

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 30, 2010

3:09 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

SENATE BILL NO. 307

"An Act relating to residential shelters for runaway minors."

- MOVED OUT OF COMMITTEE

HOUSE BILL NO. 277

"An Act establishing a program in the Department of Health and Social Services to certify certain individuals to be issued a prescription to administer epinephrine and to possess and administer epinephrine in certain situations."

- MOVED CSHB 277(HSS) OUT OF COMMITTEE

HOUSE BILL NO. 361

"An Act requiring 911 dispatchers to be trained in cardiopulmonary resuscitation; and providing for an effective date."

- MOVED OUT OF COMMITTEE

HOUSE BILL NO. 25

"An Act establishing the Alaska Health Reform Policy Commission in the Department of Health and Social Services, and establishing the position of the executive director of that

commission in the partially exempt service; and providing for an effective date."

- BILL HEARING CANCELED

HOUSE BILL NO. 392

"An Act establishing the Alaska Health Reform Policy Commission in the Department of Health and Social Services, and establishing the position of the executive director of that commission in the partially exempt service; and providing for an effective date."

- HEARING CANCELED

PREVIOUS COMMITTEE ACTION

BILL: SB 307

SHORT TITLE: SHELTERS FOR RUNAWAY MINORS

SPONSOR(S): HEALTH & SOCIAL SERVICES

03/10/10	(S)	READ THE FIRST TIME - REFERRALS
03/10/10	(S)	HSS, JUD
03/15/10	(S)	HSS AT 1:30 PM BUTROVICH 205
03/15/10	(S)	Moved SB 307 Out of Committee
03/15/10	(S)	MINUTE(HSS)
03/16/10	(S)	HSS RPT 5DP
03/16/10	(S)	DP: DAVIS, ELLIS, THOMAS, PASKVAN, DYSON
03/17/10	(S)	JUD REFERRAL WAIVED
03/23/10	(S)	TRANSMITTED TO (H)
03/23/10	(S)	VERSION: SB 307
03/24/10	(H)	READ THE FIRST TIME - REFERRALS
03/24/10	(H)	HSS
03/30/10	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HB 277

SHORT TITLE: EMERGENCY USE OF EPINEPHRINE

SPONSOR(S): P.WILSON, LYNN

01/15/10	(H)	PREFILE RELEASED 1/15/10
01/19/10	(H)	READ THE FIRST TIME - REFERRALS
01/19/10	(H)	HSS
03/30/10	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HB 361

SHORT TITLE: CPR TRAINING FOR 911 DISPATCHERS

SPONSOR(S): FAIRCLOUGH

02/23/10	(H)	READ THE FIRST TIME - REFERRALS
02/23/10	(H)	CRA, HSS
03/09/10	(H)	CRA AT 8:00 AM BARNES 124
03/09/10	(H)	Moved Out of Committee
03/09/10	(H)	MINUTE(CRA)
03/10/10	(H)	CRA RPT 5NR
03/10/10	(H)	NR: GARDNER, KELLER, HARRIS, MUNOZ, HERRON
03/10/10	(H)	FIN REFERRAL ADDED AFTER HSS
03/25/10	(H)	HSS AT 3:00 PM CAPITOL 106
03/25/10	(H)	Heard & Held
03/25/10	(H)	MINUTE(HSS)
03/30/10	(H)	HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

CELESTE HODGE, Staff
to Senator Bettye Davis
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced SB 307 on behalf of the prime sponsor, Senator Bettye Davis.

TOM OBERMEYER, Staff
to Senator Bettye Davis
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Answered questions, on behalf of the prime sponsor, Senator Bettye Davis, during discussion of SB 307.

WILDA LAUGHLIN, Special Assistant
Office of the Commissioner
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Testified during discussion of SB 307.

LAUREN RICE, Director of Public Affairs
Covenant House Alaska
Anchorage, Alaska

POSITION STATEMENT: Testified during discussion of SB 307.

KIMBERLY COLBO, Counsel
for Covenant House Alaska
Anchorage, Alaska

POSITION STATEMENT: Testified during discussion of SB 307.

MICHAEL DUNNING, Intern
to Representative Peggy Wilson
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HB 277 on behalf of Representative Peggy Wilson, one of the joint prime sponsors of the bill.

REPRESENTATIVE PEGGY WILSON
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Testified as one of the joint prime sponsors of HB 277.

WARD HURLBURT, Chief Medical Officer;
Director, Division of Public Health
Office of the Commissioner
Department of Health and Social Services

POSITION STATEMENT: Testified during discussion of HB 277.

KEN ZAFREN, Medical Director
Alaska Emergency Medical Services Program
Juneau, Alaska

POSITION STATEMENT: Testified during discussion of HB 277.

REPRESENTATIVE ANNA FAIRCLOUGH
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Testified as the prime sponsor of the bill during discussion of HB 361.

CRYSTAL KOENEMAN, Staff
to Representative Anna Fairclough
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Testified during discussion of HB 361, on behalf of the prime sponsor of the bill, Representative Anna Fairclough.

ACTION NARRATIVE

[3:09:47 PM](#)

CO-CHAIR WES KELLER called the House Health and Social Services Standing Committee meeting to order at 3:09 p.m. Representatives Keller, Herron, Seaton, Cissna, and T. Wilson

were present at the call to order. Representatives Lynn and Holmes arrived as the meeting was in progress.

SB 307-SHELTERS FOR RUNAWAY MINORS

[3:10:54 PM](#)

CO-CHAIR KELLER announced that the first order of business would be SENATE BILL NO. 307, "An Act relating to residential shelters for runaway minors."

[3:11:16 PM](#)

CELESTE HODGE, Staff to Senator Bettye Davis, Alaska State Legislature, read from the sponsor statement [Included in the committee packet.] [original punctuation provided]:

SB307 allows emergency residential shelters like the Covenant House Alaska to continue to accept federal grant funding. Covenant House Alaska has five programs that include emergency shelter, healthcare, job and educational assistance and transitional living. Covenant House Alaska served nearly 3,000 Alaskan youth in Alaska for over 20 years and served literally tens of thousands of youth.

In 2007, Covenant House Alaska was awarded the federal Basic Center Grant (BCG) through the Administration for Children and Families. This competitive, federal grant supplied Covenant House Alaska with \$300,000 phased over three years to operate the Crisis Center (\$100,000 per year). The Administration for Children and Families recently notified Covenant House Alaska the Crisis Center is technically out of compliance with federal grant requirements stated in the Homeless and Runaway Youth Act.

The Act at 42 U.S.C Section 5712(b)(2)(A) states the shelter can have "a maximum capacity of not more than 20 youth, except where the applicant assures that the State where the center or locally controlled facility is located has a State or local law or regulation that requires a higher maximum to comply with licensure requirements for child and youth serving facilities." Established through the Act, federal regulation 45 CFR 1351.18 (d) states the Basic Center Grant (BCG) may be

awarded to facilities with a shelter capacity of 20 beds or less. Covenant House Alaska holds 40 beds. The Administration for Children and Families (ACF) concedes that states with statutes requiring them to operate a facility over 20 beds will meet the federal requirements. SB307 allows for a simple amendment to AS 47.10.310 - "Licensing of Programs for Runaway Minors" by adding a new subsection to read: "(e) A program for runaway minors that operates a licensed residential shelter in the state shall provide a shelter with a capacity designated in the license issued under AS 47.10.300-47.10.390." This simple amendment will allow emergency residential shelters like Covenant House Alaska to continue competing for the federal Basic Center Grant (BCG).

REPRESENTATIVE SEATON asked how SB 307 would mandate a specific number of beds in order to comply with license requirements.

[3:15:03 PM](#)

TOM OBERMEYER, Staff to Senator Bettye Davis, Alaska State Legislature, stated that Legislative Legal and Research had reviewed the federal statute in order to write a bill to bring Covenant House into compliance with federal law. He offered his understanding that should a state statute allow this level of capacity then the federal law would also allow it.

[3:17:25 PM](#)

WILDA LAUGHLIN, Special Assistant, Office of the Commissioner, Department of Health and Social Services (DHSS), stated that Department of Health and Social Services had no concerns with the bill. She pointed out that it would help the Division of Juvenile Justice and Office of Children's Services. She offered her understanding that the licensing would not have a programmatic impact on the section of certification and licensing, as this was a federal regulation.

CO-CHAIR KELLER offered his belief that the federal requirement for 20 beds was already in the regulations, but that Covenant House had already licensed for 40 beds. This would be an authorization for Covenant House Alaska to operate at the state established capacity.

REPRESENTATIVE SEATON read from the sponsor statement that a State or local law "requires a higher maximum to comply with

license requirements..." He asked if the language in SB 307, "the state shall provide a shelter with a capacity designated in the license" was sufficient to comply with the federal law. He asked if the state was going to have different capacities on different licenses.

3:20:54 PM

LAUREN RICE, Director of Public Affairs, Covenant House Alaska, pointed out that Covenant House was the only homeless shelter for youth in Alaska. It had programs designed to keep kids off the streets and to help with the transition to healthy lives. She pointed out that these youth come from all over Alaska, and more than 39 percent were Native Alaskan. She stated that 65 percent of the girls had been sexually abused or raped, and 75 percent of the kids came from homes with abuse of alcohol and drugs. She noted that 70 percent of the \$3.7 million budget was from private donations, with the balance coming from local, state, and federal grants.

MS. RICE directed attention to the 2004 and 2007 Basic Center Grants (BCG), which Covenant House Alaska had received regardless of the 20 bed capacity regulation. She shared that the current federal administration had requested clarifying language to apply for this grant. She explained that SB 307 would not impact any new shelters with fewer than the 40 bed capacity of Covenant House Alaska. She summarized SB 307:

if a youth facility is going to operate in the state of Alaska they need to be able to provide the beds they are licensed for. So, if you are licensed for three, you need to be able to provide three. If, in the situation with Covenant House, if we are licensed for forty, we will be required to provide forty beds to our kids.

MS. RICE offered her hope that SB 307 would continue to keep Covenant House Alaska competitive. She pointed out that its daily average was 34 kids, and that Covenant House Alaska needed a 40 bed capacity to operate in Alaska. She stressed that there was not intent to limit capacity for other new shelters.

3:26:29 PM

KIMBERLY COLBO, Counsel for Covenant House Alaska, expressed agreement with Ms. Rice's summation. Reading from SB 307, she offered her belief that "shall provide a shelter with the

capacity designated in the license" that's been approved by the state was functionally the same as the original language which stated "is required to provide a shelter." She opined that this should allow flexibility while permitting Covenant House to operate and compete for the BCG.

[3:28:30 PM](#)

CO-CHAIR KELLER, after ascertaining that no one else wished to testify, closed public testimony on SB 307.

[3:28:44 PM](#)

REPRESENTATIVE T. WILSON moved to report SB 307 out of committee with individual recommendations. There being no objection, SB 307 was reported from the House Health and Social Services Standing Committee.

HB 277-EMERGENCY USE OF EPINEPHRINE

[3:29:15 PM](#)

CO-CHAIR KELLER announced that the next order of business would be HOUSE BILL NO. 277, "An Act establishing a program in the Department of Health and Social Services to certify certain individuals to be issued a prescription to administer epinephrine and to possess and administer epinephrine in certain situations."

The committee took an at-ease from 3:29 p.m. to 3:34 p.m.

[3:34:10 PM](#)

CO-CHAIR HERRON moved to adopt the proposed committee substitute (CS) for HB 277, Version 26-LS0951\S, Bullard, 3/26/10, as the work draft. There being no objection, Version S was before the committee.

[3:34:36 PM](#)

MICHAEL DUNNING, Intern to Representative Peggy Wilson, Alaska State Legislature, said that epinephrine was also referred to as adrenaline, and was naturally occurring. He noted the "fight or flight" response. He pointed out that it was used daily to combat asthma and severe reactions. He stated that the bill proposed to establish a training standard for individuals to administer epinephrine with auto injectors, often referred to as

epi-pens, as well as with ampules. He explained that epi-pens administered one or two doses, whereas an ampule was a sterile glass storage container from which a dosage could be drawn, and was significantly cheaper than the epi-pen. He gave examples of existing training programs, which included American Heart Association, Red Cross, and Wilderness Medical Associates.

MR. DUNNING explained that an individual that successfully completed the training requirements would be authorized to obtain a prescription to purchase epinephrine and to administer it only in the very specific emergency situations outlined in HB 277. He opined that HB 277 would protect Alaskans, increase safety measures, and hopefully save lives.

[3:37:35 PM](#)

REPRESENTATIVE SEATON directed attention to page 2, line 24, Sec 17.22.030 and asked why the applicability was not for individuals authorized under other laws.

[3:38:03 PM](#)

MR. DUNNING said that he did not know.

CO-CHAIR HERRON referred to the language on the last paragraph of the memorandum from Legislative Legal and Research Services.

REPRESENTATIVE T. WILSON offered her interpretation that an individual rendering aid would be held harmless under the Good Samaritan Law, and she asked Mr. Dunning if he agreed.

MR. DUNNING replied that the applicability, the liability of the certified individual, and the referenced Good Samaritan Laws did not preclude one another, as an individual may be immune under one aspect, but not under another aspect. He offered that it would protect individuals who had completed the training program.

REPRESENTATIVE T. WILSON questioned if the Good Samaritan Law would pertain if there was not a training program.

MR. DUNNING replied that this would depend on the individual facts of a particular case. He explained that HB 277 required the following to avoid personal liability: the individual would have to successfully complete the training program; to administer epinephrine in a narrowly defined emergency situation; and to have acted in Good Faith.

[3:41:18 PM](#)

REPRESENTATIVE T. WILSON expressed concern that the bill would increase the liability.

MR. DUNNING replied that HB 277 offered another layer of protection above the Good Samaritan Law for those that had successfully completed the training program.

REPRESENTATIVE T. WILSON asked who would conduct the training.

MR. DUNNING reiterated that the training programs already existed, and that some had included the epi-pen training along with CPR. He noted that successful completion of the training allowed for a prescription to purchase epinephrine.

REPRESENTATIVE T. WILSON asked to clarify that a pharmacist would supply the epinephrine as requested.

[3:43:48 PM](#)

MR. DUNNING offered his understanding that this would be the case.

CO-CHAIR KELLER inquired about any concern for abuse of epinephrine because of HB 277.

MR. DUNNING offered his belief that this was not a concern, and that it was a proven life saving medication.

CO-CHAIR KELLER shared that his research indicated that epinephrine was not a recreational drug of choice.

[3:44:59 PM](#)

REPRESENTATIVE LYNN, speaking as one of the joint prime sponsors of HB 277, conveyed a personal story about epinephrine.

[3:46:57 PM](#)

REPRESENTATIVE HOLMES indicated support for what the bill was attempting to do. She stated that she wanted to limit liability, and referred to the definition of "emergency situation" on page 3, line 4. She suggested to add "or appears to experience" after "experiences" on page 3, line 5. She opined that this would protect an individual who was acting in

good faith from their training. She also suggested adding "reasonably" after "not" on page 3, line 7.

[3:49:19 PM](#)

REPRESENTATIVE HOLMES, in response to Co-Chair Herron, noted that both the Good Samaritan Law and the limited liability section of HB 277 on page 2, line 27, Sec. 17.22.040. "Liability of certified individual" would protect an individual who acted in good faith. She expressed her desire to ensure that an individual was covered regardless.

[3:51:06 PM](#)

REPRESENTATIVE CISSNA reflected on a personal family incident.

[3:52:13 PM](#)

REPRESENTATIVE PEGGY WILSON, Alaska State Legislature, offered her understanding that Alaska State law currently stated that only the person with the medication could self medicate, or receive assistance from a properly trained person. The intent of the bill was to provide protection to those who were not currently covered by the law.

[3:53:52 PM](#)

WARD HURLBURT, Chief Medical Officer; Director, Division of Public Health, Office of the Commissioner, said that the administration was neutral on HB 277.

REPRESENTATIVE T. WILSON asked to clarify that a pharmacist would supply epinephrine solely upon the presentation of the card certifying successful completion of the training.

DR. HURLBURT offered his understanding that some details were still to be worked out to ensure it. He reiterated that the training programs already existed, and that a physician's prescription could become part of the process.

REPRESENTATIVE HOLMES observed that it was not possible to walk in and buy epinephrine without a prescription.

DR. HURLBURT concurred that this was consistent with the current process.

[3:56:18 PM](#)

REPRESENTATIVE T. WILSON expressed her confusion of why a doctor would write a prescription solely based on successful completion of a course.

REPRESENTATIVE P. WILSON referred to page 1, lines 10-12, of the bill, and explained that there was situational justification.

REPRESENTATIVE T. WILSON asked if this was acceptable to the medical profession.

REPRESENTATIVE P. WILSON replied that one doctor even taught 5 year old children how to self administer the epi-pen.

REPRESENTATIVE HOLMES asked Dr. Hurlburt for any concerns.

[3:58:21 PM](#)

DR. HURLBURT replied that epinephrine was a natural substance and that it was safe, although that did not mean that there was not any risk. He pointed out that sufficient quantities could present a risk, but that it was safer than many other over the counter items found in drug stores.

CO-CHAIR KELLER clarified that the training mitigated the risk. He opined that it was appropriate to keep the strict language in the bill.

[3:59:53 PM](#)

DR. HURLBURT explained that part of the training was for the administration of epinephrine, as most people were not trained to give injections.

[4:00:44 PM](#)

REPRESENTATIVE HOLMES referred to her earlier suggestion of amending page 3, line 5 to add "or appears to experience" after "experiences," and asked Dr. Hurlburt if it was possible to mistake the signs of anaphylactic shock.

DR. HURLBURT replied that, as a physician, her amendment was excellent, as it could not be known with 100 percent certainty.

[4:02:14 PM](#)

KEN ZAFREN, Medical Director, Alaska Emergency Medical Services Program, expressed his agreement with the comments and with Representative Holmes' amendment to change the wording.

CO-CHAIR KELLER asked how the prescription process would work.

DR. ZAFREN offered that, although it was not addressed in HB 277, most doctors would be comfortable with writing a prescription for someone who had successfully completed the training.

[4:03:55 PM](#)

CO-CHAIR KELLER closed public testimony on HB 277.

[4:04:04 PM](#)

REPRESENTATIVE HOLMES moved to adopt Conceptual Amendment 1, which would read:

Page 3, line 5, following "experiences"

Insert "or appears to experience"

Page 3, line 7, following "not"

Insert "reasonably"

CO-CHAIR KELLER objected for discussion. There being no other objections, he removed his objection and Conceptual Amendment 1 was adopted.

REPRESENTATIVE P. WILSON suggested a conforming amendment to delete "and" between "for" and "purchase" on page 1, line 11.

[Before the committee was a motion to adopt Conceptual Amendment 2, which would read:

Page 1, line 11, following "prescription for"

Delete "and"]

CO-CHAIR KELLER objected for discussion.

REPRESENTATIVE HOLMES clarified that line 11 would now read "obtain a prescription for purchase."

CO-CHAIR KELLER removed his objection. There being no further objection, Conceptual Amendment 2 was adopted.

[4:06:08 PM](#)

REPRESENTATIVE T. WILSON moved to report the proposed committee substitute (CS) for HB 277, 26-LS0951\S, Bullard, 3/26/10, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 277(HSS) was reported from the House Health and Social Services Standing Committee.

HB 361-CPR TRAINING FOR 911 DISPATCHERS

[4:06:29 PM](#)

CO-CHAIR KELLER announced that the final order of business would be HOUSE BILL NO. 361, "An Act requiring 911 dispatchers to be trained in cardiopulmonary resuscitation; and providing for an effective date." [Before the committee was the proposed committee substitute (CS) for HB 361, 26-LS1478\R, Luckhaupt/Mischel, 3/11/10, which had been adopted as the working draft on 3/25/10.]

[4:06:41 PM](#)

REPRESENTATIVE T. WILSON moved that the committee rescind its action in adopting the proposed committee substitute (CS) for HB 361, 26-LS1478\R, Luckhaupt/Mischel, 3/11/10, as the work draft, and adopt the original HB 361, 26-LS1478\A as the working draft.

CO-CHAIR KELLER objected for discussion. [Later in the meeting, although the objection was not withdrawn, the committee treated the motion as having passed.]

[4:07:28 PM](#)

REPRESENTATIVE ANNA FAIRCLOUGH, Alaska State Legislature, as the prime sponsor of HB 361, explained that the purpose of the bill was to require 911 dispatchers to have Cardiopulmonary Resuscitation (CPR) training. She explained the bill history, and noted that the committee substitute currently in front of the committee had established that the position be facilitated by the Department of Public Safety (DPS) instead of its current position with the Department of Military & Veterans' Affairs (DMVA). She directed attention to the not yet received fiscal note from DPS, and questioned the funding source to either department for the 911 coordinator position. She stated a position of neutrality for either version of the bill. She offered her belief that it was "a natural fit that the 911

coordinator should be housed in the DPS," but she questioned the need for a fiscal note.

4:09:50 PM

CRYSTAL KOENEMAN, Staff to Representative Anna Fairclough, Alaska State Legislature, said that she spoke with representatives of both DMVA and DPS to inform them of the return to the original HB 361, 26-LS1478\A.

CO-CHAIR KELLER agreed to return to the original HB 361, 26-LS1478\A, as the proposed committee substitute had moved beyond the intent of the sponsor.

REPRESENTATIVE HOLMES concurred and expressed her neutrality for which department housed the position. She offered her understanding that a move to DPS would entail a significant increase to the program cost. She stated her agreement with the sponsor's concerns.

4:12:20 PM

REPRESENTATIVE HERRON also concurred. He noted his agreement with the health policy intent of the bill and he surmised that the fiscal note would be addressed by the House Finance Committee. He stated his support to move Version A on to the next committee.

REPRESENTATIVE T. WILSON offered her belief that the 911 dispatcher position should remain in DMVA. She voiced her support for Version A.

REPRESENTATIVE SEATON pointed out that the HB 361, 26-LS1478\A was not referred to the House Finance Committee.

4:14:18 PM

MS. KOENEMAN clarified that there was a fiscal note for \$2,000 from DPS attached to Version A, which had resulted in the referral to the House Finance Committee.

4:14:55 PM

REPRESENTATIVE T. WILSON moved to report HB 361, 26-LS1478\A out of committee with individual recommendations and the accompanying fiscal note. There being no objection, HB 361 was

reported from the House Health and Social Services Standing Committee.

4:15:30 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:15 p.m.