

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

May 3, 2007

3:06 p.m.

**MEMBERS PRESENT**

Representative Peggy Wilson, Chair  
Representative Anna Fairclough  
Representative Mark Neuman  
Representative Paul Seaton  
Representative Sharon Cissna  
Representative Berta Gardner

**MEMBERS ABSENT**

Representative Bob Roses, Vice Chair

**COMMITTEE CALENDAR**

SENATE BILL NO. 100

"An Act relating to substance abuse and mental health disorder prevention and treatment programs; and relating to long-term secure treatment programs for persons with substance abuse or co-occurring substance abuse and mental health disorders."

- MOVED HCS SB 100(HES) OUT OF COMMITTEE

**PREVIOUS COMMITTEE ACTION**

BILL: SB 100

SHORT TITLE: SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

SPONSOR(S): SENATOR(S) ELLIS

02/28/07	(S)	READ THE FIRST TIME - REFERRALS
02/28/07	(S)	HES, STA, FIN
03/19/07	(S)	HES AT 1:30 PM BUTROVICH 205
03/19/07	(S)	Moved SB 100 Out of Committee
03/19/07	(S)	MINUTE(HES)
03/21/07	(S)	HES RPT 4DP 1NR
03/21/07	(S)	DP: DAVIS, ELTON, THOMAS, DYSON
03/21/07	(S)	NR: COWDERY
03/27/07	(S)	STA AT 9:00 AM BELTZ 211
03/27/07	(S)	Heard & Held
03/27/07	(S)	MINUTE(STA)
03/29/07	(S)	STA AT 9:00 AM BELTZ 211
03/29/07	(S)	Moved CSSB 100(STA) Out of Committee

03/29/07 (S) MINUTE(STA)  
03/30/07 (S) STA RPT CS 1DP 1DNP 3NR SAME TITLE  
03/30/07 (S) DP: FRENCH  
03/30/07 (S) DNP: BUNDE  
03/30/07 (S) NR: MCGUIRE, STEVENS, GREEN  
04/17/07 (S) FIN AT 9:00 AM SENATE FINANCE 532  
04/17/07 (S) Heard & Held  
04/17/07 (S) MINUTE(FIN)  
04/18/07 (S) FIN RPT CS 7DP SAME TITLE  
04/18/07 (S) DP: HOFFMAN, STEDMAN, ELTON, THOMAS,  
DYSON, HUGGINS, OLSON  
04/18/07 (S) FIN AT 9:00 AM SENATE FINANCE 532  
04/18/07 (S) Moved CSSB 100(FIN) Out of Committee  
04/18/07 (S) MINUTE(FIN)  
04/25/07 (S) TRANSMITTED TO (H)  
04/25/07 (S) VERSION: CSSB 100(FIN)  
04/26/07 (H) READ THE FIRST TIME - REFERRALS  
04/26/07 (H) HES  
05/03/07 (H) HES AT 3:00 PM CAPITOL 106

**WITNESS REGISTER**

SENATOR JOHNNY ELLIS  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented SB 100 as the prime sponsor.

KATE HERRING, staff to Senator Johnny Ellis  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on SB 100.

BILL HOGAN, Deputy Commissioner  
Office of the Commissioner  
Department of Health and Social Services (DHSS)  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on SB 100.

MARGARET LOWE, Trustee  
Alaska Mental Health Trust Authority (AMHTA)  
Department of Revenue (DOR)  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 100.

JEFF JESSEE, Chief Executive Officer

Alaska Mental Trust Health Authority (AMHTA)  
Department of Revenue  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 100.

MIKE FORD, Representative  
Alaska Native Health Board  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 100.

**ACTION NARRATIVE**

**CHAIR PEGGY WILSON** called the House Health, Education and Social Services Standing Committee meeting to order at [3:06:17 PM](#). Representatives Seaton, Fairclough, Cissna, and Wilson were present at the call to order. Representatives Neuman and Gardner arrived as the meeting was in progress.

SB 100-SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

[3:06:50 PM](#)

CHAIR WILSON announced that the only order of business would be SENATE BILL NO. 100, "An Act relating to substance abuse and mental health disorder prevention and treatment programs; and relating to long-term secure treatment programs for persons with substance abuse or co-occurring substance abuse and mental health disorders."

[3:07:00 PM](#)

SENATOR JOHNNY ELLIS, Alaska State Legislature, as prime sponsor, paraphrased from a prepared statement, which read as follows [original punctuation provided]:

Addiction is taking a heavy toll on Alaska's people, culture and economy. Alaska ranks #1 in the nation in alcohol-related deaths and Alaskans with substance abuse problems, or co-occurring mental and substance abuse disorders, are more likely to be homeless, spend time in correctional facilities, and become involved in child protective service proceedings. Substance abuse tears apart families; in 2004, 81% of all reported harm against a child cases involved illicit drugs. The financial impact of addition is staggering, costing the state an estimated \$738 million a year in health care cost, accidents, lost

productivity, criminal justice and correctional facilities. Something must change.

At the same time, Alaska is falling behind in providing treatment to those who need help in overcoming their addiction. According to the 2002 Integrated Substance Abuse Treatment Needs Assessment for Alaska, only 15.6% of Alaskans in need of substance abuse treatment received it. We can, and must do better.

Senate Bill 100 proposes several common sense changes to Alaska's statutes regarding drug and alcohol abuse in order to improve the quality of an access to treatment and prevention. The legislation:

Mandates priority treatment for pregnant women seeking help in overcoming addiction. Reducing the incidence of Fetal Alcohol Spectrum disorders will save large sums of money.

Gives priority to state grantees who utilize evidence-based programming, as well as programs that address substance abuse prevention, addiction within prisons, among youths and in rural Alaska.

Supports the Department of Health and Social Services in their efforts to identify people with co-occurring mental and substance abuse disorders, so that this population can be better served.

Ensures that effective faith-based strategies for treating substance abuse are not discriminated against in statute.

Most Alaskans have been touched by substance abuse, whether it is a personal struggle with addiction, or watching a friend or relative battle with this deadly condition. I ask you to support ... SB 100 and its common-sense steps to strengthen the fight against drugs and alcohol abuse in our state.

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SENATOR ELLIS pointed out the three updates to existing law that are a part of SB 100: mandating that pregnant women receive priority treatment; use of evidence based treatment programs for

substance abuse and the unification of co-occurring mental and substance abuse disorders; and the prohibition on discrimination against faith based programs. He stressed the value of the inclusion of all types of effective programs in substance abuse treatment.

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CHAIR WILSON recalled that the committee has previously identified the priority of treatment for pregnant women as an important recommendation.

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REPRESENTATIVE GARDNER reminded the committee of its previous pledge to address the alcohol problems in the state. She stated her hope that, with the bill's priority for evidence based programming, there will still be room for experimental treatment. She stated that different programs do work for different people and there is much that is not known about the effective treatment of substance abuse.

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KATE HERRING, staff to Senator Johnny Ellis, Alaska State Legislature, explained the different approaches to treatment which are included in the definitions of this bill; evidence based, research based, consensus based, and promising practices treatments.

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REPRESENTATIVE SEATON referred to page 7, line 27, of the bill and read:

The department may not fund a proposed program or project that has been previously funded under this section unless the applicant provides satisfactory evidence of success of the program or project.

REPRESENTATIVE SEATON stated his concern that the success of a program may not be evident in the first year and this statement appears to limit the opportunity for a program to become successful.

MS. HERRING stated that the sponsor will work through regulations to make sure this is not a problem.

REPRESENTATIVE SEATON pointed out that a statute that states "may not fund" would limit the program's ability to legally fund a program for a second year.

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SENATOR ELLIS stated that he had not read this language with that strict interpretation. He presumed that the DHSS will allow sufficient time through regulation.

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REPRESENTATIVE GARDNER asked whether programs are funded on an annual basis; for example, could funding for a pilot program be authorized for a period of five years.

CHAIR WILSON noted that the bill says "may" and not "shall."

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REPRESENTATIVE FAIRCLOUGH informed the committee that grants usually are awarded for multiple years. However, she opined that the DHSS would not want to be limited by this statement and real success may not be demonstrated after one year.

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BILL HOGAN, Deputy Commissioner, Office of the Commissioner, Department of Health and Social Services (DHSS), stated that the language does not say "shall." He opined that the word "may" provides the DHSS with some flexibility about funding a program. He stressed that DHSS is moving towards performance based contracting or funding, and supported the language of the bill as it stands.

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REPRESENTATIVE CISSNA offered her interpretation, that "unless the applicant ..." appears to mean that if the program is not keeping records and adhering to a model, it would not receive continued funding.

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SENATOR ELLIS opined that this language is necessary in order to build support and funding for the bill. He recalled that

previous legislatures have cut funds for treatment systems due to the lack of missions and measures that are standard requirements for significant state government investments. Senator Ellis said that he felt that the application of missions, measures and performance standards by DHSS will ensure that treatment programs measure up and have a reasonable chance of success.

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REPRESENTATIVE FAIRCLOUGH asked whether the intent of page 7, line 27, is to preclude funding if measurements are not being met.

SENATOR ELLIS said, "Well, um, in a single year. Is that, is that a condition that your ...."

REPRESENTATIVE FAIRCLOUGH said:

Just as it states, if a project ... because a grant can be awarded for one year, so if it's not successful, is your intent not to allow them to have funding. Or is it, you want the department to have latitude and that is a condition that they can consider.

SENATOR ELLIS expressed his belief that this language is to be directive, but not too restrictive.

REPRESENTATIVE FAIRCLOUGH suggested insertion of the word "consider" so line 27 will read, "the department may consider not funding a program ...."

SENATOR ELLIS concurred.

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REPRESENTATIVE FAIRCLOUGH offered Conceptual Amendment 1, so that line 27 will read, "The department may consider not funding a proposed program or project that has been previously funded under this section unless the applicant provides satisfactory evidence of success of the program or project."

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CHAIR WILSON announced that, hearing no objection, Conceptual Amendment 1 was adopted. She then opened the hearing to public testimony.

[3:24:50 PM](#)

MARGARET LOWE, Trustee, Alaska Mental Health Trust Authority (AMHTA), Department of Revenue (DOR), stated her support for SB 100, paraphrasing from a prepared statement, which read as follows [original punctuation provided]:

Thank you for the opportunity to talk with you about SB 100. I have lived in Alaska for a very long time and I have seen the problem of substance abuse and alcohol addiction continue to increase and devastate lives of Alaskans. I have had a personal research project going for the past 15 years and of all of the instances of child abuse and neglect I have known, I have not found one that does not have substance abuse as part of the problem, and frequently, the whole problem. Improving life for children is cost effective and is a moral responsibility for all of us.

When I was Commissioner of HSS we were beginning to be aware of the commonality of mental illness and substance abuse, and now we have established the Division of Behavioral Health to provide state of the art treatment. We are in great need of much more treatment availability and treatment that is appropriate to each person and their personal situation - circumstances of mothers of young children, pregnant women, etc.

I remember testifying before legislative committees and being asked why, with more money being spent the data showed the problem was growing. I will say today what I said then: we need to spend far more than we are currently spending: we need to spend the money on treatment facilities and personnel as our basic approach to prevention. With treatment available we will have parents and young adults in recovery, modeling health and wellness for our children and parenting children appropriately so that they learn to make good choices.

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REPRESENTATIVE GARDNER commented that, even with unlimited funds and programs available for all who wish to participate, other avenues would still be needed to address this problem. This is because treating an existing problem is only part of the issue; finding the source of the problem and prevention is the rest of the answer.

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MS. LOWE suggested that prevention will mean that children are raised with good role models and treatment of parents leads to increased security and stability in children's lives. Children of parents under the influence are abused and neglected, generating problems for the future.

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JEFF JESSEE, Chief Executive Officer, Alaska Mental Trust Health Authority (AMHTA), Department of Revenue, stated his support for SB 100. He then pointed out that this bill takes a similar direction as the AMHTA does now, which is toward evidence based treatment programs. He stated that evidence based practices are critical to allow the evaluation of data from the substance abuse and mental health programs so that more intelligent allocations of funding are made. He cautioned that measurement brings a complexity into a program, and care must be taken that a program does not manipulate data for a favorable outcome. Mr. Jessee said that the work on co-occurring disorders is also critical to address continuing resistance, in the substance abuse field, to integrating substance abuse and mental health into a behavioral health system. He opined that the intent of this legislation is as important as policy guidance from the legislature that follows the changes made by the executive branch.

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REPRESENTATIVE FAIRCLOUGH expressed her concern about the stipulation in the bill that prioritizes treatment for pregnant women. She asked whether this will encourage a women, who may be suffering from co-existing disorders, to become pregnant in order to receive services.

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MR. JESSEE said that this is an interesting problem; in fact, he gave an example of parents allowing the Division of Family and Youth Services (DFYS) to take custody of their child in order to acquire needed psychiatric care. He agreed that the creation of a priority can create an incentive for misuse. However, he said that he is not overly concerned because a motivated client can get treatment without extreme measures. In fact, most programs already prioritize this population.

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REPRESENTATIVE CISSNA relayed that, in her experience working in this field, the effect of alcohol on the brain would preclude a woman's ability to make that decision.

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REPRESENTATIVE SEATON recalled that previous testimony has identified that Fetal Alcohol Spectrum Disorder (FASD) damage can happen before a woman is aware of her pregnancy. He pointed out that the priority in SB 100 will not address the problem of pre-pregnancy treatment and awareness that is needed to prevent FASD. He reminded members that prevention of FASD is a concern of the committee.

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CHAIR WILSON asked whether pregnancy screening is a routine part of substance abuse treatment.

MR. JESSEE said he did not know.

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REPRESENTATIVE GARDNER stated that intake forms for some programs ask if a woman may be pregnant.

MR. JESSEE observed that this discussion points out that alcohol addiction is treated differently than any other health condition, despite the fact that it is the most socially damaging health problem. Society initially treated alcoholism as a moral issue. Today, one still hears the argument that treatment doesn't work, or it is not effective. In fact, many treatment programs can realize a 40 percent success rate of clients who maintain abstinence after one year. Mr. Jessee compared this to other health issues, such as diabetes, and said that rates of success for other health problems may not be any

higher. Nevertheless, no one would suggest that the treatment for diabetes should be restricted. The argument continues that people choose to drink and it is not up to the state to provide funds for treatment. However, insurance coverage for lung cancer treatment will always be funded, even though people choose to smoke. Mr. Jessee concluded that there needs to be a fundamental review of how society and policy makers view substance abuse. It is known that alcohol treatment can make a difference in society, yet, funding for treatment is limited.

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CHAIR WILSON agreed that society collectively supports the consumption of alcohol. Smoking has been accepted by society as a health concern, but drinking is still acceptable.

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MR. JESSEE opined that people may have the freedom to drink. It does not mean that those who are affected by alcoholism should not be assisted and supported by treatment that has now been determined to be effective.

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CHAIR WILSON opined that smoking does not cause people to harm others, but drinking does.

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MIKE FORD, Representative, Alaska Native Health Board, stated his organization's support for SB 100, and said that it is hard to find anyone who has not been touched by one of these two issues: substance abuse and mental health disorders. He stated that this bill is a necessary small step in order to create infrastructure. Statewide clinics fight these two problems and need additional support.

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CHAIR WILSON closed public testimony.

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REPRESENTATIVE GARDNER moved to report SB 100, as amended, out of committee with individual recommendations and attached fiscal notes. There being no objection, HCS SB 100(HES) was reported

out of the House Health, Education and Social Services Standing Committee.

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CHAIR WILSON provided instruction to the committee concerning the interim meeting schedule. The first meeting will be a discussion on the uninsured of Alaska.

[3:48:15 PM](#)

**ADJOURNMENT**

There being no further business before the committee, the House Health, Education and Social Services Standing Committee meeting was adjourned at 3:48 p.m.