in [HB 324]. Emphasizing that a lot of requests might be converted to federal funding at some point, she asked Ms. Pearson to discuss that before delving into the individual items. In response to Chair Chenault, Ms. Clarke clarified, "We already know Alaska is going to get \$6.9 million for public health-related items for bioterrorism, and the money has already been appropriated at the federal level."

Number 0375

KAREN E. PEARSON, Director, Division of Public Health, Department of Health and Social Services, pointed out that many components relate not just to the Division of Public Health, but also to the existing public health system through the municipalities, tribal health organizations, and so forth. The federal money will go into that whole, broad system, which is why [DHSS] couldn't say right now what items could be removed from the list [of requested appropriations]. She said a group of partners, including some just mentioned, need to come together with [DHSS], within the constraints and framework of funds being made available, to decide where to best invest that money to achieve the specific benchmarks required by Congress with regard to the money, "and how that fits in our particular system."

MS. PEARSON reported that within her division are four areas relating to the figures [she and Ms. Clarke] had been asked to address today: the sections of epidemiology, laboratories, public health nursing, and community health and emergency medical services. All would be "playing ... into our partners in public safety when there is some kind of an event." She cited recent anthrax issues as an example, noting that just yesterday a sample was received in the laboratory for testing. Indicating people are still concerned and vigilant about [the possibility that anthrax or other substances will be sent

through the mail], Ms. Pearson said that is good because the threat is no less today than last fall, even though it is less visible.

MS. PEARSON explained that the epidemiologists [in her division] do disease surveillance and that if there were a covert biological attack - unannounced, but with people just becoming ill - it is that system which would pick it up as quickly as possible. The lab would do testing and then provide confirmation and results. The public health nursing [section] would do a mass dissemination of antibiotics or follow-up, for example. And the emergency medical services people are there whatever the disaster or [emergency] is.

Number 0639

REPRESENTATIVE GREEN requested clarification about the partners mentioned by Ms. Pearson.

MS. PEARSON highlighted the last half of the paragraph titled "Summary" under "Public Health Preparedness & Response Program" on the first page of the department's handout. She pointed out that it talks about who needs to come together at the table "with us" to determine where the money will go and what will actually be done with it. Entities listed are state and local health departments [and governments]; [emergency management] agencies [and emergency medical services]; [the Office of Rural Health]; law enforcement, fire, emergency rescue [workers], and occupational health [workers]; other healthcare providers [including] university, academic, medical, and public health; community health [centers]; [Red Cross and other volunteer organizations]; [hospital community including military and Veterans Administration (VA) hospitals; and [tribal health organizations].

MS. PEARSON indicated the foregoing would be mandatory participants, according to Congress, but that there may be others who aren't listed. All would "sit down" regarding the \$6.4 million of "bigger public health money" and would ask what benchmarks must be achieved, such as assuring 90-percent coverage within [Alaska] for the Health Alert Network, an electronic system of communication. Then they would ask where the money needs to be spent in order to achieve those things.

Number 0754

REPRESENTATIVE GREEN, noting that the document says the plan must be submitted by April 15, surmised that the "coming together" would be imminent.

MS. PEARSON agreed, pointing out that conference calls are set up for the next week; that there will be mandatory training, which all states send people to, on March 5; and that there will be face-to-face meetings when those people return.

MS. CLARKE noted that "public health" in the current bill has a total of \$4.4 million. She said there would be a pretty good idea, in the next week or two, of which items will likely qualify for federal money; the planning process will help flesh that out.

Number 0834

MS. PEARSON began specific discussion of Item 43, which read, "Do a feasibility study for a Biosafety Level III lab facility at the Fairbanks Public Health Lab to provide in-state redundant capability." Noting that it is a capital item, she deferred to Ms. Pearson for details.

MS. PEARSON said [Item 43] is in response to concerns, in all states and at the federal level, about what would happen if the only lab with the capacity to respond were in the location of a major event. For example, perhaps the building wouldn't be harmed, but staff would be rendered incapable of working. The recommendation of Congress is to critically look at what it would take to do redundant capacity, she noted, including the pros and cons, cost-effectiveness, and so forth.

MS. PEARSON explained that currently there is a virology lab in Fairbanks, for which the department wants to look at whether there is a need to build in capacity to do some bacteriological work - the kind of testing currently done in Anchorage. That money [in Item 43] would assist with [thoroughly] analyzing the cost to have some level of redundant capacity and what the tradeoffs would be if Alaska did or did not have that capacity. In response to questions, she clarified that the department would look at the need to be able to do a bit of virology [work] in Anchorage as well. Thus if one lab "went down" or there were "big numbers," both labs could work on the same problem at the same time.

Number 0999

CHAIR CHENAULT asked why it hasn't been done in the past or isn't being done currently.

MS. PEARSON responded that nothing has been that time-sensitive. It has been fine to have one set of expertise [in Anchorage] and another [in Fairbanks], and to direct specimens to whichever lab is appropriate. Originally there were three regional labs in Alaska, including one in Juneau. However, the expense of technology and equipment precluded maintaining that level [of regional labs]; thus the decision was made to have the majority of work done in Anchorage and to maintain the virology lab in Fairbanks.

Number 1062

REPRESENTATIVE GREEN asked why the study would require \$100,000.

MS. PEARSON replied that currently Fairbanks doesn't have "Biosafety Level III," the ability to appropriately protect workers against what the lab director calls "the really nasty bugs." [The study] would look at configurations and how the physical space would have to be modified, which are "architect-design" issues, as well as cost-effectiveness. A certain amount of technical work would be needed, along with the assessment of the cost of operations, for example.

Number 1151

CHAIR CHENAULT suggested operating costs at the Anchorage facility could be used as a base amount to determine some of the costs without spending more money.

MS. PEARSON agreed, if it were simply a feasibility study, rather than involving design issues. She added that it is an "outside number."

Number 1244

MS. CLARKE began addressing Item 51, relating to the public health lab, which read, "On-going bioterrorism response capacity including training, travel to training, lab supplies, and salary/[overtime] costs/vacancy reduction." She explained that [the department] had learned in the fall of 2001 [during the time of anthrax-caused deaths elsewhere and related testing nationwide] that the laboratory was really impacted in an event. The lab was turned into a 24-hour facility, which it hadn't been

before. She mentioned the need to be "staffed up" and the need for reagent testing and so forth.

MS. PEARSON joined in, indicating that during the anthrax response, approximately a 50-percent vacancy rate was found in the Anchorage lab, a rate that had been growing over several years because salaries weren't competitive. A fairly significant part of the request therefore relates to the fact that the department had used personal-services money [intended] for vacant positions in order to cover supplies and operations. Personal services is more than \$400,000 of that request, she noted; it is to be able to fully staff the facility [and includes] the higher-level salaries necessary to recruit and keep staff. Most of the rest is in supplies, including reagents and so forth.

MS. CLARKE, in regard to the 50-percent vacancy discovered in the microbiologist staffing, noted that people had said they could make [an additional] \$700 or more a month working in other hospital labs; the lab was losing people to the private sector. Furthermore, the lab director was working 18-hour days trying to keep the tests timely. It was a strain on the lab's capability. Ms. Clarke emphasized that this is a specialized area in which the state needs to be competitive in order to [hire and retain] appropriate people who can perform the tests and have fast turnaround times; the bulk of the money would go for that.

Number 1440

CHAIR CHENAULT asked how many people work at the facility now.

MS. CLARKE or MS. PEARSON said fifteen.

MS. PEARSON said a majority are either microbiologists or "techs," with about three administrative staff. In response to questions, she said this portion is to pay the people who are on staff; another request [in a separate item] would add two microbiologists. She emphasized the need for money to fill the existing positions and pay the appropriate salaries. She said she thinks this clearly represents what Congress is responding to with making this money available to states. It was discovered in Washington, D.C., and the surrounding states that the public health infrastructure in this country - not just in Alaska - hasn't been adequately funded; when something happened, therefore, all those "holes" in the system started showing up. Ms. Pearson said this infrastructure is needed to do the day-to-day work for Alaskans, to fight infectious diseases and so

forth, and would also be available if there were a terrorist-related event.

Number 1571

MS. CLARKE added that the requested funds in personal services will do two things. Approximately half is to replenish money that was used, because there were vacancies, for supplies; that has been yearly, she indicated, "just to keep things going." The other half is to deal with the vacancy problems.

Number 1603

REPRESENTATIVE GREEN remarked that Items 51, 54, and 55 add up to about \$1.75 million, "with a little training and a little travel," for personnel. He said it is a lot of people.

MS. CLARKE concurred.

CHAIR CHENAULT noted that it doesn't include the [two] microbiologists [requested in Item 33].

Number 1648

MS. PEARSON emphasized the belief that a certain amount will be covered by money from the federal government, which understands that the infrastructure needs support. However, it is unknown exactly what that [amount will be].

CHAIR CHENAULT acknowledged that it isn't the [exact] amount needed from the general fund (GF), but said it is proposed in [HB 324] that way and that the committee therefore needs to at least look at it.

Number 1699

MS. CLARKE reported that Alaska has had difficulty keeping up with necessary work on infectious diseases, including tuberculosis (TB) outbreaks. This proposal is similar to one [DHSS] had last year called "Back to Basics." Ms. Clarke agreed with Ms. Pearson that it requires the same kind of infrastructure to deal with infectious diseases as is needed to investigate a major bioterrorism event. She suggested these funds therefore would offer double duty, and again emphasized the belief that much of the request will be able to be funded with federal money.

Number 1774

MS. PEARSON added that it is a GF request because when [the department] prepared this [appropriation request], Congress hadn't yet passed the bioterrorism bill. [The department] hadn't known, therefore, that potentially there would be federal money to support some of these activities.

Number 1822

MS. CLARKE began addressing Item 53, which read, "Provide Simple Triage and Rapid Treatment (START) Triage kits for EMS service providers statewide." She said it is a capital request for \$20,000 to purchase START kits for EMS [emergency medical services] providers throughout the state. She deferred to Ms. Pearson.

MS. PEARSON explained that these are the kits used by EMS personnel in order to triage. [The department's] EMS personnel have said this would be very helpful in assessing what to do next with a particular person, for example. She said she could get information on the exact products in the kits.

CHAIR CHENAULT said he'd be curious as to whether those are related to a bioterrorism threat, but questioned that. He said he understood that [EMS personnel] should have such a supply, however, without a borough or city government having to bear the burden of providing them.

Number 1919

MS. CLARKE offered her understanding that the kits focus on multiple or mass casualties, although she didn't know what was in the kits either.

MS. PEARSON explained that "triage" refers to making decisions about who needs to be treated first, who might need to be evacuated, and so forth. However, she didn't know exactly what these kits were designed to triage.

CHAIR CHENAULT said although he'd be curious to know what is in the kits, it wasn't important [to know].

Number 1984

MS. CLARKE began discussion of Item 54, which read, "Public Health and Epidemiology increases needed to address bioterrorism

cases." She noted that it has two pieces. First, \$450,000 is for additional staff and appropriate travel and contractual funds for the epidemiology section; these are the people who are disease investigators, which requires a lot of work and expertise, particularly with some of the emerging diseases or bioterrorism events. She reiterated that these people can investigate either infectious diseases or bioterrorism events, which is how they've been used nationwide.

MS. PEARSON added that these are the nurse-epidemiologists who, when there is an outbreak, actually go out and direct the investigation, which includes deciding who needs to be tested or, in the case of a food-borne outbreak, whom the nurses need to contact and maybe get specimens or samples from. They do the directing, consultation, and, in many cases, the actual "nurse work" out in the field. Noting that [the division] has investigations on a [continual] basis, she cited a current food-borne outbreak in Anchorage as an example and pointed out how labor-intensive the process is; she provided details.

Number 2113

MS. CLARKE reported that the second portion, \$240,000, is for additional staff and test kits for the lab.

MS. PEARSON called this a "capacity issue of being able to do the tests." She reiterated that part of this was requested the previous year in the "Back to Basics" request for the lab, [epidemiology], and nursing. She cited a new urine test for chlamydia and gonorrhea as an example of a test that costs more - \$10 versus \$4 or \$5 for the earlier version - but is more acceptable [to the public]; the hope is that many more people who have been exposed to these diseases will be discovered because more [sexual] partners will be tested, but each test will cost twice as much as before. She said this is a very big area for public health: the Alaskan community doesn't want people to go untreated for sexually transmitted diseases because the diseases will then spread and affect fertility and cause other problems. She emphasized the desire to not have cost be a barrier to getting a test done if people need that test.

MS. CLARKE remarked that chlamydia is a serious disease that can cause infertility in women if untreated.

MS. PEARSON noted that CDC [Centers for Disease Control and Prevention] has said Alaska has the second-highest chlamydia rate in the country. She mentioned pilot projects in Anchorage

for routine testing of women coming in for early pregnancy care, and she offered the belief that there is more disease out there than people are actually aware of.

Number 2245

CHAIR CHENAULT offered his understanding, then, that [\$450,000] is for staff and travel.

MS. CLARKE agreed, saying it is for the epidemiologists. In further response, she said the \$240,000 is for one additional position in the labs and additional contractual money.

Number 2278

MS. CLARKE began addressing Item 55, which read, "Public Health nursing positions." She noted that this is for six positions, the "front-line first responders" out in the field who help vaccinate if there is a mass bioterrorism event or a mass-infection problem, for instance.

MS. PEARSON, in response to Representative Green, explained that identification of an outbreak or problem can come from any source, including a [private] physician. The nurse-epidemiologists all operate out of Anchorage and are "our core team," with special knowledge in tracking and finding things out; they have special expertise in infectious disease and how to do epidemiological investigations and follow-up. The public health nurses, by contrast, are generalists serving the community and would give the immunizations that would prevent the outbreaks that would cause the nurse team to be activated. The nurse-epidemiologist would be the lead person who would go to a community where there was an outbreak, would mobilize the local public health nurses, and would serve as the day-to-day technical person whom the public health nurses would call when they had questions relating to infectious disease.

MS. PEARSON, in response to Chair Chenault regarding the six requested positions, noted that these would be public health nurses who would be out in the communities doing all the public health work such as immunizing children, doing follow-up on sexually transmitted diseases, and so forth. In further response, she said the likely places "where we're really short of staff or we have particularly strong need" are Saint Mary's, Dillingham, Valdez, Wasilla, Seward, and the Bethel area.

Number 2465

CHAIR CHENAULT asked whether there were further questions; none were offered. He thanked Ms. Clarke and Ms. Pearson and announced that the rest of the issues in [DHSS] would most probably be looked at some other time.

MS. CLARKE offered to provide information as soon as the department knows more about the federal funding.

MS. PEARSON, in response to a question from Chair Chenault [relating to the department's handout provided that day], explained that the 6.9 [million dollars] is the total for public health. The first section, which is for the general public health infrastructure, is 6.4 [million dollars], and then [approximately] \$500,000 is for hospital [preparedness].

CHAIR CHENAULT indicated understanding. [HB 324 was held over.]

ADJOURNMENT

There being no further business before the committee, the House Special Committee on Military and Veterans' Affairs meeting was adjourned at 4:01 p.m.