

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

March 25, 2009

1:31 p.m.

**MEMBERS PRESENT**

Senator Bettye Davis, Chair  
Senator Joe Paskvan, Vice Chair  
Senator Johnny Ellis  
Senator Joe Thomas  
Senator Fred Dyson

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

SENATE BILL NO. 139

"An Act establishing a loan repayment program and employment incentive program for certain health care professionals employed in the state; and providing for an effective date."

HEARD AND HELD

SENATE BILL NO. 12

"An Act relating to limitations on mandatory overtime for registered nurses and licensed practical nurses in health care facilities; and providing for an effective date."

MOVED SB 12 OUT OF COMMITTEE

SENATE BILL NO. 101

"An Act relating to questionnaires and surveys administered in the public schools."

HEARD AND HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 139

SHORT TITLE: INCENTIVES FOR CERTAIN MEDICAL PROVIDERS

SPONSOR(S): SENATOR(S) OLSON

03/09/09	(S)	READ THE FIRST TIME - REFERRALS
03/09/09	(S)	HSS, FIN
03/25/09	(S)	HSS AT 1:30 PM BUTROVICH 205

BILL: SB 12

SHORT TITLE: LIMIT OVERTIME FOR REGISTERED NURSES  
SPONSOR(s): SENATOR(s) DAVIS

01/21/09 (S) PREFILE RELEASED 1/9/09  
01/21/09 (S) READ THE FIRST TIME - REFERRALS  
01/21/09 (S) HSS, L&C, FIN  
03/09/09 (S) HSS AT 1:30 PM BUTROVICH 205  
03/09/09 (S) Heard & Held  
03/09/09 (S) MINUTE(HSS)  
03/25/09 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 101

SHORT TITLE: STUDENT QUESTIONNAIRES AND SURVEYS  
SPONSOR(s): SENATOR(s) DAVIS

02/06/09 (S) READ THE FIRST TIME - REFERRALS  
02/06/09 (S) EDC, HSS  
03/11/09 (S) EDC AT 8:00 AM BELTZ 211  
03/11/09 (S) Heard & Held  
03/11/09 (S) MINUTE(EDC)  
03/18/09 (S) EDC RPT 1DP 2NR  
03/18/09 (S) DP: DAVIS  
03/18/09 (S) NR: OLSON, HUGGINS  
03/18/09 (S) EDC AT 8:00 AM BELTZ 211  
03/18/09 (S) Moved SB 101 Out of Committee  
03/18/09 (S) MINUTE(EDC)  
03/25/09 (S) HSS AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

SENATOR DONNY OLSON  
Alaska State Legislature  
Juneau, AK

**POSITION STATEMENT:** Sponsor of SB 139.

KENDRI CESAR  
Staff to Senator Olson  
Alaska State Legislature  
Juneau, AK

**POSITION STATEMENT:** Commented on SB 139 for the sponsor.

PAT CARR  
Health Program Manager  
Department of Health and Social Services  
**POSITION STATEMENT:** Opposed SB 139.

DIANE BERHENDS, Executive Director

Alaska Commission on Postsecondary Education  
Department of Education

**POSITION STATEMENT:** Supported SB 139.

SUZANNA TRICK

Washington, Wyoming, Alaska, Montana, Idaho Medical Education  
Program (WWAMI)

**POSITION STATEMENT:** Available to answer questions on SB 139.

DELISSA CULPEPPER, CEO

Alaska Mental Health Trust Authority

**POSITION STATEMENT:** Supported SB 139.

MARIE DARLIN

Capital City Task Force

AARP

**POSITION STATEMENT:** Supported SB 139.

BETH SIRLES, Director

School of Social Work

University of Alaska Anchorage (UAA) and

Co-chair, Mental Health Trust Authority Workforce Development

Focus Area Education and Training Committee

**POSITION STATEMENT:** Supported SB 139.

TRACY TURLEY, full-time nurse practitioner student

**POSITION STATEMENT:** Supported SB 139.

MARY LOEB, Family Physician

Sunshine Community Health Center

**POSITION STATEMENT:** Supported SB 139.

ROD BETIT

Alaska State Hospital and Nursing Home Association (ASHNHA)

**POSITION STATEMENT:** Supported SB 139.

SHELLEY HUGHES

Alaska Primary Care Association

**POSITION STATEMENT:** Supported SB 139.

MARK HICKEY

Alaska Nurses Association

**POSITION STATEMENT:** Supported SB 12.

RYAN SMITH, CEO

Central Peninsula Hospital

Soldotna, AK

**POSITION STATEMENT:** Opposed SB 12.

TAMMY McCUTCHEON  
Human Resources Director  
Alaska Regional Hospital  
**POSITION STATEMENT:** Opposed SB 12.

BRANDY PROCTOR, RN  
North Star Behavioral Health  
**POSITION STATEMENT:** Opposed SB 12.

TRACY CURLEE, RN  
North Star Hospital  
**POSITION STATEMENT:** Opposed SB 12.

DIEDRA JOSEPH, RN  
North Star Hospital  
**POSITION STATEMENT:** Opposed SB 12.

LEVI WASHINGTON, RN Manager  
North Star Hospital  
**POSITION STATEMENT:** Opposed SB 12.

ROBIN RICHARDSON, Director  
Critical Care Services  
Alaska Regional Hospital  
**POSITION STATEMENT:** Opposed SB 12.

TOM OBERMEYER  
Staff to Senator Davis  
State Capital  
Juneau, AK.  
**POSITION STATEMENT:** Commented on SB 101 for the sponsor.

JENNIFER SCHMIDT, representing herself  
Fairbanks, AK.  
**POSITION STATEMENT:** Supported SB 101.

JOAN DIAMOND  
Alaska Public Health Association  
**POSITION STATEMENT:** Supported SB 101.

PAULA EASLEY, Trustee  
Alaska Mental Health Trust Authority (AMHTA) and  
Chair, Trust Planning Committee  
**POSITION STATEMENT:** Supported SB 101.

## **ACTION NARRATIVE**

[1:31:16 PM](#)

**CHAIR BETTYE DAVIS** called the Senate Health and Social Services Standing Committee meeting to order at 1:31 p.m. Present at the call to order were Senators Paskvan, Dyson and Davis.

### **SB 139-INCENTIVES FOR CERTAIN MEDICAL PROVIDERS**

[1:31:34 PM](#)

CHAIR DAVIS announced consideration of SB 139.

[1:31:57 PM](#)

SENATOR OLSON, sponsor of SB 139, said it establishes a loan repayment and incentive program that is essential to induce people to come to Alaska to serve as health care professionals. Two years ago the Health Commission estimated that over 400 more medical doctors are needed to provide the same level of care as is available elsewhere in the country. SB 139 will play an important role in the overall solution by establishing this program now. Forty-four states already have a similar loan program, so competition is fierce. Alaska offers unique lifestyle opportunities, but a program such as this will make us competitive with other areas. Rural Alaska faces an acute shortage of doctors.

[1:34:28 PM](#)

KENDRI CESAR, staff to Senator Olson, said SB 139 establishes the Health Care Profession's Loan Repayment and Incentive Program to make health care employment more attractive to practitioners who both originate from Alaska, but who are also from the Outside. Particularly in hard-to-fill localities, people face obstacles such as limited financial resources, cultural barriers and geographical hindrances to health care access. This program would mirror similar loan repayment incentives in the Lower 48 that have been substantially successful as cost effective strategies in addressing workforce shortages both for health care and other professions.

The program would be overseen by the Department of Health and Social Services (DHSS) and the commissioner would appoint an advisory council to communicate between program administrators and providers and would make recommendations back to the commissioner regarding program administration. The commissioner would use the data and input of the advisory council to annually prioritize 10 eligible practitioner-types according to relative

need in Alaska. These 10 practitioner types would be further prioritized into two categories - Tier 1 and Tier 2. The Tier 1 category would include pharmacists, dentists and physicians with either an M.D. or a D.O., the types of practitioners that are in highest demand in Alaska. These types of practitioners often come out of medical school with the highest amount of loans.

Tier 2 practitioners would initially include dental hygienists, nurse practitioners, registered nurses, physical therapists, physician assistants, clinical psychologists, and clinical social workers. These practitioners are also in high demand in Alaska, but to a lesser extent than the Tier 1 practitioners.

MS. CESAR explained that each of the 10 practitioner types would be allocated 8-9 slots in the program, so the total number of program participants each year would be 90. She said 60 program slots would be allocated to regular site positions and the other 30 slots will go to the very hard-to-fill slots in areas that are labeled so by the commissioner.

Current federally defined health care shortage areas are referred to as health profession shortage areas (HPSA) and these would help to guide the commissioner in defining very hard-to-fill slots, but he would not be confined to those and preference would be given to sites that serve individuals who have difficulty paying.

She explained that eligible program participants must commit to three years, no more and no less, in exchange for either loan repayment support; or if they have no student loans owing, they could participate in the incentive payment component of the program.

A Tier 1 practitioner serving in a regular site could receive up to \$35,000/yr.; or if they choose to serve in a very hard-to-fill site, they could receive \$47,000/yr. A Tier 2 practitioner serving in a regular site could receive up to \$20,000/yr. or up to \$27,000/yr. for a very hard-to-fill site. These figures are the same regardless of whether they are participating in the loan repayment component or the incentive payment.

A participant in the loan repayment component who completes their three years of service can opt to work for up to a total of six years. Employers might be required to pay a matching amount at the commissioner's discretion, but that would be based on the employer's ability to pay. The Alaska Commission on

Postsecondary Education would serve as payment agent for the loan payments.

[1:41:01 PM](#)

She said that a \$7.4 million price tag might seem high, but because 44 other states already offer such programs, Alaska is at a distinct disadvantage in hiring health care professionals.

[1:42:03 PM](#)

SENATOR OLSON urged that if they are going to take advantage of existing residency programs, they end in July. Maybe those first graduates can come up here.

[1:43:28 PM](#)

PAT CARR, Health Program Manager, Department of Health and Social Services (DHSS), said she was available to answer questions and that the administration does not support this bill due to the price tag.

CHAIR DAVIS asked if she agreed that this program should be within the Department of Health and Social Services and if they have problems with anything other than the money.

MS. CARR replied that they have been monitoring the healthcare work force for some time, and it is in the purview of responsibilities of the department. The concerns about the price tag and needing to add staff to manage the program are of concern.

[1:44:33 PM](#)

CHAIR DAVIS said she didn't have a fiscal note from the department, and asked where it was.

MS. CARR replied that the fiscal note went to the Governor's office.

CHAIR DAVIS stated that they did not have it even though the administration knew this bill was up today. She asked if she had already told Senator Olson that the department didn't support this bill.

MS. CARR replied that information should have reached him yesterday.

[1:45:30 PM](#)

SENATOR DYSON pointed out a zero fiscal note from the Department of Education.

[1:46:06 PM](#)

DIANE BERHENDS, Executive Director, Alaska Commission on Postsecondary Education, Department of Education, explained the reason they were asked to participate in the discussion around this program was their familiarity with education loans, and they agreed they were equipped to play the part of a disbursing agent on the loan repayment piece.

[1:46:39 PM](#)

SENATOR DYSON said he was not aware of a shortage of physical therapists in this state, and asked where that information came from.

MS. BEHRENDTS said their packets contain the 2007 Alaska Health Workforce Vacancy Study, which gives that information. Physical therapists were chosen in consultation with the working group that helped to outline the proposed program.

[1:48:18 PM](#)

SENATOR DYSON said he was particularly concerned that the state has had a long standing turf war between various levels of counselors and he sees that social workers are included here but other counselors are not, particularly counselors who deal with sexually abused children. He wanted to know why they are not listed and social workers are. He has heard it is because social workers have the best lobbyists.

[1:49:50 PM](#)

CHAIR DAVIS recognized that Senator Ellis arrived at the meeting some time ago.

[1:50:09 PM](#)

SUZANNA TRICK, WWAMI, said she was available to answer questions.

[1:51:00 PM](#)

DELISSA CULPEPPER, CEO, Alaska Mental Health Trust Authority, said she has been working on health care workforce issues for some years and helped produce the Vacancy Study. All workforce areas that serve their beneficiaries have shortages across Alaska, both rural and urban. So three years ago, they began putting money into a larger workforce development issue. Loan repayment rose to the top as one strategy that could be used. So, for the last two years they have crafted a small demonstration project around master's level or higher behavioral health positions across the state to help with loan repayment

and recruiting. Therefore, they have been involved as part of the coalition that crafted the details of this bill believing that incentives will help them compete with other states. She urged the committee to pass SB 139.

[1:53:02 PM](#)

CHAIR DAVIS advised that they just received the fiscal note from the department.

[1:53:51 PM](#)

SENATOR DYSON said he had the Health Workforce Vacancy Summary before him and on page 2, Table 1 showed a 17.7 percent vacancy rate of professions and therapists and a 13.9 percent vacancy rate for behavioral health professionals. Those are the highest rates of vacancy next to physician assistants. He said he thought they "missed it" by not including those mental health professionals and therapists and that someone "bluffed you" into putting the social workers in there instead.

[1:56:14 PM](#)

MARIE DARLIN, Capital City Task Force, AARP, supported SB 139. She said that Alaska is going to have to do something like this if it is going to compete in recruitment and retention of providers. The cost of our inability to provide care to our people is greater than the cost of the program.

[1:57:20 PM](#)

BETH SIRLES, Director, School of Social Work, University of Alaska Anchorage (UAA), said she is also co-chair of the Mental Health Trust Authority Workforce Development Focus Area Education and Training Committee, and supported SB 139. The Committee has been working for years to identify key workforce shortage areas in the state, and health care workers are at the top of the list. Their providers tell them regularly that their top priority is the recruitment and retention of health care providers. Several workforce studies show there is no question that Alaska has serious shortages of health providers, both Tier 1 and Tier 2.

[1:59:03 PM](#)

TRACY TURLEY, full-time nurse practitioner student, said she when she gets out of school she will have over \$95,000 in student loans, and that makes it very hard to pay for a mortgage at the same time.

[1:59:51 PM](#)

MARY LOEB, Family Physician, Sunshine Community Health Center, said she has experienced the distress of unmet medical and dental needs in her community. One and a half years ago their community was down from five to two providers to staff two clinics. At that time she interviewed a lot of providers and administrators and she often heard that they would have to give up so much financially to work for the Center.

2:02:24 PM

ROD BETIT, Alaska State Hospital and Nursing Home Association (ASHNHA), supported SB 139, because it addresses this critical hole in the health care workforce in Alaska. He hears stories first hand every day from Alaskans who can't obtain health care services. The investments made in the WWAMI program are great, but the fruits from that program won't be seen for many years; SB 139 will address the short term need.

2:04:45 PM

MR. BETIT continued that he sees this as a rural bill primarily, but the problem exists in some urban areas, as well. "If we don't go after these work-ready health care professionals more aggressively, more competitively, with the limited number available, we're going to look worse rather than better five years from now." To do that they need funding and this bill wasn't premised on the notion that there would be any diminishment of funding by those who are going after health care professional.

He said that urban hospitals and big clinics will continue to hire the available professionals, because they have the financial capacity to do so. This bill is aimed at the "safety net providers" who are willing to serve Medicaid/Medicare and uninsured patients, but don't have the discretionary income or the balance sheet to get professionals to their area.

ASHNHA conducted a statewide survey in 2007 about health care attitudes. It clearly showed that the public feels that hospitals are in a position to make the workforce needs known and to champion some solutions to address those needs, even if the most pressing needs aren't hospital-based. This area has been selected by his board as a way to give back to the community in terms of trying to get that message out and develop some strategies for putting the solutions together.

2:07:34 PM

He said that ASHNHA has been working with the Alaska Primary Care Association, the Alaska Native Health Board, the Alaska

State Medical Association, the Alaska Dental Society, the Alaska Nurses Association, the Alaska Mental Health Trust Authority, the Alaska Commission on Postsecondary Education, the Alaska Pharmacists Association, and the Alaska Native Tribal Health Consortium. The Department of Health and Social Services (DHSS) has provided some staff support and he is sorry it can't support the bill due to its financial requirements.

Even so, Mr. Betit said, he wants to put this before them as a good solution. The bill does not mandate a funding level each year. The fiscal note for \$7 million provides a half million to the department to run the program annually, but the idea for the rest is to fund 90 health care professionals to come work in the state. If only half the money is available, then they could fund 45. It seems to be an excellent way to put something in place that can be used when funds are available.

[2:09:15 PM](#)

MR. BETIT said he doesn't have all the details pinned down even though they've worked on this for 10 months. This legislation leaves a lot of discretion to the department, but the bill says that the Advisory Committee, once it makes a recommendation to the commissioner, wants it to be honored. Having been a state official, he has seen a lot of advisory committee's input not used. If the commissioner doesn't use the input, he needs to put in writing why not. He is very supportive of this legislation and he feels if this issue isn't dealt with now, it will be an even bigger problem in the future.

[2:11:07 PM](#)

SENATOR DYSON asked if ASHNHA had input on which professionals would be included.

MR. BETIT replied yes; they wrestled with this question at many meetings, and the reason they went with the master's level social worker is that those professionals could fill in other areas as well. However, they are open to discussion on this issue.

SENATOR DYSON said the supporting documentation doesn't talk about a shortage of social workers, but does mention behavioral and mental health workers.

MR. BETIT responded that it was felt that the social worker would be the stronger health profession to put in that package, but that was open to discussion.

[2:13:44 PM](#)

CHAIR DAVIS said she supported this bill; it requires some money up front, but it would save in the long run, and it is not an unusual amount of money to put forward on something like this.

[2:14:33 PM](#)

SENATOR PASKVAN asked if the department recognizes that it needs to attract health care workers or do they reject that need. Does the administration want to reject certain fields under the bill or limit the number, or is it a situation where, regardless of need they don't want to spend the money?

MS. CARR replied that she would have to go back to the administration for answers.

CHAIR DAVIS said she would appreciate that.

MS. CARR said her department knows there are workforce shortages. On the other questions, she would get prepared responses for the committee.

[2:18:13 PM](#)

SHELLEY HUGHES, Alaska Primary Care Association, said she worked with Mr. Betit and a number of others to craft this bill. They started by looking at what other states were doing and found that loan repayment and incentive programs were most effective. They found that only 2 percent of medical students are currently going into primary care. They hear from the 141 clinics in the state that are part of the Association, that they will have a candidate lined up and when they learn Alaska doesn't have an incentive program, and the candidate moves on.

She clarified that the \$7.5 million fiscal note is the encumbrance for 3 years and 90 participants. She also wanted to mention that, as they looked at the workforce study data, they found that recruiting physical therapists has been very hard. As for behavioral health, both psychologists and licensed clinical social workers are included. She explained that in order to keep a clinic's doors open you have to have providers who can bill to Medicaid and both psychologists and licensed clinical social workers are reimbursable through Medicaid. She didn't think that some of the other positions were billable like RNs.

[2:22:12 PM](#)

CHAIR DAVIS closed public testimony and held SB 139 in committee.

**SB 12-LIMIT OVERTIME FOR REGISTERED NURSES**

[2:22:56 PM](#)

CHAIR DAVIS announced consideration of SB 12. She said this bill had come before them previously and a couple of changes had been made since then. The committee also had a couple of amendments to ponder.

CHAIR DAVIS said she would like someone from the Nurses Associate to tell her if they want them. One has to do with a program that is like the Baylor Plan and that language was in last year's bill.

[2:25:22 PM](#)

MARK HICKEY, Alaska Nurses Association, said the exemption that was in the bill last year has been referred to as the Baylor Plan although it really isn't. It allows weekend back-to-back eight-hour shifts followed by an eight-hour break and an additional 16-hour shift at residential psychiatric treatment centers. They are still looking for a solution to the present language which they don't support.

The reason it was added last year is that the nature of the care at this facility was different than an acute care 24-hour facility. Their concern was about nurses being overly tired and possibly making mistakes. He suggested to the sponsor that the bill start out without this language while the issue was researched. A compromise provision already allows hospitals to get up to 14 hours of consecutive work to come up with adequate staff and balance that with not having nurses' excessive numbers of hours without adequate rest. However, he repeated the Nurse's Association does not support the amended language today.

CHAIR DAVIS asked if he was saying is that the bill is fine in its present form.

MR. HICKEY replied yes.

[2:28:48 PM](#)

CHAIR DAVIS asked Senator Dyson if he would have a problem moving this bill, and he indicated no.

[2:29:13 PM](#)

RYAN SMITH, CEO, Central Peninsula Hospital, Soldotna, AK, supplemented the ASHNA data saying that nurses at their hospital worked approximately 14,000 shifts last year and 44 of them were greater than 14 hours; 21 of the 44 were 14.25 hours;

so about 23 out of 14,000 shifts were over 14 hours. He said he was unaware of any Alaska studies that show mandatory overtime is causing any patient safety problems. His hospital does not use on-call and mandatory overtime to supplement a nursing shortage. In fact, the Peninsula doesn't actually have a nursing shortage, because they make a significant contribution to the UAA Kenai Peninsula College Nursing Program to help subsidize an instructor position that has hired approximately 50 nurses from the prior two graduating classes.

This bill also creates another mandatory reporting requirement which will raise operating costs for both them and the state. As a participant of the Health Care Commission, they have taken an interest in lowering the cost of health care. And, finally, he said they are currently in contract negotiations with their RNs and have always been able to negotiate shift issues with their nurses.

[2:32:45 PM](#)

TAMMY McCUTCHEON, Human Resources Director, Alaska Regional Hospital, said they have a "weekend flex program" that allows nurses in certain areas of the hospital to work two shifts per week and receive payment as well as benefits as a full-time employee. The current language would limit those nurses' ability to be with their families during the week. They also they hire a lot of snowbirds who enjoy being able to work and make a living when they come to Alaska.

[2:34:08 PM](#)

SENATOR DYSON asked how many hours the nurses work on the weekend to be considered full time.

MS. MCCUTCHEON replied that they work two 12-hour shifts with 12 hours between them.

[2:35:01 PM](#)

BRANDY PROCTOR, Registered Nurse (RN), North Star Behavioral Health, supported continuing the Baylor plan at their hospitals throughout the state. They allow two consecutive 16-hour shifts on Saturday and Sunday only. North Star doesn't have mandatory overtime and she chooses to work the 16 hour shifts voluntarily. If she were to feel impaired for any reason, she could ask to be relieved. It works for her because she can stay home during the week and be with her family - which decreases her child care costs as a side benefit.

TRACY CURLEE, Registered Nurse (RN), North Star Hospital, said she works the same modified Baylor plan with two 16-hour shifts on the weekend and an 8-hour break in-between. Without this shift opportunity she couldn't finish her education. Also, she said North Star has a very unstable and sometimes very acute population and during the week they have school and other activities that bring them off the unit. But on the weekends most of their time is spent "on unit" it helps them to have one RN available during their waking hours - which is for their safety.

[2:37:51 PM](#)

DIEDRA JOSEPH, Registered Nurse (RN), North Star Hospital, said she also works the 16-hour "Baylor Plan" on Friday/Saturday. She was a nursing student when she started working this shift and this schedule helped her finish school. Now it helps her because she can pick up another job during the week which helps her to pay for debt incurred due to moving her family after Hurricane Katrina. It provides opportunities and options for nurses, she said, and she didn't feel that the patients were at risk as a result of this plan.

[2:39:52 PM](#)

LEVI WASHINGTON, RN Manager, North Star Hospital, said they have not incurred any issues related to the nurses on the Baylor Plan, and he felt it actually enhanced the quality of care. It provides continuity to the kids in the plan. They are always tracking patient safety. It also allows him the time to be a great dad to his kids.

MR. WASHINGTON said he thinks there is a genetic factor that makes it possible for some people to recover quickly enough to work these shifts. It doesn't work for everyone, but some people can do it and do it well. He doesn't see how the language in this bill addresses patient safety or the needs of the nurses. He asked the committee to put the exemption language back in and continue research to determine whether it is a problem. {

[2:44:00 PM](#)

ROBIN RICHARDSON, Director, Critical Care Services, Alaska Regional Hospital, said their nurses don't have mandatory overtime, but they have the weekend flex program (Baylor Plan) with two 12-hour shifts on Fri/Sat or Sat/Sun. At least 50 percent of her critical care staff, whether on the Baylor plan or not, also work at another facility. So she didn't feel nurses would be any more tired because they worked Baylor versus other shifts in other facilities. She has had no increase in reports

of errors during the year they have had the Baylor plan and it has hugely benefited the nurses. It has also helped to bring nurses up from the Lower 48 to Alaska.

[2:46:36 PM](#)

CHAIR DAVIS recognized that Senator Thomas arrived earlier.

SENATOR THOMAS asked how the 16-hour shifts work on weekends and what the average hourly wage of a nurse is.

MS. CURLEE responded that those who work the 16-hour weekend shifts do not work during the week at North Star. They work 32 hours on the weekend and are paid for 40 hours with full benefits.

MS. RICHARDSON added that the Alaska Regional nurses work two 12-hour shifts and get paid for 36 hours with full benefits. The average wage is based on years of experience.

SENATOR THOMAS asked what that the range of average wages is.

MS. RICHARDSON replied that at least two years of experience is required to get into the ICU, so those nurses average \$28 per hour.

CHAIR DAVIS closed public testimony on SB 12.

[2:50:34 PM](#)

SENATOR PASKVAN moved to report SB 12 from committee with individual recommendations and attached fiscal note(s). There being no objection, the motion carried.

### **SB 101-STUDENT QUESTIONNAIRES AND SURVEYS**

[2:51:36 PM](#)

CHAIR DAVIS announced consideration of SB 101.

TOM OBERMEYER, staff to Senator Davis, sponsor of SB 101, said the primary reason for SB 101 is to allow the Youth Risk Behavior Survey to be administered in the schools with passive parental consent. That means that if parents are given adequate notice and an opportunity to review the survey and don't want their children to take it, they can notify the school in writing that they do not want their children to participate. In addition, an exception in the bill allows a child who is sitting to take the survey to refuse to answer some or all questions. He added that this survey is important to all of the school

districts and the centers for disease control, to help them find out what activities are most affecting the health and welfare of children in the public school system.

CHAIR DAVIS commented that another reason for the change is that the districts and non-profit organizations have been having problems getting enough people to take the survey.

[2:53:24 PM](#)

JENNIFER SCHMIDT, representing herself, Fairbanks, AK, supported SB 101. As well as being a parent, she said she has been a nurse since 1972 and served for 12 years as a school board member. She supports this issue because the standard risk assessment is an important tool; it is anonymous and provides guidelines that protect students and families that are from small communities. It also doesn't use language that students haven't already heard in the media. It doesn't address just sex, drugs and rock 'n' roll, but the use of seat belts, diet, activity and other important health issues.

While on the school board, she served on the Curriculum and Wellness Committees, and found that in order to make good decisions about programs and curriculum, good data is needed. One year the Program Planning and Evaluation Department made a huge effort to get families to participate. And even though they had good turn out locally, the state still didn't have enough data to validate, so they could only compare it to federal data. She said that other providers and agencies that address adolescent health issues need to know what the trends are affecting them - for instance seat belt use has increased while tobacco use has decreased. Also as a parent, Ms. Schmidt said, she thinks it is important to know what's going on so they know what issues to discuss with their kids.

[2:57:36 PM](#)

JOAN DIAMOND, Alaska Public Health Association, supported SB 101. The state spends a lot of money trying to get the consent forms back; it's incredibly labor intensive trying to get enough participation to make this data valid. She has been in public health since this assessment began, and parents have always been concerned whether this takes class time away from the students, but it does not take enough time away to overshadow the amount of value the data provides. Alaska is only one of three states still using active consent.

[3:00:26 PM](#)

SENATOR THOMAS asked if she believes this is a pro-active step in finding out what kids are doing in their lives in order to help prepare them better.

MS. DIAMOND responded that using this data, kids can be provided with an environment that will help them succeed rather than reacting to the negative things they do.

[3:02:24 PM](#)

PAULA EASLEY, Trustee, Alaska Mental Health Trust Authority (AMHTA), said she is also chair of the Trust Planning Committee. She supported SB 101. She said it will significantly increase participation in this important survey, and that in the past years the state has not been able to get the 60 percent participation needed to validate the data. Getting sufficient participation has been expensive and this will do it at much less cost. The data is used to identify risky behaviors and to compare it to that of other states. She mentioned the attempted suicide rate here, which is about 12 percent, is about 4 percent higher than the rest of the U.S.

[3:05:10 PM](#)

CHAIR DAVIS closed public testimony.

SENATOR DYSON commented that he was the author of the original legislation requiring active consent and that Alaska's constitution is one of the few states with privacy in it. It is his view that the state does not have a right to know these details about families and kids. People want to get more studies so they can get more money to do good things, but found districts are always able to get active participation for inoculations and field trips. So, he didn't think the issue was that parents are accidentally failing to provide permission. The questions are very invasive and young children should not even be exposed to them. He is talking about the fundamental rights of parents' and children's privacy.

[SB 101 was held in committee.]

[3:11:15 PM](#)

There being no further business to come before the committee, Senator Davis adjourned the meeting at 3:11 p.m.