

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

March 23, 2006

3:08 p.m.

MEMBERS PRESENT

Representative Peggy Wilson, Chair
Representative Paul Seaton, Vice Chair
Representative Carl Gatto
Representative Vic Kohring
Representative Sharon Cissna
Representative Berta Gardner

MEMBERS ABSENT

Representative Tom Anderson

COMMITTEE CALENDAR

HOUSE BILL NO. 356

"An Act relating to consent for medical and dental services, including bone marrow donation, for a minor."

- HEARD AND HELD

HOUSE JOINT RESOLUTION NO. 33

Urging the Alaska Department of Health and Social Services to seek authority and funding from the United States Department of Veterans Affairs to establish a system allowing Alaska veterans treatment in both public and private Alaska facilities.

- HEARD AND HELD

HOUSE BILL NO. 430

"An Act making an appropriation for the construction of the Palmer Senior Citizen Center; and providing for an effective date."

- MOVED HB 430 OUT OF COMMITTEE

CS FOR SENATE BILL NO. 255(FIN)

"An Act extending the termination date and duties for the Board of Examiners in Optometry; amending the licensing, endorsement, and renewal provisions for optometrists; and providing for an effective date."

- MOVED CSSB 255 (FIN) OUT OF COMMITTEE

HOUSE BILL NO. 436

"An Act requiring the Department of Health and Social Services to employ a sufficient number of social workers; relating to the protection of children in need of aid by reducing the caseloads and supervisory duties to comply with certain national standards; and providing for an effective date."

- HEARD AND HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 356

SHORT TITLE: MINORS: MEDICAL CONSENT, INCL BONE MARROW

SPONSOR(S): REPRESENTATIVE(S) GATTO

01/11/06	(H)	READ THE FIRST TIME - REFERRALS
01/11/06	(H)	HES, JUD
03/02/06	(H)	HES AT 3:45 PM CAPITOL 106
03/02/06	(H)	<Bill Hearing Canceled>
03/21/06	(H)	HES AT 3:00 PM CAPITOL 106
03/21/06	(H)	Scheduled But Not Heard
03/23/06	(H)	HES AT 3:00 PM CAPITOL 106

BILL: HJR 33

SHORT TITLE: SUPPORTING IN-STATE MED. CARE FOR VETS

SPONSOR(S): REPRESENTATIVE(S) KOTT

02/13/06	(H)	READ THE FIRST TIME - REFERRALS
02/13/06	(H)	MLV, HES
03/02/06	(H)	MLV AT 1:00 PM CAPITOL 120
03/02/06	(H)	Moved Out of Committee
03/02/06	(H)	MINUTE(MLV)
03/03/06	(H)	MLV RPT 4DP
03/03/06	(H)	DP: ELKINS, THOMAS, DAHLSTROM, LYNN
03/23/06	(H)	HES AT 3:00 PM CAPITOL 106

BILL: HB 430

SHORT TITLE: APPROP: PALMER SENIOR CITIZEN CENTER

SPONSOR(S): REPRESENTATIVE(S) GATTO

02/06/06	(H)	READ THE FIRST TIME - REFERRALS
02/06/06	(H)	HES, FIN
03/02/06	(H)	HES AT 3:45 PM CAPITOL 106
03/02/06	(H)	<Bill Hearing Canceled>
03/23/06	(H)	HES AT 3:00 PM CAPITOL 106

BILL: SB 255

SHORT TITLE: OPTOMETRY: EXTEND BD/ LIC. ENDORSEMENT

SPONSOR(S): RULES BY REQUEST OF LEG BUDGET & AUDIT

01/30/06 (S) READ THE FIRST TIME - REFERRALS
01/30/06 (S) L&C, FIN
02/14/06 (S) L&C AT 1:30 PM BELTZ 211
02/14/06 (S) Moved CSSB 255(L&C) Out of Committee
02/14/06 (S) MINUTE(L&C)
02/16/06 (S) L&C RPT CS 5DP NEW TITLE
02/16/06 (S) DP: BUNDE, DAVIS, ELLIS, SEEKINS,
STEVENS B
03/01/06 (S) FIN RPT CS 5DP NEW TITLE
03/01/06 (S) DP: BUNDE, HOFFMAN, OLSON, DYSON,
STEDMAN
03/01/06 (S) FIN AT 9:00 AM SENATE FINANCE 532
03/01/06 (S) Moved CSSB 255(FIN) Out of Committee
03/01/06 (S) MINUTE(FIN)
03/03/06 (S) TRANSMITTED TO (H)
03/03/06 (S) VERSION: CSSB 255(FIN)
03/06/06 (H) READ THE FIRST TIME - REFERRALS
03/06/06 (H) HES, L&C, FIN
03/13/06 (H) L&C AT 3:15 PM CAPITOL 17
03/13/06 (H) <Pending Referral>
03/23/06 (H) HES AT 3:00 PM CAPITOL 106

BILL: HB 436

SHORT TITLE: SOCIAL WORKER CASELOADS & WORKLOADS

SPONSOR(S): REPRESENTATIVE(S) GARA

02/08/06 (H) READ THE FIRST TIME - REFERRALS
02/08/06 (H) HES, FIN
03/23/06 (H) HES AT 3:00 PM CAPITOL 106

WITNESS REGISTER

AMY SALTZMAN, Staff
to Representative Carl Gatto
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HB 356 on behalf of the sponsor,
Representative Gatto.

CODY RICE, Staff
to Representative Carl Gatto
Alaska State Legislature

POSITION STATEMENT: Answered questions, during hearing of HB 356, and presented HB 430 on behalf of Representative Gatto, sponsor.

MICHAEL O'HARE, Staff
to Representative Pete Kott
Juneau, Alaska

POSITION STATEMENT: Presented HJR 33 on behalf of the sponsor, Representative Kott.

DAVID STOCKWELL, Associate Director
Alaska Veterans Healthcare System and Regional Office
U.S. Department of Veterans Affairs
(No address provided)

POSITION STATEMENT: During hearing of HJR 33, answered questions.

DAVE WILLIAMS, Program Coordinator
Division of Alaska Pioneer Homes
Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: During hearing of HJR 33, answered questions.

VIRGINIA SMILEY, Director
Division of Alaska State Pioneer Homes
Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: During hearing of HJR 33, answered questions.

RICK DAVIDGE, President
Vietnam Veterans of America, Alaska Chapter 904
Anchorage, Alaska

POSITION STATEMENT: Testimony on HJR 33 was read by Kevin McGee.

MARCIA HOFFMAN-DEVOE, Alaska Veterans Healthcare System and Regional Office
U.S. Department of Veterans Affairs
Anchorage, Alaska

POSITION STATEMENT: During hearing of HJR 33, answered questions.

TOM MAHER, Staff
to Senator Gene Therriault
Alaska State Legislature

POSITION STATEMENT: Presented SB 255 on behalf of Senator Therriault.

PAT DAVIDSON, Legislative Auditor
Legislative Audit Division (LAD)
Legislative Affairs Agency

POSITION STATEMENT: Answered questions on CSSB 255.

REPRESENTATIVE LES GARA
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Spoke as the sponsor of HB 436.

TAMMY SANDOVAL, Deputy Commissioner
Office of Children's Services
Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: Testified on HB 436.

ACTION NARRATIVE

CHAIR PEGGY WILSON called the House Health, Education and Social Services Standing Committee meeting to order at [3:08:49 PM](#). Representatives Seaton, Gatto, Kohring, Cissna, Gardner, and Wilson were present at the call to order.

HB 356-MINORS: MEDICAL CONSENT, INCL BONE MARROW

[3:09:15 PM](#)

CHAIR WILSON announced that the first order of business would be HOUSE BILL NO. 356, "An Act relating to consent for medical and dental services, including bone marrow donation, for a minor."

[3:09:43 PM](#)

AMY SALTZMAN, Staff to Representative Carl Gatto, Alaska State Legislature, presented HB 356 paraphrasing from the sponsor statement as follows [original punctuation provided]:

House Bill 356 allows a minor with doctoral and parental consent to donate bone marrow.

Bone marrow contains stem cells, which can be transplanted into a person to restore stem cells that were destroyed by high doses of chemotherapy and/or radiation. The National Cancer Institute reports that

bone marrow transplants are most commonly used for treating persons with leukemia or lymphoma, and may also be used to treat childhood brain tumors and neuroblastoma.

Eligibility to receive a bone marrow donation is based on the tissue compatibility with that of the donor. Tissue type is inherited, thus patients are most likely to match someone of their same race and ethnicity. According the Alaska Blood Bank of the available 3.5 million volunteers on the National Registry only 1.3% could be possible matches to a Native American. With the large Native population in Alaska it is essential that there be an increase in the availability of possible matches for bone marrow transplants.

The National Bone Marrow Donor Program (NMDP) does not allow for minors to participate in testing determining capability for bone marrow donation. The reasoning cited by the NMDP has been that minors are not capable to consent to the medical procedures. The reasoning for this limitation is unclear. This procedure would only be done for a minor with the proper consent of the parent, guardian, and physician.

Current medical procedures have created the possibility for less painful transplant procedures. Donating marrow typically does not create significant problems for the donor because only a small amount of marrow is needed. The body replaces the lost marrow in only a few weeks.

Allowing for donations of bone marrow by minors could significantly improve the odds of survival for many Alaskans. This legislation is imperative if Alaskans are to win the fight against leukemia or lymphoma.

[3:10:50 PM](#)

REPRESENTATIVE GATTO added that only 1 percent of the registry occupants are Native, and thus within that 1 percent is where a match would be for [Native Americans]. It's only "a percent of a percent," he said. Therefore, the hope is that by allowing young people to donate, the number of Native Americans eligible to donate would be increased.

[3:11:24 PM](#)

MS. SALTZMAN informed the committee that there are two different procedures used to [donate and transplant] bone marrow, one of which is similar to blood donation. She also informed the committee that if a match is found, there is less than 5 percent chance that the transplant won't work.

[3:12:16 PM](#)

REPRESENTATIVE CISSNA inquired as to the statutory protections for a minor with parental and doctoral consent, although the minor doesn't want to donate the bone marrow.

MS. SALTZMAN noted that regardless of age, there is counseling when there is a bone marrow donation. Furthermore, a donation would only occur if it's in the best interest of everyone involved. In regard to specific statutory protections, Ms. Saltzman offered to research that.

[3:13:23 PM](#)

CODY RICE, Staff to Representative Gatto, Alaska State Legislature, related his understanding the minors aren't capable of giving consent and thus [whether there is protection for a minor] is a moot point. He suggested that whether a minor could give or refuse consent if the parent gave consent would probably require a legal opinion.

[3:13:55 PM](#)

CHAIR WILSON, drawing upon her experience as a nurse, related that when a child doesn't want an IV, although it's in the child's best interest, the IV is given if the parents have given permission.

[3:14:09 PM](#)

REPRESENTATIVE CISSNA opined that it's different when the donor's body part is being used for someone else. She mentioned the possibility of a sibling constantly being used as a "body bank" for another sibling, which could endanger the donating sibling's life. She questioned whether one child should be used as a body bank for another.

MR. RICE said although that is a legitimate question, the question assumes that a doctor would breach the Hippocratic Oath

that he/she "shall do no harm." He agreed with Representative Cissna that giving an IV to a child for his/her best interest is different than to force one to donate, which may not be in that [child's] best interest. The aforementioned would be a difficult ethical situation for a doctor.

[3:15:29 PM](#)

REPRESENTATIVE CISSNA requested an answer to her earlier question regarding whether there are statutory protections for a minor who doesn't consent to providing bone marrow. She inquired as to what other states are doing.

REPRESENTATIVE GARDNER said she shares the same concerns. She then inquired as to the risk factors involved to the donor child.

CHAIR WILSON requested that the answers be provided by the time the legislation reaches the House Judiciary Standing Committee, which is the next committee of referral for HB 356.

REPRESENTATIVE GARDNER suggested that the language may not do what is being requested because the services being requested aren't for the [donating] minor.

CHAIR WILSON said that, too, would be addressed in the next committee of referral.

[3:17:34 PM](#)

REPRESENTATIVE SEATON highlighted a Washington Post article in the bill packet that relates that the National Marrow Donor Program (NMDP) opposed legislation similar to HB 356 due to the associated medical risks. He inquired as to the risks for a minor that are not associated with an adult donor.

MS. SALTZMAN related her understanding that bone marrow is "ripe" at the age of 16 and over. The NMDP chose the age of 18 because that's the general age of consent. The Maryland legislation was left broad such that when the physician consents and it's in the best interest of the donor and the donee, the minor can donate bone marrow.

MR. RICE interjected his belief [that the Maryland legislation] placed the policy call into the hands of those most familiar with the risk and the need, which is the physician.

[3:19:56 PM](#)

MS. SALTZMAN, in further response to Representative Seaton, said that she spoke with many physicians who didn't relate or imply that [there are different risks for those 16-18 years of age and those older]. However, physicians did say that every individual is different and that a thorough background check is completed for the donor and the recipient.

[3:21:41 PM](#)

REPRESENTATIVE GATTO turned attention to the Maryland legislation, which specified that the bone marrow donation must be in the best interest of the donee and that there is no substantial risk to the donor. The language "substantial risk" seems to clearly identify that there is a risk, but it seems to be weighed against the benefit. Representative Gatto concluded by opining that he couldn't imagine any physician taking bone marrow from a child who didn't want the procedure.

[3:23:38 PM](#)

REPRESENTATIVE CISSNA posed a hypothetical situation in which a three-year-old may be the only donor match for his/her five-year-old sibling. In such a life and death situation it's difficult to make decisions, and thus it's important to address matters before such a situation. She expressed the need to hear from physicians who have actually been involved in these cases.

[3:25:24 PM](#)

REPRESENTATIVE GATTO mentioned that the situation Representative Cissna posed isn't the issue being addressed by HB 356.

REPRESENTATIVE CISSNA pointed out that this legislation merely refers to a minor and doesn't specify any age.

[3:25:46 PM](#)

CHAIR WILSON noted that one's bone marrow cells need to be mature, and thus [bone marrow donation] isn't usually done with younger children. She then reminded the committee that bone marrow could be mature for those age 16 and over.

[3:26:23 PM](#)

REPRESENTATIVE CISSNA pointed out that HB 356 adds bone marrow donation to those [medical services for which a parent or legal guardian of a minor can give consent]. Therefore, [medical services] could refer to any number of things.

MR. RICE said that wasn't the intention of the sponsor, and thus he suggested that the sponsor would be amenable to an amendment to provide clarity.

[3:26:49 PM](#)

REPRESENTATIVE GARDNER expressed the need to know more about the risk factors to the donor as well as the issue with regard to the age [of a minor]. Representative Gardner said that she read the legislation such that medical services could include the donation of a kidney.

MR. RICE said he suspected that if such isn't listed under [what is considered to be medical services], it would be difficult to prove that it's acceptable to do other procedures such as give consent for a minor to donate a kidney.

REPRESENTATIVE GARDNER commented that she didn't believe it would be excluded.

REPRESENTATIVE CISSNA suggested that a legal opinion would be necessary.

[3:27:49 PM](#)

REPRESENTATIVE GATTO suggested that these matters could be addressed after testimony is taken.

CHAIR WILSON announced that no one had signed up to testify.

[3:28:05 PM](#)

REPRESENTATIVE SEATON requested that the sponsor check with the NMDP with regard to the risks that caused the organization to oppose lowering the donor's age to 16.

[3:28:26 PM](#)

CHAIR WILSON pointed out that the statute already includes the dental and medical services and covers a minor not living with the guardian. Therefore, she said that Representative Cissna's concerns are already covered, although not for bone marrow.

3:29:00 PM

REPRESENTATIVE SEATON pointed out that the statute being modified is for the minor giving consent for his/her own medical treatment, if he/she isn't with the parent. However, the [language in HB 356] addresses a parent giving consent for a minor, which seems to be in the wrong [statute] and thus needs to be clarified.

[HB 356 was held over.]

HJR 33-SUPPORTING IN-STATE MED. CARE FOR VETS

CHAIR WILSON announced that the next order of business would be HOUSE JOINT RESOLUTION NO. 33, Urging the Alaska Department of Health and Social Services to seek authority and funding from the United States Department of Veterans Affairs to establish a system allowing Alaska veterans treatment in both public and private Alaska facilities.

3:30:16 PM

MICHAEL O'HARE, Staff to Representative Pete Kott, introduced HJR 33, on behalf of Representative Kott paraphrasing from the sponsor statement as follows [original punctuation provided]:

With approximately 72,000 veterans that call our great state home, I believe that Alaska's veterans deserve top quality health care in their own communities. Currently forced to seek medical treatment with U.S. Veteran's facilities, many of these heroes have to leave their communities and even go outside of Alaska. Many millions of dollars have been spent in airfare alone in order to get Alaskan's treatment when the treatment and facilities are available in state. This policy is costly and inefficient, and it disrupts Alaskans' lives.

House Joint Resolution 33 urges the United States Department of Veterans' Affairs to authorize funding and management to establish a system whereby Veterans can seek treatment from medical facilities other than that of the U.S. Military and Veteran's Affairs doctors and hospitals, many of which are available in the State of Alaska. This would give veterans a greater choice and flexibility for healthcare and

increase the interaction between the Department and Military and Veterans Affairs doctors and the public and private medical facilities in the state thus, significantly reducing medical costs and increasing efficiency for veterans' medical care. This system would support the use of a veteran's medical identification card as an insurance card for medical billing to the U.S. Department of Military and Veteran's Affairs.

The passage of HJR 33 will give veterans a choice, and will allow them local access to quality healthcare.

[3:32:29 PM](#)

CHAIR WILSON related that veterans who come to a clinic have to call ahead and receive permission to receive treatment at the clinic. The aforementioned permission takes some time to obtain. How would this legislation change the aforementioned, she asked.

MR. O'HARE related his understanding that the veteran would present his/her veteran's medical identification card. There would be an agreement between the U.S. Department of Veterans' Affairs and the medical community to accept the aforementioned identification card as an insurance card in order that veterans can receive treatment in a competitive manner within the community. In response to Representative Gatto, Mr. O'Hare specified that the nearest Veterans' Administration (VA) hospitals are located in Seattle and Oregon.

[3:33:46 PM](#)

REPRESENTATIVE GATTO indicated that perhaps even taking the airfare into consideration, in-state treatment options may be more costly. He questioned whether there is any way to match information with regard to the cost of Alaska's veterans receiving medical services in state versus out of state.

[3:35:16 PM](#)

REPRESENTATIVE CISSNA, drawing upon her experience with her late husband who was a veteran and discussions with other veterans, related that the travel required to reach approved VA hospitals poses a risk on the ill veteran. She recalled that often her husband couldn't receive his treatment because, after traveling to the hospital, he wasn't well enough. Furthermore, the

airfare can be expensive. She, too, inquired as to the current regulations for veterans living in the Bush.

MR. O'HARE related his understanding that veterans are required to go to a veterans' hospital for certain treatments. This resolution attempts to help minimize the cost, time, and trauma of travel in order to allow the veterans to seek treatment in an in-state facility if possible. Mr. O'Hare acknowledged that the costs [for medical treatment] may be more expensive in Alaska than in the Lower 48, even with the flight costs. Therefore, he suggested that there should be an option for the veteran with regard to where to receive treatment.

[3:38:49 PM](#)

CHAIR WILSON noted that some insurance companies will offer the option of flying a patient to [the Lower 48], if it's cost effective.

[3:39:05 PM](#)

DAVID STOCKWELL, Associate Director, Alaska Veterans Healthcare System and Regional Office, U.S. Department of Veterans Affairs, explained that the \$2 million was the entire travel budget for the year stated. However, only around \$600,000 was spent to send patients to the Seattle and Portland VA facilities. He noted that a fair amount of money is spent for patients to access medical care in the state as well. Mr. Stockwell related that for fiscal year (FY) 04 a little over \$17 million was saved by using federal facilities.

[3:40:16 PM](#)

REPRESENTATIVE GATTO pointed out that the analysis of the fiscal note by the Department of Health and Social Services (DHSS) indicates that three new positions would be necessary. However, none of the three new positions are shown in the fiscal note for succeeding years. He then inquired as to the meaning of the references to "\$14,700 mil", "\$10,000 mil", and "\$25,000 mil".

MR. STOCKWELL said that he didn't have the fiscal note to which Representative Gatto referred. However, he related that the U.S. Department of Veterans Affairs budget for Alaska is about \$103 million a year.

[3:42:24 PM](#)

DAVE WILLIAMS, Program Coordinator, Division of Alaska Pioneer Homes, Department of Health and Social Services (DHSS), explained that the \$85.3 [million] is to fund one position to work out how this funding process would be addressed. Mr. Williams related support for the concept proposed in HJR 33, but he emphasized that it will take some work to achieve the goal of treating the state's veterans in state. With regard to the analysis provided in the fiscal note, Mr. Williams said that the figures presented were received from the U.S. Department of Veterans Affairs. He specified that the "\$14,700 mil" refers to \$14.7 million. The U.S. Department of Veterans Affairs estimated that it would have spent \$10 million if veterans had been sent to in-state hospitals.

[3:45:40 PM](#)

REPRESENTATIVE SEATON turned attention to the portion of the fiscal note analysis that relates that 40 percent of Alaska's health care budget for veterans paid providers in Alaska community settings to provide care to veterans to supplement what is provided directly through the in-state VA outpatient clinics. Therefore, he questioned whether the goal of HJR 33 is being accomplished already with that 40 percent of the budget.

MR. STOCKWELL agreed that the aforementioned 40 percent of the budget is spent to obtain health care from community providers and hospitals within the state on behalf of veterans. Therefore, when a patient isn't medically stable to transport, the care is purchased in the community. He then highlighted that about 600 patients a year are admitted to the Joint Venture Hospital on Elmendorf Air Force Base and cared for by VA providers. He acknowledged that everyone can't manage to get to Anchorage for care at the medically appropriate time, and thus a fair amount of care is already purchased from the community.

[3:47:10 PM](#)

CHAIR WILSON surmised that [to accomplish the goal of HJR 33], the state would have to get permission at the federal level, which could be difficult if it's an increase.

[3:47:37 PM](#)

MR. STOCKWELL, in response to Chair Wilson, clarified that Alaska only has the largest number of veterans when viewed on a per capita basis. In fact, Alaska has practically the least total number of veterans in the state.

[3:47:59 PM](#)

REPRESENTATIVE GARDNER recalled that during a recent visit with the staff of the Alaska Veterans Healthcare System it was related that the Veterans Administration in Anchorage is working on arrangements with hospitals in Anchorage to encourage and increase the use of those facilities by veterans.

MR. STOCKWELL noted that there is a new construction project to build a larger outpatient facility next to the existing federal hospital on Elmendorf Air Force Base in order to expand the scope of services offered for outpatients. There is also a contract with [Providence Medical Center] such that almost one-third of all admissions go to the aforementioned facility. Mr. Stockwell said that there is no strategic effort to expand the use of community hospitals.

REPRESENTATIVE GARDNER asked if there is a reason that only 30 percent of veterans are going to Providence Medical Center. She further asked if more could be sent there if the contract was different.

MR. STOCKWELL specified that the first choice is for veterans to go to the Elmendorf Air Force Base facility, but if the services aren't available the veteran is sent to Providence Medical Center. The other third of the admissions in state are due to it not being medically safe to transport the patient. About that same number of patients are sent to Seattle for major tertiary care. He noted that some of the care for which veterans are sent out of state to obtain can't be obtained in state.

[3:50:47 PM](#)

VIRGINIA SMILEY, Director, Division of Alaska State Pioneer Homes, Department of Health and Social Services (DHSS), in response to Chair Wilson, explained that the Palmer Pioneers' Home that is to be used as a veterans' home hasn't been certified as such. At the moment the facility is in the renovation process. In further response to Chair Wilson, Ms. Smiley confirmed that about 101 veterans are in the pioneers' homes. She related that the division and the VA in Anchorage have been discussing developing a liaison who would work with the veterans in the Palmer facility to maximize benefits for those in veterans homes.

[3:52:19 PM](#)

REPRESENTATIVE GATTO returned to his earlier point that the three positions listed in the first year of the fiscal note do not appear in subsequent years.

MR. WILLIAMS said that the main interest was the first year because the work has to be done and depending upon that the division wasn't sure when the three positions would appear. He clarified that those three positions represent the minimum of an office that could negotiate with hospitals to receive veterans rates, process claims, make payments, and create reports.

MS. SMILEY offered that the following years didn't show the positions because if this actually was developed, it would take a long time to achieve and have a full staff.

[3:54:49 PM](#)

REPRESENTATIVE GATTO opined that it's best to include the funding for the three positions so that the legislature can make a fair evaluation.

[3:55:34 PM](#)

REPRESENTATIVE SEATON said that he is in favor of the spirit of the resolution. However, he expressed the need to differentiate between doctors and hospitals because the resolution almost seems to relate that veterans aren't able to see doctors locally or in Alaska. He requested that the aforementioned be incorporated in the legislation, but he left it to the sponsor to address.

[3:58:40 PM](#)

REPRESENTATIVE SEATON moved Amendment 1, as follows:

Page 2, line 9, following "hospitals":

Delete "and"

Insert "with"

Page 2, line 17:

Delete "possible"

Insert "United States Department of Veterans Affairs doctors and hospitals are not easily accessible"

There being no objection, Amendment 1 was adopted.

3:59:36 PM

KEVIN MCGEE, Vietnam Veterans of America & American Federation of Government Employees read testimony for Rick Davidge, President, Vietnam Veterans of America, Alaska Chapter 904, paraphrasing from the following written statement:

My name is Ric Davidge and I serve as President of the Vietnam Veterans of America, Chapter 904 - the Anchorage Chapter and the largest in Alaska. I also serve as President of the Alaska Veterans Foundation, Inc. a statewide veteran service organization that serves Alaskan War Veterans. And I serve as Vice Chairman of the Anchorage Military & Veterans Affairs Commission.

In 1965 I was a medic with the First Air Cavalry in Vietnam and served honorably for 6 years.

Why do we have this resolution before you and just what does it really do?

I assume you have, in your packet, a copy of the most recent "Talking Paper" that we update regularly about the problems Alaskan veterans face in securing appropriate healthcare. This paper is an open ended discussion of problems that continue to come to light as our working group, made up of a wide range of veterans, VA employees, politicians of both political parties, and medical service professionals, wrestles with the challenges of meeting the moral and legal obligations of our community in the provision of healthcare for our veterans. We would be delighted to add any of you to the email tree we have set up on this issue so that you and your staff are kept informed of any developments. There is much to learn.

As our talking paper points out, the health care of Alaska's veteran's faces serious and difficult structural problems in securing the funding authorized by federal law but not appropriated because veteran healthcare has become a partisan football. Veteran healthcare like so many other federal programs is politically "negotiated," regardless of need, every year unlike healthcare provided to our poor, our homeless, our elderly, and even our illegal aliens. Are not our war veterans at least as deserving as

these groups when it comes to healthcare? Are not the men and women who voluntarily stand guard for America worth at least as much to our community?

The other day a member of our legislature said to me, "You know veterans are really just another welfare group." This Alaskan of prominence never served in the military, and clearly does not understand that healthcare for veterans is not "welfare" but the moral, ethical, and legal obligation of our people and our leaders for the service and sacrifices we faced to ensure your liberties. We are only asking for what was promised and appropriate.

As a community of veterans we are tired of all the talk. We are tired of all the political promises. We are tired of receiving healthcare based on "administrative convenience" rather than appropriate care at home. We are tired of being shipped outside of our communities and our state to receive healthcare available right here at home. We are tired and we are angry.

So, why are we here before the State Legislature asking you to direct the Commissioner of Health and Social Services to "talk" to the Veterans Administration about what the state might be able to do to help Alaskan veterans? Yes, that's all we are asking is that our legislature recognize this problem, one that will likely not be solved in Washington DC as it should, but that will continue to harm, even destroy the lives of Alaskan veterans and their families. **72,000 veterans** have chosen to be Alaskans. The highest per-capita in the nation. When extended to their immediate families, we estimate that at least **150,000** Alaskans are directly affected by veteran policies. We should be proud that this many veterans choose to live in Alaska. And now our Alaskan guard and Reserves face the largest and longest active duty deployments in combat in our state's history. But as a state, what are we - what is Alaska doing to ensure they receive the healthcare they have earned when they come home?

We don't have all the answers, but we are gathering lots of the questions. We have asked the VA to provide the facts and figures identified in the last page of our talking paper. This is something our

legislature and our state government can help us with, and this resolution will facilitate that and more.

We have talked about veteran healthcare, but let's now look at some of the other implications of current VA policies on our Alaskan based medical services industry. We are told for example that the VA spent over \$2 million in air fare alone to send veterans out of state for healthcare. We know that at least most of these medical services are available not only in Alaska but often in the veteran's home community. We are told that over \$17 million of healthcare services were proved [provided to] veterans outside of Alaska. With all other costs considered, that's over \$20 million in healthcare services that are taken out of our economy.

We know of prominent Alaskan doctors who have recently lost their significant veteran client base as their patients are now sent out of state. We know of Alaskan based hospitals, now loosing money because the services they built to serve a particular medical need in their community, including long-term veteran patients, are no longer economically viable due to the loss of these patients causing other Alaskan patients to assume these losses. So, there are serious economic implications to VA policies that now ship more and more Alaskan veterans outside for medical services. Certainly if these services are not available in Alaska one can understand this. But when they are here, and the veterans are currently being served here in their home communities, there are other "costs" associated with these policies. Taking a veteran away from his/her family at a critical and vulnerable time, is clearly not in the best interests of our veterans, their families, or of Alaskans as a community.

So, we are asking our State Legislature to direct the Commissioner of Health and Social Services to "talk" with the VA and see if there is something we in Alaska can do to better serve our veterans. That's all.

Now, what we would like the Commissioner to also do is gather information that should be reported back to you. We believe the Commissioner can prepare an assessment of these problems and their implications to veterans, our economy, and our community in a few months and provide it back to this and other

committees of the legislature so that we can begin to get a real handle on what is happening, what it all means, and why. We believe the Commissioner has it within his department's budget to gather a taskforce of veterans, medical groups, and the VA and seriously, openly, look at the healthcare of our veterans in Alaska and what it will mean over time. We believe you can do this with committee language in the appropriations bill for the Office of the Commissioner of Health and Social Services.

"Never will one generation of veterans abandon another." That is the motto of the Vietnam Veterans of America and the Alaska Veterans Foundation. Please remember that when we came home, not only did our nation, and our communities dishonor our service, most national veteran service organizations refused us membership. That is why the Vietnam Veterans of America was chartered by Congress.

We have stood guard for America and human liberty in the jungles and deserts of our world when you, our elected officials, have asked us to do so. We now stand before you and ask for your help. Help to ensure we receive the healthcare we have earned, is morally and ethically appropriate, and consistent with what is in the best interests of our families, our state, and our nation.

CHAIR WILSON closed public testimony and inquired as to the wishes of the committee.

[4:09:51 PM](#)

REPRESENTATIVE GARDNER pointed out that the committee packet includes a list of questions for the VA to which only two had answers. She suggested that the remainder of the questions should be answered.

[4:10:26 PM](#)

MARCIA HOFFMAN-DEVOE, Alaska Veterans Healthcare System and Regional Office, U.S. Department of Veterans Affairs, informed the committee that the department has received the questions and is preparing responses, which she assumed Mr. Davidge would pass along to the committee.

[4:11:01 PM](#)

REPRESENTATIVE CISSNA moved to report HJR 33, [as amended], out of committee with individual recommendations and the accompanying fiscal notes.

[4:11:34 PM](#)

REPRESENTATIVE GARDNER objected and opined that this is premature and more information is required. It seems that the resolution acknowledges a debt to veterans, but it seems to be a federal obligation. Therefore, she said she wasn't convinced that the state should take on the service that the VA may or may not be meeting adequately.

[4:12:25 PM](#)

REPRESENTATIVE SEATON reminded the committee that it received testimony that the \$2 million figure specified as being spent on airfare during 2004 to fly Alaska veterans out of state to receive medical services is about \$600,000. Therefore, he suggested that the resolution be changed to reflect the correct amount.

[4:13:23 PM](#)

MS. HOFFMAN-DEVOE offered to provide the correct figures with the responses to the list of questions.

[4:13:52 PM](#)

REPRESENTATIVE CISSNA withdrew the motion to report HJR 33 [as amended] out of committee.

[4:14:29 PM](#)

CHAIR WILSON announced that HJR 33 would be held until the committee receives further information.

HB 430-APPROP: PALMER SENIOR CITIZEN CENTER

[4:15:20 PM](#)

CHAIR WILSON announced that the next order of business would be HOUSE BILL NO. 430, "An Act making an appropriation for the construction of the Palmer Senior Citizen Center; and providing for an effective date."

[4:15:46 PM](#)

The committee took an at-ease from [4:16:10 PM](#) to [4:20:01 PM](#).

[4:20:04 PM](#)

CODY RICE, Staff to Representative Carl Gatto, introduced HB 430 on behalf of Representative Gatto, by paraphrasing from the sponsor statement as follows [original punctuation provided]:

We are all aware the Mat-Su Borough is experiencing above average growth, but it may not be as commonly known that a subgroup of this population is growing even faster. According to the most recent Census data available, Alaska's senior population is both the fastest growing segment of Alaska's population and surprisingly also one of the fastest growing senior population in the nation. The number of Alaskans over age 60 is expected to triple from 53,000 (8.5% of Alaska's population) in the year 2000 to 165,000 (20% of Alaska's population) by 2025, less than 20 years away. More specifically, in the Mat-Su the senior population increased by 150% from 1990 to 1999 and is expected to double again before the year 2018. Palmer Senior Citizens Center (PSCC) currently serves 450 Mat-Su seniors every day.

The current facility has problems including defective electrical systems. Interestingly, the Executive Director's computer loses power when the photocopier is used. There are fifty parking spots and a fleet of 15 vans for 35 on-site employees and 100 seniors at meal times. Many employees of PSCC work off-site due to limited space availability at the center.

PSCC is a 501 (c)(3) non-profit organization, already owns the new site, and is only seeking funds for design and construction.

I urge your support and favorable action on this legislation.

[4:23:21 PM](#)

REPRESENTATIVE SEATON asked if there is a funding priority list for the senior centers statewide and, if so, how does the Palmer Senior Citizens Center (PSCC) funding request rank.

[4:24:00 PM](#)

MR. RICE responded that to his knowledge there is not a list of that type.

[4:24:27 PM](#)

REPRESENTATIVE SEATON moved to report HB 430 out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, HB 430 was reported out of the House Health, Education and Social Services Standing Committee.

SB 255-OPTOMETRY: EXTEND BD/ LIC. ENDORSEMENT

[4:24:42 PM](#)

CHAIR WILSON announced that the next order of business would be, CS FOR SENATE BILL NO. 255(FIN), "An Act extending the termination date and duties for the Board of Examiners in Optometry; amending the licensing, endorsement, and renewal provisions for optometrists; and providing for an effective date."

[4:25:23 PM](#)

TOM MAHER, Staff to Senator Gene Therriault, presented SB 255 on behalf of Senator Therriault by paraphrasing from the following written statement [original punctuation provided]:

On the behalf of Senator Therriault, Chair of the Legislative Budget and Audit Committee, I thank you and members of the Committee for Hearing Senate Bill 255 (finance) - relating to the termination date and duties for the Board of Examiners in Optometry; amending the licensing, endorsement, and renewal provisions for optometrists; and providing for an effective date."

Just a quick bit of background on the Sunset audit process that this legislation stems from. Last session legislation was passed that revised the sunset process.

First, the standard sunset period for occupational boards and non-occupational boards was changed from

"not to exceed four years" to "not to exceed eight years"

Second, as Alaska's sunset process has matured, most of the sunset reviews are less about eliminating board and commissions, and more about operational performance. To better measure operational performance, last session, two new criteria were added to statute that must be considered in the course of a sunset review by the auditors:

The extent to which the board, commission, or agency has effectively attained its objectives and the efficiency with which it has operated.

AND

The extent to which the board, commission, or agency duplicates the activities of another governmental agency or the private sector.

Moving on with the bill ...

Sec. 1 of this legislation extends the sunset date of the Board of Examiners in Optometry from June 30, 2006 to June 30, 2014 per the audit conclusions contained in the report before you on page 5. Legislative Audit concluded that the Board of Examiners in Optometry continues to serve a public need and is operating in the public interest. The regulation and licensing of qualified optometrists is necessary to protect the public's health, safety and welfare. Further, the Board of Examiners in Optometry has operated effectively, adopted regulatory changes and supported legislation that improved its oversight process and promoted more effective regulation of licensed optometrists. Accordingly, SB 255 provides for an eight-year sunset extension.

With the exception of sec. 4, the balance of SB 255 incorporates the recommendation by the Legislative Auditor concerning licensing on page 7, rec. #2 of the report. The Auditor recommended the Legislature amend the optometry statutes to ensure they support current license endorsements for the diagnostic use of pharmaceutical agents. Currently, statutory language provides for a single endorsement for both prescribe

and use. However, the Board of Examiners in Optometry is issuing two types of endorsements. The first allows a practitioner to both prescribe and use pharmaceutical agents and the second type of endorsement allows a practitioner "use" only. Current law does not authorize the use only endorsement. SB 255 corrects this situation by adding a section authorizing a use only endorsement and also, in sec. 7, "grandfathers" in the practitioners that were given that endorsement over the years. (since 1992)

On page 18 you will find the Department of Commerce, Community, and Economic Development's response to this recommendation - they are in support of the changes made here.

Our intent with this legislation is simple - change the law to make current practices legal, grandfather license holders in, and make sure we do not leave any practitioners out which could have an impact on the number of providers serving the public and hopefully maximize the number of practitioners that can practice in Alaska.

Finally, contained in sec. 4, the Senate Labor and Commerce Committee approved an amendment offered by the Department of Commerce, Community and Economic Development that deleted the statutory cite requiring 24 hours of continuing education instruction, allowing the Board to establish through regulation, the number of hours without amending statute. This amendment was requested by the BEO [Board of Examiners in Optometry] in its response to the audit.

Finally, there is one fiscal note from Occupation Licensing - passage of this legislation will incur no additional costs beyond those already contained in the FY07 Governor's operating budget request .

[4:30:40 PM](#)

REPRESENTATIVE SEATON asked whether the audit recommendations are contained in the bill.

[4:31:04 PM](#)

PAT DAVIDSON, Legislative Auditor, Legislative Audit Division (LAD), Legislative Affairs Agency, responded that the recommendations which require statutory changes are included in the legislation. She pointed out that recommendations regarding "the endorsements" were specific recommendations to the legislature, and represent housekeeping language which the BEO requested and the LAD deemed reasonable. The licensing fee recommendation is because the auditors recognized that the fees are building a surplus and could be reduced, but that is a decision for the department and board, she explained. Further, she assured the committee that all of the audit recommendations are included in the bill.

[4:32:27 PM](#)

REPRESENTATIVE GARDNER inquired as to whether there has been any objection to the provisions being considered.

[4:32:48 PM](#)

MS. DAVIDSON stated that letters of response from the BEO and the LAD are contained in the audit report, as part of the committee's packet. She pointed out that the letters contain discussion points of the recommendations and endorsements previously discussed.

[4:34:52 PM](#)

REPRESENTATIVE SEATON moved to report CSSB 255 (FIN) out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSSB 255 (FIN) was reported out of the House Health, Education and Social Services Standing Committee.

HB 436-SOCIAL WORKER CASELOADS & WORKLOADS

[4:35:08 PM](#)

CHAIR WILSON announced that the final order of business would be HOUSE BILL NO. 436, "An Act requiring the Department of Health and Social Services to employ a sufficient number of social workers; relating to the protection of children in need of aid by reducing the caseloads and supervisory duties to comply with certain national standards; and providing for an effective date."

[4:35:50 PM](#)

REPRESENTATIVE LES GARA, Alaska State Legislature, sponsor, explained that the main intent of HB 436 is to require that the state have enough staff to manage the case loads such that foster children and those children who are victims of abusive situations are protected. The Child Welfare League of America (CWLA), a national organization, has adopted a national standard that specifies that there should be 1 case worker, of those working in child protective service roles, for every 12-15 children. The reasons for the aforementioned standard are multiple. Representative Gara informed the committee that in Alaska's foster care and child-in-need-of-aid systems, the case worker, once he/she receives a report of harm, investigates the case, assess the child's educational and counseling needs when the child is placed in the foster care system. The case worker is charged with finding services for the child and moving the child out of foster care as quickly as possible and back into the home or an adoptive home. However, the state doesn't have the staff to do such in an effective manner.

[4:38:16 PM](#)

REPRESENTATIVE GARA then informed the committee that since the introduction of HB 436, the [Office of Children's Services] has decided to have an outside consulting agency review the agency's workload rather than the caseload because 12 cases in Anchorage is different than 12 cases on the Kuskokwim River. There have been problems with the study and thus the report won't be available in time for this session. Therefore, the hope is to utilize the legislation to educate everyone that Alaska largely can't meet the federal goal of reuniting children in foster care with their parents within 12 months or placing those foster children who can't be reunified with their family up for adoption and permanent placement within 24 months. The most concerning, perhaps, is that when a report of harm that a child may be subject to abuse at home is received, staff limitations don't allow the detailed investigation required to make a proper decision to occur. The aforementioned might result in removing a child from a home too quickly or not removing a child when he/she should be removed. Therefore, he expressed the need for the legislature to adopt the guidelines from OCS's workload study.

REPRESENTATIVE GARA related that the caseload for social workers in Anchorage was close to 30 children. As of last year, one social worker in Dillingham had 52 cases, which meant that those children were not being protected. However, he mentioned that

the situation in Dillingham may have been corrected by this year. He went on to say that although the state has done a decent job of adding social workers over the last few years, it seems that the state is at least 15 case workers short statewide. Representative Gara acknowledged the notion that since the state began adding positions to OCS things must be okay. However, he opined that although things have improved, the situation isn't okay. In many regions in this state, it is a crisis base service system rather than a system that provides what the children need to prosper. Without enough staff, the children can't be provided what they need to prosper, he opined. He related that anecdotally he has been told that Alaska probably sends more foster children to jail than to college. Representative Gara related that HB 436 is a discussion point until the workload study is complete, the recommendations of which could possibly spawn a committee bill.

[4:45:00 PM](#)

REPRESENTATIVE GARDNER said that Representative Gara did a good job relating the tasks of the social worker's job as they relate to the child's needs. However, that's only a small part of the larger job because the social worker's job is to identify the problems in the household and work on reunification. Therefore, the social worker has to meet with the parents, arrange for the parents to have assessments and receive services, monitor compliance, write court reports, attend court, et cetera. The study should be very helpful, she said. If social workers can do things thoroughly at the front end children can return home faster if the social worker has confidence that he/she can visit and monitor the child. Furthermore, doing things right at the beginning saves money over the long term.

[4:46:49 PM](#)

REPRESENTATIVE CISSNA characterized this [legislation] as one part of what needs to be done. She opined that when the state takes custody of a child, the state is essentially saying that the it can do a better job than the parents. However, if an appropriate permanent placement is not found quickly, the psychological processes such as bonding are disturbed. Representative Cissna suggested that HB 436 may help retain foster parents, which would be a step in the right direction.

[4:48:44 PM](#)

CHAIR WILSON said HB 436 is important in the way of prevention.

[4:49:40 PM](#)

TAMMY SANDOVAL, Deputy Commissioner, Office of Children's Services, Department of Health and Social Services (DHSS), relayed that while [OCS] has mostly met the goals of the federal government's performance improvement plan. Since the goals have been set low, there is room to get better if the desire is to work on prevention. If there were lower caseloads, she opined that the goals could be met.

[4:51:14 PM](#)

CHAIR WILSON inquired as to the number of social workers required to protect and actually help the children without burning out social workers or foster parents.

[4:51:33 PM](#)

MS. SANDOVAL agreed that's the key. She explained that the data from the workload study is being cleaned up so that the study can be released. She highlighted that the department entered a fiscal note for 18 staff, which she estimated may actually be more or less by a few. The data cleanup will run through the end of March and the contractors are willing to "re-put" the formula. Therefore, the study may be available by the end of session, but she did note that the contractors are willing to speak with any legislator with questions.

[4:54:13 PM](#)

CHAIR WILSON said that once the study is released, the matter could come before the committee again.

[4:54:56 PM](#)

REPRESENTATIVE GARA suggested that if the study relates the staff shortage, perhaps a memorandum from the committee to the co-chairs of the House Finance Committee and the House leadership expressing the need to add [funding for staff] would be the quickest way to address the situation.

CHAIR WILSON said, "We'll work on something ... because there's nothing more important than our kids."

[4:55:30 PM](#)

REPRESENTATIVE SEATON pointed out that the legislation proposes a certain ratio of social workers per children without providing any funding. He asked if the department is willing to support such even if the funding has to be taken from elsewhere in the department's budget.

MS. SANDOVAL said that the department doesn't believe it can put in an increment for a staff increase this year because the results of the workload study weren't available. The department's plan is to work with the commissioner and the governor with regard to the 2008 increment. Ms. Sandoval opined that there aren't the resources to hire 15 new staff.

[4:58:03 PM](#)

CHAIR WILSON inquired as to whether the funding would come through the supplemental budget.

MS. SANDOVAL said she didn't know.

[4:58:32 PM](#)

REPRESENTATIVE CISSNA suggested that there would probably be a substantial savings when reviewing the cost of keeping the child in the system for a long duration [versus the cost of funding the proposed positions]. She asked if the committee would be interested in making a plea to the House Finance Committee for supplementals that would address this specific issue.

[4:59:27 PM](#)

CHAIR WILSON suggested that the committee should wait and see what [the study reveals]. She again indicated that the committee would "work on something."

[4:59:51 PM](#)

REPRESENTATIVE GARA remarked that the preferred route would be to come up with the funding when it's known what is needed rather than having a mandate with inflexible standards. The reason for the legislation, he reminded the committee, is to push the discussion. If the problem is solved through the workload study and the budget, the legislation won't be necessary. However, if the necessary progress isn't made, he opined that he would like to see legislation pass in order to act as a "hammer."

5:00:48 PM

[HB 436 was held over.]

ADJOURNMENT

There being no further business before the committee, the House Health, Education and Social Services Standing Committee meeting was adjourned at 5:00:56 PM.