

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 9, 2010

3:08 p.m.

MEMBERS PRESENT

Representative Bob Herron, Co-Chair
Representative Wes Keller, Co-Chair
Representative Tammie Wilson, Vice Chair
Representative Bob Lynn
Representative Paul Seaton
Representative Sharon Cissna
Representative Lindsey Holmes

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

PRESENTATION BY THE MAT-SU SUBSTANCE ABUSE PREVENTION COALITION.

- HEARD

HOUSE JOINT RESOLUTION NO. 35

Proposing amendments to the Constitution of the State of Alaska prohibiting passage of laws that interfere with direct payments for health care services and the right to purchase health care insurance from a privately owned company, and that compel a person to participate in a health care system.

- HEARD & 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 & HELD

PREVIOUS COMMITTEE ACTION

BILL: HJR 35

SHORT TITLE: CONST AM: HEALTH CARE

SPONSOR(s): REPRESENTATIVE(s) KELLY, KELLER, P.WILSON, GATTO

01/08/10 (H) PREFILE RELEASED 1/8/10
01/19/10 (H) READ THE FIRST TIME - REFERRALS
01/19/10 (H) HSS, JUD, FIN
02/09/10 (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
04/09/09 (H) Heard & Held
04/09/09 (H) MINUTE(HSS)
02/09/10 (H) HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

ELIZABETH RIPLEY, Executive Director
Mat-Su Health Foundation;
Chair, Mat-Su Substance Abuse Prevention Coalition
Wasilla, Alaska

POSITION STATEMENT: Presented a PowerPoint and answered questions about substance abuse in the Matanuska-Susitna Borough.

STEPHANIE ALLEN, Executive Director
United Way of Mat-Su
Palmer, Alaska

POSITION STATEMENT: Testified and answered questions during the presentation.

NICOLE JEFFRIES, Student
Wasilla High School
Wasilla, Alaska

POSITION STATEMENT: Testified and answered questions about the Mat-Su Substance Abuse Prevention Coalition and the Alaska Healthy Kids Survey.

ROBYN HILLMAN, Student
Wasilla High School
Wasilla, Alaska

POSITION STATEMENT: Testified and answered questions about the Mat-Su Substance Abuse Prevention Coalition and the Alaska Healthy Kids Survey.

JESSICA TRUMAINE, Student
Valley Pathways School
Sutton, Alaska

POSITION STATEMENT: Testified and answered questions about the Mat-Su Substance Abuse Prevention Coalition and the Alaska Healthy Kids Survey.

HANNAH SMITH, Student
Wasilla High School
Palmer, Alaska

POSITION STATEMENT: Testified and answered questions about the Mat-Su Substance Abuse Prevention Coalition and the Alaska Healthy Kids Survey.

PATRICK GONZER, Student
Wasilla High School
Wasilla, Alaska

POSITION STATEMENT: Testified and answered questions about the Mat-Su Substance Abuse Prevention Coalition and the Alaska Healthy Kids Survey.

DEB HAYNES, Teacher
Wasilla High School
Wasilla, Alaska

POSITION STATEMENT: Testified and answered questions about the Mat-Su Substance Abuse Prevention Coalition and the Alaska Healthy Kids Survey.

DESIREE COMPTON
United Way of Mat-Su
Wasilla, Alaska

POSITION STATEMENT: Testified and answered questions about the Mat-Su Substance Abuse Prevention Coalition and the Alaska Healthy Kids Survey.

REPRESENTATIVE MIKE KELLY
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As the prime sponsor, presented and answered questions for HJR 35.

MIKE PRAX
North Pole, Alaska

POSITION STATEMENT: Testified in support of HJR 35.

PEGGY ANN MCCONNOCHIE
National Federation of Independent Business (NFIB)

Juneau, Alaska

POSITION STATEMENT: Testified in support of HJR 35.

CHRISTIE HERRERA, Director
Health and Human Services Task Force
American Legislative Exchange Council (ALEC)
Washington, DC

POSITION STATEMENT: Testified and answered questions in support of HJR 35.

SENATOR JOHN COGHILL
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Testified and answered questions as the prime sponsor of HB 168.

DAVID HULL, Chair
Alaska Council on Emergency Medical Services (ACEMS)
Ketchikan, Alaska

POSITION STATEMENT: Testified in support of HB 168.

DR. FRANK SACCO, Trauma Director
Alaska Native Medical Center;
Chair
Alaska State Trauma Systems Review Committee
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 168.

DR. REGINA CHENNAULT, Chair
American College of Surgeons Committee on Trauma
Alaska Trauma System Review Committee
Anchorage, Alaska

POSITION STATEMENT: Testified during discussion of HB 168.

MARK JOHNSON
Alaska Trauma System Review Committee
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 168.

WARD HURLBURT, Chief Medical Officer;
Director
Division of Public Health
Office of the Commissioner
Department of Health and Social Services (DHSS)
Anchorage, Alaska

POSITION STATEMENT: Testified during discussion of HB 168.

ACTION NARRATIVE

[3:08:23 PM](#)

CO-CHAIR BOB HERRON called the House Health and Social Services Standing Committee meeting to order at 3:08 p.m. Representatives Herron, Keller, T. Wilson, and Cissna were present at the call to order. Representatives Lynn, Seaton, and Holmes arrived as the meeting was in progress.

Presentation by the Mat-Su substance abuse prevention coalition.

[3:08:44 PM](#)

CO-CHAIR HERRON announced that the first order of business would be a presentation by the Mat-Su Substance Abuse Prevention Coalition.

[3:10:27 PM](#)

CO-CHAIR KELLER introduced the coalition.

[3:11:27 PM](#)

ELIZABETH RIPLEY, Executive Director, Mat-Su Health Foundation; Chair, Mat-Su Substance Abuse Prevention Coalition, said that substance abuse impacts every sector of our community and our economy. She pointed to the economic and emotional toll on families and individuals, and declared that the cost was staggering. She directed attention to each of the coalition members and the various reasons for their involvement. The attending members included Nicole Jeffries, Robyn Hillman, Jessica Trumain, Hannah Smith, Patrick Gonzer, Desire Compton, Deb Haynes, and Gretchen Geist, and each shared their reason for becoming involved with the Coalition.

[3:16:27 PM](#)

MS. RIPLEY endorsed that a key to breaking the cycle of substance abuse was to engage youth, and she commended each of the people who contributed to make this presentation. She directed attention to the PowerPoint, "Mat-Su Substance Abuse Prevention Coalition Data Project." [Included in the committee packet.]

[3:16:52 PM](#)

MS. RIPLEY described slide 1, "Mission," and declared that the focus was on youth in the local community.

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MS. RIPLEY introduced slide 2, "Overview" and slide 3, "Brief History," and detailed the history of the coalition. She shared that United Way of America had tasked the local United Way groups to become community impact organizations. She further explained that the model of engagement was to determine "what hurts your community, or what changes could you make at your local level that you could measure progress in to effect change in quality of life." She stated that this affected every member agency of United Way. She reported that the first step had been to meet with the local behavioral health providers where it was agreed that the problem had to be addressed at the community level to have any impact. She reported that, after this meeting, a substance abuse summit was held in December, 2006, and four goals were set: form a coalition using tobacco use cessation as a model, be data driven for measureable progress, coordinate a community response, and provide leadership at the state level.

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MS. RIPLEY moved to slide 4, "Method," and reported that the council had reviewed the existing data on substance abuse in Mat-Su; as very little data existed, a five year retrospective study of local data was commissioned, with input from the local providers to determine meaningful data. She stated that the Youth Risk Behavior Survey (YRBS) data from 2005-06 reflected an insufficient sample size. She shared the importance of the new data survey, both as a benchmark and a measurement of progress. She remarked that the group commissioned its own survey, "The Alaska Healthy Kids Survey," (AHKS) and tested it to be culturally appropriate and valid as a survey tool. She clarified that it was financed by the Mat-Su Health Foundation, with no federal or state funds.

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STEPHANIE ALLEN, Executive Director, United Way of Mat-Su, recognized slide 5 "Alaska Healthy Kids Survey," and explained each of the survey components, which included demographic information, and information on the behaviors and attitudes of substance abuse. She noted the segments on alcohol, tobacco,

drug use, violence, harassment, safety, and crime. She talked about the External Assets component which examined resilience factors, protective factors, and positive assets associated with a decrease in risky behaviors. She presented slide 6, "Survey Demographics," and shared that the survey was administered to all seventh, ninth, and eleventh graders throughout the school district, which included Christian schools, home schools, and homeless and at-risk youth. She detailed that 2435 of the 4000 surveys, 61 percent, were valid responses.

MS. ALLEN, in response to Co-Chair Herron, said that the YRBS survey was very broad and included questions about health, exercise, sexual activity, and substance abuse behaviors. She explained that this survey focused on substance abuse and youth use.

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MS. ALLEN noted that slide 7, "Demographics," was a demographic breakdown of the students' surveyed.

[3:27:30 PM](#)

MS. RIPLEY, in response to Representative Seaton, said that the demographics did correlate to the Mat-Su families with youth, but was slightly different than the community as a whole.

MS. ALLEN considered slide 8, "Results," and reported that after receiving the data, the Coalition met with stakeholder groups, enlisted feedback from more than 130 community members, and developed the priorities for a strategic plan. She turned the presentation over to the youth leaders.

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CO-CHAIR HERRON asked that each presenter detail "what surprised them and what did not surprise them."

[3:29:41 PM](#)

NICOLE JEFFRIES, Student, Wasilla High School, explained the slide format: the question at the top, its definition in the middle, and the results from middle and high school students at the bottom. She referred to slide 9, "Meaningful participation from adults in the community," and listed the definitions to each included involvement outside the home and school: with personal interests, with group activities, and/or with helping

other people. She shared that only 20 percent of middle school students and 18 percent of high school students felt involvement with adults in the community.

MS. JEFFRIES moved to slide 10, "Meaningful participation with adults at home," which included doing fun things with parents, doing things at home that made a difference, and making decisions with the family. She reported that only 25 percent of middle school students and 21 percent of high school students felt involved with adults at home.

[3:31:15 PM](#)

MS. JEFFRIES provided slide 11, "Meaningful participation with adults at school," which included doing interesting activities, deciding things like class activities and rules, and doing things at school that make a difference. She disclosed that only 6.4 percent of middle school and 5.5 percent of high school students felt engaged with adults at school.

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MS. JEFFRIES furnished slide 12, "Recommendation 1," and noted that data suggested youth turn to substances because of boredom. She recommended that providing meaningful relationships with youth would result in their stronger resilience to challenges.

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ROBYN HILLMAN, Student, Wasilla High School, supplied slide 13, "Are parents talking to their kids about substance use?" and ascertained from the pie graph that 36 percent of middle school and 42 percent of high school students did not talk with their parents about substance use.

[3:32:39 PM](#)

MS. HILLMAN reviewed slide 14, "What age do our youth start using?" and slide 15, "Age at first use," and noted the comparative use of alcohol, cigarettes, smokeless tobacco, marijuana, and other illegal drugs by youth ages 10 and under, 14 and under, and 15 - 18.

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MS. HILLMAN introduced slide 16, slide 17, and slide 18, all entitled "Parent Perception of Use." The slides reflected the

response to asking how parents would feel about drinking regularly, smoking cigarettes, or smoking marijuana. She acknowledged that one parent could supply many students with cigarettes, alcohol, or marijuana. She pointed out that prevention needed to begin in the elementary schools.

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MS. HILLMAN continued on to slide 19, "Recommendation 2," which suggested to "Increase parental involvement in prevention and early intervention measures in the Mat-Su Community."

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JESSICA TRUMAINE, Student, Valley Pathways School, explained slides 20 - 22, all entitled "Are substances difficult to get?" and discussed the access to tobacco, alcohol, and marijuana. She referred to the pie graphs on each slide, and noted that 54 percent of youth surveyed deemed tobacco easy to obtain, 56 percent deemed alcohol easy to obtain, and 47 percent stated marijuana was easy to obtain.

[3:36:09 PM](#)

MS. TRUMAINE shared that slide 23, "Recommendation 3," was to reduce the access to these substances. She related that Mat-Su youth were using a variety of substances and the majority of students reported that alcohol, tobacco, and marijuana were easy to obtain.

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HANNAH SMITH, Student, Wasilla High School, directed attention to slide 24, "Data comparisons," and explained that the next series of slides would show graphs comparing data of tobacco, alcohol, and marijuana use from three separate surveys: Alaska Healthy Kids Survey (AHKS), Monitoring the Future (MTF), and Youth Risk Behavior Survey (YRBS). She summarized slide 26, "Tobacco Lifetime Cigarette Use," slide 27, "Tobacco 30 Day Cigarette Use," slide 28, "Tobacco Lifetime Smokeless Tobacco Use," and slide 29, "Tobacco 30 Day Smokeless Tobacco [Use]." She pointed out that each graph illustrated the percentage of use by study and by school grade.

MS. SMITH, in response to Representative Seaton, explained that MTF was a national survey, but was not conducted in Alaska.

MS. SMITH, referring to slide 28, opined that "we have a very large issue with smokeless tobacco." She pointed out that high school use of smokeless tobacco in the Mat-Su community was higher than in the nation. She offered her belief that young students were using smokeless tobacco and that "if we wait, we are missing the train, we are completely missing them if we wait until middle school and high school to talk to them, they are already doing it, they have already tried it."

MS. TRUMAINE, in response to Co-Chair Herron, said that the substances, especially alcohol and cigarettes, were in the homes and easy to get. She said that older friends were also able to provide these.

MS. SMITH added that prescription pills are often easily accessible in home medicine cabinets.

MS. SMITH, in response to Co-Chair Herron, said that tobacco use was "not a big deal." She disclosed that only a handful of kids felt that tobacco was not good for you, and strongly advocated against the use.

[3:44:23 PM](#)

REPRESENTATIVE LYNN asked if both use and increase was equal for both sexes.

MS. SMITH replied that she would supply that data.

[3:45:17 PM](#)

PATRICK GONZER, Student, Wasilla High School, introduced slide 30, "Alcohol," listing the negative effects of alcohol which included impaired judgment, liver disease, cancer, and dependence. He summarized slide 31, "Alcohol Lifetime Alcohol Use," slide 32, "Alcohol 30 Day Alcohol Use," and slide 33, "Alcohol 30 Day Binge Drinking." He directed attention to the AHKS survey, and noted that 68 percent of his peers drink alcohol. He expressed his surprise to the high percentage of alcohol use among seventh graders. He described binge drinking as "the typical party scene" and shared that the survey defined it as five or more drinks in one sitting.

[3:47:15 PM](#)

MR. GONZER discussed slide 34, "Marijuana," and noted the negative effects to be impaired judgment, problems with

intellectual functioning, and a greater risk of lung infections. He indicated slide 35, "Lifetime Marijuana Use," and slide 36, "30 Day Marijuana Use," and expressed his concern that 46 percent of his peers had used marijuana. He ascertained that almost 18 percent of seventh and ninth graders had used marijuana.

[3:48:24 PM](#)

MR. GONZER, in response to Co-Chair Herron, declared that more than 2400 students at Houston, Wasilla, Valley Pathways, and Burchell High Schools, as well as home schools, at-risk youth, and Christian school students, had participated in the survey.

[3:49:03 PM](#)

MS. TRUMAINE observed that the discussion to this point had been about alcohol, tobacco, and marijuana. She offered slide 37, "Substance Use Totals," and noted that 68 percent of eleventh graders used alcohol. She moved on to slide 38, "Substance use Totals," and pointed to meth, cocaine, heroin, ecstasy, and hallucinogen use for ninth and eleventh graders. She compared that although hallucinogens had a 13 percent use by eleventh graders, alcohol use was substantially higher. She expressed her surprise that so many under 14 youth were using alcohol, and determined that the focus [for reduced use] should begin with alcohol. She opined that alcohol was in every home and was easily accessible.

[3:51:17 PM](#)

MS. TRUMAINE summarized slide 39, "Recommendation 4," and suggested that it was necessary to increase community awareness and get the community more involved. She pointed out that on a national scale, Alaska ranked second for illicit drug use, and sixth for binge drinking among adults. She offered her belief that binge drinking was the "very normal party scene" and that it would continue.

[3:52:03 PM](#)

DEB HAYNES, Teacher, Wasilla High School, said that she was also a private mental health practitioner. She confirmed that slide 40, "Experiences from Alcohol and Drugs," described high school students' reactions when they used drugs and alcohol. She noted that about 25 percent said that they did not have any problem, but that 75 percent had a variety of experiences. She pointed

to the small number of students who needed therapy, and reflected that these were the "very high end users" as it required a lot of use to get into therapy. She shared that students often confided in her, as she was a human relations and psychology teacher.

3:55:23 PM

REPRESENTATIVE HOLMES, responding to a remark by Ms. Haynes during her testimony, asked if confidentiality was allowed for high school athletes and who the athletes could speak with.

MS. HAYNES replied that that there was not any confidentiality privilege for athletes, as teachers and counselors had an obligation to report knowledge that any athlete was a user. She acknowledged, in response to Representative Holmes, that this was a state rule. She opined that it was extremely troublesome for her to have to report any athletes who confided in her. She clarified that she made her obligation clear before anyone confided in her.

3:57:08 PM

MS. HAYNES reported the reason for the collection of this data was because the YRBS data was not made available to them.

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DESIREE COMPTON, United Way of Mat-Su, explained that the community had set up the Mat-Su Substance Abuse Prevention Coalition to address issues at a community level in a culturally appropriate and cost-effective way. She furnished slide 41, "Coalitions are an effective solution" and pointed to the graph which reflected that the Drug Free Coalition (DFC) coalition areas had significantly lower substance use rates than the national average. She affirmed that the Coalition was applying for DRC grants to aid its funding and teaching. She indicated slide 42, "Our Coalition," and detailed that the Coalition included leaders from 12 sectors of the community, and focused on prevention by identifying the risk factors and underlying problems. She shared that the Coalitions utilized data and information from the community leaders, as well as environmental strategies, to influence community standards and policies. She emphasized that the direction was to change the social norms about drinking. She advocated for law and policy changes, which included increasing parental awareness. She highlighted its effort to coincide with the state plan to reduce underage

drinking by utilizing youth leaders for local messaging campaigns.

[4:01:30 PM](#)

REPRESENTATIVE T. WILSON asked if allowing students to participate in surveys would effectively disconnect parents.

MS. COMPTON opined that parents would still be able to not allow participation in any given survey.

[4:02:14 PM](#)

MS. COMPTON remarked on slide 43, "Call to Action," and urged for an understanding of the law and the powerful messages that it demonstrated, involvement with the local coalition's goals, and support of funding for local research and prevention.

[4:04:03 PM](#)

CO-CHAIR KELLER lauded the efforts of the Coalition. He opined that the economic cost of substance abuse was "mind-blowing," and he issued a challenge for other communities to move forward.

The committee took an at-ease from 4:05 p.m. to 4:08 p.m.

HJR 35-CONST AM: HEALTH CARE

[4:08:26 PM](#)

CO-CHAIR HERRON announced that the next order of business would be HOUSE JOINT RESOLUTION NO. 35 Proposing amendments to the Constitution of the State of Alaska prohibiting passage of laws that interfere with direct payments for health care services and the right to purchase health care insurance from a privately owned company, and that compel a person to participate in a health care system.

[4:09:10 PM](#)

REPRESENTATIVE MIKE KELLY, Alaska State Legislature, discussed the proposed national health care system and the backlash to the mandated single payer system. He noted that 35 other states were also in opposition to the proposed national health care system. He explained that HJR 35 would protect the right to choose participation in any given health care system, and would prohibit and fines or penalties for failure to participate; it

would protect the right to purchase or provide lawful medical services without government fines, interference or penalties. He emphasized that HJR 35 would place these rights in the Constitution of the State of Alaska. He offered his belief that the majority of Alaskans opposed mandated health care, and that this mandate could result in a lawsuit. He opined that the U. S. Supreme Court would lean toward the protection of personal choice of health care.

[4:14:03 PM](#)

REPRESENTATIVE SEATON declared that he recognized the intent of HJR 35, and he directed attention to the proposed Section 2, which stated in part: "no law shall be passed that compels a person, employer, or health care provider to participate in a health care system..." He asked if this would not allow the state to initiate a new tier of the retirement system.

[4:15:27 PM](#)

REPRESENTATIVE KELLY replied that he would research that question.

[4:16:20 PM](#)

REPRESENTATIVE HOLMES referred to Medicare, Indian Health Services, and other similar medical plans, and pointed out that these had limits which violated the language of HJR 35. She expressed concern that this would tie the hands of legislators for any future changes and pointed specifically to the language in Section 2 (b) which stated: "prohibits a person from or that penalizes a person for making direct payment to a health care provider for tendering health care services."

[4:18:08 PM](#)

REPRESENTATIVE KELLY offered his belief that HJR 35 did not have any effect on programs already in place. He reiterated that it reinforced personal choice.

[4:20:05 PM](#)

CO-CHAIR HERRON asked Representative Kelly where the House Health and Social Services Standing Committee should focus its policy debate, and then where he believed that the House Judiciary Standing Committee would focus.

[4:20:32 PM](#)

REPRESENTATIVE KELLY suggested that each committee should look at whether HJR 35 was "in the best overall health care interest of the state."

[4:22:07 PM](#)

CO-CHAIR HERRON clarified that proposed HJR 35 would be held in the committee until the following week, and he suggested that the House Health and Social Services Standing Committee debate the health and social services aspect of it.

[4:22:33 PM](#)

REPRESENTATIVE CISSNA cited that more than 100,000 Alaskans did not have health coverage. She shared that there were already capacity problems within the health care system, and she voiced "that we are a state that is addicted to addictions." She asked how HJR 35 addressed the health care problems in Alaska. She noted the difficulty of access to health care for many Alaskans.

[4:25:22 PM](#)

REPRESENTATIVE KELLY, in response to Representative Cissna, disclosed that he had served on a hospital foundation for 20 years. He agreed that the current health care system was in need of improvement. He opined that the government element was a disincentive for doctors and that the more separated the patient was from the provider and the cost, the worse the situation became. He offered his belief that the heart of the problem for the health care system was government centralized control.

[4:28:43 PM](#)

REPRESENTATIVE SEATON asked for clarifications that HJR 35 would not prevent the federal government from passing a law, but that it would stop future legislatures from adopting a federal program.

[4:30:40 PM](#)

REPRESENTATIVE KELLY replied that the least effect of HJR 35 would be to send a signal to the federal government that Alaska was against additional federal controls over medical choices.

He said the strictest application would be Alaska's refusal to comply with a federal mandate.

[4:32:43 PM](#)

REPRESENTATIVE SEATON asked to clarify that HJR 35 was an amendment to the Constitution of the State of Alaska to restrict the legislature from passing a law, even if that law was in the public interest. He questioned if the proposed resolution would prevent the state from adopting a medical plan without passing or repealing a constitutional amendment.

[4:33:58 PM](#)

REPRESENTATIVE KELLY agreed.

[4:34:03 PM](#)

REPRESENTATIVE T. WILSON asked if Representative Kelly had heard any concerns from the public.

[4:34:25 PM](#)

REPRESENTATIVE KELLY replied that worries about a "head butt with the federal government" and complications to existing programs were the two concerns.

[4:34:51 PM](#)

REPRESENTATIVE T. WILSON asked if those two concerns were stronger than the "fear that people have with being forced into a program that they don't want and us sitting back as a state acting like we don't care."

[4:35:15 PM](#)

REPRESENTATIVE KELLY offered his belief that the overwhelming response was in support of HJR 35.

[4:35:23 PM](#)

CO-CHAIR KELLER, as a prime co-sponsor of the bill, reported that Arizona had vetted this legislation, and that most of the questions had already been answered. He said that "precisely what the bill does, it forbids any law that we have would be unconstitutional that would forbid an individual in the State of Alaska from securing medical care outside of the required

medical system that is there." He opined that the constitution was the law of the land and that this resolution would be voted on by the people.

[4:37:19 PM](#)

CO-CHAIR HERRON opened public testimony and said that he would hold it open.

[4:37:33 PM](#)

MIKE PRAX offered his support for HJR 35 as it "might set up a confrontation between the state and the federal government over this particular issue." He opined that the federal administration assumed it had absolutely authority and power. He asked that the resolution be passed to protect "the individual right to make decisions."

[4:39:21 PM](#)

PEGGY ANN MCCONNOCHIE, National Federation of Independent Business (NFIB), shared that she and her husband were small business owners. She offered her belief that the single payer health care system did not fit for Alaskans, as it did not provide lower cost, greater availability, or choice. She emphasized that she was totally against what the federal government was trying to do. She offered her opinion that small business owners would easily go out of business with additional federal fees. She encouraged the protection of small businesses from unreasonable taxation, and any mandates for health care for employees.

[4:42:25 PM](#)

CHRISTIE HERRERA, Director, Health and Human Services Task Force, American Legislative Exchange Council (ALEC), explained that ALEC was a non-partisan organization of lawmakers. She offered support for HJR 35. She offered the belief that it would ensure continued access to health services and the right to pay directly for health services. She opined that it would stop mandates that did not work, as a government requirement for health insurance was ineffective, bureaucratic, and costly. She summarized that the cornerstone of any reform was the protection of patients' rights.

[4:45:38 PM](#)

REPRESENTATIVE SEATON directed attention to the proposed Section 2, which stated in part: "no law shall be passed that compels a person, employer, or health care provider to participate in a health care system..." He asked if this issue had arisen in any other jurisdiction and would it restrict the state's ability to initiate a new tier of the state retirement system.

MS. HERRERA agreed with Representative Kelly that this was a forward looking bill, and would not affect current programs. She stated that there was no intent to affect any safety net programs. She agreed that it would preclude the state from enacting an individual or an employer mandate to purchase health coverage.

[4:47:07 PM](#)

CO-CHAIR HERRON stated that he would keep public testimony open.

[HJR 35 was held over.]

HB 168-TRAUMA CARE CENTERS/FUND

[4:48:03 PM](#)

CO-CHAIR HERRON announced that the final 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."

SENATOR JOHN COGHILL, Alaska State Legislature, explained that HB 168 created an account for improving trauma care delivery. He explained that the Department of Health and Social Services (DHSS) commissioner would create regulations based on national standards for trauma care, and evaluate each delivery system. He referenced the packet, "Alaska Trauma Center," [Included in the members packets] which the information presented during the prior year. He shared that this was just one incentive suggested by the College of Surgeons to the State of Alaska. He reported that DHSS had created a trauma response systems administrator. He detailed that he had met with the Emergency Medical Services Council, and was encouraged by its focus on response systems, especially in remote areas. He expressed the need to better coordinate emergency response systems. He detailed the desire to create a fund to incentivize hospitals to enhance trauma care. He suggested putting money toward

uncompensated care as it would allow hospitals to contract with more doctors for emergency trauma care. He pointed out that Alaska had 24 acute care hospitals, but only 1 Level Two trauma center. He requested a systemic approach to emergency response systems, and opined that creating incentives was a good place to begin. He pointed out that discussions were taking place with military doctors for a licensing structure to allow them to work with the civilian hospitals. He summarized that the two most critical issues were equipping the medical personnel in the remote parts of Alaska, and creating a fund to incentivize the hospitals to enhance the trauma care.

[4:55:37 PM](#)

CO-CHAIR HERRON opened public testimony.

[4:55:52 PM](#)

CO-CHAIR HERRON read a statement from Representative Cissna [original punctuation provided]:

"Mr. Chair: I have an unavoidable conflict and won't be able to remain in this meeting. Broadening the discussion with all stakeholders would be an improvement. Increasing other incentives also would be beneficial. I am in favor of passage of this bill (as well as strengthening the bill.)"

[4:56:15 PM](#)

DAVID HULL, Chair, Alaska Council on Emergency Medical Services (ACEMS), testified that he was speaking on behalf of ACEMS. He opined that trauma calls were increasing every year. He defined trauma as any bodily injury from an external source, and that it could be accidental or intentional. He quoted statistics for death and hospitalizations. He shared that a study in 2004 revealed that the hospital stay for trauma patients was more than \$73 million, and that 1 in 4 was not compensated care. He defined a trauma system as a "pre-determined, organized, multi-disciplinary response to managing the care and treatment of severely injured people," and that a statewide system provided "a framework for disaster preparedness and response." He emphasized that the most important time frame for survival of a severely injured person was the time between injury and definitive care, "the Golden Hour." He opined that it was necessary for increased hospital participation for the statewide trauma system to function optimally. He shared that the goal of

the statewide trauma system was to ensure that every hospital in Alaska was a designated trauma center. He testified in support of funding for the development of trauma centers, incentives for trauma care designation, and uncompensated patient care. He offered support for HB 168.

[4:59:31 PM](#)

DR. FRANK SACCO, Trauma Director, Alaska Native Medical Center; Chair, Alaska State Trauma Systems Review Committee, explained that trauma was the leading cause of death for Alaskans under 44 years of age, and that Alaska had the second highest rate of trauma in the U.S. He opined that a good trauma system would decrease the mortality by 15-25 percent. He reflected on prior legislation which was only voluntary with no incentives, and consequently, there was only one Level 2 Trauma Center in Alaska. He summarized an American College of Surgeons review that "the achievements to date have been largely unplanned with limited coordination; as the result, incongruity exists with the current trauma system." He commended the Alaska Native health facilities for working toward trauma designation, but he decried the lack of commitment for "achieving nationally recognized standards of trauma care" from most health facilities. He stated that Alaska was the only state without a Level 2 Trauma Center for the majority of the population, and that Anchorage was the largest city in the United States without a designated Level 1 or Level 2 trauma center for the majority of the population. He expressed support for HB 168, and declared that it was not a partisan issue.

[5:04:06 PM](#)

DR. REGINA CHENNAULT, Chair, American College of Surgeons Committee on Trauma, Alaska Trauma System Review Committee, expressed concern that Alaska did not have a designated trauma hospital for the general public. She reported that Alaska had a lot of trauma, with a lot of domestic violence. She requested that an organized, systems approach to trauma care be implemented as soon as possible.

[5:05:30 PM](#)

MARK JOHNSON, Alaska Trauma System Review Committee, opined that [trauma] care would be improved if more hospitals met the national standards. He referred to the 2008 American College of Surgeons review of Alaska hospitals which included 70

recommendations, of which 16 were listed as priority. He supported the incentives within HB 168.

[5:07:30 PM](#)

WARD HURLBURT, Chief Medical Officer; Director, Division of Public Health, Office of the Commissioner, Department of Health and Social Services (DHSS), shared his personal experience as a trauma physician. He shared that trauma was the third highest cause of death in Alaska, and the highest cause for ages up to 44 years. He reflected on the American College of Surgeons trauma system review and noted with concern that the "trauma infrastructure's unplanned, under developed, under resources, and lacks sufficient coordination and integration." He also expressed the administration's concern that Anchorage was the largest city in the U.S. without Level 1 or 2 trauma centers. He shared that the administration encouraged collaboration among the health care systems and the development of a "more mature trauma system." He stated that the administration was neutral on HB 168.

[5:11:55 PM](#)

CO-CHAIR HERRON noted a proposed amendment for funding.

[5:12:23 PM](#)

SENATOR COGHILL replied that it was a good amendment, but that the funding would be drawn from the general fund.

[5:12:48 PM](#)

[HB 168 was held over.]

[5:13:28 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:13 p.m.