

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

February 20, 2008

1:38 p.m.

**MEMBERS PRESENT**

Senator Bettye Davis, Chair  
Senator Joe Thomas, Vice Chair  
Senator Kim Elton  
Senator Fred Dyson

**MEMBERS ABSENT**

Senator John Cowdery

**COMMITTEE CALENDAR**

SENATE BILL NO. 245

"An Act establishing the Alaska Health Care Commission and the Alaska health care information office; relating to health care planning and information; repealing the certificate of need program for certain health care facilities and relating to the repeal; annulling certain regulations required for implementation of the certificate of need program for certain health care facilities; and providing for an effective date."

HEARD AND HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 245

SHORT TITLE: HEALTH CARE: PLAN/COMMISSION/FACILITIES

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

01/19/08	(S)	READ THE FIRST TIME - REFERRALS
01/19/08	(S)	HES, FIN
01/25/08	(S)	HES AT 1:30 PM BUTROVICH 205
01/25/08	(S)	Heard & Held
01/25/08	(S)	MINUTE(HES)
02/08/08	(S)	HES AT 1:30 PM BUTROVICH 205
02/08/08	(S)	Heard & Held
02/08/08	(S)	MINUTE(HES)
02/20/08	(S)	HES AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

PAUL FUHS, Lobbyist

Alaska Open Imaging Center, LLC (AOIC)  
Anchorage, AK

**POSITION STATEMENT:** Supported SB 245.

ROD BETIT, CEO, President  
Alaska State Hospital and Nursing Home Association  
Juneau, AK

**POSITION STATEMENT:** Supported the new language in this version.

DR. ARTHUR MANNING, MD  
Fairbanks, AK

**POSITION STATEMENT:** Supported repeal of the CON.

DR. BOB BRIDGES, MD, Owner  
Aurora Diagnostic Imaging Center (ADIC)  
Fairbanks, AK

**POSITION STATEMENT:** Supported repeal of the CON.

JILL THORVALD  
Fairbanks, AK

**POSITION STATEMENT:** Supported SB 245.

CORONE STURM  
Fairbanks, AK

**POSITION STATEMENT:** Supported repeal of the CON.

JAY BUTLER, Chief Medical Officer  
Department of Health and Social Services (DHSS)  
Juneau, AK

**POSITION STATEMENT:** Testified for SB 245.

STACIE KRALY, Chief Assistant Attorney General  
Alaska Department of Law  
Juneau, AK

**POSITION STATEMENT:** Answered questions regarding the legal aspects of SB 245.

EVELYN MOON  
Address not provided.

**POSITION STATEMENT:** Supported repeal of the CON.

JOANNE SMITH  
Wasilla, AK

**POSITION STATEMENT:** Supported repeal of the CON.

DON BURRELL, Staff  
to Senator Davis

Alaska State Capitol  
Juneau, AK

**POSITION STATEMENT:** Read proposed amendments to SB 245.

**ACTION NARRATIVE**

**CHAIR BETTYE DAVIS** called the Senate Health, Education and Social Services Standing Committee meeting to order at [1:38:09 PM](#). Present at call to order were Senators Kim Elton, Fred Dyson, Joe Thomas and Bettye Davis.

**SB 245-HEALTH CARE: PLAN/COMMISSION/FACILITIES**

CHAIR DAVIS announced consideration of SB 245.

[1:38:10 PM](#)

UNIDENTIFIED SPEAKER said the federal government recognizes it is reasonable that not all the expense be paid by the group's physicians and allows partnering with a hospital for radiologist/physician offices. Because of the long-standing relationship between radiologists and hospitals, they are natural partners in this type of venture and the partnership provides physician office access to sophisticated information technology systems which benefit patients by providing communication between facilities. The most vocal opponent of this exemption is the representative of the country's largest publicly traded hospital corporation, and it is understandable why they would like the state to cripple their competition. It is impossible to see how giving them a monopoly as providers of these scans benefits the patients of the state or the state itself. One of the earlier provisions in the bill would protect facilities in smaller communities, and competition that would skim off revenues produced by imaging procedures could jeopardize the continued existence of these small, critical facilities. Facilities in boroughs with a population greater than 60,000 do not need this type of protection from competition.

He summarized by saying that, as a radiologist operating a small business, he spent considerable time and money bringing equipment and physicians to the State of Alaska and its' patients and would like to see an end to the legal quagmire caused by lack of a definition of a physician's office in the existing Certificate of Need law. The language in the committee substitute adopts a definition that is both a compromise and consistent with federal regulations.

[1:40:46 PM](#)

PAUL FUHS, Lobbyist, Alaska Open Imaging Center, LLC (AOIC) outlined the legal problems that have resulted from lack of definition. After HB 511 was passed, it did not define "independent diagnostic testing facility," but did not eliminate the physician's exemption either and that is where the confusion lies. AOIC opened an office in Fairbanks that was declared a "physician's office" by the centers for Medicaid and Medicare and was determined by the commissioner to be a legal operation. When they opened another facility in MatSu, a suit was filed in Fairbanks claiming that they were an Independent Diagnostic Testing Facility (IDTF). The judge ruled that, because there were no definitions in statute and they did own imaging equipment, they were an IDTF and ordered the facility in Fairbanks to close. When an orthopedist in Juneau was allowed to open an MRI facility, they transferred ownership completely to the physicians and reopened in Fairbanks, but that could still be appealed. After that, a hospital filed another suit against the facility in MatSu because it was not 100 percent physician owned, even though there is no regulation that requires it to be. The administrative law judge closed the MatSu facility despite two letters from the commissioner supporting the legality of the operation.

This has completely destabilized investment in this area, which is adversely impacting patients because people are buying the oldest equipment available in order to stay below the threshold of \$1.2 million in equipment so they don't need to get a CON.

He said AOIC had always argued for removal of CON in the mature medical markets; but stressed that the legislature must clear up these definitions and end this legal limbo.

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ROD BETIT, CEO, President, Alaska State Hospital and Nursing Home Association, testified in support of the new language in this committee substitute and encouraged the committee to adopt the CS.

SENATOR THOMAS questioned the issue of costs and what drives them, and how, from a hospital's point of view at least, removal of the CON would increase costs. He understood that removing imaging or other services from hospitals would decrease revenues and the loss would be spread over the entire operation, but statistics show that daily hospital charges have doubled or tripled from 1992 to 2006. If the CON was holding costs down, then removing it would be a major concern; but if competition

might help [to control costs] he would certainly be in favor of it.

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MR. BETTIT said he had price comparisons in Fairbanks for those services inside and outside the hospital and, in all cases, Fairbanks Memorial was lower than what the competitors were charging. He believed if they had that data for the entire state, it would help them understand whether increased competition actually produced lower costs for consumers. He did not feel they could really answer that question until the information became available for everyone, not just hospitals. That information in combination with the Community Benefit Report should provide a much clearer picture. He noted that the Community Benefit Report in the members' packets was their first attempt to capture the amount hospitals statewide were absorbing in unreimbursed expenses.

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DR. ARTHUR MANNING, was very much opposed to the CON. He said the cost of a procedure he had performed at Providence the previous summer was \$56,622.71. A week before the following Christmas, he had that same procedure performed at the Pioneer Peak Center for \$10,913.00. In addition, there was no operating suite available that week at either Providence or Regional hospitals and a doctor who worked there said if you came in with a broken femur you could expect to wait until the following day to get it set. He wondered where the 50% excess in operating capacity claimed by those hospitals might be. He also disagreed with testimony presented the day before to the House of Representatives that there was a shortage of nurses. He observed that there were plenty of nurses in Fairbanks but, like his neighbor Cathy Sullivan, they were working in other fields because they could make more than what the hospitals were paying. In closing, he alleged that many of the administrators "down there" were not being truthful.

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DR. BOB BRIDGES, Owner, Aurora Diagnostic Imaging Center (ADIC), supported the repeal of CON and the provisions in SB 245, and applauded the legislature for the definitions that were included in HB 345. He stated that physicians also absorb a lot of unreimbursed expenses; he takes care of charity cases as well as Medicaid and Medicare patients. He liked the idea of posting prices and the quality of care that goes along with that online so people could shop around, but cautioned that the costs posted

should allow for a realistic comparison, noting that hospitals break out costs while his billings are all-inclusive.

CHAIR DAVIS thanked Dr. Bridges for his testimony and for taking Medicaid and Medicare patients. She assured him she had not heard anyone say that only the hospitals provide uncompensated care.

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SENATOR THOMAS said he understood that 80 percent of doctors in Fairbanks and many in the Anchorage area, were not taking Medicare. He commented that when he looked at the huge increases in charges per adjusted patient day over a 14 year period, it caused him to wonder whether competition would actually reduce prices, and asked Dr. Bridges if he felt he would continue to take Medicare and Medicaid patients.

DR. BRIDGES responded that he could not, in good conscience, turn people away; he donated a pet scan each month to Alzheimer's patients and was a member of Access Anchorage, which provides services to those who cannot not afford to pay for them. He added that, as one of the original WAMI medical students he felt he owed the people of Alaska for his education and was looking forward to paying it back.

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JILL THORVALD echoed Dr Bridges' comments regarding charity cases. She stated that she is the Executive Director of a medical clinic in Fairbanks that wrote off in excess of \$100,000 during the prior year because they treated everyone, regardless of their ability to pay. She further attested that they were one of the only providers locally that would take Medicaid and their doctors were on call with the hospital 24 hours a day, 365 days per year.

SENATOR THOMAS commented that Fairbanks Memorial Hospital built a wonderful extension to their facility. It is an expensive operation to run and has to be manned 24 hours a day, 7 days a week. He asserted that no one else provided that level of care for serious accident victims and asked whether or not she agreed that if the CON were repealed, an expansion like that would receive less emphasis in the hospital's list of priorities based on their bottom line, thus reducing access to life-saving care for people injured in serious accidents.

MS. THORVALD replied that, in her personal opinion, the emergency room's bottom line profit would not be affected at all

by loss of the CON. As a matter of fact, she felt repealing the CON could enhance the operation as it would free more doctors to rotate through those calls, which would mean a wider choice of specialties and better rested doctors.

SENATOR ELTON guessed that the emergency room at the Fairbanks hospital was not a profit center so there wouldn't be community competition with the emergency room. He was concerned that the hospitals would continue to provide services that do not provide profit, while the profitable services leave the hospital.

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SENATOR ELTON asked if he had misunderstood her answer.

MS. THORVALD responded that he did pose a good point however, if the CON went away making this a more attractive community to other providers, it would enhance other departments in the hospital that are profitable.

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CORONE STURM supported SB 245, specifically repeal of the CON. She acknowledged that they have a wonderful hospital that is a valuable resource to the community, but stressed that the doctors are also important, and they were leaving "in droves" because it was no longer profitable for them to practice here. She said she had been listening to testimony on these bills for a couple of weeks and had heard a lot of hospital representatives present their positions; she exhorted the committee members to listen to their constituents, to people whose medical bills are skyrocketing and have had to leave town or the state to get care. She said she heard testimony the day before in a House committee meeting from people who were turned away for care and who couldn't see their own providers because they did not have privileges at the hospital. And for those who could get care, the cost was very high. She attested that competition was recognized in health care as vital in a community of their size to prevent a monopoly.

She encouraged the committee to move forward with SB 245 saying that, unless they create a more conducive environment, they will continue to lose quality providers.

[2:07:53 PM](#)

KARLEEN JACKSON, Commissioner, Department of Health and Social Services (DHSS) made herself available for questions.

SENATOR DYSON confirmed that Commissioner Jackson was working from version /L and asked her to turn to page 5, line 24. He said he would like the state to encourage people to take responsibility for their own health care and was looking for a place to insert that. He assumed that if the bill passed, her department would promulgate regulations to implement it, but wondered whether the bill should be amended to place more responsibility on the individual.

COMMISSIONER JACKSON assured Senator Dyson that promoting personal responsibility was at the core of the bill. She asked whether he was asking for more specific verbiage in that portion of the bill.

SENATOR DYSON suggested that after the "and" they insert the words "health care" and "healthy living." He wanted to be sure that would not be counter to her intentions or the governor's.

COMMISSIONER JACKSON concurred with Senator Dyson's suggestion.

SENATOR DYSON then directed the commissioner's attention to page 7, line 20 [21] regarding hospital ratings. He proposed that, in addition to "infections and mortality" they should also be logging medical accidents.

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COMMISSIONER JACKSON invited their chief medical officer to address the question.

[2:11:44 PM](#)

JAY BUTLER, Chief Medical Officer, Department of Health and Social Services (DHSS) agreed that Senator Dyson raised a very good point. An example of the type of things that could be included there and were currently being collected was falls, an important and completely preventable cause of injury. He felt this could be coordinated with the movement by Centers for Medicare & Medicaid Services (CMS) to stop Medicaid reimbursement for medical errors.

SENATOR DYSON asked if Mr. Butler was suggesting that they add "accidents and medical errors."

MR. BUTLER said the question was whether to specify it in the bill or defer to the commission to define that level of detail. He did agree that, in terms of the types of things that could be reported, it fit very well with the goal of letting people know how safe a given health care facility might be.

SENATOR DYSON felt that, because they had already listed infections, it might make sense to complete the list.

CHAIR DAVIS interrupted to clarify with Commissioner Jackson that the commission could specify that level of detail without including it in the statute.

MR. BUTLER said that would be his recommendation.

SENATOR DYSON moved on to page 8, line 21 and asked whether everything listed under mandatory reporting would be on the website.

MR. JACKSON answered that all of it could eventually be on the website. He was concerned that the mandatory reporting requirements were very ambitious and he was not sure how much of it was feasible in the short-term. He understood that the goal of the statute was to create the authority to collect the information.

COMMISSIONER JACKSON added that with the new effective date of July 1, 2009 it might not be possible to get all of the listed components on the web that quickly.

SENATOR DYSON clarified that he was not talking about the implementation; he wanted to know whether the bill specified that the data gathered through mandatory reporting would be made available to the public online.

MR. BUTLER responded he was not able to provide a legal interpretation.

SENATOR DYSON asked if it was the administration's intention to make that information available.

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CHAIR DAVIS interposed that Senator Dyson was getting ahead of them and she would like him to hold his question until they were ready to consider amendments.

SENATOR DYSON explained that, before he could craft an amendment he needed to know if one was necessary.

COMMISSIONER JACKSON said it was the administration's intention to make that information available online.

SENATOR DYSON asked for clarification on line 21, "information on costs to the consumer." He wanted to be sure this meant the public would know the cost of that service for all consumers.

COMMISSIONER JACKSON advised that their attorney was making careful notes on this.

SENATOR DYSON said, if they did not amend it, he wanted the intention of the legislature to be clear on the record with regard to this language.

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SENATOR ELTON said he wanted to go a step further than clarifying their intent; he wanted it to be a component of law that the information collected would be made available to the public.

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Stacie Kraly, Chief Assistant Attorney General, Department of Law said part of the problem is that the bill is full of "shalls" and "mays" and "must" and those sorts of things, so they need to do a careful review of the health information portion of this to ensure that all of the provisions are mandatory; that there is a mandatory obligation to disseminate the information to the public.

She continued that it was the administration's intent and they would have to be careful that any amendments did not unwittingly make it more discretionary. She pointed to page 6, line 23 "the department shall establish and maintain an information database" and said it flows back to the mandatory reporting provisions, which also include "shall" language.

CHAIR DAVIS asked if she felt comfortable with the current verbiage.

MS. KRALY revealed that there was a proposed change to page 6, line 30, which would change the "must" to a "may" and would turn the mandatory language into a discretionary issue about what should be included on the website. Otherwise, most of the other language in the provision related to article 2 of the bill was mandatory, not discretionary.

SENATOR THOMAS said it appeared to him that most unhealthy lifestyles are developed early in life and he questioned the absence of any mention of early intervention in the schools. He

also noted that the bill had grown far beyond the Certificate of Need issue.

COMMISSIONER JACKSON assured Senator Thomas that they did not mean to leave out what he recognized as a very important component, which is the time kids are in school, but she did not have the power to mandate in the schools, the school districts or the Department of Education (DOE). She offered to include language that would have DHSS work with DOE and provide them with the same kinds of information included in the other bulleted numbers: body mass index, diet and nutrition, exercise etc.

Regarding Senator Thomas' comment about the CON being a long way from the other two sections of the bill, she respectfully disagreed. She believed they were creating more effective ways to address access to care, quality of care, and cost of care.

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CHAIR DAVIS reminded the committee this was the third hearing on the bill and they had a number of amendments before them, which she felt they should consider before drawing up another committee substitute. She realized that the most controversial part of the bill was repeal of the CON and advised DHSS that it was time to state their position on the current CS.

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COMMISSIONER JACKSON pointed out that the changes in section 4 caused the department some concern; not all of the issues would be resolved in terms of Certificate of Need litigation with those changes.

SENATOR ELTON interrupted to suggest that people following the proceedings might not know how the changes in section 4 affected the Certificate of Need program, and asked the chair to allow Commissioner Jackson to talk briefly about what the new CON program would be.

COMMISSIONER JACKSON summarized that section 4 in that version added definition language around some of the independent diagnostic testing facilities, but was concerned that it did not include the ambulatory surgery centers and felt they should consider adding that.

CHAIR DAVIS said she had used the language from HB 345 for this section and if the Commissioner felt amendments were needed, she would like the department to get them to her.

COMMISSIONER JACKSON said she would be happy to do that.

SENATOR ELTON summarized the changes: The bill evolved from the original governor's bill that would have eliminated the Certificate of Need program, to a Committee Substitute that would change the CON so that diagnostic imaging equipment would be exempted [from the program] in communities with a population of 60,000 or more, provided that it is at least 50 percent owned by state licensed physicians.

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CHAIR DAVIS thanked Senator Elton for the summary and confirmed that this CS was not asking for repeal of the CON and she did not think the committee would go back to version A and push for repeal. She hoped that the language in the current CS would still resolve most of the litigation issues surrounding the CON.

COMMISSIONER JACKSON deferred to their attorney to speak to the legal issues.

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CHAIR DAVIS asked Ms. Kraly to speak to whether this CS would resolve some of the legal issues facing the department without repealing the CON.

MS. KRALY responded that inclusion of the SB 245 exemption for diagnostic imaging facilities would resolve a majority of the current law suits, as well as a pending application for two facilities in the Anchorage area. It would not resolve all of the issues.

[2:39:02 PM](#)

SENATOR DYSON said he had asked Ms. Kraly earlier what "cash" meant in the context used on page 7, line 17. She said that is what the patient/client would pay, as opposed to a third-party payor. He wanted to confirm the "negotiated price" as used on that line means the actual, total price for the procedure.

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MS. KRALY admitted that the pricing structure for health care reimbursement is very complex, and Senator Dyson raised an interesting and appropriate question as to the differences between various pricing methods. She stressed that they would need to be careful to be comprehensive enough in their language to include the entire range of associated costs, and thought they may need to include an additional phrase to make sure they

were including not only the negotiated price between an insurance company and a facility, but what the actual cost was.

SENATOR DYSON cautioned that providers often give misleading information and he was not sure "cost" was the right word. He was looking for the totality of the value that transfers from the payor to the payee.

MS. KRALY agreed.

CHAIR DAVIS chided that, if they would begin going through the amendments they had before them, they would get to the issues they were discussing.

[2:43:51 PM](#)

EVELYN MOON said she wanted the CON to go away because it would lower the cost of procedures and make them more available locally.

CHAIR DAVIS recognized SENATOR HUGGINS.

[2:45:44 PM](#)

JOANNE SMITH, Wasilla, said she had worked in the health care field all of her life and felt strongly that CON laws should be repealed . When the laws were repealed in Texas, she observed that it did not appear to create any difficulty to the hospital in which she worked and, as a matter of fact, it improved efficiency. She stated that Alaska has on of the highest cost and lowest quality health care systems in the United States and if they removed the current monopoly it would improve the quality of care, increase the number of physicians who want to work in Alaska thereby increasing construction and revenues throughout the state, resulting in better services at a lower price.

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CHAIR DAVIS proposed going through the amendments for the working draft, version L

DON BURRELL, Legislative Aid to Senator Bettye Davis, read the amendments.

Proposed Amendments

Page 4, line 8 [Sec. 18.09.010, Paragraph (2)] would be replaced by "to improve the department's plan for who shall report data, what data will be required, when each facility type will be required to begin reporting, and the reporting system to be imposed."

SENATOR DYSON said he had no problem with the content.

MR. BURRELL continued.

Page.4, line 12 [Sec. 19.09.020]: Delete number (1),  
"the state officer assigned the duties of medical  
director for the department."

SENATOR ELTON said his understanding was that the medical director is also a Centers for Disease Control and Prevention (CDC) officer, and wondered why they would delete a CDC officer from the commission.

CHAIR DAVIS said they had changed all of that section, replacing many of them with persons appointed by the governor.

SENATOR ELTON said he would mull that over.

MR. BURRELL continued with Amendments.

Page.4, line 14: Delete "Department of Administration"  
and replace it with "Governor." Make this number (1).

Page 4, line 15: Delete "commissioner of  
administration" and replace it with "Governor."

Page 4, line 16: Delete number (3), "one member  
representing the Department of Commerce, Community,  
and Economic Development, appointed by the  
commissioner of commerce, community, and economic  
development."

MR. BURRELL commented that with these amendments they were changing the makeup of the health care commission.

Page 4, line 21: Delete "six public members" and  
replace it with "three public members." Make this  
number (2).

Page 4, line 23: Insert number (3) "three health care  
providers, representing hospitals, physicians and  
mental health."

Replace "(6)" with "(3)."

Delete "one member of the House of Representatives"  
and replace it with "two members of the House of  
Representatives."

Page 4, line 25: Replace "(7)" with "(4)."

Delete "one member of the Senate" and replace it with "two members of the Senate."

SENATOR DYSON said he would like to hear from whomever proposed the changes what the philosophical base is for this change in direction, and to hear the administration's comments on it.

CHAIR DAVIS said the administration might not be prepared to comment as they had just received the proposed amendments.

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She said she brought this forward in order to bring more health care professionals to the commission than the language in version A provided.

SENATOR DYSON commended Senator Davis for her efforts to balance the commission, but encourage caution to ensure that it would not be over-balanced with people who have a "dog in the fight" and a profit motive. He also struggled with how to attract really informed, experienced consumers who don't have a specific "axe to grind."

MR. BURRELL continued:

Page 4, line 27: Insert "(6) one member representing Alaska Tribal Health care System."

Insert "(7) one member representing health care insurance."

Delete (8)

Page 4, line 28: Delete the word "department's" and replace it with "Governor's."

Page 4, line 31: Delete "three", replace with "five".

Page 5 Line 6: Insert immediately after executive director, "with appropriate health care policy experience,"

[3:00:57 PM](#)

SENATOR DYSON interjected a proposed amendment to Page 5, Line 24.

Insert after "and", "health care and".

SENATOR ELTON expressed concern that the commission would employ an executive director. He felt the chain of command would be

fuzzy if the commission hired the executive director but the department provided the staff.

CHAIR DAVIS felt this could be handled within the existing language.

MR. BURRELL

Page 5, Line 26: Insert after reducing, "rate of growth in health care costs for all residents of the state" ...

Page 5, Line 27: Delete "below the national average", replace with "make health care more affordable;"

Page 5, Line 28: Delete "ensuring", replace with "improving"

Page 5, Line 31: Delete "ensuring, replace with "improving"

Page 6, Lines 19 and 20: Delete "facilities", replace with "services, price and quality"

Delete "of health care services of health care facilities in the state; and", replace with "in making health care decisions; and"

Page 6, Line 24: Delete "all"

The phrase would now read "establish and maintain an information database on the Internet of information about health care facilities" ...

Page 6, Line 26: Delete "facilities, replace with "services"

[3:04:23 PM](#)

SENATOR ELTON asked if the word "all" was deleted because some health care facilities are not under the state's purview.

CHAIR DAVIS explained that was part of their reasoning.

MR. BURRELL

Page 6, Line 30: Delete "must", replace with "may"

CHAIR DAVIS noted that the committee had already heard from Ms. Kraly that this change could be a problem, and

suggested they bypass this amendment until they received a decision from the Department of Law.

MR. BURRELL continued on page 7, line 4 which read "(A) health care located in the state;"

Page 7, Line 4: Insert "care" after health and before facilities.

Page 7, Line 14: Delete "(3)a list of the 100 most commonly prescribed medications in the state and the source and price, updated monthly, of the medications;"

SENATOR DYSON asked Chair Davis why she was deleting that.

CHAIR DAVIS said she felt it was confusing and that it would be difficult to identify the most commonly prescribed medications. She proposed to let the department address it.

SENATOR DYSON responded that the medical industry could handle that fairly well and it would be very valuable information to consumers.

SENATOR ELTON thought this was one of the elements of the original bill because the presentation from Florida did provide this information.

MR. BURRELL went on to line 26.

Page 7, Lines 26 and 27: Delete "(7) a list of procedures approved by state agencies for emergency response and treatment;"

SENATOR DYSON asked why.

MR. BURRELL said number (7) was a little ambiguous; they needed to clarify what "emergency response and treatment" really meant.

SENATOR DYSON said that is the department's role and he would be glad to hear from them.

[3:10:52 PM](#)

He added that line 17 should be amended to define price more precisely.

Page 7, Line 26, insert after "infections" "medical errors and accidents".

MR. BURRELL moved to page 8, line 6 to insert a new number 11.  
Insert new number (11) which will read, "a list of physicians that accept new Medicare clients."  
Move the current (11) down and replace "(11)" with "(12)".

SENATOR DYSON asked to amend line 20.  
Insert after "AS 18.09.110:" "this data shall be posted on the department website" and on line 21, after "consumer" add "and all other consumers"

MR. BURRELL read their amendment to line 21.  
Page 8, Line 21: Insert after "health care services" "which include facility and physician components of care."

A five year sunset section for the Alaska State Health Care Commission would be added for June 30, 2013, in reference to mandatory reporting.

Page 11: Add an effective date of July 1, 2009 for Sec. 18.09.120 which begins on page 8, line 17.

Page 11: Section 4 which begins on page 3, line 18 would take effect immediately.

[3:15:28 PM](#)

SENATOR ELTON reasoned that a previous presenter testified there was a lot of work involved in this mandate and a starting date of July 1, 2009 for reporting might be too aggressive. He wanted to hear from the department regarding the effective dates.

SENATOR DYSON said he was impressed by the presentation the committee heard on brain injuries among returning veterans; he asked Senator Huggins to think about including a member of the veterans' or military health providers on the commission.

CHAIR DAVIS asked Senator Dyson to get that to her office so it could be included in the new committee substitute. She held SB 245 in committee.

There being no further business to come before the committee, Chair Davis adjourned the meeting at [3:18:24 PM](#).