

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 9, 2009

3:05 p.m.

MEMBERS PRESENT

Representative Bob Herron, Co-Chair
Representative Wes Keller, Co-Chair
Representative John Coghill
Representative Bob Lynn
Representative Paul Seaton
Representative Sharon Cissna
Representative Lindsey Holmes

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

HOUSE BILL NO. 188

"An Act relating to the taxation of moist snuff tobacco, and amending the definition of 'tobacco product' in provisions levying an excise tax on those products."

- HEARD AND HELD

HOUSE BILL NO. 168

"An Act relating to state certification and designation of trauma centers; creating the uncompensated trauma care fund to offset uncompensated trauma care provided at certified and designated trauma centers; and providing for an effective date."

- HEARD AND HELD

HOUSE BILL NO. 223

"An Act relating to the qualifications for residential psychiatric treatment center caregiver staff; and providing for an effective date."

- HEARD AND HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 188

SHORT TITLE: TAX ON MOIST SNUFF

SPONSOR(s): REPRESENTATIVE(s) HERRON

03/12/09 (H) READ THE FIRST TIME - REFERRALS
03/12/09 (H) HSS, L&C, FIN
03/24/09 (H) HSS AT 3:00 PM CAPITOL 106
03/24/09 (H) <Bill Hearing Rescheduled to 03/26/09>
03/26/09 (H) HSS AT 3:00 PM CAPITOL 106
03/26/09 (H) Heard & Held
03/26/09 (H) MINUTE(HSS)
04/09/09 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 168

SHORT TITLE: TRAUMA CARE CENTERS/FUND

SPONSOR(s): REPRESENTATIVE(s) COGHILL

03/09/09 (H) READ THE FIRST TIME - REFERRALS
03/09/09 (H) HSS, FIN
04/09/09 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 223

SHORT TITLE: TRAINING FOR PSYCHIATRIC TREATMENT STAFF

SPONSOR(s): HEALTH & SOCIAL SERVICES

04/08/09 (H) READ THE FIRST TIME - REFERRALS
04/08/09 (H) HSS
04/09/09 (H) HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

ROB EARL, Staff
to Representative Bob Herron
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced the proposed CSHB 188, Version N, for the prime sponsor, Representative Herron.

DR. FRANK SACCO, Chair
Alaska Trauma Systems Review Committee
Anchorage, Alaska

POSITION STATEMENT: Presented a Power Point titled "Trauma Care in Alaska 2009" and answered questions about the Alaska trauma system.

DR. REGINA CHENNAULT, Chair
Alaska Committee on Trauma;
American College of Surgeons
Alaska Native Medical Center

Anchorage, Alaska

POSITION STATEMENT: Spoke in support of HB 168.

DR. DANNY ROBINETTE

Northern Alaska Medical Surgical

Fairbanks, Alaska

POSITION STATEMENT: Spoke in support of HB 168.

GERAD GODFREY, Chair

Alaska Violent Crimes Compensation Board

Juneau, Alaska

POSITION STATEMENT: Spoke about HB 168.

DAVID HULL, Chairman

Alaska Council on Emergency Medical Services

Ketchikan, Alaska

POSITION STATEMENT: Testified in support of HB 168.

ROD BETIT, President & CEO

Alaska State Hospital and Nursing Home Association (ASHNHA)

Juneau, Alaska

POSITION STATEMENT: Testified about HB 168.

MARK JOHNSON, Chief (ret.)

Community Health and Emergency Medical Services

Department of Health and Social Services (DHSS)

POSITION STATEMENT: Testified about HB 168.

DR. JAY BUTLER, Chief Medical Officer

Office of the Commissioner

Department of Health and Social Services (DHSS)

Anchorage, Alaska

POSITION STATEMENT: Testified about HB 168.

MYRA MUNSON, Attorney

The Boys and Girls Home of Alaska

Fairbanks, Alaska

POSITION STATEMENT: Testified about HB 223.

PAT HEFLEY, Deputy Commissioner

Office of the Commissioner

Department of Health and Social Services (DHSS)

Juneau, Alaska

POSITION STATEMENT: Testified about HB 223.

STACIE KRALY, Chief Assistant Attorney General;

Statewide Section Supervisor

Human Services Section
Civil Division (Juneau)
Department of Law (DOL)
Juneau, Alaska

POSITION STATEMENT: Answered questions about HB 223.

STACY TONER, Deputy Director
Division of Behavioral Health
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Answered questions about HB 223.

BEVERLY WOOLEY, Director
Division of Public Health
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Answered questions about HB 223.

JIM MALEY, President & CEO
Alaska Children's Services (ACS)
Anchorage, Alaska

POSITION STATEMENT: Testified about HB 223.

JEFF JESSEE, Chief Executive Officer
Alaska Mental Health Trust Authority (AMHTA)
Department of Revenue (DOR)
Anchorage, Alaska

POSITION STATEMENT: Testified about HB 223.

KATE BURKHART, Executive Director
Alaska Mental Health Board (AMHB)
Office of the Commissioner
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Answered questions about HB 223.

FRAN PURDY, Executive Director
Alaska Youth & Family Network (AYFN)
Anchorage, Alaska

POSITION STATEMENT: Testified about HB 223.

ACTION NARRATIVE

[3:05:45 PM](#)

CO-CHAIR WES KELLER called the House Health and Social Services Standing Committee meeting to order at 3:05 p.m.

Representatives Keller, Herron, Cissna, Seaton, Lynn, and Coghill were present at the call to order. Representative Holmes arrived as the meeting was in progress.

HB 188-TAX ON MOIST SNUFF

3:06:01 PM

CO-CHAIR KELLER announced that the first order of business would be HOUSE BILL NO. 188, "An Act relating to the taxation of moist snuff tobacco, and amending the definition of 'tobacco product' in provisions levying an excise tax on those products."

3:07:08 PM

CO-CHAIR HERRON moved to adopt the proposed Committee Substitute (CS) for HB 188, Version 26-LS0714\N, Bullock, 4/9/09, as the working document.

CO-CHAIR KELLER objected for the purpose of discussion.

CO-CHAIR HERRON said that his intent was to reduce the use of snus and moist snuff tobacco, especially by young people, and to increase the revenue for cessation grants. He said that this Committee Substitute, Version N, changed the tax on moist snuff tobacco to a weight based tax, and changed the tax on snus to an ad valorem tax of 100%. He shared his desire to craft legislation that impacted the smokeless products, which he opined was a crisis in his district.

3:09:28 PM

ROB EARL, Staff to Representative Bob Herron, Alaska State Legislature, read from a prepared statement:

Currently in state law, cigarettes are taxed at 10 cents per cigarette (\$2 a pack) and all other tobacco products (OTP) are taxed *ad valorem* at 75% of their wholesale price. Moist snuff tobacco (more commonly called "dipping tobacco") presently falls under the OTP tax regime.

HB 188 distinguishes between two types of moist snuff tobacco (MST): spitless MST and all other MST. Spitless MST are these new light-weight products that come in teabag-like pouches and obviate the need for spitting. (Like the Camel Snus tin we saw a couple

weeks ago when this bill was first heard.) HB 188 taxes this spitless MST at 100% *ad valorem*. All other MST (mostly the circular tins) will be taxed on a weight-based system of \$1.88 per ounce. All other OTPs (everything besides cigarettes and both types of MST) will remain taxed at an *ad valorem* rate of 75%.

Taxing MST (excluding spitless MST) at a \$1.88 per ounce is designed to reduce the price disparity between discount and premium MST products. \$1.88 per ounce is currently roughly equal to what the premium brands currently pay under the *ad valorem* system. With HB 188, the tax on discount brands will increase dramatically and the tax on premium brands will initially be about the same. The bill does include a sunset provision, whereby the \$1.88 per ounce tax on non-spitless MST products, barring further legislative action, would revert back to a 75% *ad valorem* rate after 3 years.

This new taxation system will produce additional state revenue, mostly by raising the taxes paid by discount MST brands. The Dept. of Revenue has estimated tax revenue would increase by \$1.1 million, although that's assuming the same amount of product is purchased as before the tax increase. Also, some popular MST companies lowered prices recently, having the net effect that this bill might result in as much as \$1.8 million in additional revenue.

This bill also increases funding for the tobacco education and cessation fund by sending 25% of the annual tax revenue collected on all MST products to this fund, which may be used for tobacco education and cessation programs.

Currently, if you order cigarettes for personal use over the Internet, you must pay state taxes on those purchases. But in current state law, you do not have to pay taxes on any OTP products imported for personal use. HB 188 closes that loophole.

The bill also requires that cigars be sold in packages of at least five; that loose tobacco be sold in packages weighing at least one ounce; and that single dose units be sold in original manufacturer's packaging.

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CO-CHAIR HERRON said that snus was only available on military bases in Alaska. He said that it was outlawed everywhere in the European Union, except Sweden.

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REPRESENTATIVE SEATON introduced three amendments for discussion. He began discussion of the first amendment, which read [original punctuation provided]:

Page 3, line 19 following "sold only in" insert "**no less than units of 10**"

He said that this would eliminate very small packages of smokeless tobacco. He discussed the second amendment, which read [original punctuation provided]:

Page 3, line 1 following "subsection is" delete "75"
insert "**100**"

Page 3, line 10 following "subsection is" delete "75"
insert "**100**"

He referred to this second amendment and explained that this was an increase to the tax rate from 75 percent of the wholesale price of the tobacco product to 100 percent of the wholesale price. He brought attention to the third amendment, which read [original punctuation provided]:

Page 1 line, 10 insert:

Sec. 11.76.100. Selling or giving tobacco to a minor.
(a) A person commits the offense of selling or giving tobacco to a minor if the person
(1) negligently sells a cigarette, a cigar, tobacco, or a product containing tobacco **or nicotine** to a person under 19 years of age;
(2) is 19 years of age or older and negligently exchanges or gives a cigarette, a cigar, tobacco, or a product containing tobacco **or nicotine** to a person under 19 years of age;

(3) maintains a vending machine that dispenses cigarettes, cigars, tobacco, or products containing tobacco or nicotine ; or

(4) holds a business license endorsement under AS 43.70.075 and allows a person under 19 years of age to sell a cigarette, a cigar, tobacco or a product containing tobacco or nicotine.

He explained that this would regulate products that contained either tobacco or nicotine. He said that the issue revolved around two methods for taxes on tobacco, and he asked the sponsor to formulate a per nicotine dose tax, so that the committee could achieve a balanced discouragement to each nicotine delivery system.

[3:19:21 PM](#)

CO-CHAIR KELLER closed testimony.

[HB 188 was held over. Co-Chair Keller's objection to the motion to adopt the committee substitute (CS) for HB 188, Version 26-LS0714\N, Bullock, 4/9/09, as the working document, was left pending.]

HB 168-TRAUMA CARE CENTERS/FUND

[3:19:35 PM](#)

CO-CHAIR KELLER announced that the next order of business would be HOUSE BILL NO. 168, "An Act relating to state certification and designation of trauma centers; creating the uncompensated trauma care fund to offset uncompensated trauma care provided at certified and designated trauma centers; and providing for an effective date."

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REPRESENTATIVE COGHILL stressed that it was a high priority for Alaska to have an emergency trauma delivery system. He explained that he would like to incentivize hospitals to attain trauma center designation, and to direct funding for trauma uses. He noted that two central issues were for uninsured patients, and for payment to the hospitals for the new programs. He suggested that hospitals which increased their trauma designation would receive repayment for the expenses. He referred to the "Trauma System Consultation" report from its November 2-5, 2008, meeting in Anchorage, Alaska. [Included in

the members' packets] He noted that the report contained suggestions of ways for Alaska to improve its trauma system. He opined that hospitals would be reluctant, but would support this program. He summarized that there was an important need to take care of Alaskans who were hurt, and that there should not be a question of where the payment would come from.

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DR. FRANK SACCO, Chair, Alaska Trauma Systems Review Committee, said that his report would demonstrate why this was important, what had been done so far, and what was still needed. He quoted the former U.S. Surgeon General, C. Everett Koop, "If a disease were killing our children at the rate unintentional injuries are, the public would be outraged and demand that this killer be stopped." He opined that a public health system approach was the only proven way to make an impact. He stated that the leading cause of death for individuals up to 44 years of age was trauma, and yet it was still not recognized.

[3:31:15 PM](#)

DR. SACCO referred to slide 5, "Trauma in Alaska," and detailed the annual impact to Alaskans.

[3:31:45 PM](#)

DR. SACCO directed attention to the comparative deaths by trauma in the U.S. and Alaska on slide 6, "Death from Trauma in Alaska." He pointed out the high rate for Alaskans and the much higher rate for Alaska natives, and he noted that the Alaska trauma death rate was second only to New Mexico.

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DR. SACCO explained that the leading causes of traumatic death in Alaska were motor vehicles and firearms, slide 7, "Trauma in Alaska." He disclosed that 25 percent of the \$73 million cost for trauma care in Alaska was not compensated.

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DR. SACCO compared the time from injury to death on slide 8, "Death from Trauma." He pointed out that intervention during the golden hours would improve survival.

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DR. SACCO indicated slide 9, "Trauma Systems," and read "A trauma system consists of hospitals, personnel, and public service agencies with a preplanned response to caring for the injured patient."

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DR. SACCO considered slide 10, "Trauma Systems," and described the facilities, the personnel training, the patient transport, the triage. He said "a trauma system was getting the right patient to the right place in the right amount of time."

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DR. SACCO looked at slide 11, "Facilities-Trauma Centers," and reviewed the definitions for Levels I-IV of trauma centers.

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DR. SACCO spoke about the various trauma related courses, which included ATLC, TNCC, RTTDC, and ETT, on slide 12, "Personnel."

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DR. SACCO directed attention to slide 13, "Transport and triage," and spoke about the guidelines that take into account local resources and capabilities.

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DR. SACCO referred to "Trauma Systems" on slide 14, and declared that trauma systems improved survival of the seriously injured by 15 -25 percent, increased the productive working years, and enhanced the statewide disaster preparedness.

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DR. SACCO spoke to slide 15 "Preventable Deaths: the impact of trauma systems," and he compared the decrease to percentages of preventable deaths for three major metropolitan areas.

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DR. SACCO continued on to slide 16, "Trauma Systems & crash mortality," which depicted a state to state comparison for crash mortality before and after the introduction of trauma systems.

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DR. SACCO explained that slide 17, "Trauma systems & crash mortality" revealed the impact on mortality rates with trauma systems, seat belt restraint laws, lower allowable blood level alcohol, and increases to the speed limit.

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DR. SACCO spoke about slide 18, "Anchorage Mortality Rate 2005-2007" which depicted the lower mortality rate for designated, as opposed to non-designated, trauma centers in Anchorage. He explained that the next slide reflected the significant differences for age group mortality rates between the designated and non-designated trauma centers. He reviewed the next slide, "Trauma Center and Disaster Preparedness," and noted that a trauma center maintained its readiness, was staffed for all types of injuries, had a broad communications network, and had the resources to facilitate the patient's recovery.

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DR. SACCO stated that slide 21 "Trauma Systems and the Public," showed that 83 percent of the people wanted a trauma system in their area.

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DR. SACCO said that slide 22, also titled "Trauma Systems and the Public," affirmed that 75 percent of people interviewed thought there was a trauma center system in their state, but in actuality only 15 percent of the people lived in a state with a comprehensive system.

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DR. SACCO explained slide 23, "Alaska Trauma System," and noted that a 1993 Alaska statute created the EMS authority for designating trauma centers, set national standards for trauma centers, and made hospital participation in the trauma system voluntary. He said that in the 15 years since, there was only one Level II trauma center and four Level IV centers in Alaska, which were all listed on slide 25, "Current Status."

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DR. SACCO introduced the Site Visit Team on slide 26, and he described the "Objective," slide 27, which was "To help promote a sustainable effort in the graduated development of an inclusive trauma system for Alaska."

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DR. SACCO continued on to slide 28, "Advantages & Assets," and emphasized that Alaska had very committed individuals who served Alaska, that there was an extensive transport network, that there were three large medical centers with extensive expertise in the state, and that there was a very good relationship with Harborview Medical Center in Seattle for sending trauma patients. He also listed the Level II facility, with other small hospitals working toward verification of Level IV. He said the Alaska Trauma Registry received data from all 24 acute care hospitals.

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DR. SACCO moved on to slide 30, "Challenges and Vulnerabilities." He declared that Alaska did not have a trauma system plan, there were no trauma standards, there were limited human resources, there were few incentives for hospital participation, and there was not a statewide performance evaluation.

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DR. SACCO directed attention to slide 31, "Trauma Care in Alaska 2009," and concluded: "There are two healthcare systems for injured patients. One for Alaska natives that adheres to national standards and another for the majority of the population." [original punctuation provided]

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DR. SACCO referred to the recommendations on slide 32, "Definitive Care Facilities," and said that a second Level II Trauma Center had to be established in Anchorage, and that participation by all acute care hospitals should be mandated within two years for trauma center designation appropriate to their capabilities. He continued with slide 33, and declared that there was a need for pediatric trauma care capability. He concluded that it was necessary to determine a method of financial support to trauma centers for uncompensated care.

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DR. SACCO noted that slide 36, "Alaska Trauma Systems Review Committee," reflected that the committee met twice a year and that its role was to review the Level IV hospitals and the interfacility transfer guidelines, and make suggestions for trauma system improvement.

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DR. SACCO explained that "Head Injury Guidelines for Rural and Remote Alaska," were implemented primarily by the tribal health system and it decreased unnecessary medevacs by 75 percent, with no adverse consequences.

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DR. SACCO commented on slide 38, "Current Activity US," and compared that both Georgia and Arkansas put millions of dollars into the trauma system, whereas Alaska was the only state without a designated Level 1 or Level 2 trauma center, other than the Native Health Service facility. He added that federal legislation was currently being considered for help to trauma centers.

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DR. SACCO concluded with slide 39, "Alaska Trauma System: "Where do we go now?" and said that it was necessary to increase facility participation for development of an inclusive system.

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REPRESENTATIVE CISSNA asked about community emergency response training.

DR. SACCO, in response to Representative Cissna, explained that the difference between designated and non-designated hospitals was determined by the ability to maintain a minimum care level. He endorsed the need to organize providers and facilities to ensure that this care level was always available.

DR. SACCO, in response to Representative Cissna, explained that the mortality rates were adjusted per 100,000 people, and that Alaskans had the second highest rate.

[3:52:30 PM](#)

REPRESENTATIVE CISSNA referred to the need for funding, and asked what could be done that was not funding related.

DR. SACCO said that there were over 70 recommendations in the American College of Surgeons report [Included in the members' packets], many of which did not require any funding. He gave two examples: mal-practice caps on damages at a designated trauma center and Medicare and Medicaid allowable billing by designated trauma centers for the Emergency Room activation of a trauma team.

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CO-CHAIR KELLER opened public testimony.

[3:55:55 PM](#)

DR. REGINA CHENNAULT, Chair, Alaska Committee on Trauma, American College of Surgeons, Alaska Native Medical Center, said that she agreed with Dr. Sacco, and that a trauma system was also the best design for handling any disaster. She stated that appropriate trauma care did reduce mortality.

[3:58:26 PM](#)

DR. DANNY ROBINETTE, Northern Alaska Medical Surgical, observed that there was an increasing manpower shortage for general surgery. He noted that trauma patients were often under insured and he suggested that there be incentives for doctors. He said that it became necessary to medevac a patient to Seattle when the Anchorage medical system did not have the availability.

[4:01:45 PM](#)

GERAD GODFREY, Chair, Alaska Violent Crimes Compensation Board, related a personal story which reflected the flaws in the trauma response time. He said that the ad hoc committee had realized that there was not a standardized procedure for all the potential variables. He opined that there was unwillingness from the hospitals to go along with the training, the protocols, and the start up cost. He supported the pro active approach of the American College of Surgeons.

[4:08:00 PM](#)

DAVID HULL, Chairman, Alaska Council on Emergency Medical Services, said that trauma care needed to be addressed. He offered examples of emergency medical systems that had treated trauma patients, and he advocated for an entire trauma care system.

[4:12:30 PM](#)

ROD BETIT, President & CEO, Alaska State Hospital and Nursing Home Association (ASHNHA), said that ASHNHA agreed that work needed to be done on the trauma care system, and that there should be incentives for initiating the system. He opined that DHSS needed to agree on its importance before any talks would be effective. He observed that that there was a significant cost to guarantee the availability of physicians and nurses for the required time response. He remarked that it was different for staff model hospitals, as the physicians worked for that hospital, than for private hospitals, where the physicians did not work for the hospital. He agreed that HB 168 was a good idea.

[4:16:45 PM](#)

MR. BETIT, in response to Representative Coghill, said that the Medicaid disproportionate share funds were available, as these were often left unused.

[4:17:22 PM](#)

REPRESENTATIVE COGHILL agreed that having an already existing funding stream was optimal.

[4:17:27 PM](#)

MARK JOHNSON, Chief (ret.), Community Health and Emergency Medical Services, referred to the initial legislation passed in 1993, which had set up the aforementioned voluntary system. He explained that DHSS had co-sponsored the American College of Surgeons review of eight different hospitals in Alaska. He said that he participated in the reviews, and that many facilities were close to designation. He opined that incentives were necessary for enthusiasm for the designation process. He stressed that the trauma system would save lives.

[4:19:38 PM](#)

DR. JAY BUTLER, Chief Medical Officer, Office of the Commissioner, Department of Health and Social Services (DHSS), said that injury deaths could not be controlled like a disease. He reported that a systematic approach to improve trauma care had become a DHSS priority. He shared that an American College of Surgeons recommendation was for each acute care hospital to seek trauma center designation, appropriate to its capacity, within the next two years. He affirmed that the goal was to improve the quality of care for trauma victims. He stated that HB 168 provided an incentive to become a trauma center. He cited potential funding sources for reimbursement to hospitals for underinsured trauma patients. He noted that DHSS recognized the importance of trauma care, but that there was uncertainty for fiscal support. He observed that the administration had taken a neutral stance.

[4:22:37 PM](#)

REPRESENTATIVE SEATON asked how many trauma deaths were alcohol related, and if it was necessary to address the larger problem of alcoholism.

DR. BUTLER, in response to Representative Seaton, agreed that alcohol was a component and that the reduction to the legal limit for blood alcohol was a part of the larger solution.

REPRESENTATIVE COGHILL, in response to Representative Seaton, said that he was open to the inclusion of other aspects for prevention, as these also had an impact on the system.

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DR. BUTLER spoke about teachable moments, and he shared that non-fatal incidences of trauma, specifically alcohol related events, were excellent teachable moments.

[4:26:42 PM](#)

DR. SACCO agreed with the use of teachable moments, and he gave examples to the success with alcohol intervention and education. He suggested that a requirement for trauma centers was to teach injury prevention to high risk populations.

[4:29:17 PM](#)

REPRESENTATIVE COGHILL, in reference to the bill, reflected that it was important to "be quick but don't get in a hurry." He

agreed that there were complexities to the issues, but that people's lives were involved.

[4:30:34 PM](#)

CO-CHAIR KELLER closed public testimony.

[HB 168 was held over.]

HB 223-TRAINING FOR PSYCHIATRIC TREATMENT STAFF

[4:31:00 PM](#)

CO-CHAIR KELLER announced that the final order of business would be HOUSE BILL NO. 223, "An Act relating to the qualifications for residential psychiatric treatment center caregiver staff; and providing for an effective date."

The committee took an at-ease from 4:31 p.m. to 4:36 p.m.

[4:36:57 PM](#)

CO-CHAIR KELLER acknowledged that there had been ongoing discussion and negotiation about HB 223. He opened public testimony.

[4:39:12 PM](#)

CO-CHAIR HERRON moved to adopt the proposed Committee Substitute (CS) for HB 223, Version 26-LS0842\C, Mischel, 4/8/09, as the working document.

REPRESENTATIVE HOLMES objected for the purpose of discussion.

MYRA MUNSON, Attorney, The Boys and Girls Home of Alaska, said that the Committee Substitute (CS) set a new level of caregiver qualification for residential psychiatric treatment centers (RPTC). She noted that there were currently three caregiver standards, and she explained the requirements for each option. She reported that HB 223 allowed for a fourth qualification option.

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REPRESENTATIVE HOLMES asked for a clarification for the new qualification.

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MS. MUNSON explained that page 2, line 26 should not contain (1), and that this would allow someone without the four year combination of education and experience to work during the hours that another qualified caregiver with that four year combination was at work.

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MS. MUNSON referred to Section 1 (c) and noted that an amendment would mirror the regulation except to also allow that the training be approved by the department, not merely provided. She pointed to Section 1(d) which provided a definition of caregiver.

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REPRESENTATIVE HOLMES removed her objection. There being no further objection, Version C was adopted as the working document.

[4:49:08 PM](#)

PAT HEFLEY, Deputy Commissioner, Office of the Commissioner, Department of Health and Social Services (DHSS), said that he recognized that the health care workforce had one of the highest vacancy rates in Alaska. He emphasized that this bill was for a residential psychiatric facility for kids, and that these were very tough kids. He acknowledged that the Bring the Kids Home program was working very well, and that about 66 percent of the kids were home in Alaska. He said that many of the facilities had problems recruiting employees to be in frequent contact with the kids. He said that DHSS had a concern with the use of statute for changes in qualification standards. He noted that the facilities had the ability to ask for a variance, and that there was not a need to drop the standard. He expressed concern that incident reports would increase. He said that only recently had he been apprised of this urgency, though he was aware of a shortage of staff. He said that DHSS agreed that there was a problem, but did not agree with a change in statute as a solution.

[4:57:09 PM](#)

STACIE KRALY, Chief Assistant Attorney General, Human Services Section, Civil Division (Juneau), Department of Law (DOL), said

that she had not seen the CS, but that the primary concern for DOL was that there were already processes in place to solve the issues. She opined that there were quite a few legal problems with the original bill. She reserved any further comments until she had an opportunity to review the CS.

[4:59:01 PM](#)

REPRESENTATIVE SEATON asked what the optimal limitation to the number of applicants was qualified within Section 1(b)(4).

MR. HEFLEY said that it was important to have experienced staff, and he acknowledged that experience was learned. He expressed his concern for having too many inexperienced staff at any one given time.

[5:01:46 PM](#)

STACY TONER, Deputy Director, Division of Behavioral Health, Department of Health and Social Services (DHSS), in response to Representative Seaton, opined that no more than 10 percent of the staff should be this inexperienced.

[5:02:09 PM](#)

BEVERLY WOOLEY, Director, Division of Public Health, Department of Health and Social Services (DHSS), in response to Representative Seaton, said that it was difficult to determine, and this allowed for the variance process to work well. She explained that the variance request came through her office, and it allowed review for the specific needs and situations.

[5:03:44 PM](#)

CO-CHAIR KELLER asked if there was a comparable standard in the other states where Alaska had sent the youth.

MS. TONER, in response to Co-Chair Keller, said that the Alaska standard was comparable to other states, but that this was a big change to the existing requirements. She noted that there was no reference to supervision in HB 223.

[5:05:39 PM](#)

CO-CHAIR KELLER offered his belief that supervision was addressed in Section 1(b)(4)(C).

MS. TONER noted that the wording, "to work at the center only during hours in which an individual is on duty at the center," did not address supervision.

[5:06:24 PM](#)

REPRESENTATIVE CISSNA said that it was her desire to make the atmosphere at the RPTCs more homelike. She related her experiences working at Alaska Psychiatric Institute (API). She described the RPTC current atmosphere as "much more severe," with a higher level of violence, and an increased sense of hopelessness, all of which required a much higher level of supervision. She stated that she wanted HB 223 to result in shorter, safer, healthier patient residential placements.

[5:10:05 PM](#)

REPRESENTATIVE LYNN remarked that his year teaching severely emotionally disturbed kids was good preparation for his work at the legislature.

[5:10:41 PM](#)

CO-CHAIR KELLER asked how many kids were in RPTCs outside Alaska and ready to come back to Alaska if beds were available.

MS. TONER, in response to Co-Chair Keller, said that there were 164 kids still outside Alaska.

[5:11:05 PM](#)

REPRESENTATIVE COGHILL referred to Section 1(c), and asked the cost for the department to provide "training for caregivers."

MS. TONER pointed out that the fiscal note was \$400,000.

[5:11:59 PM](#)

CO-CHAIR KELLER asked if it was a given that DHSS provided this training for RPTC staff.

MS. TONER replied that there was a residential care child certification training for behavioral rehab service facilities through the Office of Children's Services. She explained that this training brought staff to the Medicaid standards and Medicaid treatment requirements. She allowed that the proposed

HB 223 would also use this same "Bring the Kids Home" venue for training.

[5:13:36 PM](#)

REPRESENTATIVE SEATON referred to Section 1(b) and asked if paragraphs (1), (2), and (3) were each a separate requirement.

MS. WOOLEY said that four different tiers of qualification were created.

[5:15:39 PM](#)

MS. WOOLEY reiterated that the variance process was currently in place for any immediate needs. She explained that the regulatory process allowed full public process and input. She expressed her concern with HB 223 as "a quick fix."

[5:16:47 PM](#)

REPRESENTATIVE COGHILL agreed that he was "no big fan of pulling regulation out and putting in statutes," but that he was troubled by the difficulties for navigating the system. He asked for suggestions to a remedy for hiring qualified care.

MS. WOOLEY, in response to Representative Coghill, agreed that the regulations were overdue for a revision. She offered that the front line providers should be involved in the process. She also suggested that the university system could offer classes for qualification. She noted the difficulty in balancing the staff qualifications, the safety and protection of the kids, and the priority to bringing the kids back to Alaska.

[5:20:47 PM](#)

REPRESENTATIVE SEATON asked how many current variances there were throughout the state.

MS. WOOLEY said that about 37-38 were granted over the last few years.

[5:21:48 PM](#)

REPRESENTATIVE SEATON commented that only one variance had been allowed for a RPTC.

MS. WOOLEY said that there had only been one request, and this was a reason for the DHSS surprise to this recent crisis.

[5:22:12 PM](#)

JIM MALEY, President & CEO, Alaska Children's Services (ACS), reported that ACS employed 250 staff, with 96 direct care staff, who would be included under these regulations. He expressed his disagreement with the statement from DHSS, and he said that this had been a long standing challenge. He observed that hiring direct care staff was always a problem, and he gave examples of staff shortages and the resulting problems. He said that he had asked DHSS for a variance, but that he was told that it would be denied. He reported that ACS had developed a competency based training model for residential child care workers. He offered the use of this model at no cost to the state. He expressed discomfort at this venue for discussion, but he offered his belief that DHSS had not viewed this as a high enough priority to make changes to the regulation. He reported that staff shortages diminished the opportunity to bring more kids back to Alaska.

[5:26:48 PM](#)

MR. MALEY, in response to Co-Chair Keller, repeated that he had approached DHSS about a variance, and was told that it would not be granted.

[5:27:04 PM](#)

REPRESENTATIVE CISSNA asked about the difficulty for hiring and retaining staff.

MR. MALEY replied that there were a number of factors, which included staff pay. He said that an intensive training program could develop the competency for staff to work with kids, and he opined that there was a difference between this training and getting an education.

[5:30:27 PM](#)

REPRESENTATIVE SEATON asked what the most common Bachelors degree was for applicants.

MR. MALEY responded that it would be either psychology or social work, although there were occasional applicants with environmental and therapeutic recreation degrees.

5:31:15 PM

REPRESENTATIVE SEATON asked if a required degree in social services would be more restrictive for hiring.

MR. MALEY replied that it would not be a significant restriction. He commented that he was supportive of regulations, but that he had been frustrated with the responses he had received.

5:32:27 PM

JEFF JESSEE, Chief Executive Officer, Alaska Mental Health Trust Authority (AMHTA), Department of Revenue (DOR), expressed concern with the legislation. He stated that the points were well taken, and that there was agreement that the licensing and staff qualification for RPTCs needed to be reviewed. He noted that the Fairbanks RPTC had not asked for a variance. He suggested that it was better to work through the regulations than to change through statute. He said that the full assurance from DHSS to quickly address these issues was most important. He expressed concern with the minimum level for staffing in the current CS. He pledged his support to the Bring the Kids Home work group.

5:38:23 PM

KATE BURKHART, Executive Director, Alaska Mental Health Board (AMHB), explained the background of the AMHB, and noted that the AMHB was also an advocacy group which solicited public comments on mental health issues. She stated that AMHB could not support the current version of HB 223. She said AMHB had not received any comments from parents that they would support lesser qualified caregivers at the RPTC. She suggested that the committee solicit consumer discussion. She said that AMHB recognized the necessity to balance the provider staffing needs with the need for quality treatment.

5:40:42 PM

MS. BURKHART declared that AMHB supported the regulation process, which involved the public. She allowed that this staffing problem was pervasive throughout the mental health arena. She stated that all the variables involved in work force shortages, including wages, benefits, and stress, needed to be addressed.

5:43:22 PM

MR. HEFLEY acknowledged that there was a problem, but he suggested that resolution not be through statute. He said that there was not resistance from DHSS. He reiterated that DHSS was not aware that there was an issue.

5:44:20 PM

FRANCES PURDY, Executive Director, Alaska Youth & Family Network (AYFN), said that she had solicited comments from parents involved with RPTCs. She reported that parents had commented that the turnover issue was related to pay, not qualifications. She urged the committee to continue with the regulation process. She stated that this was not an issue of education, but an issue of competencies. She shared that the university was developing "best practice standards." She declared that many issues, including cultural competency, the stigma of mental health, and de-escalation of confrontations, were new and required ongoing training.

5:47:53 PM

MS. MUNSON said that she was sympathetic to the DHSS and AMHTA concerns. She stated that this problem deserved a quick solution. She allowed that DHSS had set very high standards for care providers, which could make it difficult to find adequate caregivers. She questioned whether the high standards created the best protection for children, as the issues were most often about: how much protection, how much money to spend, and how to find workers willing to do this difficult work. She explained that, prior to drafting this legislation, she had reviewed the states with Alaskan children enrolled in RPTCs. She stated that the Alaska standards were higher than any of the other states, and she offered some comparisons. She declared that she was not trying to minimize the important and essential role of the direct care providers. She stated that the original intent of the bill was to exactly replicate the existing regulation, so that there would not be any service disruption, and then to add an additional standard. She referred to the amendment [labeled C.3] [Included in the members' packets.] and explained that it included on-site supervision, or mentorship, by someone who met the specifically listed requirements. She reiterated that it was the experience of residential child care in the setting, not the education, which was most critical. She said that these entry level jobs often led to an increased interest, and

continued education. She noted that the ratio of supervisors to caregivers was one to six.

[5:59:15 PM](#)

MS. MUNSON said that variances were on an individual by individual basis. She said that any RPTC which was planning to open could not ask for a variance until they were hiring. She explained the importance for any new RPTC to be aware of the qualification guidelines in advance. She acknowledge the desire of the DHSS to make the regulatory process a priority, but she noted that the regulations had been in effect since 1998, and that all the testifiers to the process had suggested that all the levels of care needed to be reconsidered. She cited the difficulty for ACS to maintain all of their units, even with a large workforce to draw experienced personnel from. She expressed the urgency for action, and she expressed her concern that Alaska was sending kids to other states with lower standards than Alaska. She suggested to fix this caregiver problem immediately, and then to move forward and deal with other problems. She suggested making this a temporary bill for one year, with a provision for DHSS to undertake a regulatory process. She noted that this would allow for uninterrupted care, and would give guidance for the development of new standards.

[6:07:19 PM](#)

CO-CHAIR KELLER closed public testimony.

[6:08:10 PM](#)

REPRESENTATIVE COGHILL noted that there were amendments still to be proposed which could affect the fiscal note. He stated that he wanted to keep moving forward with the legislation, but that he was hesitant about the approach.

[6:08:47 PM](#)

REPRESENTATIVE SEATON reflected that there were problems which had existed for years. He said that the legislature made laws, not regulations. He did not want to rush forward, but preferred to hear more suggestions for options within the variance system.

[6:10:42 PM](#)

REPRESENTATIVE CISSNA said that the serious problems began decades ago. She explained that previously when there were no services in Alaska, the kids were sent out of state. She opined that, even now, state policy did not give a priority to these issues. She stated that the preventative approach achieved great results at a fraction of the cost. She counseled to "take the time to do this right." She offered her belief that there was a pressure "to fill those beds." She emphasized that there was not a rush for quality or for safety of kids. She suggested that the House Health and Social Services Standing Committee put pressure on DHSS for solutions.

[HB 223 was held over.]

[6:14:13 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 6:14 p.m.