

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

February 23, 2006

3:56 p.m.

**MEMBERS PRESENT**

Representative Peggy Wilson, Chair  
Representative Paul Seaton, Vice Chair  
Representative Tom Anderson  
Representative Sharon Cissna  
Representative Berta Gardner

**MEMBERS ABSENT**

Representative Carl Gatto  
Representative Vic Kohring

**COMMITTEE CALENDAR**

HOUSE BILL NO. 442

"An Act relating to the validity of advance health care directives, individual health care instructions, and do not resuscitate orders; relating to the revocation of advance health care directives; relating to do not resuscitate orders; relating to resuscitative measures; relating to the liability of health care providers and institutions; relating to an individual's capacity for making health care decisions; and providing for an effective date."

- HEARD AND HELD

OVERVIEW(S): ALASKA MENTAL HEALTH BOARD: ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE (ABADA)

- HEARD

HOUSE BILL NO. 258

"An Act relating to aggravating factors at sentencing."

- BILL HEARING POSTPONED TO 2/28/06

HOUSE BILL NO. 412

"An Act relating to the waiver of undergraduate expenses for a spouse or dependent of a deceased resident peace officer or member of the armed services or fire department."

- BILL HEARING POSTPONED TO 2/28/06

HOUSE BILL NO. 426

"An Act relating to medical assistance eligibility and coverage for persons under 21 years of age."

- BILL HEARING POSTPONED TO 2/28/06

HOUSE JOINT RESOLUTION NO. 31

Relating to designating September 9, 2006, as Fetal Alcohol Spectrum Disorders Awareness Day.

- BILL HEARING POSTPONED TO 2/28/06

HOUSE BILL NO. 271

"An Act relating to limitations on overtime for registered nurses in health care facilities; and providing for an effective date."

- SCHEDULED BUT NOT HEARD

HOUSE CONCURRENT RESOLUTION NO. 5

Relating to support of community water fluoridation.

- SCHEDULED BUT NOT HEARD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 442

SHORT TITLE: HEALTH CARE DECISIONS

SPONSOR(S): REPRESENTATIVE(S) WEYHRAUCH

02/10/06	(H)	READ THE FIRST TIME - REFERRALS
02/10/06	(H)	HES, JUD
02/21/06	(H)	HES AT 3:00 PM CAPITOL 106
02/21/06	(H)	Scheduled But Not Heard
02/23/06	(H)	HES AT 3:00 PM CAPITOL 106

**WITNESS REGISTER**

JACQUELINE TUPOU, Staff  
to Representative Bruce Weyhrauch  
Alaska State Legislature  
Juneau, Alaska

POSITION STATEMENT: Presented HB 442 on behalf of Representative Weyhrauch, sponsor.

JAMES BROOKS, Administrator  
Anchorage Anesthesia Group  
Providence Alaska Medical Center  
Anchorage, Alaska

POSITION STATEMENT: Responded to questions on HB 442.

MICHAEL NORMAN, Anesthesiologist  
Alaska Physicians and Surgeons  
Anchorage, Alaska

POSITION STATEMENT: Responded to questions on HB 442.

TERRI BANNISTER, Attorney  
Legislative Legal and Research Services  
Legislative Affairs Agency  
Juneau, Alaska

POSITION STATEMENT: Responded to questions on Amendment 1, and Amendment 2, to HB 442.

JOHN DAWSON, Attorney  
Davis Wright and Tremaine Limited Liability Partnership (LLP);  
Representative, Providence Anchorage Anesthesia Medical Group  
Anchorage, Alaska

POSITION STATEMENT: Responded to questions on HB 442.

JIM DUNCAN, Chairman  
Advisory Board on Alcoholism and Drug Abuse (ABADA)  
Soldotna, Alaska

POSITION STATEMENT: Co-presenter of the overview for the Alaska Board on Alcoholism and Drug Abuse (ABADA).

LONNIE WALTERS, Chief Petty Officer, Naval Retiree;  
Vice Chair, Advisory Board on Alcoholism and Drug Abuse (ABADA);  
President, Substance Abuse Directors Association;  
Executive Director of Communities Organized for Health Options  
on Prince of Wales Island (COHO)  
Craig, Alaska

POSITION STATEMENT: Co-presenter of the overview for the Alaska Board on Alcoholism and Drug Abuse (ABADA).

CARL WEBB, Ketchikan School Board  
Ketchikan, Alaska

POSITION STATEMENT: Testified on behalf of the Alaska Board on Alcoholism and Drug Abuse (ABADA).

ROSALIE NADEAU, Executive Director  
Akeela Drug and Alcohol Treatment Services  
Anchorage, Alaska

POSITION STATEMENT: Co-presenter of the overview by the Alaska Mental Health Board.

VERNER STILLNER, MD

Specialist, Alcohol and Drug Dependencies

Psychiatrist, Bartlett Regional Hospital;

Member, Advisory Board on Alcoholism and Drug Abuse (ABADA)

POSITION STATEMENT: Testified on behalf of the Alaska Board on Alcoholism and Drug Abuse (ABADA).

FRED GLENN (ph)

Moose Pass, Alaska

POSITION STATEMENT: Testified on behalf of the Alaska Board on Alcoholism and Drug Abuse (ABADA).

KAT MCELROY, Clinical Supervisor,

Substance Abuse Treatment Service

Railbelt Mental Health Addiction;

Member, Advisory Board on Alcoholism and Drug Abuse (ABADA)

Nenana, Alaska

POSITION STATEMENT: Testified on behalf of the Alaska Board on Alcoholism and Drug Abuse (ABADA).

#### **ACTION NARRATIVE**

**CHAIR PEGGY WILSON** called the House Health, Education and Social Services Standing Committee meeting to order at [3:56:40 PM](#). Representatives Anderson, Cissna, Gardner, and Wilson were present at the call to order. Representative Seaton arrived as the meeting was in progress.

#### **HB 442-HEALTH CARE DECISIONS**

CHAIR WILSON announced that the first order of business would be HOUSE BILL NO. 442, Version 24-LS1618\G, "An Act relating to the validity of advance health care directives, individual health care instructions, and do not resuscitate orders; relating to the revocation of advance health care directives; relating to do not resuscitate orders; relating to resuscitative measures; relating to the liability of health care providers and institutions; relating to an individual's capacity for making health care decisions; and providing for an effective date."

[3:57:29 PM](#)

JACQUELINE TUPOU, staff to Representative Bruce Weyhrauch, Alaska State Legislature, presented HB 442, on behalf of

Representative Weyhrauch, paraphrasing from a written statement, which read as follows [original punctuation provided]:

Passage of the Health Care Decisions Act ("Alaska Act") in 2004, was an important step forward in modernizing and improving Alaska's health care laws for the terminally ill, their families, and loved ones. House Bill 442 makes minor changes to the Alaska Act in order to provide clearer direction to those implementing health care decisions.

Current law imposes a duty of investigation upon doctors when carrying out the health care directives of their patients. House Bill 442 amends the current statute to conform the language in the Alaska Act to Uniform Act language, thus requiring a doctor to act in "good faith" when time is often critical for their patients. The bill also substitutes the word "physician" for "attending physician", to clarify the intent that all physicians treating a patient adhere to the patient's advanced health care directives. Finally, House Bill 442 clarifies when CPR may be used, addresses the validity of orders from other jurisdictions, and indicates under what circumstances a Do Not Resuscitate order may be revoked.

The Health Care Decisions Act has been beneficial and important for all Alaskans in letting terminally ill patients have their wishes heard. House Bill 442 helps caregivers carry out those wishes.

[3:59:55 PM](#)

REPRESENTATIVE GARDNER asked whether this bill provides for a distinction between a physician and an attending physician, and the need for each to act in good faith regarding their patient's health care instructions.

[4:00:37 PM](#)

JAMES BROOKS, Administrator, Anchorage Anesthesia Group, Providence Alaska Medical Center, pointed out that it is not unusual for a patient to have several physicians. Nor is it uncommon, he explained for a patient to arrive in the operating room (OR) and request that the anesthesiologist waive the existing do not resuscitate (DNR) order to ensure that they survive the anesthesia and surgical processes. If a patient

makes this type of request, it would be important to respect that choice without delaying the patient's care while locating the attending physician. He stressed the importance for every physician involved in a patient's care to be authorized to adhere to a patient's DNR orders without constraint. In response to Representative Gardner, he said that the attending physician is the primary physician on a patient's chart.

[4:02:53 PM](#)

MICHAEL NORMAN, Doctor of Anesthesiology, Alaska Physicians and Surgeons, clarified that "admitting physician" is the correct term, and the term "primary physician" is no longer used in modern practice.

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REPRESENTATIVE ANDERSON, referenced page 3, lines 16-27, and asked whether the language "the patient requests", refers to an oral or a written request, and should it refer to an oral directive, how would that directive be verified.

DR. NORMAN responded that it relates to an oral request, notated in the patient's chart by whomever it is provided to, and signed by the patient.

CHAIR WILSON drawing from her nursing experience said that a request of this nature may be stated by a patient to an attendant and witnessed by any available second party.

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REPRESENTATIVE ANDERSON directed the witness' attention to page 4, lines 26-31, and asked Dr. Norman to explain the addition of sub-paragraphs (C) and (D).

DR. NORMAN addressed sub-paragraph (D), stating that this language is to provide clarity in a situation where someone is arriving in surgery for a reason unrelated to the condition for which they have initiated a DNR order, and he provided an example. Further, he said that sub-paragraph (C) addresses the situation of a child being affected by whatever happens to the mother.

MS. TUPOU added that sub-paragraph (C) provides clarity for secondary conditions which are not related to the original DNR order qualifying condition.

CHAIR WILSON hypothesized, "Like maybe they broke their arm and it has to be set under anesthesia, ...."

[4:09:09 PM](#)

REPRESENTATIVE SEATON requested further clarity regarding how the DNR order qualifying condition effects a secondary condition that may arise.

DR. NORMAN stated that at issue is a doctor's ability to treat whatever condition arises during a procedure, and to resuscitate the patient appropriately. Currently, it is not clear who can revoke a DNR order. If a patient requests that a DNR order be revoked, the doctor would like to be able to correct anything that is not related to the qualifying illness, such as an anesthetic, or an error made with a scalpel. These are errors which a doctor can rectify and then continue with the intended procedure.

[4:11:12 PM](#)

REPRESENTATIVE SEATON asked how the language on page 3, lines 25 and 26, relates to the revocation of a DNR order.

DR. NORMAN defined a qualifying condition as an untreatable or incurable disease, and provided examples.

[4:12:18 PM](#)

REPRESENTATIVE ANDERSON noted that there is a statutory definition of what constitutes a qualifying condition.

TERRI BANNISTER, Attorney, Legislative Legal and Research Services, Legislative Affairs Agency, read the statutory definition of a qualifying condition which refers to a "terminal condition" or a "permanent unconsciousness" in a patient, and stated that statute also defines a "terminal condition", as well as "permanent unconsciousness".

MS. TUPOU cited AS 13.52.160 for further details and clarity, and deferred to John Dawson, who worked with the physicians in drafting the bill.

[4:13:56 PM](#)

JOHN DAWSON, Attorney, Davis Wright and Tremaine Limited Liability Partnership (LLP); Representative, Providence Anchorage Anesthesia Medical Group, stated that he was significantly involved in the preparation of the analysis and also the drafting of the amendment.

[4:14:27 PM](#)

REPRESENTATIVE SEATON referred to page 4, lines 28-31, and asked whether a person undergoing a procedure unrelated to the DNR order qualifying condition, who loses vital signs during surgery, could have the DNR order disregarded by the physician and thus be inappropriately resuscitated.

MR. DAWSON confirmed Representative Seaton's understanding of the language. He highlighted, however, that the language does not require the physician to resuscitate, but rather that the physician will not be held liable if he elects to resuscitate under such circumstances.

[4:16:28 PM](#)

REPRESENTATIVE SEATON asked whether the language on page 3, [lines 25 and 26] also allows the physician to make a unilateral determination and disregard the DNR order.

MR. DAWSON stated:

If he [a physician] believes reasonably that the patient does not have a qualifying condition, which is defined in the statute, then that physician could rescind the DNR order. ... As opposed to ... performing cardio pulmonary resuscitation (CPR) in the face of an order.

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REPRESENTATIVE SEATON asked that the qualifying conditions be read once again.

[4:18:01 PM](#)

MS. BANNISTER read from statute [AS 13.52.390(42)]:

A "qualifying condition" means a "terminal condition" or "permanent unconsciousness".

(42) "terminal condition" means an incurable or irreversible illness or injury

(A) that without administration of life-sustaining procedures will result in death in a short period of time;

(B) for which there is no reasonable prospect of cure or recovery;

(C) that imposes severe pain or otherwise imposes an inhumane burden on the patient; and

(D) for which, in light of the patient's medical condition, initiating or continuing life-sustaining procedures will provide only minimal medical benefit.

MS. BANNISTER responding to further inquiry, stated that someone who is aged, exhausted from life, and ready to pass, would not qualify under statute to hold a DNR order.

[4:20:10 PM](#)

REPRESENTATIVE CISSNA referred to page 2, lines 7-17, and stated that this section appears to be contradictory.

CHAIR WILSON pointed out that this section represents current statute, and pertains to patients "in the case of mental illness" where a guardian or other third party is involved, and needing to make decisions for the principal [patient].

MS. TUPOU confirmed that this section sets forth a decision making process for a patient who is deemed to be incompetent.

[4:23:56 PM](#)

MR. DAWSON stated that this bill does an excellent job of remedying a number of significant issues that were raised by the original statute, which, given the situations faced daily by health care professionals, effectively requires doctors to make legal decisions.

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CHAIR WILSON requested further clarity regarding when a doctor can override a DNR order.

MR. DAWSON provided two examples to illustrate key decision situations, which a doctor may be faced with: A patient who holds a DNR order for a terminal cancer condition, and who arrives in need of a medical procedure for an acute reaction to

a bee sting, which requires resuscitative measures; and when a surgeon's own actions precipitate a problem such as an anesthesiologist administering too much medication, requiring a reversal of procedure. He opined that in either of these situations the physician should be able to take life-sustaining actions, as provided for in HB 442.

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REPRESENTATIVE GARDNER requested further clarity on whether a family member, of an infirm patient, could insist that a DNR order be upheld over the physician's desire to recover from an error, thus negating the DNR order.

[4:28:01 PM](#)

REPRESENTATIVE ANDERSON asked whether there is a delineation between surgical procedures which may require resuscitation, and being sustained on a life support system.

MS. TUPOU said that this bill provides permissive language, which allows for appropriate medical action based on "a good faith belief".

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REPRESENTATIVE SEATON expressed his concerns that this language continues to impose legal decisions on the physician. Furthermore, he stated that when a physician chooses to ignore the desire of a patient by rescinding a DNR order for any reason, it is a violation of the patient's wishes. He said, "I don't think that's where we want to be."

CHAIR WILSON pointed out that a permit is signed prior to surgery which provides for certain assumptions of procedure while a patient is undergoing anesthesia. However, current law is not clear when a doctor is to be held liable and in violation of a DNR order, if they resuscitate for certain circumstances.

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DR. NORMAN confirmed that two separate contexts are being addressed here namely, the OR surgical release, and the DNR order for a qualifying condition. He explained:

The decision of what we are going to do in surgery is made before we enter the operating room. [As] pointed

out ... where the person did not want to have anything done no matter what, that was honored. If the person says I want to have anything done that's not related to my illness, if I have ... a cardiac arrest or if I have one of these events I want you to resuscitate me. I don't believe the intent of the law is to change your plan of attack after you're already in the operating room, ... before we start we have rules of engagement established. We're trying to clarify what those rules are, ... these things are gray areas, and we're trying to change that.

[4:33:05 PM](#)

REPRESENTATIVE SEATON said that if a patient has signed a surgical order which stipulates resuscitative measures are to be taken, then that would negate the implementation of a DNR order. However, this language allows a doctor to make an independent decision outside of these established qualifications.

[4:33:38 PM](#)

MR. DAWSON highlighting the crux of the issue, stated:

If a physician is not permitted to correct his mistake ... the fact [that] there's a DNR order in place, does not mean that the physician can't be sued for malpractice .... So you've put the physician in the untenable position of ... [not being] allowed to correct his own error, and yet he can then be sued by the family for that error. There does seem to be something unfair about that. ... When somebody goes into surgery, ... the game plan is to bring them out of surgery. ... It seems ... to be against medical practice and medical common sense to suggest that, if somebody because of something the surgeon does, is put in a position where they need CPR, that ... the physician should be helpless to ... [perform a corrective procedure]. Obviously, the patient hopes to be able to come out of this surgery ... and the physician expects to be able to do his job without being afraid of being sued. ... It's important to remember that we're only talking about patients with a qualifying condition, and ... dementia [previously mentioned] ... is not in fact a qualifying condition. ... The places where this is going to come up are going to be very few, and ... in those places we ought

to err on the side of good medicine. ... That's ... what the doctor's who are hoping to see these changes come about ... are hoping that the legislature will look to: what's good medicine; what makes practical sense when we're trying to actually minister to patients.

[4:35:36 PM](#)

REPRESENTATIVE GARDNER restated her concern, that if a conflict should arise for the physician, for philosophical or liability reasons, that his/her needs should not "trump the express desire of the patient and the patient's family."

MR. BROOKS explained that an ethical matrix exists to ensure that a physician is chosen who is able to go into surgery and appropriately honor the patient's or the guardian's wishes. Furthermore, this occurs everyday, and upholding DNR requests is a priority in the profession, he said.

REPRESENTATIVE GARDNER pointed out that what Mr. Brooks does in his own practice may not be what is upheld across the board, and therein lies the importance of passing this legislation.

[4:38:31 PM](#)

CHAIR WILSON announced that HB 442 would be held in committee to allow for further testimony and amendment opportunities, prior to moving it to the Judiciary Committee.

[4:40:25 PM](#)

OVERVIEW(S)

ALASKA MENTAL HEALTH BOARD: ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE (ABADA)

CHAIR WILSON announced that the final order of business would be a presentation by the Advisory Board on Alcoholism and Drug Abuse (ABADA).

[4:42:07 PM](#)

JIM DUNCAN, Chairman, Advisory Board on Alcoholism and Drug Abuse (ABADA), introduced the presentation for the Alaska Mental Health Board (AMHB) by the Advisory Board on Alcoholism and Drug Abuse (ABADA), and stated that over 54,000 Alaskan's are

impacted by drug and alcohol use, as reported by a recent McDowell Group survey, provided in the committee packet.

LONNIE WALTERS, Chief Petty Officer, Naval Retiree; Vice Chair, Advisory Board on Alcoholism and Drug Abuse (ABADA); President, Substance Abuse Directors Association; Executive Director of Communities Organized for Health Options on Prince of Wales Island (COHO), provided a personal history of his experience as a long-term alcoholic, and he described the four treatment processes that he participated in during his 22 year career in the Navy. Referring to his alcoholic experiences and the subsequent 24 years of sobriety, he said:

Treatment works; it may not always work the first time, but it works. ... I didn't get a choice, I was coerced into treatment. ... I hear ... people say that treatment doesn't work if it's coerced. Of course it ... works if it's coerced. ... I was able to change and ... go into sobriety.

MR. WALTERS listed the tragic alcoholic history in his immediate family and reported that he has raised two children who are not substance abusers, thus breaking the cycle. He stressed the importance of treatment and the profound impacts that treating an alcoholic has on the family and acquaintances of the treated alcoholic. Further, he stated:

I was ... told to ... tell you what works. Treatment works, prevention works, support for treatment works. I don't only need money, I need emotional support; people on this hill ... talking about this as a disease, not as a social problem, not as a moral problem, but as a disease.

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MR. WALTERS continued with an analogy of alcohol prevention and other industries, which have had success with prevention programs such as tobacco and dental health. He stressed that for prevention to work, a program must be sustained and on-going. Additionally, he said, treating substance abusers locally is more cost effective than sending them to jail or to out-of-state for treatment facilities.

[4:48:51 PM](#)

MR. WALTERS provided an example of three substance abusers whom he has worked with on Prince of Wales Island. These three clients have appeared in court on 52, 56, and 45 different occasions and represent a combined 21 years of prison time. He reported that each have attended a residential program, Nugent's Farm, Wasilla, Alaska, and following that treatment have incurred no further costs to the state. He pointed out the cost effectiveness of providing the one and a half years of treatment versus court and incarceration costs expended on these individuals. Despite these type of success stories, he said that there continues to be a reduction of treatment capacity in Alaska. He stated:

We even have a phenomenon now that didn't happen when I was a counselor and moved to Alaska. ... We are losing counselors to the lower 48 because they're paying better in the lower 48. ... For 15 years, since I've been in this field in Alaska, we haven't had an increase in our budget, we've even had decreases. We haven't even had a cost of living increase. ... The myth is ... you have to want treatment for it to work; that's absolutely untrue, you don't have to want it. You have to get in the doors. Once you get in the doors it's the counselor's jobs to make you want it.

[4:50:47 PM](#)

REPRESENTATIVE SEATON referred to a presentation provided by the Petersburg Mental Health Services (PMHS) [HESS meeting 1/16/06]. Recalling a young testifier who was asked to compare substance abuse experiences in Utah versus Petersburg, he said:

His comment was that [underage] alcohol [use] was much more tolerated ... [in] Petersburg than ... in Utah. ... The attitude among adults here was that they're going to it anyway so it's OK, and [adults] would buy booze for [teens]. ... There seems to be an attitude shift ... that needs to take place not just treatment of individuals, but ... individuals are picking up cues of what's acceptable from their community. ... It was quite revealing ... it was alcohol which was ... basically accepted among the members of the community for underage people to participate in .... It's a tough thing to figure out where the prevention line on this is too, and how we get there ... with the attitude shift.

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MR. DUNCAN stated that, although funds are limited, prevention is a target area for ABADA, and to that end "inroads" are being made. He reported that 25 percent of Alaska's population does not drink, however, he said that ABADA has focused outreach into the rural areas of the state where alcohol abuse is at "crisis" level.

[4:54:27 PM](#)

CHAIR WILSON provided a personal story of alcoholism in her family, and she said:

We made inroads with ... smoking and heart disease ... because people in society started changing their philosophy. ... When I look at the numbers, 54,000 Alaskans, and how many times do we put them through [rehabilitation programs] ... it's an impossibility. We have to find ... ways to help it work because we don't have the money to do it. [Alaska] is number one in ... alcohol related problems. ... Economically, it's very, very difficult.

[4:55:41 PM](#)

REPRESENTATIVE GARDNER referred to current youth prevention programs, such as "Protecting You, Protecting Me" (PY/PM) [Mother's Against Drunk Drivers (MADD) elementary curriculum program] and "Drug Abuse Resistance Education" (DARE). Although these are high profile programs, she questioned their effectiveness, and asked whether Mr. Duncan could offer suggestions for outreach programs, which he would consider beneficial for youth and elementary age children.

MR. DUNCAN opined that peer generated programs are especially helpful, but he said that gaining access to the schools can be difficult. The schools are understandably cautious to engage new programs.

CHAIR WILSON pointed out that the communities youth corps has been a successful program.

[4:57:36 PM](#)

CARL WEBB, Ketchikan School Board, introduced himself as a recovering alcoholic and a treatment program alumnus. He said:

I believe if we could implicate prevention and education in ... [kindergarten] through sixth [grade] throughout the state it's going to be huge in keeping these students ... from using drugs and alcohol. ... It's been proven ... that children and students who don't use drugs and alcohol and tobacco ... are less likely to have problems with [substance abuse] in their productive lives.

CHAIR WILSON described her experience as a school nurse providing smoking prevention classes for first through third grade classes. She said that using the visual of a doll breathing in smoke was a helpful visual aid, but conceded that it would be difficult to illustrate the effects of alcohol in a similar way.

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REPRESENTATIVE SEATON offered that the adults who counsel the children not to drink, do not provide a personal model of abstinence, thus the young child receives a mixed message. He pointed out that community events often include alcohol, as well as other public gatherings, which may highlight activities such as wine tasting. He maintained that it becomes confusing for a young person, when two different messages are being modeled.

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MR. WEBB underscored the need for the adults of the community to set the right example. To this end the Ketchikan School Board recently did a voluntary drug test for the school district staff. He reported that one member of the board challenged the effectiveness of such role setting, expecting that the gesture would essentially go unnoticed by the students; however, the member was proven wrong when the community's youth appeared in numbers at a subsequent board meeting to testify. Further, he said that since being in treatment and becoming sober, he has been able to pay restitution to the state for the costs he incurred, and has also become a productive member of society.

[5:02:51 PM](#)

REPRESENTATIVE CISSNA offered that, with the availability and acceptance of alcohol, it is important to get to the grass roots to change a culture that values drinking.

5:04:10 PM

MR. DUNCAN directed attention to the graph in the committee packet titled Funding Sources for Alaska Substance Abuse Spending, prepared by AMHB/ABADA, 2/22/06. He pointed out that the majority of funds in the last two years have been received from alcohol taxes, and the federal government. The state funding has not been increased, which has prevented the addition of treatment programs within the state. He said that only two long-term programs exist, Nugent's Ranch of Wasilla, and Akeela in Anchorage.

CHAIR WILSON asked what the lengths of the long-term programs are and what the resident capacity is for these two facilities.

MR. WALTERS provided that Nugent's Ranch has a one year program.

ROSALIE NADEAU, Executive Director, Akeela Drug and Alcohol Treatment Services, interjected that the Akeela program extends to a maximum of two years. Further, she said that the facility has 48 beds, but the funding provides for 20 beds.

MR. WALTERS agreed that an attitude shift in our entire population is required to effect change. He said:

I do a lot of public speaking and every time I go any place in Alaska and I say, "Why do you think there is so much drinking in Alaska?" ... Every single group will tell me, "There's nothing to do." ... I always back that up with, "Well, why is there so much drinking in New York, or San Diego, or Los Angeles, or Las Vegas, where there's everything in the world to do."

5:07:23 PM

REPRESENTATIVE GARDNER asked to follow-up on whether the Ketchikan School Board took the drug test.

MR. WEBB responded that several did, not everyone, and he reported that the gesture was viewed by the public in a positive way. Ketchikan is one of the few communities which requires that student activity participants submit to random drug tests, as a means to promote abstinence; a positive example for the aspiring athletes in the lower grades.

5:09:41 PM

VERNER STILLNER, MD, Specialist, Alcohol and Drug Dependencies, Psychiatrist, Bartlett Regional Hospital; Member, Advisory Board on Alcoholism and Drug Abuse (ABADA), stated:

We have no money. There is a \$19 million amount right now in the alcohol tax that could be used for prevention ... and treatment efforts. When that bill passed a couple of years ago ... it was to supplement the current activities. Unfortunately, those monies have been used to supplant current activities. It is an attitudinal issue in my mind, ... not only in the general public, but in the legislature, towards prevention and treatment of Alaska's number one public health problem. And I also think that no other state can boast \$30 billion in their coffers. [Thus], if we are not able to deal with this issue, I don't know who will. I urge your committee to investigate the use of these monies, and use them as they were intended, even though they cannot be designated .... Also, the wholesale taxes have not been increased on spirits since statehood, and they're also capped at a very unreasonably low number, so there's another source of new revenue ....

[5:11:15 PM](#)

CHAIR WILSON invited the gallery to attend the House Finance Committee meeting, at 7:00a.m., 2/24/06, where \$20 million would be taken out of the governor's budget; primarily affecting prevention programs across the state.

CHAIR WILSON announced that she would turn the gavel over to Vice Chair Seaton for the remainder of the ABADA overview.

VICE CHAIR SEATON clarified the meeting to be the HESS Finance Subcommittee, at 7:00a.m., in room 519 of the Capital building.

[5:12:51 PM](#)

MS. NADEAU, stated that Akeela provides a significant prevention programs and a long-term program, and she said:

Prevention has been decimated already to a large, large extent. We ran a primary substance abuse library [providing] ... documents ... to programs throughout the state. It has operated for twenty

years. This year the department refused to fund it. ... That library ... no longer exists; ... it was part of our prevention funding and it disappeared.

MS. NADEAU described the Strengthening Families program, which is a nationally tested, recognized, and respected model aimed at dealing with families at risk who have children age 6-12. She stated, "It's a great program; we've less than \$100,000 in that program so it's a kind of intensive program without a lot of money to it." The Primed for Life program, she explained is aimed at school age children, which Akeela administered throughout the Anchorage school district, as did Volunteers of America (VOA). Due to funding cuts, Akeela now operates the Primed for Life program on a minimal basis, in a district with 50,000 children; however VOA continues to provide these services.

MS. NADEAU stated that Akeela provides services "in 18 rural communities ... with a program that's not funded by the state." She explained that Akeela has subcontracted with an outside institute for research and evaluation, and she stated:

What we're doing ... is looking at what we're calling legal, harmful products, and that would be the kid whose inhaling; those kinds of activities. We started out with programs aimed at the communities, [and] with a community organizer. ... We now are in the second phase of that, which is in the schools. So we are dealing with the superintendents in all of those communities. ... It'll be about a five year project. When we complete it, we're going to be able to provide some data about what does and does not work with this program.

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MS. NADEAU stated her understanding that state funding can be based on outcome data and she said:

I have [a] great hope that ABADA is going to step into ... a leadership void in what needs to happen in [that] area. ... I know ... that lack of outcome data, ... 'are we throwing good money after bad,' fears are there, and so I think it's incumbent upon us. But one of the messages that I want to bring to you is [that] those of us who are individual providers have very

little control over that. That is a state bureaucracy kind of issue. I can tell you what my program does. I can tell you the severity of the illness of the people who come into my treatment program. I can tell you what they're doing as they're released and for about a five year period. I can't tell you what's going on statewide, because I don't have access to that. You don't fund individual programs, you fund a state department.

MS. NADEAU opined that the \$20 million in budget cuts, are in part frustration that the legislature's not receiving outcome information and stated:

That kind of cut, although it may be aimed at delivering a message to the department, ... is a cut at the local provider level. When that cut comes to me, I cut my Strengthening Families program; a nationally tested, respected, and revered ... program. ... I urge you to share that message with your colleagues ... [to] find another way to hit somebody other than the small provider over the head with a big stick, because we're the ones on the front line[s] trying to help folks.

MS. NADEAU directed attention to the committee's packet, and the new McDowell Group study. She compared the funding figures of the current one page summary with the figures on the previous summary, prepared in 2001. Referring to the static figure for public assistance, she opined that the figure has not changed over the past five years because of the state having placed a cap on welfare. However, she said:

It's not getting less expensive to provide this kind of service, and to pay for not providing it. We pay a lot more for not providing it than we do for even what somebody may regard as 'failure to follow through with legislative intent' from the department. Please talk to your colleagues about finding another way to get that message in.

[5:21:33 PM](#)

FRED GLENN (ph), provided a personal history of raising a child in a small community where drinking was touted as acceptable by the child's peers. He explained that despite the failure of his

counseling the child subsequently became a successful graduate of the DARE program.

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KAT MCELROY, Clinical Supervisor, Substance Abuse Treatment Service, Railbelt Mental Health Addiction; Member, Advisory Board on Alcoholism and Drug Abuse (ABADA), as a recovering third generation alcoholic she provided a brief history, praise and gratitude for the state mandated intervention programs, which eventually lead to her recovery. She said:

I pay taxes today. I can't tell you how wonderful it is not to have to be a recipient for food stamps. To not have to be a recipient for energy assistance. To not have to be a person who lives at the expense of the state, but as a person who is able to work and support themselves. My daughter ... is a mother of three. She does not drink, and she does not smoke, and she does not get in trouble with the law. ... I think that is a direct result of my treatment ... and of the prevention programs that were in place during her formative years.

MS. MCELROY said that every year which she has worked as a substance abuse counselor for the state, the funding has been "cut, cut, cut," and yet the agency has been asked to provide more assistance "with less and less." She stated:

In the jails today ... we do not provide treatment for the captive audience. ... People are in jail, they aren't going anywhere, let's talk to them about what got them there. ... It certainly has to be more cost effective than what we're doing; that cycling in and out of those jails, and mental hospitals, and other emergency rooms, and detox [units]. Everybody says that we can't afford treatment, but we can't afford not to provide treatment.

MS. MCELROY described an incident as a counselor with a seven year old child in Nulato, who was able to detail the makings of home brew. Further, the child related what would happen when the "hootch" was ready for consumption; she would hide as "all hell breaks loose in her home. She said that despite the heart break of these tragic stories, she carries a message of hope

when she speaks with children, because their lives don't need to be like those of their parents. She stated:

It's important that we put our money to that avail. It's important that we make that decision, and it's important that we have our voices be heard. That we're not talking about dollars and cents, we're talking about people's lives. ... The money that we spend on treatment, intervention, and prevention services will [be] pay[ed] back to the state ten times over. ... I'm living proof to that.

REPRESENTATIVE GARDNER stated, "I just want to stand up and applaud you."

[5:29:02 PM](#)

VICE CHAIR SEATON stressed the importance and helpfulness of everyone's testimony.

#### **ADJOURNMENT**

There being no further business before the committee, the House Health, Education and Social Services Standing Committee meeting was adjourned at [5:29:02 PM](#).