

ALASKA STATE LEGISLATURE
HOUSE JUDICIARY STANDING COMMITTEE

April 11, 2005

1:14 p.m.

MEMBERS PRESENT

Representative Lesil McGuire, Chair
Representative Tom Anderson
Representative John Coghill
Representative Nancy Dahlstrom
Representative Pete Kott
Representative Les Gara
Representative Max Gruenberg

MEMBERS ABSENT

All members present

OTHER LEGISLATORS PRESENT

Senator Ralph Seekins

COMMITTEE CALENDAR

HOUSE BILL NO. 14

"An Act relating to disclosure of information about a child or a child's family to a legislator or a member of a legislator's staff; and making conforming changes."

- HEARD AND HELD

HOUSE BILL NO. 12

"An Act relating to televisions and monitors in motor vehicles."

- MOVED CSHB 12(JUD) OUT OF COMMITTEE

CS FOR SENATE BILL NO. 105(L&C)

"An Act relating to the retrospective application and applicability of the overtime compensation exemption for flight crew members; and providing for an effective date."

- MOVED CSSB 105(L&C) OUT OF COMMITTEE

HOUSE JOINT RESOLUTION NO. 9

Urging the United States Congress to honor the process and judgment of the federal courts in the case of the Exxon Valdez

disaster and to refrain from enacting legislation that would affect the outcome of the courts' resolution of the case.

- MOVED HJR 9 OUT OF COMMITTEE

HOUSE BILL NO. 150

"An Act requiring licensure of occupations relating to radiologic technology, radiation therapy, and nuclear medicine technology; and providing for an effective date."

- HEARD AND HELD

HOUSE BILL NO. 96

"An Act making findings relating to marijuana use and possession; relating to marijuana and misconduct involving a controlled substance; and providing for an effective date."

- SCHEDULED BUT NOT HEARD

HOUSE BILL NO. 246

"An Act requiring a member to opt into a class action; and amending Rule 23(c), Alaska Rules of Civil Procedure."

- BILL HEARING POSTPONED TO 4/12/05

HOUSE BILL NO. 257

"An Act relating to a procurement and electronic commerce tools program for state departments and instrumentalities of the state; and providing for an effective date."

- BILL HEARING POSTPONED TO 4/13/05

SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 53

"An Act relating to child-in-need-of-aid proceedings; amending the construction of statutes pertaining to children in need of aid; relating to a duty and standard of care for services to children and families, to the confidentiality of investigations, court hearings, and public agency records and information in child-in-need-of-aid matters and certain child protection matters, to immunity regarding disclosure of information in child-in-need-of-aid matters and certain child protection matters, to the retention of certain privileges of a parent in a relinquishment and termination of a parent and child relationship proceeding, to eligibility for permanent fund dividends for certain children in the custody of the state, and to juvenile delinquency proceedings and placements; establishing a right to a trial by jury in termination of parental rights

proceedings; reestablishing and relating to state citizens' review panels for certain child protection and custody matters; amending the duty to disclose information pertaining to a child in need of aid; authorizing additional family members to consent to disclosure of confidential or privileged information about children and families involved with children's services within the Department of Health and Social Services to officials for review or use in official capacities; relating to reports of harm and to adoptions and foster care; mandating reporting of the medication of children in state custody; prescribing the rights of grandparents related to child-in-need-of-aid cases and establishing a grandparent priority for adoption in certain child-in-need-of-aid cases; modifying adoption and placement procedures in certain child-in-need-of-aid cases; amending treatment service requirements for parents involved in child-in-need-of-aid proceedings; amending Rules 9 and 13, Alaska Adoption Rules; amending Rules 3, 18, and 22, Alaska Child in Need of Aid Rules of Procedure; and providing for an effective date."

- BILL HEARING POSTPONED TO 4/12/05

PREVIOUS COMMITTEE ACTION

BILL: HB 14

SHORT TITLE: DISCLOSURES BY FOSTER PARENTS

SPONSOR(S): REPRESENTATIVE(S) ROKEBERG

01/10/05	(H)	PREFILE RELEASED 12/30/04
01/10/05	(H)	READ THE FIRST TIME - REFERRALS
01/10/05	(H)	HES, JUD
03/31/05	(H)	HES AT 3:00 PM CAPITOL 106
03/31/05	(H)	Scheduled But Not Heard
04/05/05	(H)	HES AT 3:00 PM CAPITOL 106
04/05/05	(H)	Moved CSHB 14(HES) Out of Committee
04/05/05	(H)	MINUTE(HES)
04/06/05	(H)	HES RPT CS(HES) NT 6DP
04/06/05	(H)	DP: CISSNA, GARDNER, KOHRING, MCGUIRE, SEATON, WILSON
04/11/05	(H)	JUD AT 1:00 PM CAPITOL 120

BILL: HB 12

SHORT TITLE: TVS AND MONITORS IN MOTOR VEHICLES

SPONSOR(S): REPRESENTATIVE(S) GRUENBERG, LYNN, GARDNER, MCGUIRE

01/10/05	(H)	PREFILE RELEASED 12/30/04
01/10/05	(H)	READ THE FIRST TIME - REFERRALS

01/10/05	(H)	STA, JUD, FIN
03/01/05	(H)	STA AT 8:00 AM CAPITOL 106
03/01/05	(H)	Scheduled But Not Heard
03/05/05	(H)	STA AT 9:30 AM CAPITOL 106
03/05/05	(H)	Heard & Held
03/05/05	(H)	MINUTE(STA)
03/17/05	(H)	STA AT 8:00 AM CAPITOL 106
03/17/05	(H)	Moved CSHB 12(STA) Out of Committee
03/17/05	(H)	MINUTE(STA)
03/18/05	(H)	STA RPT CS(STA) NT 6DP
03/18/05	(H)	DP: GARDNER, LYNN, GATTO, GRUENBERG, ELKINS, SEATON
04/01/05	(H)	JUD AT 1:00 PM CAPITOL 120
04/01/05	(H)	Heard & Held
04/01/05	(H)	MINUTE(JUD)
04/04/05	(H)	JUD AT 1:00 PM CAPITOL 120
04/04/05	(H)	-- Meeting Canceled --
04/06/05	(H)	JUD AT 1:00 PM CAPITOL 120
04/06/05	(H)	Heard & Held
04/06/05	(H)	MINUTE(JUD)
04/08/05	(H)	JUD AT 8:00 AM CAPITOL 120
04/08/05	(H)	Bill Postponed To 4/11
04/11/05	(H)	JUD AT 1:00 PM CAPITOL 120

BILL: SB 105

SHORT TITLE: OVERTIME WAGES FOR FLIGHT CREW

SPONSOR(S): SENATOR(S) SEEKINS

02/14/05	(S)	READ THE FIRST TIME - REFERRALS
02/14/05	(S)	L&C, JUD
02/22/05	(S)	L&C AT 1:30 PM BELTZ 211
02/22/05	(S)	Heard & Held
02/22/05	(S)	MINUTE(L&C)
03/01/05	(S)	L&C AT 1:30 PM BELTZ 211
03/01/05	(S)	Moved CSSB 105(L&C) Out of Committee
03/01/05	(S)	MINUTE(L&C)
03/02/05	(S)	L&C RPT CS 3DP 1AM SAME TITLE
03/02/05	(S)	DP: BUNDE, SEEKINS, STEVENS B
03/02/05	(S)	AM: ELLIS
03/09/05	(S)	JUD AT 8:30 AM BUTROVICH 205
03/09/05	(S)	Moved CSSB 105(L&C) Out of Committee
03/09/05	(S)	MINUTE(JUD)
03/09/05	(S)	JUD RPT CS(L&C) 2DP 2NR
03/09/05	(S)	DP: SEEKINS, HUGGINS
03/09/05	(S)	NR: FRENCH, GUESS
03/18/05	(S)	TRANSMITTED TO (H)
03/18/05	(S)	VERSION: CSSB 105(L&C)

03/21/05 (H) READ THE FIRST TIME - REFERRALS
03/21/05 (H) JUD
04/06/05 (H) JUD AT 1:00 PM CAPITOL 120
04/06/05 (H) Heard & Held
04/06/05 (H) MINUTE(JUD)
04/11/05 (H) JUD AT 1:00 PM CAPITOL 120

BILL: HJR 9

SHORT TITLE: URGE CONGRESS HONOR EXXON VALDEZ JUDGMENT
SPONSOR(S): REPRESENTATIVE(S) LEDOUX

02/14/05 (H) READ THE FIRST TIME - REFERRALS
02/14/05 (H) RES, JUD
03/30/05 (H) RES AT 1:00 PM SENATE FINANCE 532
03/30/05 (H) Moved Out of Committee
03/30/05 (H) MINUTE(RES)
04/01/05 (H) RES RPT 6DP
04/01/05 (H) DP: OLSON, ELKINS, LEDOUX, CRAWFORD,
RAMRAS, SAMUELS
04/11/05 (H) JUD AT 1:00 PM CAPITOL 120

BILL: HB 150

SHORT TITLE: LICENSING RADIOLOGIC TECHNICIANS
SPONSOR(S): REPRESENTATIVE(S) ANDERSON

02/14/05 (H) READ THE FIRST TIME - REFERRALS
02/14/05 (H) L&C, JUD, FIN
02/23/05 (H) L&C AT 3:15 PM CAPITOL 17
02/23/05 (H) Scheduled But Not Heard
03/02/05 (H) L&C AT 3:15 PM CAPITOL 17
03/02/05 (H) Heard & Held
03/02/05 (H) MINUTE(L&C)
03/18/05 (H) L&C AT 3:15 PM CAPITOL 17
03/18/05 (H) Moved CSHB 150(L&C) Out of Committee
03/18/05 (H) MINUTE(L&C)
03/22/05 (H) L&C RPT CS(L&C) 2DP 1NR 2AM
03/22/05 (H) DP: LYNN, ANDERSON;
03/22/05 (H) NR: CRAWFORD;
03/22/05 (H) AM: ROKEBERG, KOTT
03/30/05 (H) JUD AT 1:00 PM CAPITOL 120
03/30/05 (H) Heard & Held
03/30/05 (H) MINUTE(JUD)
04/06/05 (H) JUD AT 1:00 PM CAPITOL 120
04/06/05 (H) <Bill Hearing Postponed>
04/11/05 (H) JUD AT 1:00 PM CAPITOL 120

WITNESS REGISTER

HEATHER NOBREGA, Staff
to Representative Norman Rokeberg
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Presented HB 14 on behalf of the sponsor,
Representative Rokeberg.

TAMMY SANDOVAL, Acting Deputy Commissioner
Office of Children's Services (OCS)
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Testified in opposition to HB 14.

STACIE KRALY, Senior Assistant Attorney General
Human Services Section
Civil Division (Juneau)
Department of Law (DOL)
Juneau, Alaska
POSITION STATEMENT: Responded to questions during discussion of
HB 14.

BRIAN HOVE, Staff
to Senator Ralph Seekins
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Presented SB 105 on behalf of Senator
Seekins, sponsor.

GREY MITCHELL, Director
Central Office
Division of Labor Standards & Safety
Department of Labor & Workforce Development (DLWD)
Juneau, Alaska
POSITION STATEMENT: Answered questions regarding SB 105.

SUZANNE HANCOCK, Staff
to Representative Gabrielle LeDoux
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Presented HJR 9 on behalf of the sponsor,
Representative LeDoux.

JERRY McCUNE, Lobbyist
for United Fishermen of Alaska;
President
Cordova District Fishermen United

Juneau, Alaska

POSITION STATEMENT: Testified in support of HJR 9.

MATTHEW D. JAMIN, Attorney at Law

Jamin, Ebell, Schmitt & Mason

Kodiak, Alaska

POSITION STATEMENT: Testified in support of HJR 9 on behalf of the plaintiffs in the Exxon Valdez oil spill litigation.

JON BITTNER, Staff

to Representative Tom Anderson

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: On behalf of the sponsor, Representative Anderson, explained the changes incorporated in the proposed CS for HB 150, Version S, and responded to a question.

DONNA J. RUFSHOLM, R.T., Chair

Licensure Committee

Alaska Society of Radiologic Technologists (AKSRT)

Homer, Alaska

POSITION STATEMENT: Provided comments during discussion of HB 150 and responded to questions.

REPRESENTATIVE PEGGY WILSON

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: Expressed concerns during discussion of HB 150.

PAMELA LaBOLLE

The Mulder Company

Lobbyist for the Alaska Society of Radiologic Technologists (AKSRT)

Juneau, Alaska

POSITION STATEMENT: Provided comments during discussion of HB 150 and responded to a remark.

CLYDE E. PEARCE, Radiologic Health Specialist II

Radiologic Health

Laboratories

Division of Public Health

Department of Health and Social Services (DHSS)

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 150 and responded to questions and concerns.

ED HALL, P.A., Legislative Liaison
Alaska Academy of Physician Assistants (AKAPA)
Anchorage, Alaska
POSITION STATEMENT: Provided comments during discussion of HB
150.

RONALD L. DEIS
Anchorage, Alaska
POSITION STATEMENT: Provided comments during discussion of HB
150.

BARBARA HUFF TUCKNESS, Director
Governmental And Legislative Affairs
Teamsters Local 959
Anchorage, Alaska
POSITION STATEMENT: Testified in support of HB 150.

B.J. ANDERSON
Anchorage Neighborhood Health Center (ANHC)
Anchorage, Alaska
POSITION STATEMENT: Provided comments during discussion of HB
150 and asked that the bill be changed before it moves from
committee.

SUSAN MASON-BOUTERSE, Executive Director
Sunshine Community Health Center
Talkeetna, Alaska
POSITION STATEMENT: Her written testimony in opposition to HB
150 was paraphrased by Beth Little-Terry.

LORREN J. WEAVER, M.D., Medical Director
Camai Community Health Center
Naknek, Alaska
POSITION STATEMENT: Testified in opposition to HB 150 on behalf
of the Bristol Bay Borough, which owns the Camai Community
Health Center.

KAREN FAGERSTROM, Director
Village Health Services
Community Health Services Division
Norton Sound Health Corporation (NSHC)
Nome, Alaska
POSITION STATEMENT: Testified in opposition to HB 150,
suggested that changes be made to the bill, and responded to a
comment.

LOUISE REED, Diagnostic Imaging Director

Yukon-Kuskokwim Health Corporation (YKHC)
Bethel, Alaska

POSITION STATEMENT: Provided comments during discussion of HB 150.

CHRIS DEVLIN, Executive Director
Eastern Aleutian Tribes, Inc.
Sand Point, Alaska

POSITION STATEMENT: Testified in opposition to HB 150.

CHERYL KILGORE, Executive Director
Interior Community Health Center (ICHC)
Fairbanks, Alaska

POSITION STATEMENT: During discussion of HB 150, provided comments for herself and Tammy Wilkerson, Clinic Nurse Manager for the ICHC.

TIMO SAARINEN
Homer, Alaska

POSITION STATEMENT: Testified in support of HB 150.

ACTION NARRATIVE

CHAIR LESIL McGUIRE called the House Judiciary Standing Committee meeting to order at [1:14:28 PM](#). Representatives McGuire, Coghill, Dahlstrom, and Gruenberg were present at the call to order. Representatives Anderson, Kott, and Gara arrived as the meeting was in progress. Senator Seekins was also present.

HB 14 - DISCLOSURES BY FOSTER PARENTS

CHAIR McGUIRE announced that the first order of business would be HOUSE BILL NO. 14, "An Act relating to disclosure of information about a child or a child's family to a legislator or a member of a legislator's staff; and making conforming changes." [Before the committee was CSHB 14(HES).]

[1:14:45 PM](#)

HEATHER NOBREGA, Staff to Representative Norman Rokeberg, Alaska State Legislature, sponsor, said on behalf of Representative Rokeberg that HB 14 came about after constituents relayed to him that foster parents are not currently permitted to discuss with legislators confidential information regarding their foster children. This precludes foster parents from seeking legislative help in matters pertaining to those children. House

Bill 14 will allow foster parents to contact their legislator and speak with him/her or his/her staff about their foster children. She mentioned that it has been brought to the sponsor's attention that language in HB 14 might conflict with federal law, and so she asked that the bill be held over so that that issue can be addressed.

[1:16:50 PM](#)

TAMMY SANDOVAL, Acting Deputy Commissioner, Office of Children's Services (OCS), Department of Health and Social Services (DHSS), concurred that HB 14 proposes to allow foster parents of children who are in State custody to disclose privileged and confidential information to a legislator or a member of his/her staff for review or use in the legislator's or legislative staff's official capacity. However, subsequent to the bill being reported from the House Health, Education and Social Services Standing Committee, the OCS learned that adding foster parents to the list of those able to disclose confidential information to a legislator or legislative staff member would cause the OCS to be in violation of federal law, specifically "title IV-E," and thus jeopardize approximately \$29.7 million in federal reimbursements for fiscal year 2006 (FY 06). She mentioned that members' packets include a copy of the federal language.

MS. SANDOVAL went on to say:

Absolutely, for the record, I just want to say ... [that] we want to be responsive to the needs of foster parents, [and] that we believe that existing [AS 47.10.080(q)] clearly defines and limits what specific information foster parents are entitled to. They are entitled to the child's case plan; ... medical, mental health, and educational information regarding the child to assist them in providing the proper care for that child; [and] ... information to help assure the safety of the child and their own family's safety.

The same statute clearly requires foster parents to maintain confidentiality of records regarding a child placed in their home except when the disclosure of the records is necessary to obtain medical and education services for the child - for example, providing information to physicians. We believe that there are several avenues by which foster parents can ... get their needs met through our system. Foster parents

are a part of the regular case review system, which allows them to express concerns they have about the plan and/or services being provided for children in their care.

They're allowed and encouraged to attend court hearings, provide testimony to the judge; they're welcome to contact their licensing specialist, the assigned worker ..., [and] their ... social worker's supervisor. And then there are other levels as well: the staff manager, the regional children's services manager, and just this morning I responded to a concern. So there are several lines of communication by which we hope that foster parents can get their needs met through us. Additionally, foster parents have access to a formal grievance process and the ombudsman's office if they feel the issues they have with the department are not being resolved. For that reason, the department opposes HB 14.

1:20:35 PM

REPRESENTATIVE COGHILL asked what can a foster parent currently discuss with his/her legislator.

MS. SANDOVAL said:

I think that there's a number of things that ... foster parents can say. What we're concerned about is confidential information. ... It seems like specifically what we want to be able to do is talk to you about our process rather than specific information about a child; [we'd] rather talk about our policies and procedures and the normal process. ... And you alerting us is one thing, what's being said and what we can say back is another.

REPRESENTATIVE GARA asked what is the law currently with regard to what information a foster parent can discuss with a legislator.

1:22:10 PM

STACIE KRALY, Senior Assistant Attorney General, Human Services Section, Civil Division (Juneau), Department of Law (DOL), said that theoretically, all information in a child in need of aid (CINA) proceeding is confidential, adding that AS 47.10.092(c)

provides criminal penalties for violating the confidentiality provisions pertaining to CINA cases. She elaborated:

A foster parent who has access to confidential information should ... not call their legislator and divulge that confidential information, and doing so would potentially subject them to criminal penalties. The question ... [becomes one of] reciprocity, if you will. If a foster parent calls a legislator and says, "I've got a problem with the Office of Children's Services and 'X'" - whatever the issue may be - as long as it's not a confidential communication, then the legislature can call the Office of Children's Services and say, "We've got this issue," and we can talk about the process. It's just getting into the underlying confidential information - the case plan, information about the parents, information about the children, what sort of services they're receiving - that information is confidential and, theoretically, if divulged by anybody, even by the Office of Children's Services, [they would be] subject to ... potential criminal penalties. ...

REPRESENTATIVE GARA opined that if a foster parent sees a child being abused by the natural parent, he/she ought to be able to discuss this with the OCS even if "that evidence" was also an aspect of the CINA proceeding. "It seems to me that the law couldn't be interpreted to mean you can't talk to somebody about what you saw once it becomes part of the confidential proceeding; you just can't talk about the things that you only know because they've gone on in a confidential proceeding, right?" he asked.

MS. KRALY concurred, adding that nothing within "this construct of what we're talking about" would preclude anybody, let alone a foster parent, from making a report of harm to the OCS or to a legislator in his/her legislative capacity.

CHAIR McGUIRE remarked that the issue is probably not as clear-cut as that, particularly in CINA situations involving ongoing abuse.

[1:26:26 PM](#)

MS. KRALY agreed. She opined, however, that the distinction being made within the context of the statute is whether the information has been independently received or whether it was

received solely due to the fact of being a foster parent and thus having access to the confidential information. If the latter were the case and the foster parent were to call a legislator and divulge that information, he/she would basically be waiving a [biological] parent's privacy rights and well as the child's privacy rights. The issue becomes one of ensuring that the information a foster parent has is kept in the highest of confidence, and if a foster parent has a concern and calls a legislator for assistance, of course the OCS wants to know about the concern and be given a chance to address it, but the question then becomes one of just how much information the OCS can exchange with a legislator in response to a concern brought forth by a foster parent. The main concern is that if the changes proposed by HB 14 take place, and the confidential aspects of a CINA case are divulged without first obtaining a waiver from the [biological] parent, the OCS risks losing federal funding.

CHAIR McGUIRE noted that CSHB 14(HES) no longer contains reference to the confidential information about the child's family. She mentioned that although she would trust Ms. Kraly and Ms. Sandoval to provide legislators with the information they need to assist constituents, there is no guarantee that the same could be said of future departmental employees; sometime things fall through the cracks, and [the current limitation] on the kinds of information a foster parent can share with a legislator could be construed as interfering with a foster parent's ability to go to his/her legislator and seek assistance in the same way a biological parent could.

[1:29:49 PM](#)

REPRESENTATIVE DAHLSTROM relayed that in the few cases that she has been involved with, the [biological] parents were willing to sign a confidentiality waiver and that is all that was needed in order for her to assist her constituents. She said that she was reassured that departmental employees were not just giving out confidential information but were instead making sure that she did actually have a waiver. She added that she is comfortable with the concept that information in CINA cases be kept confidential.

CHAIR McGUIRE noted that the House Health, Education and Social Services Standing Committee showed bipartisan support for the bill.

REPRESENTATIVE DAHLSTROM surmised that whether one supports the bill or not depends on how the issue is phrased. If the issue is looked upon as simply striving towards what is in the best interest of the child, then the proposed change might be viewed in a favorable light, but if the issue is looked upon with the knowledge that not all citizens use information in the correct way or for the betterment of the child - and sometimes even have ulterior motives - then the concept of using caution when releasing confidential information could seem to be the better choice.

REPRESENTATIVE GARA said he has mixed feelings about [the issues raised by the bill], referred to a case that came to light the previous summer, and surmised that the bill came about in response to that case. He said that absent some showing that the OCS is acting abusively or incompetently, he is not willing to alter the current confidentiality provisions.

[1:34:33 PM](#)

REPRESENTATIVE COGHILL made mention of a bill that he has sponsored. He opined that parents have a "natural supremacy," but because sometimes parents do things that they ought not do, foster parents have been called upon to take over the parents' duties. A frustration arises when legislators are called upon to act as watchdogs over some of the department's actions, he remarked, adding that he is satisfied with just having the ability to discuss issues of process. Issues involving confidential information will just have to be decided by the courts. He mentioned that he struggles with the issues raised by the bill because he gets a lot of calls by people who are looking for help in navigating the system.

CHAIR MCGUIRE indicated that one of the issues that has recently arisen is that of providers being able to share information with each other, and noted that yet another bill will be addressing that issue. She mentioned that one of her constituents has mentioned to her that if state agencies know that certain children in state custody have behavioral problems, that information should be disclosed to school officials in order to ensure the safety of all the children in the school system.

REPRESENTATIVE DAHLSTROM relayed that she is familiar with the aforementioned case, and noted that media portrayals of those involved in that case were not accurate, but the OCS was unable address the accusations that were made against it because of the current confidentiality provisions in state law. She went on to

say she has never had any conversations with OCS employees wherein they indicated that they were unwilling to take steps to improve the current system.

1:41:29 PM

REPRESENTATIVE GRUENBERG referred to AS 47.10.092(c), and noted that it says, "A person who violates a provision of this section is guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than \$500 or by imprisonment for not more than one year, or by both." He relayed that he would be offering an amendment that would alter AS 47.10.092(c) such that it would say a violation of it would also be a violation of AS 24.60.060(a), which says:

A legislator or legislative employee may not knowingly make an unauthorized disclosure of information that is made confidential by law and that the person acquired in the course of official duties. A person who violates this section is subject to a proceeding under AS 24.60.170 and may be subject to prosecution under AS 211.56.860 or another law.

REPRESENTATIVE GRUENBERG asked whether there is currently any requirement for a legislator or legislative staff member to sign a statement of confidentiality.

MS. KRALY offered her understanding that AS 47 requires temporary assistance information to be kept confidential and provides a form that must be signed by legislators before they receive that confidential information, and said this type of form is also being used by the OCS to ensure that information released to legislators under AS 47.10 is kept confidential, though in such instances the form is not statutorily required.

REPRESENTATIVE GRUENBERG opined that it should be.

MS. NOBREGA clarified that the bill was not introduced in response to the aforementioned case; instead, it was introduced in response to a situation involving a foster parent who was being dissuaded by OCS staff from contacting his/her legislator's office regarding difficulties he/she was having in obtaining reimbursement from the OCS.

CHAIR MCGUIRE relayed that CSHB 14(HES) would be held over.

HB 12 - TVS AND MONITORS IN MOTOR VEHICLES

[1:47:11 PM](#)

CHAIR MCGUIRE announced that the next order of business would be HOUSE BILL NO. 12, "An Act relating to televisions and monitors in motor vehicles." [Before the committee was the proposed committee substitute (CS) - with a handwritten alteration included - for HB 12, Version 24-LS0058\X, Luckhaupt, 4/5/05, which had been adopted and amended on 4/6/05.]

REPRESENTATIVE GRUENBERG moved to adopt the proposed committee substitute (CS) for HB 12, Version 24-LS0058\R, Luckhaupt, 4/11/05, as the work draft. There being no objection, Version R was before the committee.

[1:48:25 PM](#)

REPRESENTATIVE GRUENBERG relayed that Version R now also exempts portable cellular telephones; equipment that displays only audio equipment information, functions, and controls; and equipment that displays only vehicle information or controls related to speed, fuel level, battery charge, and other vehicle safety or equipment information. He relayed that the language specifically exempting RVs has not yet been added to the bill, though industry representatives liked the model language provided in members' packets, and mentioned that he received assurance from industry representatives that any TV that is positioned in the front of an RV disconnects once the engine is started.

[1:51:07 PM](#)

REPRESENTATIVE ANDERSON moved to report the proposed (CS) for HB 12, Version 24-LS0058\R, Luckhaupt, 4/11/05, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 12(JUD) was reported from the House Judiciary Standing Committee.

SB 105 - OVERTIME WAGES FOR FLIGHT CREW

[1:51:48 PM](#)

CHAIR MCGUIRE announced that the next of business would be CS FOR SENATE BILL NO. 105(L&C), "An Act relating to the retrospective application and applicability of the overtime compensation exemption for flight crew members; and providing for an effective date."

The committee took an at-ease from 1:52 p.m. to 1:55 p.m.

1:55:01 PM

BRIAN HOVE, Staff to Senator Ralph Seekins, Alaska State Legislature, sponsor, stated on behalf of Senator Seekins that he was available to answer questions regarding SB 105.

1:55:37 PM

REPRESENTATIVE GARA referred to testimony during the bill's last hearing regarding memoranda from the 1980s, and questioned whether they made it clear that Hageland Aviation Services, Inc. ("Hageland Aviation Services"), was not required to pay overtime.

GREY MITCHELL, Director, Central Office, Division of Labor Standards & Safety, Department of Labor & Workforce Development (DLWD), replied that the 1980 and 1984 memos were attorney general's opinions, which were used as the basis of the DLWD interpretation. He noted that the 1986 memo is an opinion letter that was written to the Alaska Air Carriers Association (AACA) from the deputy director of the Division of Labor Standards and Safety. Mr. Mitchell continued: "This opinion letter is written in such a way that it appears to be making a policy type of decision that conflicts with the attorney general's [opinions]. I think that kind of sums up the conflict between these opinions."

REPRESENTATIVE GARA asked whether the 1986 memo proclaims that if there is substantial hauling of mail, then the overtime provisions do not apply.

MR. MITCHELL said that was correct.

REPRESENTATIVE GARA asked if Hageland Aviation Services engaged in substantial mail hauling.

MR. MITCHELL said he understood that Hageland Aviation Services did haul mail, but did not know to what degree.

1:58:51 PM

REPRESENTATIVE GARA asked how the aforementioned 1986 memo seemingly conflicted with the Department of Law memos.

MR. MITCHELL said: "The 1986 memo essentially takes the position of establishing the federal guideline for overtime eligibility of employees of air carriers. That's a pretty big step for an opinion letter, without any regulation or attorney general's opinion to fall back on."

REPRESENTATIVE KOTT moved to report CSSB 105(L&C) out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSSB 105(L&C) was reported from the House Judiciary Standing Committee.

HJR 9 - URGE CONGRESS HONOR EXXON VALDEZ JUDGMENT

2:00:27 PM

CHAIR McGUIRE announced that the next order of business would be HOUSE JOINT RESOLUTION NO. 9, Urging the United States Congress to honor the process and judgment of the federal courts in the case of the Exxon Valdez disaster and to refrain from enacting legislation that would affect the outcome of the courts' resolution of the case.

2:00:36 PM

SUZANNE HANCOCK, Staff to Representative Gabrielle LeDoux, Alaska State Legislature, sponsor, presented HJR 9 on behalf of Representative LeDoux. She explained:

This resolution from the Alaska State Legislature would urge the United States Congress to respect the judicial process and refrain from enacting any legislation that would alter the punitive damages awarded to more than 32,000 plaintiffs as a result of the 1989 Exxon Valdez oil spill, as finally determined by the federal courts. Nearly 15 years after the disaster and more than 10 years after the original jury verdict, the plaintiffs are still waiting resolution of the lawsuit. While the United States Congress considered the Oil Pollution Act of 1990, ExxonMobil Corporation sought an amendment that would have substantially reduced the punitive damages that would have been paid for the Exxon Valdez oil spill. This resolution urges Congress only to let the courts determine this matter.

REPRESENTATIVE GRUENBERG offered his understanding that constitutionally, after a final judgment, there could be no

retroactive changes. He questioned whether the committee ought to get a legal opinion in case another section should be added to HJR 9 to address this issue.

2:03:01 PM

REPRESENTATIVE GARA replied:

[ExxonMobil Corporation] is on appeal to try and get rid of the punitive damage verdict, get it set up for retrial or rehearing by the court. Once the final judgment disappears, then they feel that they'll be free to get Congress to write the law in a way that will prevent the fishermen from getting the same judgment as they got the last time. ... I don't know if what they're doing is legal or constitutional, but that's how they address your point. They're trying to vacate the final judgment.

2:03:56 PM

REPRESENTATIVE GARA commented that he thought the resolution should also ask the governor to make a demand upon ExxonMobil Corporation. He asked that this idea be relayed to Representative LeDoux.

2:05:01 PM

JERRY McCUNE, Lobbyist for United Fishermen of Alaska; President, Cordova District Fishermen United, testified in support of HJR 9. He commented that the governor has already called for all parties to settle this case. He said, "All we're asking is for the ... courts [to] rule on this - win, lose, or draw."

REPRESENTATIVE GARA confirmed that the governor has called on all parties to settle the case. He explained that he thought the governor should call on ExxonMobil Corporation to pay.

2:06:53 PM

MATTHEW D. JAMIN, Attorney at Law, Jamin, Ebell, Schmitt & Mason, stated that he is one of the lawyers representing the plaintiffs in the Exxon Valdez oil spill litigation. He said:

On behalf of plaintiffs' counsel, we do support the resolution and we think it is a very sensible

resolution at this time. The suggestions thus far have been that there might be something deliberate that would affect the case, and certainly that's a possibility. But we are equally concerned that there might be something - given the attempts made in the federal legislature to change class action legislation, to change tort legislation, what's called tort reform - ... that is not deliberate. And we think that the legislators' proposed resolution brings to everyone's attention the need to be wary as legislation is passed on the federal side so that it does not affect this case.

CHAIR McGUIRE, after ascertaining that no one else wished to testify, closed public testimony on HJR 9.

[2:08:13 PM](#)

REPRESENTATIVE COGHILL moved to report HJR 9 out of committee with individual recommendations and the accompanying zero fiscal note. There being no objection, HJR 9 was reported from the House Judiciary Standing Committee.

HB 150 - LICENSING RADIOLOGIC TECHNICIANS

[2:08:32 PM](#)

CHAIR McGUIRE announced that the next order of business would be HOUSE BILL NO. 150, "An Act requiring licensure of occupations relating to radiologic technology, radiation therapy, and nuclear medicine technology; and providing for an effective date." [Before the committee was CSHB 150(L&C).]

[2:08:51 PM](#)

REPRESENTATIVE GARA moved to adopt the proposed committee substitute (CS) for HB 150, Version 24-LS0470\S, Mischel, 4/11/05, as the work draft. There being no objection, Version S was before the committee.

[2:09:26 PM](#)

REPRESENTATIVE ANDERSON, speaking as the sponsor, relayed that the concept embodied in HB 150 has been evolving since the 1990s. He paraphrased from the following written opening remarks [original punctuation provided]:

House Bill 150 will establish educational and certification standards for the health care personnel in Alaska who perform medical imaging and radiation procedures. Any radiology procedure is only as effective as the person performing it.

An underexposed chest x-ray cannot reveal pneumonia or a malignant lesion, just as an inadequate mammography technique cannot detect breast cancer. No matter what the procedure, the Radiologic Technologist's knowledge of anatomy, careful application of radiation and skillful operation of sophisticated medical equipment are the keys to its success. To be clinically useful, diagnostic imaging exams must be accurate.

38 states have adopted recommendations for state licensure of radiology personnel. Alaska is not one of those states. Establishing state standards will ensure that Alaskans will have access to safe and high quality radiologic care. Licensure will establish radiation protection measures as well as education and credentialing standards that will ensure the competency of persons operating medical equipment emitting radiation.

To ensure that the citizens of the State of Alaska receive maximum protection from the harmful effects of excessive and improper exposure to radiation, licensure must be passed to establish standards.

[2:12:28 PM](#)

REPRESENTATIVE ANDERSON opined that HB 150 is critical for the safety of Alaskans. Passage of HB 150 would make Alaska the 39th state to adopt legislation regarding the licensure of radiology personnel. He noted that although there might be arguments that personnel in rural Alaska have been performing radiologic procedures [without any problems to date], he can provide examples of over-radiated, under-radiated, and misdiagnosed cases that resulted from improperly trained personnel, generally in rural settings. The University of Alaska has worked to make it easier to enroll in its Radiologic Technology program, he remarked, and asked the committee to support the bill, particularly given the changes in Version S.

[2:16:07 PM](#)

JON BITTNER, Staff to Representative Tom Anderson, Alaska State Legislature, sponsor, relayed that members' packets include a memorandum that outlines the changes in Version S, which now references "department" throughout rather than "division". He indicated that other changes include adding a new Section 1, which amends AS 08.01.010 to include the regulation of radiographers; removing dental hygienists from proposed AS 08.89.100(b)(2); adding schools of dentistry and dental hygiene to proposed AS 08.89.100(b)(4); adding the word "current" - with regard to certification - to proposed AS 08.89.140(2); adding the words, "or have demonstrated experience sufficient in the opinion of the department to waive the program", to proposed AS 08.89.150(a)(3); changing the words in proposed AS 08.89.170(c) from, "three out of five years preceding application", to, "two years preceding July 1, 2007".

[2:21:00 PM](#)

MR. BITTNER indicated that still other changes include adding the word, "nonrenewable" - with regard to temporary permits - to proposed AS 08.89.170(d); changing the text in proposed AS 08.89.180(d) to say, "Sponsors approved by the American Registry of Radiologic Technologists are considered approved continuing education providers"; changing the time frame in proposed AS 08.89.210 from, "24 months", to, "one year", and adding the sentence, "The department may require an examination for reinstatement"; and adding, to proposed AS 08.89.220 - which pertains to fees - new paragraphs (8) and (9), which read:

- (8) adding an area of practice to an existing license;
- (9) program approval under AS 08.89.130.

[2:24:12 PM](#)

MR. BITTNER indicated that further changes include changing proposed AS 08.89.340(c) to read:

(c) The department may summarily suspend a license before final hearing or during the appeals process if the department finds that the licensee poses a clear and immediate danger to the public welfare and safety. A person is entitled to a hearing conducted by the office of administrative hearings under AS 44.64.010 with seven days after the suspension order is issued. A person may appeal an adverse decision after hearing to the superior court.

MR. BITTNER also indicated [that proposed AS 08.89.340 no longer contains a subsection (e), which required waiting a year after license revocation before reapplying]; that proposed AS 08.89.990 no longer contains a definition for "division", and now defines "radiographer" rather than "radiologic technologist"; [that Version S no longer exempts proposed AS 08.89.340(c) from AS 44.64.030(a)(6); that the section pertaining to regulations no longer references the division; that Version S no longer contains revisor's instructions]; and that conforming changes have been made to section numbers.

[2:25:46 PM](#)

REPRESENTATIVE DAHLSTROM referred to the new language in proposed AS 08.89.210 - "The department may require an examination for reinstatement" - and asked how it will be determined whether a person should take the examination.

MR. BITTNER said his assumption is that the Division of Occupational Licensing will ultimately make the determination regarding whether an examination is warranted, and suggested that a representative from the division could better address that question.

[2:27:30 PM](#)

DONNA J. RUFSHOLM, R.T., Chair, Licensure Committee, Alaska Society of Radiologic Technologists (AKSRT), relayed that the AKSRT asked Representative Anderson to sponsor HB 150. She explained that in 1981, Congress passed the Consumer-Patient Radiation Health and Safety Act of 1981, which established minimum standards for state licensure of personnel who administer ionizing radiation. The goal of establishing those standards was to minimize unnecessary exposure to radiation. Since then, 41 states have adopted licensure laws, though Alaska has yet to do so. Currently, pending legislation in Congress would require all states to either meet or exceed federal standards or else risk losing Medicaid and Medicare reimbursement for imaging procedures. Thus, HB 150 is important, she remarked, because it would establish state standards and thereby remove the risk of losing federal reimbursement; in lieu of having its own state standards, Alaska would have to comply with whatever standards the federal government imposed.

MS. RUFSHOLM then posed the question, "Why establish minimum standards for personnel who perform medical imaging procedures?" and responded by saying that basically, it all boils down to quality; safety to the patient, the operator; and the cost. She went on to say:

We all know that radiation is a carcinogen; operators of medical x-ray equipment deliver the largest portion of manmade radiation to the general public. Radiation is safe if properly applied, but it can be harmful or even deadly if it's ... [maladministered]. I think that's [a] really important factor ..., that radiation ... has been recognized as one of the leading carcinogens. ... Delays [of] diagnosis or misdiagnoses caused by poor imaging exams can drive up health care costs, [and] inaccurate ... imaging can delay diagnoses.

Accurate diagnosis depends on a good and useful medical image; the quality of [a] medical imaging exam is only as good as the person performing it. Right now ..., in Alaska, anyone can take x-rays; [even] anyone who's sitting on the committee ... right now could go into an office, if someone would hire them, and take x-rays without any training. We require hairdressers to be licensed, but ... we don't require people delivering radiation to patients to have any sort of licensing or educational requirements. ...

There is a report that's just out ... [by] the Medical Payment Advisory Commission (MedPAC) - which is an agency that advises Congress on health care policy - regarding what they called the overuse, under use, and misuse of imaging services. And on March 17 of 2005, the [federal] House Ways and Means Committee's subcommittee on health conducted a hearing to address the MedPAC recommendations that Congress set standards for those ... who perform or interpret diagnostic imaging examinations. ...

[A synopsis indicates that] Medicare has an interest in ensuring that imaging studies are done by skilled, technical staff using appropriate equipment, and that the "CMS" - which is Medicare - strongly should consider setting standards for at least the following areas: imaging equipment, qualifications of the technicians performing the studies, the technical

quality of the images produced, and procedures for ensuring patient safety. So this is Medicare, and they're really going to be setting some guidelines and standards for those individuals who perform radiology procedures.

MS. RUFSHOLM added:

With HB 150, we have recognized the fact that the rural areas of the state have different needs than what the urban areas do, and I think that in writing [HB 150] and working with the different groups around the state, we've tried to address those needs. We surely do not want those services to be discontinued - that's not the intent of the bill - we know that those services need to be there, especially in the very, very remote areas; it's really imperative that they be able to provide radiology services for patient care, and our concern is that we don't want to see those services discontinued but we would like to see the people [who] deliver those services have some sort of training.

And we've worked with the University of Alaska, in Anchorage, to provide an online course for those individuals; there are other online courses also available on the Internet for individuals to receive a minimum of training so that they can protect themselves as well as the patient from unnecessary radiation. We've kept the cost down, [and] we've made accommodations in the bill ... so that people who are currently taking x-rays can ... probably be tested out - they would be looked at for competency, and would actually forgo the program ... if they can prove competency.

MS. RUFSHOLM concluded:

We've allowed ... a very long period of time - a four-year period - for individuals to be able to participate in the course if [that requirement] ... was something that they would have meet ..., and we've also made accommodations [such] that individuals who are new coming into the field would be able to take x-rays as they're taking the first module at the [University of Alaska Anchorage (UAA)] so that they could go to work immediately as long as they had a

mentor - someone working at the facility with them. So we're doing our best to try to meet all those needs and still recognizing the fact that people do need to be educated for their own safety and the safety of the public, which is what the whole intent of this bill is.

[2:34:55 PM](#)

REPRESENTATIVE GARA said he's heard concerns that even if the UAA offers a program, it will only have a certain number of openings available, as well as concerns regarding what courses are going to satisfy the bill's training requirements. He also relayed that he's been told that many of the people currently being exempted from the bill's requirements don't have any experience in taking x-rays, and so is wondering why such people should be exempted.

MS. RUFSHOLM first offered her belief that the UAA will make enough courses available so that people can meet the bill's requirements, and so meeting those requirements won't be a problem, particularly given that if the bill passes this year, it will be 2007 before it's enacted; also, people will have another two years to fulfill their education requirements. And once people fulfill their education requirements, the state will send in their names to the American Registry of Radiologic Technologists (ARRT), which, as a courtesy to states with limited-scope licensure, offers an examination that individuals can take, and passage of that examination would then qualify a person as a "limited-scope" radiographer; additionally, online courses [currently] available on the Internet also allow an individual to sit for that examination.

[2:39:20 PM](#)

REPRESENTATIVE GARA relayed that he's been told by some people that they believe the UAA might only be able to accommodate about 20 students per year, and that it could take as many as three semesters to complete the educational requirements proposed by the bill.

MS. RUFSHOLM suggested that UAA staff might be better able to address that issue. She acknowledged, however, that she, too, has been told that the UAA might only be able to accommodate 20 people during the upcoming fall semester, but only because it is a new program. She explained that the program will consist of three modules, the first to be completed in a minimum of four

weeks, with the second and third modules perhaps being completed at the same time should UAA staffing levels allow. Thus the educational requirements could be completed in as few as eight weeks or as many as twelve weeks. She mentioned, though, that she is not familiar with how much time the online courses take to complete.

[2:41:23 PM](#)

MS. RUFSHOLM, in response to the question of why certain groups of people have been exempted from the bill, said it is because those groups have their own boards and practice standards, including standards related to radiology procedures. She also mentioned that concerns offered by those practicing in rural areas and in small clinics in urban settings regarding a possible interruption of services for training purposes have prompted the change in Version S that allows a person to begin the first module of the UAA's program while he/she is working. So as long as a person has a mentor, an employer who is willing to oversee the person while he/she is taking x-rays, then he/she can take module one of the program and be working at the same time. That person would, of course, also have to continue on with module two [and three] of the program.

REPRESENTATIVE ANDERSON mentioned that his son was x-rayed at a clinic after a bicycle accident and was told by the person taking the x-ray that his arm was probably broken, but further x-rays at a hospital revealed that his arm wasn't broken. He indicated that this experience has furthered his belief that certification of those taking x-rays would eliminate such misdiagnoses.

REPRESENTATIVE GARA said he supports the concept of the bill, but some of its aspects still raise questions. For example, should those groups of people currently being exempted from the bill really be exempted? Is the training such people currently get really sufficient?

[2:48:41 PM](#)

REPRESENTATIVE PEGGY WILSON, Alaska State Legislature, said she is concerned that the bill could create a hardship for small businesses, particularly in rural areas. She mentioned that [as a registered nurse], she used to work in a very small clinic in Tok, and that both nurses and the laboratory technician working at that clinic were trained, on the job, to use the x-ray machine and were then monitored to ensure that safety procedures

were followed. In such settings, there is a need to have more than one person trained in the use of the x-ray equipment, since it wouldn't possible to have a trained technician brought in should the person who regularly takes the x-rays be unavailable. Another of her concerns centers on the fact that because the machines in rural areas of the state are older models, the educational modules may not addresses the specifics of all the different types of machines - particularly the older, more complex types - that are currently being used in various areas of the state. Additionally, she opined, the cost of the proposed educational requirements are quite prohibitive, particularly given that many small clinics operate with limited funds.

[2:53:42 PM](#)

REPRESENTATIVE WILSON mentioned that in Tok, the chief emergency medical technician (EMT) also knew how to take x-rays, and this saved clinic employees from having to come to work in the middle of the night in emergency situations. She pointed out that many small communities and places in rural Alaska aren't on the road system, and opined that the bill is much needed when it comes to the issue of radiation therapy, but questioned whether the restrictions the bill imposes are really necessary with regard to normal, everyday x-rays. Referring to Representative Anderson's example regarding his son, she noted that in most situations, the person who takes the x-ray is not the person who reads it; the x-ray must still be sent off to be read by a trained radiologist. So just because a person hasn't been taught to read an x-ray and so perhaps misdiagnoses a condition doesn't mean that the x-ray itself wasn't a good x-ray. She said she questions whether the state really has a problem with regard to those taking x-rays, particularly given that she has not been shown any evidence of or been given a listing of mishaps.

CHAIR MCGUIRE said she would provide Representative Wilson with the testimony from those that believe problems are occurring. Noting that Representative Wilson believes that those performing radiation therapy should be licensed, Chair McGuire asked her whether believes that there are other types of radiation use that ought to only be performed by licensed individuals.

REPRESENTATIVE WILSON opined that anytime one is performing a procedure that is "all inclusive" - such as a mammogram, magnetic resonance imaging (MRI), or computerized axial tomography scan (CAT scan) - that person should be licensed

because the procedure is so specialized, adding that usually such people receive special training in the use of that equipment anyway. She surmised that such persons and procedures are already covered and so she is not as concerned about them.

2:59:53 PM

REPRESENTATIVE GARA said he is wondering whether the bill should perhaps focus on procedures other than x-rays. He asked whether CAT scans and MRIs expose one to more radiation than regular x-ray machines.

REPRESENTATIVE WILSON suggested that others could perhaps better respond to that question.

REPRESENTATIVE GARA asked whether registered nurses, as part of their course work, receive training in the taking of x-rays.

REPRESENTATIVE WILSON said no. She added that she is not saying that one couldn't "give too many rads" with an x-ray machine, though newer models make doing so difficult because they are more sophisticated and thus much safer. She said she has a concern regarding exempting licensed practitioners, since most of them often don't have the expertise needed to operate x-ray machines. Relying on the fact that licensed practitioners are held accountable by their boards is simply offering a false sense of security, she concluded.

3:03:32 PM

CHAIR McGUIRE characterized the distinction between the operation of x-ray equipment and the diagnosis of x-rays as an important one.

REPRESENTATIVE WILSON noted that even in Wrangell, all x-rays are sent to a certified radiologist for formal diagnosis, and the doctors only offer their belief regarding what the x-rays truly shows. She then noted that page 2, line 16, says in part, "(A) the direct supervision of a licensed practitioner", and pointed out that in remote areas, a person could be under the direct supervision of someone in another town. Referring to page 4, line 22, she noted that the language says in part, "or have demonstrated experience sufficient in the opinion of the department to waive the program", and asked whether department personnel are actually going to go to a remote site to determine whether a person is capable of operating the equipment in question. Referring to page 9, regarding disciplinary actions

and administrative hearings, she noted that [lines 28-29] say in part, "within seven days after the suspension order is issued", and pointed out that some areas of the state only get mail every other week, and so as much as a month could pass before a response is received by the department regarding a person's wish to have an administrative hearing take place; therefore, the seven-day time frame is very unfair to those residing in some parts of the state, she opined.

[3:07:47 PM](#)

PAMELA LaBOLLE, The Mulder Company, Lobbyist for the Alaska Society of Radiologic Technologists (AKSRT), noted that consumers are not testifying on this bill, and opined that this is because the public has been led to believe that anyone who delivers healthcare to them is trained, certified, and maintains safety for the patient utmost in his/her mind. She added, "Won't they be surprised when they find out that the people who are dealing with radiation, delivering doses of radiation to these patients, have no training," particularly given that even food service workers, beauticians, cosmetologists, barbers, hairdressers, and truck drivers are required by the state to have training and become licensed.

REPRESENTATIVE GARA noted that he has heard both arguments, that x-ray equipment can be dangerous, and that x-ray equipment - as used in a dentist's office - delivers almost no radiation.

MS. LaBOLLE remarked that that dentists, dental assistants, and nurse practitioners have their own boards and proficiency tests.

[3:11:08 PM](#)

CLYDE E. PEARCE, Radiologic Health Specialist II, Radiologic Health, Laboratories, Division of Public Health, Department of Health and Social Services (DHSS), relayed that the DHSS supports the bill and hopes that the concerns raised by "small and rural providers" can be addressed. With regard to the question of why people in the health care field who've been identified as not being trained [to take x-rays] are being exempted from the bill while other operators are not, he acknowledged that such is of concern; for example, physician's assistants (P.A.s) must do everything through, or report to, their collaborative physician, and so if a P.A. is actually taking x-rays, then his/her collaborative physician would have good reason to be concerned, though the bill does not specifically address that issue. He offered his understanding

that the purpose of the bill is to address situations in which no one is trained. From the time a patient enters a facility and the decision to take an x-ray is made and that x-ray is then taken and read, there ought to be at least one person in that chain of healthcare services who is trained, he opined.

CHAIR McGUIRE asked Mr. Pearce to comment regarding what levels of radiation exposure can be expected to occur in various situations.

MR. PEARCE relayed that one of his duties is to [measure the radiation levels]of the various types of equipment being used around the state, and said he does see differences. He went on to say:

The problem is that it's not just the output capability of the machine that we need to be concerned about, it's how the machine is used. And I like to use the example of a driver of an automobile: when you look at the automobile with seatbelts, and safety bags, and tinted windshields, and power brakes and steering, and all of [these kinds] ... of safety features, why is [it] that 40,000 people die every year? It's because of how it's used. And when I do inspections, I actually rarely find a problem with the machine even though I find many problems with how it's used.

I was in Fairbanks recently, and 42 percent of the repeated films [and errors] were due to positioning. Now that's not something you normally even cover in a radiation safety course, but the person doing the x-rays had no knowledge of topographic anatomy, and so they didn't know exactly where internal structures were and they were guessing with the positioning. ... So there is a real concern there about excessive exposures, due to how the equipment's used, but in terms of procedures in general, we have the routine films - (indisc.) abdomen, chest, skull x-ray; there's a certain amount of radiation there, and we can think of that as a unit of one - whatever it might be.

When you look at a [computed tomography (CT) scanner], the exposure level can increase substantially; however, there are some real diagnostic advantages to a CT scanner, and also earlier treatment can be critical in saving a patient. When you look at bone

densitometers, exposures are very low. [With regard to] nuclear medicine, surprisingly, ... the patient receives less exposure than a corresponding ... medical x-ray exam. But all that aside, as far as a comparison, it depends on how they're used.

So in the statistics that have [been] published recently, ... one of those shows [that] about a 1 percent rate of all cancers in the U.S. are due to diagnostic x-rays. Another one was showing a diminished intellectual capacity as a result of the very young being exposed to ... diagnostic levels of radiation. Now these are ... up in the upper level of CAT scan. However, in my experience, in certain areas of Alaska, I have seen those levels exceeded by ordinary radiography simply because of how the equipment was used. And I agree with [Representative Wilson] that the older machines do present a special challenge; [however,] newer machines don't guarantee a lower dose - in fact, there are concerns about the doses getting higher. But the older machines, in my opinion, require even better foundation in the principles of how to use them safely. ...

[3:16:33 PM](#)

MR. PEARCE, in response to a question, explained that anytime one uses radiation, there is risk, but the physician is trying to strike a balance between benefit and risk. Although newer machines, when used properly, result in lower exposure, because they are digital and produce an x-ray that compensates automatically for overexposure, they also have the potential to result in higher exposure to the patient without the operator being aware that such is occurring. In response to a further question, he said it is not true that new x-ray machines don't produce any more radiation than the x-ray machines used at airports for security purposes; rather, medical x-ray equipment deliberately exposes patients to radiation, and does so with a much larger beam "and a lot of scatter from the patient." Additionally, because of that "scatter", those who operate x-ray machines have an incidence of breast cancer three times higher [than those who do not].

MR. PEARCE, in response to a comment, said, "I do have a concern, as a radiation inspector, [regarding] ... the fact that [new equipment] ... may conceal the exposures and actually allow even higher exposures to occur."

3:19:54 PM

ED HALL, P.A., Legislative Liaison, Alaska Academy of Physician Assistants (AKAPA), indicated that many of the AKAPA's concerns have already been addressed through Version S. He said that although there have been accusations that there are people using radiological equipment without any training, none of his medical colleagues have heard of any such instances. He went on to say:

We don't just [pull] people off the street and point them to the x-ray machine and say, "Go start shooting x-rays." ... There's a guide book out that addresses anatomy, we make sure that people have an understanding of anatomy, [and] most of the clinics that I know of [that] ... are using "techs" ... to shoot their films are [using somebody who is] ... either a community health aide [or] ... somebody who has had some exposure to anatomy - big, gross anatomy. And then there's the text that shows positioning, and, yes, ... it is much easier nowadays to use [modern equipment] and have the technique of a certain exposure that one would need to use. So I would like everybody to recognize that this is just not ... blindly giving authority to anybody to shoot x-rays; they do have some training.

As far as training goes, I know that particularly in the P.A. programs that I'm aware of and several of the medical school programs that I'm aware of, there is not a specific course on how to shoot x-rays, but there are courses on reading radiography, and so indirectly sometimes you may get some knowledge about shooting x-rays. But, yes, I think if this bill is directed at safety, ... then you probably shouldn't exempt any provider because ..., even though we do have a licensing board that oversees us, it is not within most of our training to know how to shoot x-rays; this is all knowledge that is acquired once we get into certain situations.

In my clinic I've got two nurses and myself who shoot x-rays, and ... one of my nurses has been through the training at the [Alaska] Native Medical Center [ANMC], and she, basically, trained the other nurse and myself as far as the appropriate techniques and positioning and all the important things that we do to try to keep

things safe. I am happy to see the changes that Representative Anderson and his staff have incorporated; however, ... ultimately, I think that this bill would be best if they could separate out basic radiography from the other procedures such as MRI and CT testing and things where you have to inject - I think all of those things defiantly need to have some certification.

MR. HALL concluded:

And lastly, in [regard] to that certification, there has been talk about, if we have a licensing board that we respond to or that we are accountable to, [since] nurses ... and nurse practitioners ... all answer to the nursing board, ... the question has to be raised [whether they can] then be exempt because they're under a different licensing board, and, then, can a CNA [certified nursing assistant] - who also is a licensee of the nursing board - ... be exempt too. So I think the more we talk about this bill, I think there's a lot of unanswered questions, but I think it's heading in the right direction, personally. And I think, professionally, around the state, ... it's heading in the right direction, but I still think that [there are] limitations [that's] going to make this very costly for medicine in Alaska. And just because 42 other states do it ... is not a good ... [reason] for us to do it if we are interested in access to care. Thank you for your time. ...

[3:25:40 PM](#)

RONALD L. DEIS relayed that his background is one of teaching radiologic technology at universities, and that he came to Alaska to manage a radiology department [at an Anchorage hospital]. Shortly after his arrival, he began receiving requests to train those who were taking x-rays at various local offices. Many of those requesting the training said that they hadn't any knowledge of how to take x-rays before getting hired at those local offices and had often ended up repeating an x-ray five, six, or even seven times without being able to get it right. He said that eventually he approached the University of Alaska with the concept of teaching an introduction to radiography course, and has since been teaching that course for the last 18 years; additionally, he has been teaching a

[similar] course at the ANMC, for the last 9 years, to P.A.s, nurse practitioners, and community health aides.

MR. DEIS said that in spite of these efforts, he still runs across those who've been hired to work in an office or clinic and have been told that their duties include taking x-rays regardless of the fact that they hadn't any training. Again, such people often end up repeating x-rays multiple times in an attempt to get an adequate x-ray. He said that as a person who is very familiar with the radiology procedures currently practiced in the state, he thinks that the state needs to know who is administering ionizing radiation and institute minimum educational and clinical standards.

[3:28:52 PM](#)

BARBARA HUFF TUCKNESS, Director, Governmental and Legislative Affairs, Teamsters Local 959, relayed that her organization supports both HB 150 and its members who work in the industry, for example, those who work at South Peninsula Hospital, which does require certification of its radiological technologists, and Providence Kodiak Island Medical Center, adding that she was quite surprised to find out a couple of years ago that such certification was not already a state requirement. She pointed out that not only are the state's certified nursing assistants and phlebotomists required to be certified - regardless of whether they are in rural or urban settings - but so are the state's truck drivers.

MS. HUFF TUCKNESS surmised that a lot of people believe that the [bill pertains to] just x-rays and mammograms, and noted that since she has become aware of the fact that the state does not require certification of those using radiologic equipment, she has begun asking those who are performing those services for her whether they are certified. She added:

I do not believe that the public, in general, realizes the degree and the type of work that these individuals are performing. And ... while we supported the original version of the bill, I think that there have been some somewhat reasonable compromises - there are probably some areas that I would say we've probably gone a little bit too far the other direction - but having something on the books and moving in the right direction I think, both from an employee perspective working in the industry as well as a public health

safety issue, I would encouraged the committee to move the bill forward.

3:33:52 PM

B.J. ANDERSON, Anchorage Neighborhood Health Center (ANHC), first relayed that she is the ANHC's x-ray manager, and then referred to the provision in the bill addressing temporary permits, and said that they [at the ANHC] have been led to believe that a person who wants to begin training [and] get a limited license only needs be enrolled in a program. However, she pointed out, proposed AS 08.89.170(a)(1) and (2) say that a person must have first completed the program and taken an examination. Therefore, she opined, the wording in the bill should be changed to reflect that once a person is enrolled in a training program and has a mentor, then the person can begin working under a temporary permit.

MS. ANDERSON then pointed out that using mammography as an example of the type of x-ray that [this bill would address] is inappropriate because mammography technicians in Alaska are already certified by the ARRT, are already working under the umbrella of the Food and Drug Administration's (FDA's) Mammography Quality Standards Act of 1992 (MQSA) program, and are required to have American College of Radiology (ACR) certification. She went on to say:

Any clinician or clinic has a huge liability providing healthcare services, and ... they have taken that seriously by using a mentoring approach to teach staff how to safely perform radiologic procedures. And so I think ... this is one of the reasons why this is a very difficult bill in that we're requiring certification but we're forgetting that in the rural areas they are drawing people from the community and teaching them, on the job training, how to perform x-ray radiologic examinations.

And ... I would say for the most part, most clinicians and clinics are very conscientious about that. Perhaps ... I can't speak for everyone, but I think that if this bill goes through, it definitely needs to make allowances for that mentoring-type of approach to continue, as well as the professional training that we could get through [the] UAA. I don't believe that this bill is ready to progress until some of these changes have been implemented.

REPRESENTATIVE GARA asked how many hours of on-the-job training are given to a person before he/she can operate an x-ray machine.

MS. ANDERSON said that is hard to estimate, given that when a person is hired, he/she may have had previous training and the training specific to that facility's radiologic equipment may not occur all at once. However, if she were to be training someone from the ground up, she relayed, she would be looking to enroll that person in the type of program that the UAA is proposing to provide.

[3:40:19 PM](#)

SUSAN MASON-BOUTERSE, Executive Director, Sunshine Community Health Center, provided written testimony, which was paraphrased by Beth Little-Terry; Ms. Mason-Bourterse's written testimony read [original punctuation provided; contains some formatting changes]:

My name is Susan Mason-Bouterse, and I am testifying in opposition to HB 150. I am the Executive Director of Sunshine Community Health Center, located in Talkeetna. We are a federally qualified health center, serving the upper Susitna Valley. We serve a population of about 6,000 people, including a significant number of visitors to our state with the tourism activities in this area. We are located 75 miles from the nearest hospital in Palmer. After hours care is a significant part of our practice.

Our provider staff includes one family practice physician, 3 physician assistants, and 2 nurse practitioners. We offer digital radiology at our center and have a contract with AK Imaging Associates to provide our radiology reads, which we are able to do through tele-radiology. We are able to obtain stat reads; our normal turn-around time is 48 hours.

In the past year, we performed a total of 52 X-Rays, the majority of which were of extremities. We also perform a number of chest X-Rays. Our X-Rays are performed by either our providers or our medical assistants. We do NOT require our MA's to be licensed radiology technicians. We DO provide thorough, hands on training for our MA's, including the areas of

patient and practitioner safety, positioning, equipment operation and maintenance. And none of our MA's perform X-Rays without the provider being assured they are competent and fully qualified.

I do not oppose this bill in its proposed purpose, which is to ensure quality of care for patients. However, I do not believe that simply requiring licensure will ensure that purpose is achieved. And the very likely impact of this bill is reduced access to care for people in rural parts of Alaska and for people who are already challenged in accessing health care, those without insurance. In a rural health center such as ours, we often are the first point of contact for individuals seeking health care. Being able to offer radiology services provides the following:

Opportunity to catch severe and life-threatening diagnoses early

Ensuring that uninsured patients will be follow through with specialty care, such as orthopedic referrals (we provide the referring X-Ray and are able to offer it at discounted fee)

Reduced costly emergency transports and admissions to ER

MS. MASON-BOUTERSE'S written testimony continued:

I would like to give you a couple of real life examples of how our ability to offer radiology provides immense benefits to our patients: (these are scenarios - you will need to ad lib a bit)

Chest X-Ray revealed lung carcinoma in an elderly gentleman in our community. He was not willing to see a specialist or pursue any type of referral for treatment. The diagnosis of the cancer is allowing our staff to explore options with him and is allowing him and his family to prepare for the difficult and challenging times ahead.

A woman called our after hours services. She had fallen and needed X-Rays. Unfortunately, our X-Ray was down at that time and she did not follow up and go

to the hospital for X-Ray. She also didn't come back when we called her the following week to have her come in for X-Rays once our equipment was functional. She called 3 weeks later, complaining of pain and was X-rayed at that time. Unfortunately, her treatment course by that time was much more complex and painful due to her delay in seeking care - the bones were fractured and had begun to heal unaligned - had to be re-broken and re-set, with resultant poorer outcome than should have been.

This bill, though intended to improve quality of care and ensure safety, actually could severely curtail access to care. It could very likely have the effect of making radiology the sole domain for a privileged few, mostly urban sites. With the ever-increasing costs of health care, I would prefer to see legislation that reduces barriers to care rather than increasing them. If ensuring quality is truly the goal of this proposed legislation, then requiring continuing education and periodic proficiency testing of non-licensed personnel seems a much more effective way to ensure quality and safety without reducing access to care.

Thank you for your consideration of this testimony.

[3:45:27 PM](#)

LORREN J. WEAVER, M.D., Medical Director, Camai Community Health Center, said he is testifying in opposition to HB 150 on behalf of the Bristol Bay Borough, which is the owner of the Camai Community Health Center. He said:

I believe having licensed radiological technologists at our clinic will not significantly increase safety, raise the standard of care, or improve security of diagnosis in our setting. I understand that bad things happen and that people can be damaged by people that do things wrong. We have always trained our people; I think it always has been incumbent upon the primary care providers to oversee the quality of the films that are read - radiologists read them - as well as [offer] oversight. Even though [Mr. Pearce] says that there are people that are getting radiated, I'm sure that may be happening, but I think passing a bill does not change that necessarily.

For example, a chest x-ray is touted to have the radiation equivalent to one day's sunlight. ... In a limited scope clinic, I don't believe that the amount of radiation, even though there may have to be a few repeats, is carcinogenic; I don't think that there's any evidence presented that extremity films and skull films and spine [films] produce enough radiation for carcinogenic [results]. ... I don't think anyone argues against the fact that CT, MRI, mammography, arteriography, and ... multiple ... other radiation therapy [modes] all should be heavily governed and do have risk, [but] I believe that [with regard to] simple scope procedures done in rural areas, the benefits far outweigh the risks and the costs [the procedures] may actually obstruct.

We're [home to] the largest wild salmon fishery in the world ..., and we see a lot of trauma. ... And in fact, our population may grow from ... 1,200 to well over 10,000 in the summertime. ... Most Alaskans know that [the] fishing industry is dangerous and has a lot of injuries. [I've] heard a certain amount of anecdotal stories where people's lives have been saved by radiology, and I can voice that this is true - I can give you any number of cases where that happened. For example, someone with a pneumothorax, which means a ruptured lung, if that diagnosis is not made here and a chest tube [inserted] ..., the person will die before (indisc.) we're approximately 289 air miles from anchorage, which is a tertiary care [facility].

DR. WEAVER continued:

So stabilization and radiology go hand in hand for trauma cases, and I think it's important that we maintain that. I think that having radiologic technologists will not improve that situations and, in fact, we have tried to recruit registered technologists out here and we usually get the guffaw: "You mean go to rural Alaska? I don't think so." So ... we need to face the reality here and do the best we can. Obviously patients need to be safe, [but] I don't think giving the [American Radiologic Technologists] the responsibility for how we do x-rays in rural Alaska is helpful. No one's arguing against [certification for] more complex procedures.

I think that the other thing that would happen is, ... if we're not able to use in-house people to do the radiology, it will cost us approximately twice the amount of money it would cost to operate; this would probably mean that we would have to cut back our services. We are ... currently at ... 24/7/365 day operations, ... [and] we have no other hospital facility nearby; ... we're barely able to keep our doors open with the amount of technology that we have. We are a community health center which is funded through the same federal grants that the [Sunshine Community Health Center] in Talkeetna is. We have to think about the cost to patients. If patients have to go to Anchorage ... [facilities] for simple x-ray procedures, this will cost in the hundreds of thousands of dollars for them; that doesn't mean that they can't be safe with what we do here, but passing the bill will not improve that percentage.

[3:51:47 PM](#)

KAREN FAGERSTROM, Director, Village Health Services, Community Health Services Division, Norton Sound Health Corporation (NSHC), relayed that she is trained as an advanced family nurse practitioner, and that she is in opposition of HB 150 as currently written. She went on to say:

We are currently in the process of introducing radiology equipment in our area. We have one machine that is currently in use and we have three more that we'll be bringing on line in the next several years. Anytime new technology is introduced, obviously training has to take place so that the equipment can be operated safely for the patient and the operator. Currently we have a P.A. who's been doing x-rays over a number of years, and he's the one that's been operating the machine. We now have a [person associated with Community Health Aide Practitioners (CHAP)] who is learning to ... take x-rays; we sent her to the class offered by [Mr. Deis] along with another "midlevel" ..., and now they're back in Unalakleet working [under] the tutelage of the other P.A. and learning how to take x-rays.

In the villages, number one, as far as the Bush goes, we're basically going to be doing simple films. The

idea of mammography, that only takes place in Nome, and there is a licensed, registered technician who simply does mammography. As far as radiation treatment, MRI, CT, none of that even exists for Nome, let alone is it ever going to exist in a village. Potentially we're looking at [having] a CT, eventually, here in Nome, and that person, who would come in ... [and] operate that [would] have licensure and everything needed.

I'm speaking ... to the portion of this bill [pertaining] ... to the people who would take limited radiology. What we did, in order to get this person on line, was started looking [at] writing policies and procedures, and ... [limit] their scope of practice ... as it ... would be in the bill; ... they would only take radiology of the chest, abdomen, and axial-appendicular skeleton, and that's basically what [we] would have them do out in this area - we're not looking to have them do any more than that [aside from] also learning how to operate the new digital equipment.

I went online trying to find information about the classes taught at [the] UAA, and I cannot locate any information to be able to download exactly what's included in that class except [to find out that] ... the first credit hours [consist of] anatomy and physiology, [and that] the second portion of the ... classes that can be taken - section two and three - can be taken concurrently. ... I've requested information, [but] I've not received any, and I have great hesitation about being approved for that class, [given that we] can't even find out exactly what's being taught in it.

MS. FAGERSTROM continued:

One of the things, also, that would make it a great hardship, is [that] in this bill, in [proposed AS 08.89.160], it says, for the limited person, that they have to have a certain amount of clinical instruction ..., [which is defined as] hands-on experience in a health care setting, under the direct supervision of a practitioner or fully licensed radiological technologist. I have a problem with that because ... there would obviously be a certain number of hours

that we would need to be able to train that person in Nome, but also we have a limited number of x-ray procedures [that] are going to take place.

... How long is that person going ... to have to [be] out of their villages, here in Nome getting x-rays? ... Is there a place that we can send it to the ANMC? What, creatively, can we do to get that person in [and] get the training that they need to safely do the procedures but not be out of their village for X number of weeks to months while obtaining that, because [the] CHAPs are the direct care providers. So I agree with the idea that there has to be training, but how can we make it more Bush friendly to get that training without making it [an] extreme hardship on the people who are here in the Bush.

Also, with the [continuing medical education (CME) requirements], how does that relate ... specifically for the CHAPs when they're doing a limited amount of CME? Is that CME going to [be] written for them as applicable to their practice? That's one of the questions I have that's not really addressed here. ... So ... while I agree with the area of needing the training, there's a number of specific issues ... [that have] not been adequately addressed for the Bush and [would] potentially make [it] a real hardship for us [to] try to meet this bill as it stands.

CHAIR MCGUIRE asked Ms. Fagerstrom to provide the committee with any specific suggestions she has for improving the bill with regard to its educational and mentoring provisions, suggestions other than to simply exempt all those in rural settings.

MS. FAGERSTROM relayed that she would pass on Chair McGuire's request to the CHAP directors at their next meeting.

CHAIR MCGUIRE said she will suggest to the sponsor that he work with [CHAP and NSHC] on an individualized basis.

[4:00:35 PM](#)

LOUISE REED, Diagnostic Imaging Director, Yukon-Kuskokwim Health Corporation (YKHC), relayed that the aspects [of HB 150] that the YKHC is most interested in are the training provisions. She said she understands the concerns expressed by those in Bush communities regarding being able to acquire the training

required to do the jobs they've been assigned. She mentioned that the YKHC has four outlying clinics that provide x-ray services, and that the YKHC set up its own [training] program a few years back when it started to set up x-ray equipment in places like Emmonak, Saint Marys, Aniak, and Toksook. The goal of that training program was to ensure that those taking x-rays would have the training to do a good job and not over-radiate the patients; the students in that program came in from their village clinics to the hospital in Bethel, and the trainers subsequently kept in daily contact with them as they were taking x-rays.

MS. REED referred to a book titled, Radiography Essentials for Limited Practice, and characterized it as an invaluable tool, which anyone can order and then take the exams that come with the book in order to obtain CME credit, adding that this is the same book that is being used in the UAA class. Additionally, the UAA has just started a limited radiography program using the YKHC's hospital and students from the YKHC's outlying clinics as a beta test station for the rest of the state. The program, which started in January, is delivered through "distance education" and so students are able to meet once a week and then proceed at their own pace.

MS. REED relayed that the YKHC has great hopes that this program will set the standard for the rest of the state, adding that the YKHC is very interested in seeing the bill pass; considers it to be doable; believes that training, particularly with regard to safety and radiobiology, is much needed; and is concerned both about its patients and the levels of radiation they are exposed to, and about staff's ability to take x-rays that lead to accurate diagnoses. She concluded by saying that the YKHC's concern is that its employees have the training they need to do the job that's expected of them, and feels that it is in a good position to help get a statewide program instituted.

[4:06:28 PM](#)

CHRIS DEVLIN, Executive Director, Eastern Aleutian Tribes, Inc., testified in opposition to HB 150, opining that the bill will negatively impact access to [health] care in rural Alaska and increase the cost of that care without guaranteeing safety. He noted that his organization has nine clinics, four of which have x-ray [equipment], out in the Aleutian Islands, and that x-rays are an essential diagnostic tool in the treatment of injuries resulting from accidents in the area's fishing industry.

MR. DEVLIN said his organization ensures that its employees get some training in the use of x-ray equipment, and so to have to go through another state regulatory process and licensing will only increase costs and perhaps result in no x-rays being given because the current in-house training will no longer be considered sufficient. Without providing for either a rural exception or a "remote safety-net exception," the bill, which he characterized as premature, probably won't work for rural Alaska, he remarked, reiterating his belief that the bill will have a negative impact in terms of access to health care.

[4:08:01 PM](#)

CHERYL KILGORE, Executive Director, Interior Community Health Center (IHC), relayed that she and Tammy Wilkerson, Clinic Nurse Manager for the IHC, believe in the importance of quality of care and the safety of all those who are involved with radiology. She said that one of the IHC's concerns is that the bill could potentially create barriers to healthcare access, and therefore the IHC's hope is that the originators of the bill will take into account certain aspects of the bill, one of those being that currently the testing provision is lacking in detail. She elaborated:

If it's equivalent to a radiology/radiologic tech program, then it isn't appropriate for somebody that has a limited scope. I don't think it is. However, ... it's clear in the testimony so far today that there is some concern about the capacity of our existing system, whether it's [the] UAA or other online courses, to provide access to the number of students that might potentially need to have access to ... the online courses or get the minimal education that's required. That should be addressed.

It may be that the course itself can be changed, although if it's dependent upon [the] UAA getting a certain amount of funding in order to meet the requirements of the students, I can tell you what our experience thus far - although we're moving in the right direction - has been with nursing, and that is [that] there are huge amounts of demand and very limited slots, the competition is fierce, and the funding will never be there - [funding] that is required in order to get all the students that want to get through, done.

So I'd like there [to be] some consideration there, in this bill, to look at that further, because even if you have the best case scenario, where you had 20 students going to [the] UAA every 12 weeks - which I think everyone would agree would be very aggressive - we probably couldn't meet the demand. And, again, since we don't want to create insurmountable barriers to care, that area needs to be looked at.

MS. KILGORE continued:

The work experience requirement, i.e., three years, may be too rigorous as well, and when we look at, really, what our workforce issues in this state are in terms of recruiting healthcare professionals - including radiology techs - we ... don't want to make something worse than it currently is, which is, frankly, in my opinion, already a fairly grim situation. We need to provide, and I'd like the bill to consider the bill providing, funding - and ... this is really a legislative issue - funding for training for these limited radiology imagers, which I think is a good conceptual model and might very well be the fix to remote, rural areas that have difficulty.

And frankly, even in Fairbanks, which we'd consider an urban area, we have difficulty attracting the radiologists and the radiology techs. In fact, that's why we have this collaboration going on, locally, where we have a school for radiology techs, and even then the demand exceeds the capacity of the system to get them through. We're pleased that the bill recognizes the need for limited radiology imagers, and we'd like to see, perhaps, in the bill itself, some "tiering" of activities to accommodate these issues of education and experience.

For example, if you're a level one, that's the basic; ... your scope is very limited. And then as you move up [to] level two, level three, you might have ... a broader scope, and be working towards ... potentially getting up to where you might even go to radiology tech school. That might be a way to deal with some of these issues that are definitely going to affect those of us that provide care in remote and rural areas. And we thank you very much for your consideration of that approach.

The other thing I'd like to just say ... [is, from the perspective of] being involved in healthcare in both a rural and urban area for quite a long time, even in the best of situations with the best of technology and the most skilled people, radiology imaging is not an exact science. And we all know that. And that's where having qualified people is part of it, but also having a quality assurance program. And even with that in place, you can have films that don't detect things. So really we are partners in the delivery of healthcare.

And we had a situation where we had a film of a hip taken in the emergency room with the radiologist, and the interpretation of the film - even with a good film - was accurate, but it was limited in that you couldn't visualize the hip fracture on the film. And that's where, working as a team, you really provide the very best, state-of-the-art care. And I'd really like to see more focus ... on CME and relationships between different healthcare providers and boards, because it would really improve care in the long term for Alaskans in this state.

MS. KILGORE concluded:

The other piece that I just would like to put out there for your consideration is looking at potentially focusing ... on providing funding for continuing medical education, in this regard, to those professions that don't have this as part of their [usual] background training. And also, if you look at this as a system of care, and you're looking at providing these limited radiology imagers as part of the system, then you would want to feed that film, from wherever it's being taken, through the system - ideally digitally, but you could still manually send films, because we know there's a wide variety of equipment out in the state of Alaska - into a radiologist, and get a radiologist to interpret it in its finality. So thank you so much; we appreciate your consideration of our comments, and are very glad that you're looking at providing quality of service and safety.

[4:16:24 PM](#)

TIMO SAARINEN relayed that he is a registered x-ray technologist and CAT scan technologist and is registered in nuclear medicine, and noted that he started his radiological career in the military, via a limited license, and so understands about maintaining standards and fulfilling limited licensure requirements. He said he supports HB 150 because it sets minimal standards for safe, quality, diagnostic practices, adding that he believes all Alaskans deserve the same standard of healthcare. Additionally he noted that in the DHSS's recently released eleventh edition of its report on carcinogens, it listed x-rays as a known carcinogen. Patient safety is the main concern, and so a minimal standard ought to be provided for. He relayed that if it were left up to him, only fully registered x-ray technologists would be taking x-rays, though such could be a major problem in rural areas; therefore, he concluded, HB 150 is very good bill that sets minimal standard requirements.

CHAIR McGUIRE, after ascertaining that no one else wished to testify, closed public testimony on HB 150 [Version S], and relayed that the bill would be held over.

ADJOURNMENT

[4:18:25 PM](#)

There being no further business before the committee, the House Judiciary Standing Committee meeting was adjourned at 4:18 p.m.