

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

March 10, 2010

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**

CONFIRMATION HEARINGS

Board of Nursing

Nancy Bienvenue - Fairbanks

CONFIRMATION ADVANCED

Alaska Mental Health Trust Authority Board of Trustees

Laraine Derr - Anchorage  
Mary Jane Michael - Anchorage  
Carlton Smith - Juneau

CONFIRMATIONS ADVANCED

State Medical Board

Dr. William W. Resinger - Palmer

CONFIRMATION ADVANCED

SENATE BILL NO. 46

"An Act relating to child support awards made by a court; and repealing Rule 90.3, Alaska Rules of Civil Procedure."

- MOVED CSSB 46(HSS) OUT OF COMMITTEE

SENATE BILL NO. 172

"An Act establishing the Alaska Health Care Commission in the Department of Health and Social Services; and providing for an effective date."

- HEARD AND HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 46

SHORT TITLE: CHILD SUPPORT AWARDS

SPONSOR(s): SENATOR(s) KOOKESH

01/21/09	(S)	PREFILE RELEASED 1/9/09
01/21/09	(S)	READ THE FIRST TIME - REFERRALS
01/21/09	(S)	HSS, JUD, FIN
03/01/10	(S)	HSS AT 1:30 PM BUTROVICH 205
03/01/10	(S)	Heard & Held
03/01/10	(S)	MINUTE(HSS)
03/10/10	(S)	HSS AT 1:30 PM BELTZ 105 (TSBldg)

BILL: SB 172

SHORT TITLE: ALASKA HEALTH CARE COMMISSION

SPONSOR(s): SENATOR(s) OLSON

03/27/09	(S)	READ THE FIRST TIME - REFERRALS
03/27/09	(S)	HSS, FIN
04/17/09	(S)	HSS AT 1:30 PM BUTROVICH 205
04/17/09	(S)	Scheduled But Not Heard
04/18/09	(S)	HSS AT 10:00 AM BUTROVICH 205
04/18/09	(S)	-- MEETING CANCELED --
02/03/10	(S)	HSS AT 1:30 PM BUTROVICH 205
02/03/10	(S)	Heard & Held
02/03/10	(S)	MINUTE(HSS)
03/10/10	(S)	HSS AT 1:30 PM BELTZ 105 (TSBldg)

**WITNESS REGISTER**

NANCY BIENVENUE, Appointee  
Board of Nursing

**POSITION STATEMENT:** Testified as appointee to the Board of Nursing.

LARAINÉ DERR, Appointee

Alaska Mental Health Trust Authority Board of Trustees

**POSITION STATEMENT:** Testified as appointee to the Alaska Mental Health Trust Authority Board of Trustees.

MARY JANE MICHAEL, Appointee  
Alaska Mental Health Trust Authority Board of Trustees  
**POSITION STATEMENT:** Testified as appointee to the Alaska Mental Health Trust Authority Board of Trustees.

CARLTON SMITH, Appointee  
Alaska Mental Health Trust Authority Board of Trustees  
**POSITION STATEMENT:** Testified as appointee to the Alaska Mental Health Trust Authority Board of Trustees.

DR. WILLIAM W. RESINGER, Appointee  
State Medical Board  
**POSITION STATEMENT:** Testified as appointee to the State Medical Board.

SENATOR ALBERT KOOKESH  
Alaska State Legislature  
Juneau, AK  
**POSITION STATEMENT:** Sponsor of SB 46.

DOROTHY SHOCKLEY  
Staff to Senator Kookesh  
Alaska State Legislature  
Juneau, AK  
**POSITION STATEMENT:** Explained the changes in the CS for SB 46.

KEN ALPER, representing himself  
Juneau, AK  
**POSITION STATEMENT:** Testified in support of SB 46.

SENATOR DONALD OLSON  
Alaska State Legislature  
Juneau, AK  
**POSITION STATEMENT:** Sponsor of SB 172

TOM OBERMEYER  
Staff to Senator Davis  
Alaska State Legislature  
Juneau, AK  
**POSITION STATEMENT:** Explained the changes in CS for SB 172.

JAMES J. JORDAN, Executive Director  
Alaska State Medical Association  
**POSITION STATEMENT:** Testified in support of SB 172.

DEBORAH ERICKSON, Executive Director  
Alaska Health Care Commission (AHCC)

**POSITION STATEMENT:** Testified in support of SB 172 on behalf of DHSS and AHCC.

JEFF JESSEE, CEO  
Alaska Mental Health Trust Authority (AMHTA)  
said

**POSITION STATEMENT:** Testified that AMHTA wants a seat on the Alaska Health Care Commission.

WAYNE STEVENS, President and CEO  
Alaska State Chamber of Commerce (ASCC)

**POSITION STATEMENT:** Testified in support of SB 172

SHELLY HUGHES  
Alaska Primary Care Association (APCA)

**POSITION STATEMENT:** Thanked the committee for adding a primary care position to SB 172.

DENISE LICCIOLI  
Staff to Senator Olson  
Alaska State Legislature  
Juneau, AK

**POSITION STATEMENT:** Provided clarifying information related to SB 172.

#### **ACTION NARRATIVE**

[1:31:05 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 Dyson, Paskvan and Davis.

#### **CONFIRMATION HEARINGS**

Board of Nursing  
Alaska Mental Health Trust Authority Board of Trustees  
State Medical Board

CHAIR DAVIS announced committee would hear from the governor's appointees to the foregoing boards and commissions who were up for confirmation.

[1:33:47 PM](#)

NANCY BIENVENUE, appointee, Board of Nursing, said she is an RN and is honored to be appointed and looks forward to serving.

SENATOR PASKVAN noted that she is CEO of Care Net Pregnancy Center and asked if women visit the center for medical guidance.

MS. BIENVENUE answered no; the clinic provides pregnancy testing and confirmation of pregnancy by ultrasound exam, but they also provide a lot of other services in terms of material assistance, referral and information for women facing an unplanned pregnancy.

SENATOR PASKVAN observed that a woman who suspects she might be pregnant could go to Care Net seeking guidance on how best to proceed on a medical basis.

MS. BIENVENUE clarified that they would confirm her pregnancy, but they don't offer other medical services or advice. They help a woman explore her options for her pregnancy and give her any information she is seeking.

SENATOR PASKVAN asked if she has used her qualifications as a nurse since she started working at Care Net in 2004.

MS. BIENVENUE replied that as a registered nurse she oversees the nursing staff; a medical director oversees all the nurses.

SENATOR PASKVAN asked if her duties are primarily nursing related or administrative and therefore non nursing.

MS. BIENVENUE replied they're primarily administrative, but she oversees the nurses and has an extensive background in women's health nursing.

SENATOR PASKVAN asked about Care Net's mission statement.

MS. BIENVENUE said it is "serving women, upholding life." This is a faith-based organization that offers life-affirming assistance to women facing unplanned pregnancies. They also help men and families facing this issue. They don't deny services to anybody; all services are free and confidential. Care Net became a clinic two years ago; prior to that they offered self-test pregnancy testing.

SENATOR PASKVAN observed that the term "clinic" infers that it's a medical-related facility, but she's indicating that isn't the case.

MS. BIENVENUE replied they are licensed as a clinic and they offer the limited medical service of ultrasound, overseen by the medical director.

SENATOR PASKVAN asked what Care Net's goals or objectives are.

MS. BIENVENUE replied the goals are to assist women with the utmost standard of care and truth and compassion; the objectives are to offer compassionate care for women who are facing an unplanned pregnancy.

SENATOR PASKVAN asked what she means by "truth."

MS. BIENVENUE said it means medically accurate and truthful information. She said her perspective is that a woman facing an unplanned pregnancy needs to be fully informed of every issue related to her pregnancy and this includes the visual information of seeing an ultrasound of the unborn baby. She continued:

When she sees her child she often is, it helps her make an informed decision and that decision we of course hope will be for life, but regardless of what a woman chooses when she comes to our center we support her and help her. I mean we don't support necessarily an abortion decision, but the woman is supported in what she does in terms of receiving compassionate care. And if a woman does choose abortion she's welcome to come back to our center for assistance with post-abortion healing if that's something she's needing later on.

SENATOR PASKVAN asked if the clinic's employment requirements are faith-based.

MS. BIENVENUE answered yes, according to law.

SENATOR PASKVAN asked if her personal faith-based beliefs influence or limit the guidance or advice she gives.

MS. BIENVENUE replied they operate from a faith-based perspective in terms of their operations and hiring practices. It's allowed in the law and is a part of what they do at the clinic, but that doesn't affect the service they provide.

[1:42:51 PM](#)

SENATOR ELLIS joined the meeting.

SENATOR PASKVAN asked if first-time visitors to Care Net understand that it's a faith-based clinic.

MS. BIENVENUE answered yes; they don't hide this information.

SENATOR PASKVAN asked if she sees any conflict between the Care Net objectives and the Board of Nursing objectives.

MS. BIENVENUE replied she doesn't see a conflict.

SENATOR PASKVAN asked if she understands that the objectives of the Board of Nursing may be more comprehensive than those of her personal faith-based value system.

MS. BIENVENUE answered yes.

SENATOR PASKVAN asked how she relates to nurses working in settings other than Care Net.

MS. BIENVENUE said she relates on a collegial basis. She added that she hasn't always worked in a faith-based setting.

SENATOR PASKVAN asked if she is active in any local nursing organizations.

MS. BIENVENUE answered no.

[1:45:26 PM](#)

CHAIR DAVIS informed Ms. Bienvenue that her name will go forward and that voting will take place at a later date. The action of the committee today in no way obligates a member to vote either for or against the appointee.

MS. BIENVENUE asked if her appointment to the Alaska Mental Health Trust Authority is on the agenda today.

CHAIR DAVIS suggested she contact Boards and Commissions because she doesn't have that information.

[1:47:07 PM](#)

CHAIR DAVIS announced the next appointment is Lorraine Derr to the Mental Health Trust Authority Board of Trustees

LARAINÉ DERR, appointee, Alaska Mental Health Trust Authority Board of Trustees, said she is up for reappointment; she currently serves as chair of the finance committee and vice-chair of the trust. She said she enjoys serving although it's a

heavy responsibility to be one of just seven members with responsibility over 964,000 acres of land and \$324 million.

CHAIR DAVIS asked how many years she has served on the trust.

MS. DERR replied four years.

[1:48:35 PM](#)

SENATOR ELLIS asked what she hopes to accomplish in this next term.

MS. DERR replied there are several projects under way and they're also trying to develop policies for the trust land office. One project she's interested in is to exchange forestry lands around communities for logged land on Prince of Wales Island. Because the trust mission is to provide for mental health programs in perpetuity, banking logged land now will yield forested land in 40 or 50 years. The proposed building on trust land on the Juneau waterfront is part of another project that entails putting trust resources to use in order to provide money for mental health programs in years to come. As the longest tenured member of the trust, she said she looks forward to continuing to help build a team of trustees.

[1:51:35 PM](#)

SENATOR ELLIS asked if the trust considers matters such as being a good neighbor when it makes decisions about how to use its land resources to produce revenue in perpetuity. Noting that legislators' phones start to ring when the trust is in conflict with conservation groups or a community, he asked how the trust modulates those conflicts for the long-term health and reputation of the trust.

MS. DERR replied the trust has been a good neighbor; they have worked with affected communities to reduce the impacts when they sold or developed land. Going forward they need to look at new ventures and different revenue opportunities. This year the trust has about \$24.7 million in the budget in direct grants to the various trust beneficiaries.

SENATOR ELLIS said he appreciates that the trust mission is to produce revenue for the core beneficiaries of the trust, but he wonders if the board has a set of core values that guide the decisions to develop trust lands.

[1:54:33 PM](#)

MS. DERR replied they do have guiding principles. The chair reads them at each meeting and they're followed closely. Certainly there are struggles within the board because they all come from different backgrounds, but they keep the needs of their beneficiaries before them at all times.

CHAIR DAVIS thanked Ms. Derr for her service.

[1:55:53 PM](#)

MARY JANE MICHAEL, appointee, Alaska Mental Health Trust Authority Board of Trustees, said she has served almost a year to fill a vacancy. She serves on the resource committee so she's been focused on learning about trust lands and other available resources, but she's also interested in looking at ways to help the beneficiaries in ways other than by funding programs. For example, she's interested in looking at using trust lands for affordable housing developments. She related that she's also been somewhat involved in the Redroof Inn project. In conclusion she said she has been proud to serve on the board and looks forward to continuing.

[1:58:50 PM](#)

SENATOR ELLIS asked what she hopes to accomplish in the next term.

MS. MICHAEL said she believes that there is a lot of untapped opportunity and she hopes to help the trust focus on resource development from their lands.

SENATOR ELLIS noted that Ms. Derr indicated that the easy opportunities to generate funds for the trust have been taken and observed that this implies that the trust will have to push projects that have more inherent conflict. He asked what core principles will guide her and the board generally in managing these conflicts as they develop the trust lands to produce revenue.

[2:00:56 PM](#)

MS. MICHAEL said she believes there are untapped investment opportunities to produce revenue, including using trust resources to invest in other lands that produce revenue. Certainly the primary goal is to generate revenue to benefit the beneficiaries, but the board agrees that it has to listen to the public and collaborate with the affected communities.

CHAIR DAVIS thanked Ms. Michael for her service and said her name will be forwarded.

[2:03:49 PM](#)

CARLTON SMITH, appointee, Alaska Mental Health Trust Authority Board of Trustees, said he has a 25 year career in commercial real estate mostly in Anchorage; his Juneau firm advises clients nationwide with balance sheet values of at least \$5 million. He provided a brief professional resume and said he believes he can bring value to the board particularly in the area of real estate policy development. He related that a member of his family was a beneficiary of the trust for many years and that drives his interest in the issues facing the trust. But what really appeals is that the trust is a young organization and thus a dynamic management model. He understands the complexities of the mission and is very interested in working with the trust.

[2:07:01 PM](#)

SENATOR THOMAS joined the meeting.

CHAIR DAVIS thanked Mr. Smith for his interest in the position and said his name would be forwarded.

[2:07:30 PM](#)

DR. WILLIAM W. RESINGER, appointee, State Medical Board, said he has been a board member since 2007. He considers it an honor to serve and is happy to serve a second term. He informed the committee that he has been a physician in Alaska since moving to the state in 1984; in 2001 he began practicing part time.

[2:09:54 PM](#)

CHAIR DAVIS thanked Dr. Resinger for his service and said his name would be forwarded for a vote by the full body.

At ease from 2:10 p.m. to 2:11 p.m.

#### **SB 46-CHILD SUPPORT AWARDS**

CHAIR DAVIS announced consideration of SB 46. It was heard previously.

[2:11:08 PM](#)

SENATOR ALBERT KOOKESH, sponsor of SB 46, said the changes that he agreed to during the previous hearing were placed in the proposed committee substitute (CS) and copies have been distributed to the members.

SENATOR PASKVAN moved to adopt the work draft committee CS for SB 46, labeled 26-LS0279\P, as the working document. There being no objection, version P was before the committee.

2:13:11 PM

DOROTHY SHOCKLEY, staff to Senator Kookesh, explained the following changes: [Unless otherwise stipulated, the page and line references relate to version S.]

- Page 5, line 13: Delete \$100,000 and insert \$105,000.
- Page 6, line 21: Following "or other means." insert the sentence "A court shall find that health insurance is available only if a dependent child has reasonable geographic access to the covered services or the insurance includes the coverage of transportation needed for the services."
- Page 6, lines 21-25: Following "or other means." delete the language from subsection (a) and insert on line 29 in subsection (b).
- Page 6, lines 28-31 and page 7, lines 1-8: delete from subsection (b) and insert in new subsection (c).
- Page 7, line 9: Subsection (c) is renumbered to become subsection (d) in version P.
- Page 7, lines 20-25 in version P: Insert new subsection (e) containing the following language:

A court shall find that the cost of cash medical support or private health insurance is reasonable under this section if the cost to the responsible parent does not exceed five percent of the responsible parent's gross income. In calculating the percentage for purposes of health insurance coverage, the cost is the cost of adding the dependent child to the existing insurance coverage or the difference between self-only and family coverage.
- Page 7, lines 17-18: Subsection (d) in version \S is rewritten and becomes subsection (f) on page 7, lines 26-31 of version P. It is rewritten as follows:

(f) In this section,  
    (1) "cash medical support" means an amount ordered to be paid toward the cost of health insurance provided by a public entity or by another parent through employment or otherwise, or for other medical costs not covered by insurance;

(2) "health care expenses" includes medical, dental, vision, and mental health counseling expenses.

- Page 7, line 24: Following "party's initial pleading" insert "in superior court".
- Page 8, line 20: Delete "tribunal" and insert "court".
- Page 8, line 27: Following "outstanding support order." insert "An award may be modified to require cash medical support regardless of whether insurance is available to either parent if neither parent has purchased health insurance."
- Page 8, line 28: Following "insurance payments" insert "or cash medical support".
- Page 8, line 29: Delete "tribunal" and insert "court".
- Page 10, line 5: Delete "tribunal" and insert "court".
- Page 11, line 18: Delete "NON-APPLICABILITY" and insert "NONAPPLICABILITY".

[2:17:43 PM](#)

SENATOR OLSON joined the committee.

SENATOR KOOKESH said he agrees with the changes that were made and he'd be grateful if the committee would move the bill.

[2:18:51 PM](#)

KEN ALPER, representing himself, said he is a local business owner testifying in support of SB 46. He and his wife employ 20-25 employees and they receive on average five to ten child-support garnishment orders per year. A \$1,000 to \$1,500 order is not unusual for an employee who grosses about \$1,500 per month, but it is unusual for an employee to stay on the payroll once the child support garnishment goes into effect. They typically move on to stay ahead of the order and that's part of the problem that the sponsor is trying to reconcile. He said he respects the need to care for these children, but when the state takes so much from low-wage employees it reduces their stability and opportunity to advance themselves.

[2:21:16 PM](#)

SENATOR PASKVAN asked what the statute would do that the court rule isn't currently doing.

MR. ALPER replied it's his understanding that the 40 percent number would be reduced to a smaller maximum percentage. It would vary depending on the number of children.

SENATOR PASKVAN said he'd like the administration to answer that question because that's not his understanding.

STACEY STEINBERG, Chief Assistant Attorney General, Collections and Support Section, Civil Division, Department of Law (DOL), stated that as currently proposed, SB 46 will not address how much is taken out of an employee's paycheck when he/she owes child support.

MS. SCHOCKLEY added that once the court rule is in statute, it will be easier to make changes and the people who are affected will have better access.

CHAIR DAVIS closed public testimony.

[2:25:40 PM](#)

SENATOR PASKVAN moved to report CS for SB 46, labeled 26-LS0279\P, from committee with individual recommendations and accompanying zero fiscal note(s). There being no objection CSSB 46(HSS) moved from the Senate Health and Social Services Standing Committee.

**SB 172-ALASKA HEALTH CARE COMMISSION**

[2:26:28 PM](#)

CHAIR DAVIS announced consideration of SB 172. It was heard previously.

SENATOR DONALD OLSON, sponsor of SB 172 said the bill relates to the authorization of the Alaska Health Care Commission. This will be a permanent commission to address health care issues and rising health care costs. He noted that a proposed committee substitute (CS) was distributed to members.

CHAIR DAVIS asked Mr. Obermeyer to review the changes represented in the proposed CS.

[2:28:17 PM](#)

TOM OBERMEYER, staff to Senator Davis, said the only substantive difference between the proposed CS and the original bill is on page 3, line 6, relating to the composition and membership of the commission under Sec. 18.09.020. Version S designates that there will be 12 commission members; nine voting members will be appointed by the governor, including the state medical director as chair, and three nonvoting members will be ex officio members from the House, the Senate, and Office of the Governor. The original bill designated a 10 member commission.

[2:30:51 PM](#)

SENATOR PASKVAN moved to adopt the work draft CS for SB 172, labeled 26-LS0790\S, as the working document. There being no objection, version S was before the committee.

CHAIR DAVIS pointed out that the CS designates the medical examiner as chair but it doesn't identify who will fill the other seats. A separate handout proposes the organizations or groups they might represent, but the designations will be made following committee discussion and public testimony. She noted that the commissioner of the Department of Health and Social Services (DHSS) wrote to ask that the commission remain small and to suggest that if the membership is increased that the new members should represent [primary care physicians and the behavioral health provider community.] It was the sponsor who recommended adding two members for a total of 12, she said.

SENATOR DYSON observed that this seems to be a good way to handle it.

[2:34:28 PM](#)

JAMES J. JORDAN, Executive Director, Alaska State Medical Association, said ASMA represents physicians statewide and they support creating the Alaska Health Care Commission in statute. However, they would like the committee to consider physician representation on this commission, both general practitioners and general surgeons. He opined that physicians need to be at the table helping develop Alaska's comprehensive statewide health care policy and helping the commission fulfill its duties in developing the strategies necessary to improve the health of all Alaskans.

SENATOR DYSON asked if one of the voting members should have significant experience in rural Alaska or does he believe that the physician representation he suggested would adequately represent the medical delivery teams in rural Alaska.

MR. JORDAN said he believes that the general practitioner could represent the health care professionals that are part of the healthcare delivery team, particularly with telemedicine.

[2:38:02 PM](#)

SENATOR PASKVAN observed that the proposed position number 8 designates a primary care physician who is licensed to practice in the state and is board certified. He asked if board

certification is a meaningful requirement and if ASMA has a position on that.

MR. JORDAN replied it's becoming uncommon to find primary care physicians who are not board certified in Alaska. He described the requirement as forward looking in light of the movement to require board certification and continuing renewals in licensures and certifications of competence.

CHAIR DAVIS said she'd like the administration to speak to that because it was their recommendation.

[2:40:10 PM](#)

DEBORAH ERICKSON, Executive Director, Alaska Health Care Commission (AHCC), said she works within the Department of Health and Social Services (DHSS) and she is speaking today on behalf of both DHSS and AHCC. She confirmed that DHSS suggested the language related to the additional seat for a primary care physician who practices family medicine, primary care internal medicine, or pediatric medicine in the state. Because it's very rare now for somebody to be practicing and licensed without having board certification in any of these fields, DHSS would have no objection to adding clarifying language that the individual practicing would also be required to have board certification in that particular field.

[2:42:02 PM](#)

SENATOR PASKVAN asked if she said the department wouldn't mind if the board certification requirement were removed.

MS. ERICKSON replied DHSS doesn't have a concern with either adding or leaving out the provision requiring board certification.

CHAIR DAVIS said the committee needs to discuss and make a decision on that matter. She asked if she's seen the list the committee is considering.

MS. ERICKSON answered no.

CHAIR DAVIS said it was her intention to take testimony on the proposed list of commission members before making a decision about what to put in the final CS.

MS. ERICKSON said she'd like to first speak to the AHCC recommendation about the size of the commission. The AHCC January report included a recommendation for a permanent

commission established in statute and responsible for comprehensive, sustained, accountable, and transparent health system improvement planning for the state. They specifically recommended that the commission remain the same size as the existing commission, which is seven voting and three ex officio members. AHCC made that recommendation with the specific understanding that there was some support for a larger body. The concern is that a larger commission would not facilitate communication and decision making and that it might in fact function more as an advocacy body. Thus, for reasons of efficiency and the function of the group, AHCC wanted to state on the record that the existing body worked well.

2:45:30 PM

MS. ERICKSON said the Department of Health and Social Services also believes that the commission should maintain a relatively small size, but the two additional seats would be acceptable. If these are added, DHSS recommends that they be designated for a primary care physician and a representative from the behavioral health provider community. Although they're somewhat different than DHSS suggested, she believes that the department would find the descriptions for the primary care physician and the behavioral health provider acceptable.

2:46:57 PM

JEFF JESSEE, CEO, Alaska Mental Health Trust Authority (AMHTA), said AMHTA wants a seat at the table too. He is familiar with the struggle to keep a group small enough to be functional and still represent all of the necessary aspects adequately so decisions are fully informed and representative of the issues that need to be considered. While he's pleased that there is interest in adding behavioral health representation to the commission, he believes that it's critical to have someone who has a system wide perspective. He confirmed this with Commissioner Hogan and he expected the DHSS representative to convey that the department would support the behavioral health representative being a representative of AMHTA. That representative might be a provider or an administrator of an organization but they would be able to represent the interests of the behavioral health system and have a systemic view of this issue. This would bring the type of expertise and information that would be most helpful to the commission, he concluded.

SENATOR DYSON asked if the mental health community would include people who deal with substance abuse.

MR. JESSEE answered yes; the term behavioral health is universally used to denote both mental health and substance abuse.

2:51:01 PM

WAYNE STEVENS, President and CEO, Alaska State Chamber of Commerce (ASCC), related that he has served as a member of the Health Care Commission for the past year. This temporary commission expires this year and while it began to address many relevant issues, it doesn't have time to address them to the degree required. Alaska's health care system needs adjustment in order to provide cost effective, quality access to residents and the best first step to address these issues is to establish in statute the Alaska Health Care Commission. Experts and representatives of key stakeholders appointed to this body will form a plan to realign the system. The Alaska State Chamber of Commerce supports a permanent commission that will provide recommendations to the governor and Legislature that will result in a health care system that provides quality and affordable access to all Alaskans. The ASCC also supports including seats on the commission for the state chamber and for primary care.

2:53:29 PM

SENATOR DYSON asked if he has a specific member to recommend.

MR. STEVENS replied he isn't seeking a seat for himself and he doesn't have a specific recommendation, but he does believe that the business community needs representation because it is a significant contributor to the health care system. He added that he has an interest in the health care community and served on the Kodiak hospital board for about 14 years. And as a representative of the business community he has an interest and understanding of how to control and contain costs. According to testimony the commission received, there are four basic parts to the cost equation in the drivers of health care: 50 percent is personal responsibility; 20 percent is the environment in which you live; 20 percent is genetics; and 10 percent is the cost of access to health care. When you're not addressing the largest part of the problem it's not productive to argue about the smallest part of the problem, he concluded.

2:56:51 PM

SHELLY HUGHES, Alaska Primary Care Association (APCA), thanked the committee for adding a primary care position to the bill. She echoed Mr. Jessee's statement that a representative with a system perspective would benefit the commission more than say a solo practice physician who is focused on patient care. APCA

could provide this perspective for medical, basic dental, behavior health, and the many primary care provider type positions. While the position could be filled by a physician, administrators sometimes have a better overall sense of what works in the overall system, she said. Because primary care is so key to costs and prevention, it's important to have someone with this system approach, she concluded.

CHAIR DAVIS said she would take direction from the members and the sponsor with respect to the proposed list of representatives before she had a new CS drafted.

[2:59:05 PM](#)

SENATOR OLSON said he agrees that a large commission could be unwieldy, but busy schedules can make it difficult to get enough people to a meeting to get a fair cross section, particularly with health care providers. Referencing the earlier discussion about board certification, he said he doesn't support that idea. Another concern relates to the governor making the appointments because it vests too much power in that office. He asked the committee to consider the alternatives.

CHAIR DAVIS said she and the committee would take that into consideration, but the governor wouldn't have full control because people would submit their application and the governor would have to select from the list.

[3:03:12 PM](#)

DENISE LICCIOLI, Staff to Senator Olson, referenced an earlier statement that the sponsor asked for the commission representatives listed on the handout and said that's correct for the first seven positions but not eight and nine. The sponsor clarified that he doesn't support the requirement for board certification for position eight and for position nine the sponsor requested a member from the Alaska Mental Health Trust Authority.

CHAIR DAVIS held SB 172 in committee.

[3:04:50 PM](#)

There being no further business to come before the committee, Chair Davis adjourned the Senate Health and Social Services Standing Committee hearing at 3:04 p.m.