

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

April 27, 2006

3:08 p.m.

MEMBERS PRESENT

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

MEMBERS ABSENT

Representative Paul Seaton, Vice Chair
Representative Tom Anderson

COMMITTEE CALENDAR

CS FOR SENATE JOINT RESOLUTION NO. 19(FIN)
Relating to creating the Task Force to Assess Public Reporting
of Health Care Associated Infections.

- MOVED CSSJR 19(FIN) OUT OF COMMITTEE

HOUSE BILL NO. 396
"An Act establishing the Alaska Commission on Health Care; and
providing for an effective date."

- MOVED HB 396 OUT OF COMMITTEE

HOUSE CONCURRENT RESOLUTION NO. 31
Relating to an integrated statewide information and referral
system.

- HEARD AND HELD

CS FOR SENATE BILL NO. 235(FIN)
"An Act relating to a public school performance incentive
program; and providing for an effective date."

- PENDING REFERRAL

PREVIOUS COMMITTEE ACTION

BILL: SJR 19

SHORT TITLE: TASK FORCE ON HOSPITAL INFECTIONS

SPONSOR(S): SENATOR(S) STEVENS G

02/14/06 (S) READ THE FIRST TIME - REFERRALS
02/14/06 (S) HES, FIN
02/27/06 (S) HES AT 1:30 PM BUTROVICH 205
02/27/06 (S) Moved SJR 19 Out of Committee
02/27/06 (S) MINUTE(HES)
03/01/06 (S) HES RPT 3DP 1NR
03/01/06 (S) DP: DYSON, WILKEN, OLSON
03/01/06 (S) NR: ELTON
04/20/06 (S) FIN AT 1:00 PM SENATE FINANCE 532
04/20/06 (S) Moved SJR 19 Out of Committee
04/20/06 (S) MINUTE(FIN)
04/21/06 (S) FIN RPT CS 3DP 2NR SAME TITLE
04/21/06 (S) DP: WILKEN, GREEN, DYSON
04/21/06 (S) NR: OLSON, STEDMAN
04/25/06 (S) TRANSMITTED TO (H)
04/25/06 (S) VERSION: CSSJR 19(FIN)
04/26/06 (H) READ THE FIRST TIME - REFERRALS
04/26/06 (H) HES
04/27/06 (H) HES AT 3:00 PM CAPITOL 106

BILL: HB 396

SHORT TITLE: ALASKA COMMISSION ON HEALTH CARE

SPONSOR(S): REPRESENTATIVE(S) BERKOWITZ

01/25/06 (H) READ THE FIRST TIME - REFERRALS
01/25/06 (H) HES, FIN
04/25/06 (H) HES AT 3:00 PM CAPITOL 106
04/25/06 (H) Scheduled But Not Heard
04/27/06 (H) HES AT 3:00 PM CAPITOL 106

BILL: HCR 31

SHORT TITLE: HEALTH INFORMATION & REFERRAL SYSTEM

SPONSOR(S): REPRESENTATIVE(S) CISSNA

02/13/06 (H) READ THE FIRST TIME - REFERRALS
02/13/06 (H) HES, L&C
04/25/06 (H) HES AT 3:00 PM CAPITOL 106
04/25/06 (H) Scheduled But Not Heard
04/27/06 (H) HES AT 3:00 PM CAPITOL 106

WITNESS REGISTER

DOUG LETCH, Staff

to Senator Gary Stevens
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented SJR 19 on behalf of the sponsor,
Senator Gary Stevens.

JAY BUTLER, MD, Chief
Epidemiology Section
Division of Public Health
Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Testified on SJR 19.

REPRESENTATIVE ETHAN BERKOWITZ
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Spoke as the sponsor of HB 396.

DWAYNE PEEPLES, Director
Division of Health Care Services (DHCS)
Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: During discussion of HB 396, related areas
in which the department is focusing.

LORI CARINI, Staff
to Representative Sharon Cissna
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HCR 31 on behalf of the sponsor,
Representative Cissna.

MICHELE BROWN, President
United Way of Anchorage
Anchorage, Alaska

POSITION STATEMENT: Provided background information on HCR 31.

TED ISRAELSON, Manager
Information Technology Services
Department of Health and Social Services

POSITION STATEMENT: During hearing of HCR 31, answered
questions regarding the fiscal note.

ACTION NARRATIVE

CHAIR PEGGY WILSON called the House Health, Education and Social
Services Standing Committee meeting to order at [3:08:09 PM](#).

Representatives Gatto, Kohring, Gardner, and Wilson were present at the call to order. Representative Cissna arrived as the meeting was in progress.

[3:08:45 PM](#)

SJR 19-TASK FORCE ON HOSPITAL INFECTIONS

CHAIR WILSON announced that the first order of business would be CS FOR SENATE JOINT RESOLUTION NO. 19(FIN), Relating to creating the Task Force to Assess Public Reporting of Health Care Associated Infections.

[3:09:17 PM](#)

DOUG LETCH, Staff to Senator Gary Stevens, Alaska State Legislature, presented SJR 19, Version G, on behalf of Senator Stevens, Sponsor, paraphrasing from a statement which read as follows [original punctuation provided]:

Senate Joint Resolution 19 creates the Task Force to Assess Public Reporting of Health Care Associated Infections. This 10 member panel will consist of two senators, two representatives, the Chief of Epidemiology for the State of Alaska, one healthcare consumer from rural Alaska, one healthcare consumer from urban Alaska, a representative of the Alaska Native Tribal Health Consortium, a representative from the Alaska Chapter of the Association of Professionals in Infection Control and Epidemiology, and a representative of the Alaska State Hospital and Nursing Home Association.

During the 2006 Legislative Interim, the Task Force will be asked to:

Review experience to date with public reporting of hospital-associated infections.

Develop a white paper to be used for drafting legislation for reporting of healthcare associated infections. The white paper will address the unique healthcare challenges of Alaska and would encompass:

Mechanism(s) for reporting;

Identifying data sources and possible outcome and process measures to be reported;

Timeline for implementation;

Infrastructure needs for supporting a robust ongoing reporting system for dissemination of accurate data.

Some 2 million infections a year are acquired in hospitals and an estimated 90,000 people die as a result of these infections, making it the sixth-leading cause of death in the country. The cost to the consumers is between \$4.5 and \$11 billion a year. Given these alarming statistics, it is vital for consumers to have full knowledge of how medical facilities fare with infection rates. Passage of SJR 19 can help accomplish this goal by providing lawmakers, state health officials and medical professions the opportunity to craft workable legislative recommendations for the collection of data on hospital-acquired infection rates.

[3:12:42 PM](#)

CHAIR WILSON pointed out the attached zero fiscal note.

[3:12:51 PM](#)

MR. LETCH explained that the Senate Finance Committee deemed it appropriate and advisable to cover the travel costs of panel members to Anchorage, where the meetings will presumably occur. This should encourage individuals from beyond the "road system" to sit on the panel. Additionally, he said the Legislative Affairs Agency would provide teleconferencing support. He indicated that being an internal fiscal note, it represents a zero fiscal note for the bill.

[3:13:40 PM](#)

CHAIR WILSON asked whether staph bacterium [Staphylococcus aureus] is the major cause of the infections surrounding this issue.

MR. LETCH responded that staph bacterium is the infection which is most publicized.

3:14:35 PM

JAY BUTLER, MD, Chief, Epidemiology Section, Division of Public Health, Department of Health and Social Services (DHSS), stated that although methicillin-resistant Staphylococcus aureus (MRSA) is the most publicized, there are other health care associated infections. The magnitude of these infections is large, with an estimated 5-10 percent of hospitalized patients developing a minimum of one infection associated with their health care during hospitalization. The most common types of infections are infections of the blood stream related to intravenous catheters, surgical site infections, pneumonia, and urinary tract infections. The aforementioned account for approximately 80 percent of all health care associated infections. He explained that besides the MRSAs, other antibiotic resistant bacteria can cause health care associated infections. There are a number of challenges when addressing this issue in Alaska, including the small hospitals in Alaska and the best manner in which to access quality indicators for patients. The timing of this bill is very good, he said, as other states are also taking action in this direction and Alaska will benefit from their experiences.

3:18:30 PM

REPRESENTATIVE GARDNER read [page 2, lines 17-18], which says: "persons appointed as consumers of health care are entitled to reimbursement for lodging and travel expenses," and pointed out that there will also be two state senators and two state representatives. She asked whether that would limit those individuals to urban statesman.

3:19:20 PM

MR. LETCH answered that such travel would be approved as official state business by the presiding officers of each body.

3:19:45 PM

REPRESENTATIVE GATTO inquired as to whether that would require a fiscal note.

CHAIR WILSON interjected, "That would not require it."

3:19:53 PM

REPRESENTATIVE CISSNA related her understanding that when legislators are members of various committees they are fulfilling legislative responsibilities, and as such these type of expenses are covered.

[3:20:33 PM](#)

REPRESENTATIVE GARDNER referenced a book [Wall of Science] regarding the medical industry and this issue. She recommended it to the committee.

[3:21:47 PM](#)

REPRESENTATIVE GARDNER moved to report CSSJR 19(FIN) out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSSJR 19(FIN) was reported out of the House Health, Education and Social Services Standing Committee.

HB 396-ALASKA COMMISSION ON HEALTH CARE

[3:24:33 PM](#)

CHAIR WILSON announced that the next order of business would be HOUSE BILL NO. 396, "An Act establishing the Alaska Commission on Health Care; and providing for an effective date."

[3:24:55 PM](#)

REPRESENTATIVE GARDNER moved to adopt HB 396, Version 24-LS1266\Y. There being no objection, HB 396 was before the committee.

[3:25:11 PM](#)

REPRESENTATIVE ETHAN BERKOWITZ, Alaska State Legislature, sponsor of HB 396, said that he introduced HB 396 because although there has been much discussion about health care, nothing has been done directly about what can be done to decrease the cost of medical care in the state. Alaska has one of the highest cost and the poorest rates of public participation with insurance. This legislation attempts to bring together the various interest groups to develop an action plan. He noted that he did a lot of work with Representative Cissna, who has been a champion of health care in this state. Representative Berkowitz pointed out that included in HB 396 are a couple of his own pet projects, including improving access to

health care cost information, doing more with information technology, and moving from the tort reform [perspective] to the health care court. He explained that a health care court would have trained judges and experts who would act quickly in resolving health care issues. The aforementioned will allow the legal system to help the medical system identify issues, resolve issues quickly, and ensure that injured parties receive quick compensation.

[3:28:59 PM](#)

CHAIR WILSON requested more detailed information on the health care court.

REPRESENTATIVE BERKOWITZ pointed out that the following website www.cgood.org provides much good information, including information for health care courts.

[3:29:56 PM](#)

CHAIR WILSON asked if the judges would be appointed or would sitting judges be trained to do this work.

REPRESENTATIVE BERKOWITZ said that it's similar to the workers' compensation system. However, there would be a different level and qualification for these judges. Ideally, the judge would be legally and medically trained. Furthermore, there would be a reservoir of experts that the court could rely upon in order to avoid the current situation in which there are dueling experts. He informed the committee that only about 4 percent of negligence cases end up in the court system because most people don't pursue a remedy for the injury they've suffered. Due to the aforementioned, the medical profession isn't as quick in spotting and resolving problems that might be occurring. The aforementioned places everyone in a reactive mode rather than a proactive mode that could reduce costs.

[3:31:28 PM](#)

REPRESENTATIVE GARDNER referred to page 4, line 1, which specifies that the commission should address the public availability of health care cost information. She asked if that language is the beginning of the debate of hospitals reporting and posting their charges.

REPRESENTATIVE BERKOWITZ replied yes, and opined that the more informed the consumer is the better.

3:32:09 PM

REPRESENTATIVE CISSNA opined that having the proper information about what is available can result in a well-made decision for which one can spend his/her money wisely. However, currently the consumer doesn't have that information.

REPRESENTATIVE BERKOWITZ said that one of the predicates for the capitalist system is for the consumer to have perfect knowledge and help consumers hold down unnecessary costs.

3:33:28 PM

REPRESENTATIVE GATTO turned attention to the fiscal note and highlighted that it calls for an executive director at a Range 22, which earns about \$96,000.

REPRESENTATIVE BERKOWITZ stated, "This fiscal note is clearly the result of an administration that's not anxious to move one of my bills, and so I think that's what it reflects." He said he expected that if the legislation were ever to move that the fiscal note would be brought down to a more manageable level. He noted that he wasn't consulted with regard to how the fiscal note was drafted. However, he further noted that the salaries specified include the benefits. In further response to Representative Gatto, Representative Berkowitz said it would depend on who is hired as to what benefits would attach.

3:34:58 PM

REPRESENTATIVE CISSNA pointed out that one issue is that different groups have reviewed the problem and developed different solutions. However, when groups have come together at the various conferences, everyone has agreed that all parts of the system have to be included in order to develop a compromise and solution.

REPRESENTATIVE BERKOWITZ highlighted that almost 125,000 Alaskans don't have health care insurance, which is unacceptable. He then highlighted the situation in Massachusetts where the problem is being aggressively addressed. The fact that a bipartisan solution arose seems to indicate that where there is the will to address the problem, it can be done. Massachusetts used largely a free market solution. The Massachusetts governor has pointed out that "we" pay for the uninsured whether it's in the emergency room or through [higher]

insurance costs. Therefore, the Massachusetts governor opined that there needs to be a better way of allocating the same dollars. Representative Berkowitz said that as long as Alaska is trapped in these high costs of medical care, insurance and medical care can't be provided. He stressed the need for legislators to do what they can to ensure that as many Alaskans as possible have access to health care.

[3:38:23 PM](#)

CHAIR WILSON opined that one of the largest challenges in Alaska is the size of the state and the logistics involved in providing health care to its population. The aforementioned contributes to health care costs in Alaska.

REPRESENTATIVE BERKOWITZ highlighted that Alaska's telemedicine capabilities allow a medical professional with a particular expertise to review cases in rural areas. He stressed that there is economic potential in telemedicine because it can be used worldwide for analysis and consultation. He emphasized the need for Alaska to take advantage of its position on the globe and the technology already utilized and that can be further utilized.

CHAIR WILSON noted that she has requested \$1 million for radiology technology for 12 hospitals that are located throughout the state.

[3:41:29 PM](#)

REPRESENTATIVE GATTO informed the committee that Massachusetts recently passed legislation mandating that every private company will provide insurance for its employees. That requirement is a double-edged sword because small businesses may have to decide whether to stay in business, but individuals with insurance usually seek treatment from a physician while the uninsured most often seek treatment in an emergency room.

REPRESENTATIVE BERKOWITZ related that Massachusetts is very concerned with the ability of small businesses to come together to find insurance packages that work for everyone. In relation to the Massachusetts situation, it has been noted that not only have the very small businesses had a difficult time acquiring insurance, the insurance companies have a difficult time developing a package that suits small businesses. Representative Berkowitz said that he became frustrated and aggravated to hear only about benefit cuts in relation to health

care. Benefit cuts are merely a cost shift because someone will pay for it somewhere and efficiencies and economies of scale are lost when the state is involved. Representative Berkowitz then related a quote from Mario Cuomo, as follows: "It's not government's job to do the job, it's government's job to make sure the job gets done." The legislature, he opined, has the responsibility of ensuring that everyone has access to health care.

[3:45:21 PM](#)

REPRESENTATIVE KOHRING moved to report HB 396 out of committee with individual recommendations and the accompanying fiscal notes.

REPRESENTATIVE GATTO objected due to the fiscal note.

REPRESENTATIVE BERKOWITZ reminded the committee that the fiscal note is the responsibility of the House Finance Committee while the House Health, Education and Social Services Standing Committee addresses any of the substantive issues of the legislation. He said that he could accept the committee holding the legislation due to substantive issues, but he indicated his disagreement with holding the legislation because of the fiscal note.

CHAIR WILSON reminded the committee of her announcement at an earlier meeting, that the committee would not report out any House legislation, but rather utilize remaining House legislation for ideas for next year.

[3:48:14 PM](#)

REPRESENTATIVE CISSNA, drawing upon her experience as a Democrat, related that Democrats go to an enormous amount of work on good ideas that would save the state money. However, such legislation is often pushed to the bottom of the list.

CHAIR WILSON interjected that the aforementioned is why she chose to make this a working committee to make recommendations. Chair Wilson asked if Representative Kohring would withdraw his motion.

[3:49:14 PM](#)

REPRESENTATIVE KOHRING sustained his motion.

CHAIR WILSON announced that the motion would be left pending while testimony from the department is taken.

[3:50:35 PM](#)

DWAYNE PEEPLES, Director, Division of Health Care Services (DHCS), Department of Health and Social Services (DHSS), noted that the committee should be in possession of a memorandum dated February 21, 2006, from the department regarding some of the issues that the department is addressing related to health care. He offered to respond to questions.

[3:51:15 PM](#)

MR. PEEPLES specified that the department has been trying to address various issues, including what is occurring with Medicare, financing, and Medicaid services. The department has also been reviewing the possibility of revising the certificate of need, tweaking Denali KidCare, and trying to bring on more programs. There was also a recent revision of State Public Health laws. Furthermore, the department has worked closely with the Denali Commission in regard to developing health care facilities and health care services. Mr. Peeples highlighted that the largest area of focus is chronic disease management and ways to improve disease prevention and control so as to use it as a reimbursable service. For example, tobacco cessation is a reimbursable service under Medicaid. Moreover, the department is also working to maintain and recruit in the health care positions in which there are shortages. There has also been work to coordinate benefits with health care insurance. The commission as proposed by HB 396 would provide a higher level of interest in trying to resolve some of the health care issues and the associated costs.

[3:53:28 PM](#)

REPRESENTATIVE CISSNA inquired as to what the state is doing to ensure that the environment is appropriate for the market to do its job. She further inquired as to what the state is doing for the uninsured. She also inquired as to whether the state is doing anything similar to what is proposed in HB 396.

MR. PEEPLES replied no.

The committee took an at-ease from [3:55:30 PM](#) to [3:56:11 PM](#).

[3:56:13 PM](#)

REPRESENTATIVE KOHRING restated his motion to report HB 396 out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, HB 396 was reported out of the House Health, Education and Social Services Standing Committee. [Representative Gatto's earlier objection was treated as withdrawn.]

The committee took an at-ease from [3:56:57 PM](#) to [3:56:57 PM](#).

HCR 31-HEALTH INFORMATION & REFERRAL SYSTEM

[3:57:44 PM](#)

CHAIR WILSON announced that the final order of business would be HOUSE CONCURRENT RESOLUTION NO. 31, Relating to an integrated statewide information and referral system.

REPRESENTATIVE CISSNA moved to adopt HCR 31. There being no objection, HCR 31 was before the committee.

[3:58:05 PM](#)

LORI CARINI, Staff to Representative Sharon Cissna, Alaska State Legislature, introduced HCR 31, on behalf of Representative Cissna, prime sponsor, paraphrasing from a statement which read as follows [original punctuation provided]:

This resolution advocates for the development of a health-related, integrated information and referral system in Alaska.

Before I describe how this information service might work, I would like to briefly explain those factors that exist in Alaska that point to a need for an information and referral system which would be available to anyone with a phone.

Currently in Alaska **19%** of the population is uninsured - **ISER Study and** Combine the issue of the uninsured with those who are actually underinsured, then numbers increase even more for those whose health care dollars are really stretched and health care options are restricted.

[3:59:34 PM](#)

MS. CARINI continued:

Besides access issues, this committee heard the Lewin Group report which stated the senior population is growing at an increased rate, and the HSS budget subcommittee overview indicated that on a per capita basis have the second fastest growing senior population in the nation. And this population is finding it more difficult to find doctors who will accept Medicare patients.

One report by Commonwealth North placed Alaska as one of the top five states in terms of the cost of medical and surgical procedures

This same report described the doctor shortage since $\frac{1}{2}$ the doctors in Alaska are over 50 and getting closer to retirement age. This shortage will only increase in the future.

*Rough estimate of bankruptcies 70% nationwide due to health-related debt - (One study indicated)

So all these factors, access to affordable healthcare and the limited availability of resources, not to mention the remoteness of some of Alaska's communities, points to a need for a service that matches people with health and social service providers.

An Information and Referral service, with a corresponding searchable website helps, people through the maze of health and human service agencies. This information line could:

Provide various types of information and referral services, but all have a health care/social service referral emphasis and usually connect people with volunteer opportunities

Provide links to appropriate agencies/services with one number, most states using a dedicated 2-1-1 line.

The concept behind HCR 31 **does not** advocate medical advice being provided or becoming a database for storing people's personal information

Other states have already started this process:

Included Connecticut and California

Some of these examples from their websites show that this 2-1-1 system, which is easy to remember could actually be used to coordinate services and volunteers during natural/manmade disasters.

Currently two bills (referred to as the "Calling for the 2-1-1 Act House and Senate) going through Congress that would dedicate Federal funds (150 mil) to support states in starting-up or expanding these services.

2-1-1 is found to be most effective when built on solid public/private partnerships with a diverse and sustainable funding base

Alliance of Information and Referral Systems (AIR standards and certification process)

Most states are participate in this certification process for training those manning the infolines and maintaining the database

As of March 2006, 2-1-1 information and referral system served over **168 million Americans** through 187 active 2-1-1 systems in **38 states**, Washington DC and Puerto Rico.

Usually funding is though public and private partnership and the United Way is the non-profit organization, in most instances, used to implement the program statewide.

United Way America commissioned a study to assess the expected costs and benefits of a nationwide system. University of Texas at Austin found it would ultimately provide American taxpayers up to **\$1.1 billion** in net value over the next 10 years (unitedway.org)

One of the main points I would like to leave you with that instead of people using the emergency rooms as their primary form of medical care or waiting until an illness reaches the crisis level, a 2-1-1 system could help them find the appropriate assistance earlier. Basically provides options for "who" to call and ultimately saves communities/hospitals money.

Really this resolution is highlighting a very basic economic principal that in order for consumers to maximize their purchasing power, especially where resources of goods and services are limited, then they need to have adequate and reliable information before making these purchasing decisions.

4:07:30 PM

MICHELE BROWN, President, United Way of Anchorage, informed the committee that for many years United Way of Anchorage has operated "AK Info", which was a limited information and referral system. The AK Info system was designed jointly with the state in order to ensure that information regarding Denali KidCare and WIC [Special Supplemental Nutrition Program for Women, Infants and Children] locations are readily available. That limited system has been fielding about 500 calls per month for assistance. She highlighted the mobile population that exists between rural and urban Alaska, which results in individuals who arrive in the state's major communities not knowing where to obtain help. Therefore, the United Ways in the state wanted to expand the system such that it's a statewide information and referral system so that there would only be one number to know. U.S. Senator Ted Stevens provided a grant through the federal Department of Health and Social Services to begin an expanded statewide system that would match the 2-1-1 requirements. This system will begin in the urban areas where information and referral systems already exist and can be built upon. In other states the aforementioned has saved much money due to a centralized database.

MS. BROWN pointed out that currently the databases are being created, expanded, and linked. This system will be both a telephone and web-based system. This system, she opined, has proven to be enormously responsive in other states. In fact, about 50 percent of the nation now has access to a 2-1-1 line. Although this system was very useful during Hurricane Katrina, it is also useful on a daily basis for connecting people to food

banks, rent assistance, mental and physical health resources, et cetera. What has been discovered is that often the most difficult thing is for an individual to find the help needed because when people can be connected quickly, the amount of services necessary in each location can be determined. Ms. Brown related that she expected for a call center to be in place by next fall.

[4:12:18 PM](#)

MS. BROWN, in response to Chair Wilson, clarified that this system won't be statewide this fall, but that is the ultimate goal. In further response to Chair Wilson, Ms. Brown specified that this call center will provide referrals for services related to the caller's needs.

[4:13:13 PM](#)

TED ISRAELSON, Manager, Information Technology Services, Department of Health and Social Services (DHSS), turned to the indeterminate fiscal note. He explained that he looked at this creation of an integrated database from a technical perspective. With the information at hand and reviewing how a database such as this would become a statewide-integrated database, a higher level of research and analysis would be required in order to make any type of reasonable estimate as to the fiscal impact.

[4:14:42 PM](#)

CHAIR WILSON asked if the department will work with the United Way on this.

MR. ISRAELSON replied yes, and echoed Ms. Brown's testimony that this is a state/private partnership.

[4:15:09 PM](#)

REPRESENTATIVE CISSNA related her understanding that one of the concepts is that the providers will pay a nominal amount. She also noted that there are other ways in which to bring in private sector funding. There is the notion that all of the aforementioned would benefit the state, and she asked if Mr. Israelson believed that to be true.

MR. ISRAELSON answered that he agreed that the benefits will be there for the state to capitalize on this. Furthermore, the

providers will want to participate, perhaps even with money, as this may offer a competitive advantage.

REPRESENTATIVE CISSNA recalled the pandemic summit in Anchorage during which there was discussion brought forward with regard to the need for people to isolate themselves in their own home. She opined that this 2-1-1 system could possibly assist [in a pandemic situation].

MR. ISRAELSON agreed that this proposed system could partner to address a situation requiring coordination. The volunteer aspect of this service, he opined, is essential, especially given a situation like a pandemic. Any type of a disaster, he said, calls for a means of coordinating people who can provide medical assistance.

[4:18:44 PM](#)

REPRESENTATIVE CISSNA mentioned that this proposal is a means for the state to help the private sector work more efficiently. She pointed out that obtaining basic health care information, which requires the use of long distance phone calls can be a burden on individuals.

[HCR 31 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 [4:20:27 PM](#).