

**ALASKA STATE LEGISLATURE
SENATE HEALTH, EDUCATION AND SOCIAL SERVICES
STANDING COMMITTEE**

April 14, 2003
1:35 p.m.

MEMBERS PRESENT

Senator Fred Dyson, Chair
Senator Lyda Green, Vice Chair
Senator Gary Wilken
Senator Bettye Davis

MEMBERS ABSENT

Senator Gretchen Guess

COMMITTEE CALENDAR

Overview: Division of Public Health - Douglas Bruce, Director,
and John Middaugh, Chief, Epidemiology

CS FOR HOUSE JOINT RESOLUTION NO. 13(HES)
Urging adoption of the Alaska recommendations for implementing
the No Child Left Behind Act of 2001.

MOVED SCS CSHJR 13(HES) OUT OF COMMITTEE

SENATE BILL NO. 30

"An Act relating to information and services available to
pregnant women and other persons; and ensuring informed consent
before an abortion may be performed, except in cases of medical
emergency."

MOVED CSSB 30(HES) OUT OF COMMITTEE

PREVIOUS ACTION

HJR 13 - No previous action to record.

SB 30 - See HESS minutes dated 3/17/03, 3/26/03, 4/3/03 and
4/9/03.

WITNESS REGISTER

Representative Carl Gatto
Alaska State Capitol

Juneau, AK 99801-1182

POSITION STATEMENT: Sponsor of HJR 13.

Mr. Cody Rice

Staff to Representative Gatto

Alaska State Capitol

Juneau, AK 99801-1182

POSITION STATEMENT: Commented on HJR 13.

Dr. Bob Johnson

PO Box 945

Kodiak AK 99615

POSITION STATEMENT: Opposed SB 30.

Ms. Frances Cater

PO Box 1472

Kodiak AK 99615

POSITION STATEMENT: Opposed SB 30.

Ms. Pauline Utter

13820 Jarvi Dr.

Anchorage AK 99503

POSITION STATEMENT: Opposed SB 30.

Ms. Robin Smith

14400 Jarvi Dr.

Anchorage AK 99503

POSITION STATEMENT: Opposed SB 30.

Ms. Katie Bryson

7911 Hazel Ct.

Anchorage AK 99524

POSITION STATEMENT: Opposed SB 30.

Ms. Sophie Butigan

PO Box 242134

Anchorage AK 99524

POSITION STATEMENT: Opposed SB 30.

ACTION NARRATIVE

TAPE 03-21, SIDE A

CHAIR FRED DYSON called the Senate Health, Education and Social Services Standing Committee meeting to order at 1:35 p.m. Present were Senators Wilken, Davis and Chair Dyson. The first order of business to come before the committee was an overview

from the Division of Public Health on Severe Acute Respiratory Syndrome (SARS).

MR. DOUGLAS BRUCE, Director, Division of Public Health, said that Dr. John Middaugh would give the background and overview of SARS.

DR. JOHN MIDDAUGH, Chief of Epidemiology, Department of Health and Social Services (DHSS), said in late 2002, cases of life threatening respiratory disease with no identifiable cause began to be reported from the Quang Dong province in China, followed by similar reports of illness from Viet Nam, Canada and Hong Kong. On February 26, the first person who was officially identified with a case of SARS came to the attention of Carlo Urbani, World Health Organization (WHO). The patient he saw was a 48-year old businessman from the U.S. who had stayed in a hotel in Hong Kong before traveling to Hanoi on February 24. He became ill shortly after he arrived in Hanoi and was hospitalized on February 26. His health declined until he died on March 12.

On March 12, the World Health Organization issued a global alert, which resulted in worldwide surveillance for persons with SARS. By April 1, 2003 there were over 1,800 reports of SARS from over 15 countries; 62 of those cases resulted in death. Dr. Urbani, himself, died from SARS during that period.

On March 12, following the WHO global alert, the United States Centers for Disease Control and Prevention in Atlanta issued a health alert to all public health officials in all 50 states. Immediately, Alaska began enhanced surveillance. As of today, 3,169 cases have been reported worldwide, with 144 deaths - about 4.5% of the cases. Twenty-one countries have had cases of SARS; Toronto, Canada has reported 100 cases with 13 deaths. In the United States as of April 10, there were 166 SARS cases reported in 31 states with no deaths. No health workers have been infected in the United States and there has been no evidence of person-to-person transmission within communities. California has reported 35 cases among its 34 million people, 4 million of whom are Asians.

The disease has an incubation period of 2 to 10 days with a median of around 5 days. The virus has been isolated, but until a definitive epidemiologic agent is identified, the virus has a syndrome and case definition. A SARS victim has a fever of greater than 100.4 degrees, headache, discomfort, body aches, muscle stiffness, loss of appetite, malaise, rash and diarrhea;

and after 2 to 7 days, the person develops a dry cough and trouble breathing. The definition also includes exposure to Southeast Asian countries or to cases exposed to them.

The concern about bio-terrorism has attracted government resources for public health surveillance, communication links to hospitals and hospital administrators, and emergency first responders to physicians in emergency rooms. Health care providers are continually being updated. The agent might have been identified as a corona virus, which is a family of viruses that heretofore was known to cause the common cold. Until this outbreak, this virus family was not known to cause severe illness in humans. The corona virus family does cause severe illness in certain animals' feces, like swine, birds and other ruminants. This virus was isolated from patients who had SARS and was identified under a microscope, which identified its characteristic appearance. Nucleotide sequence tests identified 400 base pairs in the virus isolates from patients in eight separate countries. In control patients who are healthy, the virus has not been found at all. Evidence suggests that this virus is a new member of the corona virus family and shares new characteristics of being able to cause severe illness and even death among humans.

At this point, China has allowed teams of epidemiologists in to do much more research and define more information about the characteristics of SARS and SARS infection. When Dr. Middaugh's department got the alert, he immediately contacted public health experts, such as the Alaska Native Medical Center, the Southcentral Foundation, the Municipality of Anchorage Department of Health and Human Services, experts at Providence Hospital and the Alaska Regional Hospital and the Arctic Investigations Program, a unit of the Centers for Disease Control (CDC) run by Dr. Jay Butler in Anchorage. Physicians throughout the state have been receiving the CDC health alerts and updates by email, fax, and first class mail.

DR. MIDDAUGH explained that links are posted on DHSS's Internet site so that individuals could immediately access direct information from the CDC and WHO computer sites. This continually updated information is interfaced with the Meet and Greet program for the international passenger flights coming in from Hong Kong or Korea. Information about the symptoms of SARS and a contact number in case a passenger develops any symptoms in the next 10 days is provided. The CDC and WHO are also working to provide information to the crews of cargo vessels and planes. He has collaborated with the Municipality of Anchorage

health department, Providence and Alaska Regional Hospitals and the Alaska Native Medical Center to develop a plan to transport, evaluate, and appropriately monitor an ill crew or passengers who could be possible SARS cases from an international flight. His department has worked with all three of the civilian hospitals in Anchorage to develop a plan to accept, isolate and treat an ill crew member, passenger or any other patient who presents with an illness that meets the SARS case definition.

The department has prepared collection kits to obtain appropriate diagnostic specimens as recommended by the CDC and worked with the state lab on handling and shipping procedures to the CDC. DHSS staff has been trained on how to follow up an investigation of a potential case.

DR. MIDDAUGH said that finally, state laws on procedures were reviewed for isolating and quarantining individuals. They have given numerous media interviews to reporters around the state about SARS and have also had follow up meetings with their team of experts and other physicians around the state. One possible case had been detected of an airline pilot who developed symptoms and that allowed them to have a test run of procedures. The pilot had the flu, but it showed that their system worked very well.

DR. MIDDAUGH said DHSS still needs to provide more and more information to the public and statewide medical care providers and is planned to have teleconference meetings with colleagues in Washington, British Columbia and the Yukon Territory in anticipation of the tourist season. The cruise ship industry, in particular, is working with the CDC and it's anticipated that the CDC will come out with formal written guidelines regarding handling SARS within the week. AS of this morning, the CDC thought it would have the entire genome of this virus sequenced out and it is working on a rapid laboratory test kit, which it expects to be operational at the end of the week. The CDC will send out materials as soon as they are developed to the different states to enable the labs to effectively use them.

He is working with the CDC to develop specific guidelines for rural clinics in remote areas as the major initial focus was on the large hospitals related to handling patients and appropriate respiratory isolation. Those physical facilities are not available in smaller areas.

SENATOR WILKEN asked if passengers can disembark when a jumbo jet lands at the Anchorage International Airport.

DR. MIDDAUGH answered that passengers are allowed to disembark within the international component of the terminal. Those who are not ending their journey go back on the aircraft. All of the international flights fall under federal quarantine authority. The minute a person clears U.S. Customs that person falls under state authority.

SENATOR WILKEN remarked that Alaska is just as vulnerable as any other large transportation center because of its proximity to the Asian countries.

DR. MIDDAUGH agreed and said the WHO suggested that all non-essential travel to Hong Kong, China and North Viet Nam be suspended and yet the virus has been identified in eight countries and patients from 21 countries meet the case definition. China wasn't providing information to the rest of the world about the extent of the illness and it appears to be more widespread. Having a rapid reliable laboratory test will really help in containment efforts. Experts are looking at how quickly a vaccine for this virus could be developed.

SENATOR WILKEN asked if they are working on a vaccination or a pill.

DR. MIDDAUGH replied that neither effective pills nor anti-viral agents are available for any viral infection. There is a great deal to be learned about the clinical risk factors whereby one person gets a very mild infection and another person dies from it. Most of the people who have died are elderly or have had severe underlying diseases, such as diabetes. The experts also know that tobacco use in China and Viet Nam is horrific and that tobacco may well prove to be a risk factor for someone exposed to this virus. They have to wait and see if that pans out with the epidemiologic research.

He suspects that the experts will look at whether our technology can develop an effective vaccine and how would it be tested and approved. If the vaccine is safe and effective he thought there might be a global vaccination program.

SENATOR WILKEN asked how the virus is transmitted.

DR. MIDDAUGH replied that SARS is definitely transmitted through an airborne route, as are all the corona family viruses. It's possible that infected sputum droplets could be potentially passed through other objects and the virus has been identified

in feces. One of the symptoms associated with SARS is diarrhea, but the level of virus in that is low. The primary risk factor is very close contact and there has been no evidence of casual transmission as in a hotel or large settings. In addition, no community transmission has occurred.

SENATOR DAVIS asked how long it will take to get something to help a patient.

DR. MIDDAUGH replied that it would take many months to a year, depending on the characteristics of the virus and their ability to engineer a vaccine. It might be possible to get expedited review for use by people who meet the SARS case definition.

SENATOR DAVIS asked how long it took to establish that the one case in Alaska was not SARS, but the flu.

DR. MIDDAUGH replied that it took a matter of hours for the positive flu identification to come back. The system worked very well.

CHAIR DYSON asked if the disease has attacked anyone other than the ones mentioned.

DR. MIDDAUGH said those are possibly the only group of factors, but data hadn't been made widely available.

CHAIR DYSON asked how to protect people against airborne transmission.

DR. MIDDAUGH replied that standard respiratory isolation procedures used for suspected cases of TB or other respiratory illnesses work very well for SARS - face masks with a certain level of HEPA filter individually fitted. Hand washing helps as the virus doesn't live in the environment for more than 3 or 4 hours. So far, there has been no transmission of SARS to a health care worker in the United States.

CHAIR DYSON asked if there is any evidence that it can be sexually transmitted.

DR. MIDDAUGH replied no.

CHAIR DYSON asked what level this type of problem would get to before quarantine is authorized.

DR. MIDDAUGH replied that probably has a very limited role here. President Bush added SARS to the list of internationally quarantinable diseases as a precaution. For international travel, all countries have agreed to adopt a uniform list of diseases for denial of entry, quarantine or isolation. The list is very short. There are no recommendations to implement quarantine because of the wide spread of the virus and the very likely probability that there are individuals infected who have mild illness and don't meet the case definition. It's conceivable that would change with a definitive test that would immediately enable the medical community to determine if someone has the disease. Voluntary isolation by those who have been in contact has been very effective.

CHAIR DYSON asked if the disease can be transmitted by people who are asymptomatic.

DR. MIDDAUGH said that is one of the major focuses of the teams that are now in China.

CHAIR DYSON asked if the symptoms are posted on a website.

DR. MIDDAUGH said they are and added that he would provide the committee any information it might need. He said the website is updated constantly. He added that DHSS's capabilities have been expanded with support for the bio-terrorism money and the building of infrastructure here, but he didn't know what the demands might be if SARS were to break out on a cruise ship or in a village.

HJR 13-FEDERAL EDUCATION LAW OF 2001

CHAIR DYSON announced HJR 13 to be up for consideration.

REPRESENTATIVE CARL GATTO, sponsor, said the state needs some considerations in implementing the No Child Left Behind (NCLB) mandate. A federal government official said there would be no waivers, but Alaska has situations that do not exist in any other place in the nation. Alaska has one-room school houses that are not on a road system and if the NCLB were applied to the strictest limit, low-performing students would have to be moved to the next available school, a plane ride away. That would take those students out of their homes. This resolution asks for the widest possible consideration for Alaska only because it is truly unique.

SENATOR WILKEN asked for a description of the Alaska consolidated state application accountability workbook, mentioned on page 2, line 16.

MR. CODY RICE, staff to Representative Gatto, explained that the state consolidated workbook is the state's application to the federal officials for how we are planning on meeting the NCLB requirements.

SENATOR WILKEN asked if every state has a workbook like that.

MR. RICE answered yes.

SENATOR GREEN arrived at 2:20 p.m.

SENATOR WILKEN asked if endorsing this resolution means they are condoning the fact that some school districts don't teach English as a first language.

REPRESENTATIVE GATTO responded that Anchorage has immersion programs, but unfortunately some children from villages will be taught by a Yupik teacher and won't know English. Those students would be tested in their native language through the third grade and then the requirement would shift to English.

SENATOR WILKEN asked who would test them.

REPRESENTATIVE GATTO said he thought the schoolteacher would prepare the test. Some accommodations would be made so that the teacher would read the questions and have the student write the answers down, until the student reaches the fourth grade. That is required in the standards and to meet the NCLB.

SENATOR WILKEN said he wanted it on the record that he is troubled that we endorse it in some school districts.

REPRESENTATIVE GATTO responded that philosophically, when dealing with rural communities, if there are children who have no intention of ever leaving their villages, that's an issue; but most of those children will some day want to move to another city, get a job, make a change, understand English, etc. They need to be prepared long before they graduate. And, if they don't want to move, having the knowledge base to be able to move will not hurt them. He doesn't want to condemn them to be in that village forever, like it or not.

CHAIR DYSON referred to the language on page 1, line 14, and asked what he meant by "39 school districts each enroll less than 1 percent of the student body."

REPRESENTATIVE GATTO replied if you take the student body of the state as whole, the schools are so small that only 1 percent of the student body is spread over 39 districts.

CHAIR DYSON said that could be stated clearer.

SENATOR WILKEN moved to adopt a conceptual amendment to page 1, line 13, to delete "the" and on line 14 to delete "student body" and insert "Alaska's students." There were no objections and Amendment 1 was adopted.

TAPE 03-21, SIDE B

SENATOR WILKEN moved to pass SCSHJR 13(HES) from committee with individual recommendations. There were no objections and it was so ordered.

SB 30-ABORTION: INFORMED CONSENT; INFORMATION

CHAIR FRED DYSON announced SB 30 to be up for consideration.

SENATOR LYDA GREEN moved to adopt the committee substitute (CS) to SB 30, version LS0193\S, Lauterbach, 4/11/03. There were no objections and it was so ordered.

CHAIR DYSON explained that the CS adopts the Division of Public Health's suggestion to put updated information on informed consent on a website where it can be easily downloaded. That will make it easier for the department to keep up current addresses of support groups and providers and greatly reduce the cost. That is the main change. The bill puts in statute that which is already in regulation requiring informed consent and gives the option, but does not demand, that the provider put the website information in his own pamphlet.

DR. BOB JOHNSON, Kodiak, said he is a retired physician who in his last 10 years of practice performed an average of 70 abortions per year. He explained that he scheduled five visits for each patient. During the first visit, he determined if the patient had really investigated other options and felt comfortable with the decision; the second visit was to inform the patient about the procedure and possible problems that could arise and to answer questions. He found that patients expressed

many varying needs and that each one needed to be treated as an individual. He didn't have a set list of information he felt required to give to them, because some of them couldn't tolerate it, some would have been angered by it, some didn't need it and others had questions that probably wouldn't have been included in his list. Dictating the requirements of what a person should be told is a mistake. The deputy commissioner pointed out that the department doesn't regulate, monitor or license clinics or doctors offices and that this might produce a situation where monitoring is necessary.

CHAIR DYSON said that some testifiers indicated that having a 24-hour waiting period would be a great inconvenience. He asked if he considered it good practice to have first contact with a client, perform the procedure and put the client back on an airplane in one day.

DR. JOHNSON replied that he was never faced with that situation, because Kodiak is the end of the line and they were all there to begin with. He thought most doctors would like to have a couple of days with the patient to explore the decision and answer questions about the procedure.

CHAIR DYSON asked if he thought it is wise to observe the patient for some period after the procedure to make sure there aren't complications.

DR. JOHNSON replied about a half hour is all that is necessary if the patient is in the same community.

CHAIR DYSON asked about patients who fly out to a rural community.

DR. JOHNSON said the complication rate is extremely low, but he wouldn't want anyone flying on the same day.

MS. FRANCES CATER, Kodiak, said that SB 30 is unnecessary and that any ethical doctor would do all those things anyway. It would be very expensive for DHSS to monitor this program instead of doing more important things.

MS. PAULINE UTTER, Anchorage resident, opposed SB 30, but said if it passes, she thinks it should also include information about how hard it is for the mother to get child support.

MS. ROBIN SMITH, Anchorage resident, said she wants to reduce the number of abortions, but thought the best way to do that is

to reduce the number of unintended pregnancies. She is disappointed that the governor's budget reduced all state money for family planning. Alaska has the highest rate of teen pregnancies and rape in the country.

MS. KATIE BRYSON, Anchorage resident, also opposed SB 30 for all the aforementioned reasons and added while the intent of the legislation is to empower women by mandating choice through information, the language of this bill would make the pamphlet heavily biased rather than objective. She opined, "It would serve to intimidate rather than inform."

MS. SOPHIE BUTIGAN, Anchorage resident, opposed SB 30. She personally finds the 24-hour waiting period biased against lower income women and women without access to affordable health care.

SENATOR GREEN moved to pass CSSB 30(HES) from committee with individual recommendations and the accompanying fiscal note.

SENATOR DAVIS objected.

A roll call vote was taken. SENATORS GREEN, WILKEN, and DYSON voted yea; SENATOR DAVIS voted nay; and CSSB 30(HES) moved from committee.

CHAIR DYSON adjourned the meeting at approximately 3:20 p.m.