

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 16, 2010

3:07 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

HOUSE BILL NO. 284

"An Act requiring the Department of Health and Social Services to accept federal prescription drug benefits or to provide comparable benefits for residents of the Alaska Pioneers' Home."

- MOVED OUT OF COMMITTEE

HOUSE RESOLUTION NO. 14

Urging the United States Congress to oppose federal health care reform bills.

- MOVED CSHR 14(HSS) OUT OF COMMITTEE

HOUSE BILL NO. 328

"An Act establishing a traumatic or acquired brain injury program and registry within the Department of Health and Social Services; and relating to medical assistance coverage for traumatic or acquired brain injury services."

- MOVED CSHB 328(HSS) OUT OF COMMITTEE

Presentation by Dr. Alex Cahana on Using HIT for Evidence-based Medical Practices

- REMOVED FROM AGENDA

PREVIOUS COMMITTEE ACTION

BILL: HB 284

SHORT TITLE: PIONEERS HOME RX DRUG BENEFIT

SPONSOR(s): REPRESENTATIVE(s) DAHLSTROM, GARA, HERRON

01/15/10	(H)	PREFILE RELEASED 1/15/10
01/19/10	(H)	READ THE FIRST TIME - REFERRALS
01/19/10	(H)	HSS, STA
01/21/10	(H)	SPONSOR SUBSTITUTE INTRODUCED
01/21/10	(H)	READ THE FIRST TIME - REFERRALS
01/21/10	(H)	HSS, STA
03/09/10	(H)	HSS AT 3:00 PM CAPITOL 106
03/09/10	(H)	Heard & Held
03/09/10	(H)	MINUTE(HSS)
03/11/10	(H)	HSS AT 3:00 PM CAPITOL 106
03/11/10	(H)	Heard & Held
03/11/10	(H)	MINUTE(HSS)
03/16/10	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HR 14

SHORT TITLE: OPPOSE FEDERAL HEALTH CARE REFORM BILLS

SPONSOR(s): REPRESENTATIVE(s) CHENAULT

02/17/10	(H)	READ THE FIRST TIME - REFERRALS
02/17/10	(H)	HSS
03/16/10	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HB 328

SHORT TITLE: TRAUMATIC BRAIN INJURY:PROGRAM/MEDICAID

SPONSOR(s): REPRESENTATIVE(s) JOHNSON

02/05/10	(H)	READ THE FIRST TIME - REFERRALS
02/05/10	(H)	HSS, FIN
03/16/10	(H)	HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

REPRESENTATIVE LES GARA
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Testified and answered questions, as the prime sponsor of the bill.

DAVE THERIAULT, Staff
to Representative Les Gara

Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Answered questions during discussion of HB 284.

RIC DAVIDGE, President
Vietnam Veterans of America
Anchorage, Alaska

POSITION STATEMENT: Testified during discussion of HB 284.

DAVE COTE, Director
Central Office
Division of Alaska Pioneer Homes
Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: Testified during discussion of HB 284.

REPRESENTATIVE MIKE CHENAULT
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HR 14, as the prime sponsor of the resolution.

JEANNE OSTNES, Staff
to Representative Craig Johnson
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HB 328 for the prime bill sponsor, Representative Craig Johnson.

JESSI CHAPMAN
Ketchikan, Alaska

POSITION STATEMENT: Testified about her therapy for traumatic brain injury (TBI) and her support for HB 328.

PAT CHAPMAN
Ketchikan, Alaska

POSITION STATEMENT: Testified in support of HB 328.

BOYD MACFAIL, Legislative Affairs Coordinator
Alaska Bikers Advocating Training & Education (ABATE)

POSITION STATEMENT: Testified during discussion of HB 328.

ROBERT LADA, Neurologist
Providence Alaska Medical Center
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 328.

ELENA RATH, Board Member
Alaska Brain Injury Network
Ketchikan, Alaska

POSITION STATEMENT: Testified during discussion of HB 328.

KRISTIN ENGLISH, Chief Operating Officer
Cook Inlet Tribal Council (CITC)
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 328.

CHRISTIE ARTUSO, Director Of Neuro Science Services
Providence Alaska Medical Center
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 328.

JILL HODGES, Executive Director
Alaska Brain Injury Network (ABIN)
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 328 via a recorded testimony.

JOANNE GIBBENS, Deputy Director
Central Office
Division of Senior and Disabilities Services
Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: Testified during discussion of HB 328.

JON SHERWOOD, Medicaid Special Projects
Office of the Commissioner
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Testified and answered questions during discussion of HB 328.

ACTION NARRATIVE

[3:07:36 PM](#)

CO-CHAIR BOB HERRON called the House Health and Social Services Standing Committee meeting to order at 3:07 p.m. Representatives Herron, Keller, Seaton, and Cissna were present at the call to order. Representatives Holmes, T. Wilson, and Lynn arrived as the meeting was in progress.

HB 284-PIONEERS HOME RX DRUG BENEFIT

[3:07:52 PM](#)

CO-CHAIR HERRON announced that the first order of business would be SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 284, "An Act requiring the Department of Health and Social Services to accept federal prescription drug benefits or to provide comparable benefits for residents of the Alaska Pioneers' Home, including residents eligible for discount or free benefits from the United States Department of Veterans Affairs or the Indian Health Service of the United States Department of Health and Human Services."

[3:08:53 PM](#)

REPRESENTATIVE LES GARA, Alaska State Legislature, explained that HB 284 codified that the Alaska Pioneers' Home would ensure that all prescription medicine benefits that residents were entitled to from Indian Health Service (IHS) or Department of Veterans Affairs (VA) would be provided by the Pioneers' Home at the same price.

[3:11:13 PM](#)

REPRESENTATIVE LYNN asked if his military benefits would be extended to him should he become a resident of the Pioneers' Home.

[3:11:40 PM](#)

REPRESENTATIVE GARA replied that veterans with more than 51 percent disability were entitled to lifelong free prescription medicine. He revealed that the communication between the VA and the IHS with the Pioneer Home was not very good, and had resulted in a loss of comparable prescription drug service for the residents with benefits from VA and IHS.

[3:13:33 PM](#)

DAVE THERIAULT, Staff to Representative Les Gara, Alaska State Legislature, in response to a discussion between Representatives Lynn and Gara, said that there was not a problem for veterans as long as they could self administer prescription drugs.

[3:15:28 PM](#)

REPRESENTATIVE GARA, in response to Co-Chair Keller, said that the Pioneer Home policy was "to make it work." He reported that the Pioneer Home would either accept the prescription drug deliveries from the IHS and the VA, or would provide the prescription drug to the beneficiaries at the same price.

[3:16:54 PM](#)

RIC DAVIDGE, President, Vietnam Veterans of America, reflected that this was an excellent example of legislators working with federal, state, and private organizations to solve emerging problems. He shared his support of HB 284.

[3:18:52 PM](#)

REPRESENTATIVE SEATON asked if there were other problems with prescription medical benefits that were not yet addressed.

[3:19:26 PM](#)

MR. DAVIDGE replied that there were other problems and he expressed his hope that solutions could be coordinated without legislation.

[3:20:06 PM](#)

DAVE COTE, Director, Central Office, Division of Alaska Pioneer Homes, Department of Health and Social Services, testified that the department was neutral on the bill, and there was a zero fiscal note. He said that the Pioneers' Home was already administering the prescription drugs in accordance with HB 284. He pointed out that any overbilling to veterans had been rectified.

[3:21:04 PM](#)

CO-CHAIR HERRON asked if the legislation was necessary, or would future staff also accept this decision.

[3:21:30 PM](#)

MR. COTE replied that the legislation was not necessary at this time, but that he could not predict the future. He offered that HB 284 would prevent any future re-occurrence of the problems.

[3:22:11 PM](#)

REPRESENTATIVE SEATON reflected on the necessity for additional legislation. He noted that one of his "shirt-tail relatives" was also a veteran involved in this prescription drug distribution problem. He applauded the resolution of the problem.

[3:23:37 PM](#)

CO-CHAIR KELLER, in agreement with Representative Seaton, reflected on the necessity of trust of the administrators and his dislike for micro management. He stated his disapproval for additional legislation.

[3:24:34 PM](#)

REPRESENTATIVE LYNN expressed the necessity to address policy prior to a need, so that there were guidelines "in a measured way and not in the middle of some kind of a problem."

[3:25:20 PM](#)

CO-CHAIR HERRON noted that Co-Chair Keller had worked on this problem during the interim.

[3:25:36 PM](#)

REPRESENTATIVE LYNN moved to report SSHB284 out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, SSHB 284 was forwarded from the House Health and Social Services Standing Committee.

HR 14-OPPOSE FEDERAL HEALTH CARE REFORM BILLS

[3:26:23 PM](#)

CO-CHAIR HERRON announced that the next order of business would be HOUSE RESOLUTION NO. 14, Urging the United States Congress to oppose federal health care reform bills.

REPRESENTATIVE MIKE CHENAULT, Alaska State Legislature, stated that although he agreed that the current health care system did not work for all citizens of the United States, he offered his belief that the current national health care reform bill was attempting to impose a "one size fits all" solution. He read from the sponsor statement:

Also noted by the RGA was the fact that the health care House Resolution 14 requests the Alaska Congressional delegation to vote against current health care reform bills and to develop health care reform that is affordable and accessible to all legal residents. It also requests the Governor to review the constitutionality of the Nebraska Compromise that guaranteed Nebraskans would receive a break to pay for expanded access to Medicaid benefits. This exemption was granted in order to obtain Senator Ben Nelson's vote in order to get the 60 votes needed to send the health care reform legislation to the Senate floor. Vermont, Florida and Louisiana also received special deals in order to get Senators' votes to reach the 60 vote threshold.

As noted in the letter from the Republican Governors Association (RGA), "health care reform should be about fixing our broken Medicaid and Medicare systems; instead, the current health care bills entitle 15-20 million more people to Medicaid...the unfunded mandate to states and territories is \$25 billion."

Reform bills "impose a one-size fits all federally-designed health insurance exchange." Alaska, as well as the other states, needs the flexibility to design and operate mechanisms to purchase insurance. Alaska and the rest of the states will face increased health care entitlement costs every year if this legislation passes.

The proposed health care reform legislation is also opposed by small businesses around the state and country. NFIB/Alaska states "it fails to address fundamental small business priorities. It does not make health insurance more accessible or affordable to small businesses...this legislation actually increases the overall costs of doing business for small businesses.

REPRESENTATIVE CHENAULT reflected on his surveys of other institutions in Alaska.

[3:30:32 PM](#)

CO-CHAIR KELLER stated that HR 14 was directed against the current federal health care reform legislation. He assured that

the House Health and Social Services Standing Committee was committed to looking at health care reform issues that would provide quality health care for everyone.

[3:31:38 PM](#)

REPRESENTATIVE CHENAULT agreed that it was necessary to have a health care system which takes care of everyone. He opined that the current federal health care bill was "over the top." He asked what other concerns and effects it would create. He referred to a synopsis of comments from an Institute of Social Economic Research (ISER) study. [Included in the committee packets.] He said that additional new insurance patients would impact Medicare beneficiaries. He reflected that he had been fortunate to have the opportunity for health insurance, and he questioned the future availability and the future costs for health insurance.

[3:33:46 PM](#)

CO-CHAIR KELLER reflected on the current federal health care legislation.

[3:34:43 PM](#)

CO-CHAIR HERRON pointed to page 2, line 24 of HR 14, and asked if the word deal should be plural.

[This was treated as conceptual Amendment 1 which read:

Page 2, line 24:
Replace "deal" with "deals"

There being no objection, conceptual Amendment 1 was passed.]

[3:35:28 PM](#)

CO-CHAIR KELLER moved to report HR 14 [as amended] out of committee with individual recommendations.

REPRESENTATIVE CISSNA objected.

A roll call vote was taken. Representatives T. Wilson, Lynn, Herron, and Keller voted in favor of HR 14. Representatives Holmes, Seaton, and Cissna voted against it. Therefore, CSHR 14 (HSS) was reported out of the House Health and Social Services Standing Committee by a vote of 4-3.

HB 328-TRAUMATIC BRAIN INJURY:PROGRAM/MEDICAID

[3:37:04 PM](#)

CO-CHAIR HERRON announced that the final order of business would be HOUSE BILL NO. 328, "An Act establishing a traumatic or acquired brain injury program and registry within the Department of Health and Social Services; and relating to medical assistance coverage for traumatic or acquired brain injury services."

JEANNE OSTNES, Staff to Representative Craig Johnson, Alaska State Legislature, read from the sponsor statement:

House Bill 328 establishes a traumatic or acquired brain injury program and registry in the Department of Health and Social Services. Alaska has no program specifically to deal with brain injury and yet Alaska has one of the highest rates in the nation. Annually, there are 800 Alaskans hospitalized with a traumatic brain injury each year resulting from falls, car crashes, domestic violence, All Terrain Vehicle crashes, and snowmachine crashes, among others. There are an approximately equal number of Alaskans suffering from acquired brain injuries resulting from stroke, aneurism, or tumors.

Alaska urban and rural residents, including military are being discharged to their homes with little understanding of brain injury or access to in-state rehabilitation, severely impacting their families. Limited education about the injury, learning to cope with a person who has changed, overwhelming stress from insurance, bureaucracy, and financial burdens and change in family roles may render families dysfunctional.

With appropriate and available care, rehabilitation, community and family support, even the individual who is most severely injured can live at home, return to school or work, or engage in meaningful and productive lives.

Funding a Traumatic or Acquired Brain Injury (T/ABI) Program gives authority to the department to collect data on the injured, positioning the state to access

Medicaid funds for T/ABI. Medicaid services for T/ABI will be matched 50% by federal funds. The bill allows for streamlining department services and activities that are unique to T/ABI. This would better assist families and individuals with T/ABI in knowing how to access services and supports.

Early treatment may reduce future medical and social costs. Without appropriate services, some individuals with T/ABI may pose a threat to themselves or others. Without assistance, individuals with TBI often end up homeless, in jail or in nursing homes. Service coordination, rehabilitation, and appropriate supports can help to minimize these risks.

[3:40:53 PM](#)

REPRESENTATIVE T. WILSON asked if there would be any costs for the new registry.

MS. OSTNES directed attention to the fiscal note, which stated that 60 percent of the cost was covered by Medicaid.

[3:41:39 PM](#)

CO-CHAIR HERRON noted that there were still questions on the fiscal note.

[3:42:52 PM](#)

JESSI CHAPMAN, speaking through a dyna box, related that she had suffered a TBI in 2006 and was now a mute and a quadriplegic. She said that after her accident she was not given much chance for any recovery. She relayed that her grandmother brought her home, and nursed her until she came out of her coma many months later. At that point, she had to return to Seattle many times for surgery and therapy, as neither was available in Alaska. She noted that she was still classified as a child, so that a waiver was available. She said that her age, and her grandmother's strong advocacy for her, was the only reason that the therapies became available. She indicated that her injuries were neurological, and because of waivers, she was now able to move her extremities and speak a little. She pointed out that it was necessary to have a case manager, as you could not get appointments without referrals. She pointed out that, if you have no resources and limited cognitive capabilities, it was

extremely difficult to get any help. She shared that neurological testing was not available in Alaska. She stated her support for HB 328.

[3:46:46 PM](#)

PAT CHAPMAN (Jessi's grandmother) informed the committee that she collected the data on brain injuries and other traumas and that she worked in the emergency room. She stressed the importance of getting services to people who had suffered TBI, especially those who were not hospitalized, so that they could return to being contributing members of the community.

[3:48:23 PM](#)

BOYD MACFAIL, Legislative Affairs Coordinator, said that ABATE would support HB 328, but that there was some language to which they were opposed on page 4, lines 7 - 8. He asked that "to the prevention of traumatic or acquired brain injury and" be removed from the bill. ABATE was concerned that this would become a means for the legislature to impose mandatory helmet laws on motorcyclists. He stated that ABATE was not opposed to the use of helmets, and advised riders to wear helmets; however, ABATE was opposed to the idea of mandatory helmet laws. He offered his belief that the mandatory helmet laws would not prevent brain injuries because of the impact to the brain upon sudden contact. He stated support by ABATE for HB 328, if that section was removed.

[3:51:31 PM](#)

ROBERT LADA, Neurologist, Providence Alaska Medical Center, stated that a more coordinated effort for TBI patient care and options was necessary. He reported that most TBI patients were not hospitalized and received little follow up care. He pointed out that, when injuries were not obvious, it resulted in an inability to find treatment and therapy. He declared a need for better initial evaluation for a greater success to recovery. He stated the need for the collection of more data. He offered his support for HB 328.

[3:53:58 PM](#)

ELENA RATH, Board Member, Alaska Brain Injury Network, explained that the Alaska Brain Injury Network was a statewide group working to help people find the necessary resources, and to help set goals for the best brain injury practices in Alaska. She

shared her personal experiences with brain injuries. She supported the increase of case managers and data collection in HB 328.

[3:55:33 PM](#)

KRISTIN ENGLISH, Chief Operating Officer, Cook Inlet Tribal Council (CITC), said that CITC supported HB 328 and the creation of a traumatic brain injury program in Alaska. She cited that TBI often resulted in long term disability and a loss of socially appropriate behavior. She noted a strong correlation between TBI and substance abuse. She pointed out that 46 percent of the patients at the residential treatment program were reported with some sort of TBI. She said that this was consistent with statewide records. She opined that HB 328 would establish an information data base and a funding mechanism to access federal funds.

[3:58:34 PM](#)

CHRISTIE ARTUSO, Director Of Neuro Science Services, Providence Alaska Medical Center, reported that HB 328 would facilitate the collaborative efforts of the Alaskan health providers to provide services for TBI patients whose needs had been somewhat neglected. She estimated that 10,000 people may have mild to moderate brain injury not requiring hospitalization. She said that the estimate for those requiring care this year was more than 1,000 patients. She said that it was necessary for case managers to coordinate care, community reentry, cognitive therapy, and a supportive environment. She stated her support for HB 328.

[4:00:29 PM](#)

The committee took an at-ease from 4:00 p.m. to 4:01 p.m.

[4:01:42 PM](#)

JILL HODGES, Executive Director, Alaska Brain Injury Network (ABIN), said that HB 328 established a longitudinal registry which establishes brain injury as an acute and chronic long term condition. This would allow measurement of brain injuries over time, and a determination of which services had helped each individual. It would also establish a statewide traumatic brain injury program, which would allow direct support for TBI patients. She pointed out that this would immediately allow for coordinated case management of 360 Alaskans, would contribute

federal funding, and would serve both urban and rural Alaskans. She directed attention that case management would now be delivered by non-profit, community providers. She noted the increased workforce enhancement for coordinated care. She established that TBI patients could recover for a meaningful life, given the proper treatment and support. She stated that "HB 328 is the mechanism to help families move forward with life after brain injury."

[4:07:24 PM](#)

JOANNE GIBBENS, Deputy Director, Central Office, Division of Senior and Disabilities Services, Department of Health and Social Services, in response to Co-Chair Herron, said that the administration's position on HB 328 was neutral. She relayed that an upcoming amendment would address concerns that the definition of case management meet the federal definition. She reported that HB 328 allowed HHSS to bill for case management services for individuals with TBI and Acquired TBI. She stated that the fiscal note was a projection for the number of new people that would be served, and the case management services for those currently being served. She said that there was currently a waiver service for about 100 TBI patients. She pointed out that this was referred to as targeted case management by Medicaid.

[4:09:49 PM](#)

REPRESENTATIVE T. WILSON asked for an explanation to a waiver service.

[4:09:58 PM](#)

MS. GIBBENS said that the federal government allowed states to apply for services to populations that waive other federal requirements. These waivers meet specific criteria for levels of care and financial eligibility, and they enable specialized populations to receive specialized services which are not available to everyone on Medicaid. She gave an example of a nursing facility level of care waiver.

[4:11:37 PM](#)

REPRESENTATIVE T. WILSON directed attention to the fiscal note, and asked if the physicians were paid.

MS. GIBBENS explained the funding, and pointed out that, in this case, the department already had the existing staff.

[4:12:44 PM](#)

REPRESENTATIVE HOLMES, noting the increased Medicaid projections, stated that the legislature was struggling with the mandatory versus the optional Medicaid services. She proposed that it might be necessary to ask Department of Health and Social Services to prioritize any Medicaid budget cuts. She questioned the accuracy of the fiscal note.

[4:15:03 PM](#)

MS. GIBBENS, in response to Representative Holmes, said that it was difficult to know the costs in advance, but she believed that existing resources would allow for the projected cost.

[4:15:49 PM](#)

CO-CHAIR KELLER asked to clarify that the expanded Medicaid costs would be split, with the federal government paying 60 percent. He asked if the projected cost division of 50 percent from the federal government was because of the stimulus money.

[4:16:20 PM](#)

MS. GIBBENS agreed.

[4:16:27 PM](#)

CO-CHAIR KELLER asked to clarify that the costs per capita on the fiscal note were low because HB 328 only reflected the increased cost for case management.

[4:17:23 PM](#)

CO-CHAIR KELLER asked if this would lead to additional services for TBI patients.

MS. GIBBENS replied that HB 328 focused on case management, and did not add any additional services.

[4:18:14 PM](#)

CO-CHAIR KELLER agreed with Representative Holmes that it would become necessary to determine a level of future funding.

[4:19:11 PM](#)

MS. GIBBENS, in response to Representative T. Wilson, said that DHSS had determined \$250 for case management services to be the per month per patient cost.

[4:20:39 PM](#)

MS. GIBBENS, in response to Representative T. Wilson, replied that the \$100 was per existing patient, as opposed to new patients, who would need ongoing case management.

[4:21:41 PM](#)

MS. GIBBENS, in response to Representative T. Wilson, pointed to the fund source section and explained that the 39 percent state match was listed in the general fund. She explained that the total amount was for the case management and that the difference in the subsequent years was due to the different federal dollar match.

[4:23:23 PM](#)

REPRESENTATIVE SEATON asked if the state currently had Medicaid case management for other diseases.

MS. GIBBENS offered her belief that targeted case management existed for pregnant women, and for early infant learning.

[4:24:19 PM](#)

JON SHERWOOD, Medicaid Special Projects, Office of the Commissioner, Department of Health and Social Services (DHSS), added that targeted case management also included behavioral health for severely emotionally disturbed children, substance abuse, and severely chronically mentally ill. He offered to supply the complete list of targeted case management.

[4:24:59 PM](#)

REPRESENTATIVE SEATON asked whether autism and diabetes were also included.

MR. SHERWOOD said that he was not aware of targeted case management for these groups specifically, and he would report whether either was included within another group.

[4:25:28 PM](#)

REPRESENTATIVE SEATON asked if being in statute guaranteed a priority status during a budget reduction.

MR. SHERWOOD replied that the current statute for cost control was discretionary in allowing DHSS to make reductions in "amount, duration, and scope of services." He shared that there was no longer a priority list of services. He noted that DHSS had discretion to make reductions in amounts of service available. He pointed out that if HB 328 was not in statute, it might not become a service, but that it would not have a priority.

[4:27:23 PM](#)

CO-CHAIR HERRON commented that DHSS did not need all the registries.

[4:27:58 PM](#)

REPRESENTATIVE HOLMES, referring to the two new DHSS staff, asked what their responsibilities would be if the bill did not pass.

MS. GIBBENS replied that both had other care coordination responsibilities.

[4:28:41 PM](#)

CO-CHAIR HERRON closed public testimony.

[4:28:50 PM](#)

CO-CHAIR HERRON moved to adopt Amendment 1, labeled 26-LS1355\E.3, Mischel, 3/2/10, which read:

Page 2, line 25, through page 3, line 6:

Delete all material.

Insert "services furnished to assist individuals who reside in a community setting or who are transitioning to a community setting to gain access to needed medical, social, educational, and other available services;"

[4:29:11 PM](#)

REPRESENTATIVE SEATON objected for discussion.

[4:29:20 PM](#)

MS. OSTNES explained that Amendment 1 allowed the case management definition to conform to federal language for federal funding purposes.

[4:29:56 PM](#)

REPRESENTATIVE SEATON removed his objection.

There being no objection, it was so ordered.

[4:30:12 PM](#)

CO-CHAIR KELLER moved to adopt Amendment 2, labeled 26-LS1355\E.1, Mischel, 3/1/10, which read:

Page 4, lines 7 - 8:

Delete "and laws pertaining to the prevention of traumatic or acquired brain injury and"

Insert "pertaining"

CO-CHAIR HERRON objected for discussion.

CO-CHAIR KELLER offered his belief that there was no value in the deleted passage.

[4:31:14 PM](#)

REPRESENTATIVE SEATON agreed that prevention was important, and asked if the evaluation of the laws was in the purview of the Alaska Brain Injury Network (ABIN).

[4:32:09 PM](#)

MS. OSTNES acknowledged that the ABIN did research for other data regarding the TBI population. She did not know if ABIN reviewed the laws. She suggested a possible conceptual amendment to only delete "traumatic."

[4:32:50 PM](#)

REPRESENTATIVE SEATON reflected that his desire was to ensure that the law and other mechanisms for prevention were not neglected. He removed his objection.

[4:33:46 PM](#)

CO-CHAIR HERRON asked for the sponsor's position.

[4:33:53 PM](#)

MS. OSTNES responded that Representative Johnson agreed with Amendment 2.

[4:34:06 PM](#)

REPRESENTATIVE HOLMES expressed agreement with Representative Seaton, and stated that she did not read the proposed passage for deletion in Amendment 2 as a law for the passage of helmets. She suggested a review of the current laws for a broader encouragement of prevention.

[4:34:50 PM](#)

CO-CHAIR KELLER offered his belief that this statement was not an appropriate part of the program that was being established. He declared that the amendment was not "a statement against evaluating laws pertaining to prevention."

[4:35:22 PM](#)

A roll call vote was taken. Representatives Cissna, Holmes, T. Wilson, Lynn, Seaton, and Keller voted in favor of Amendment 2. Representative Herron voted against it. Therefore, Amendment 2 was adopted by a vote of 6-1.

[4:36:44 PM](#)

REPRESENTATIVE T. WILSON expressed concern with the fiscal note. She declared that this was "opening up another door that eventually we may have to tell people we can't afford to do any longer." She expressed appreciation for the bill with a concern for its maintenance.

[4:37:05 PM](#)

REPRESENTATIVE SEATON reminded the DHSS about its commitment to respond about the priority of retention for services.

[4:38:12 PM](#)

CO-CHAIR KELLER moved to report HB 328, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 328 (HSS) was reported from the House Health and Social Services Standing Committee.

[4:38:42 PM](#)

CO-CHAIR KELLER expressed his desire to move HB 260 at the next House Health and Social Services Standing Committee meeting.

[4:39:00 PM](#)

CO-CHAIR HERRON noted that HB 188 would also be on the schedule.

REPRESENTATIVE CISSNA asked about any changes to HB 260.

[4:39:59 PM](#)

CO-CHAIR KELLER replied that he was satisfied with the bill, and he noted that he was not well prepared during his prior presentation.

[4:40:45 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:40 p.m.