

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 10, 2011

3:00 p.m.

MEMBERS PRESENT

Representative Wes Keller, Chair
Representative Alan Dick, Vice Chair
Representative Bob Herron
Representative Paul Seaton
Representative Beth Kerttula
Representative Bob Miller
Representative Charisse Millett

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

HOUSE CONCURRENT RESOLUTION NO. 1
Proclaiming November 2011 to be Pancreatic Cancer Awareness Month.

- MOVED CSHCR 1(HSS) OUT OF COMMITTEE

HOUSE CONCURRENT RESOLUTION NO. 3
Relating to promoting the safety and protection of older Alaskans.

- MOVED CSHCR 3(HSS) OUT OF COMMITTEE

HOUSE CONCURRENT RESOLUTION NO. 5
Relating to prevention of disease and to vitamin D.

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HCR 1

SHORT TITLE: PANCREATIC CANCER AWARENESS MONTH

SPONSOR(S): REPRESENTATIVE(S) PETERSEN

01/18/11	(H)	READ THE FIRST TIME - REFERRALS
01/18/11	(H)	HSS
03/10/11	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HCR 3

SHORT TITLE: SENIOR CITIZEN PROTECTIONS

SPONSOR(S): REPRESENTATIVE(S) MUNOZ

01/24/11 (H) READ THE FIRST TIME - REFERRALS
01/24/11 (H) HSS
03/10/11 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HCR 5

SHORT TITLE: VITAMIN D SUPPLEMENTS

SPONSOR(S): REPRESENTATIVE(S) SEATON

02/11/11 (H) READ THE FIRST TIME - REFERRALS
02/11/11 (H) HSS
03/10/11 (H) HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

REPRESENTATIVE PETE PETERSEN

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: Introduced HCR 1 as the sponsor of the bill.

DAVID BREMER, Staff

Representative Pete Petersen

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: Presented HCR 1 on behalf of the bill sponsor, Representative Petersen.

REPRESENTATIVE STEVE THOMPSON

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: Testified in support of HCR 1.

REPRESENTATIVE CATHY MUNOZ

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: Introduced HCR 3 as the sponsor of the bill.

DENISE DANIELLO, Executive Director

Alaska Commission on Aging

Division of Senior and Disabilities Services

Department of Health and Social Services (DHSS)

Juneau, Alaska

POSITION STATEMENT: Testified in support of HCR 3.

MARIE DARLIN, Coordinator
AARP Capital City Task Force
Juneau, Alaska

POSITION STATEMENT: Testified in support of HCR 3.

DIANA WEBER, Ombudsman
Long Term Care Ombudsman
Alaska Mental Health Trust Authority
Department of Revenue
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HCR 3.

MARY MUNDELL, Pharmacist
Wasilla, Alaska

POSITION STATEMENT: Testified during discussion of HCR 5.

DR. WARD HURLBURT, Chief Medical Officer/Director
Division of Public Health
Central Office
Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the discussion of HCR 5.

ACTION NARRATIVE

[3:00:37 PM](#)

CHAIR WES KELLER called the House Health and Social Services Standing Committee meeting to order at 3:00 p.m. Representatives Keller, Miller, Kerttula, and Seaton were present at the call to order. Representatives Herron, Dick, and Millett arrived as the meeting was in progress.

HCR 1-PANCREATIC CANCER AWARENESS MONTH

[3:01:30 PM](#)

CHAIR KELLER announced that the first order of business would be HOUSE CONCURRENT RESOLUTION NO. 1, Proclaiming November 2011 to be Pancreatic Cancer Awareness Month.

[3:02:43 PM](#)

The committee took an at-ease from 3:02 p.m. to 3:04 p.m.

[3:04:11 PM](#)

CHAIR KELLER brought the committee back to order.

[3:04:58 PM](#)

REPRESENTATIVE PETE PETERSEN, Alaska State Legislature, explained that this was a resolution to raise awareness of pancreatic cancer. He reported that although pancreatic cancer was the fourth leading cause of cancer related death in the U. S., only 2 percent of the National Cancer Institute's research funding budget was directed toward it. He shared that pancreatic cancer was one of the few cancers that had not seen a dramatic rise in survival rates during the last 40 years. He reported the average life expectancy to be 3 - 6 months, and that the percentage for survival was in the single digits. He read from the Sponsor Statement: [Included in the members' packets]

Increasing awareness will lead to expanded research into locating the disease's causes, enhancing early detection, and developing effective treatments. Raising awareness will also lead to more knowledge about pancreatic cancer among Alaskans and directly enhance the good [health] and well being of our state's residents.

[3:07:15 PM](#)

REPRESENTATIVE HERRON asked for a reference in the resolution to the possible causes of pancreatic cancer.

[3:07:45 PM](#)

DAVID BREMER, Staff, Representative Pete Petersen, Alaska State Legislature, in response to Representative Herron, explained that the risk factors included family history of the disease, smoking, age, and diabetes.

[3:08:11 PM](#)

REPRESENTATIVE HERRON suggested a conceptual amendment to include a "whereas" for possible causes.

[3:08:37 PM](#)

CHAIR KELLER asked Representative Petersen if he was amenable to a conceptual amendment to include the risk factors.

REPRESENTATIVE PETERSEN said that he was agreeable to this, but he explained that there was limited research for the areas of risk.

[3:09:10 PM](#)

REPRESENTATIVE HERRON pointed out that pancreatic cancer was more common in smokers and obese people.

CHAIR KELLER offered wording for the conceptual amendment that would include "potentially identified risk factors."

[3:10:01 PM](#)

REPRESENTATIVE MILLETT asked about the symptoms for pancreatic cancer.

MR. BREMER, in response, said that the symptoms included weight loss, abdominal and back pain, loss of appetite, nausea, and jaundice.

[3:10:42 PM](#)

CHAIR KELLER opened public testimony.

[3:11:09 PM](#)

REPRESENTATIVE STEVE THOMPSON, Alaska State Legislature, stated his support for HCR 1, as it would bring awareness to the disease. He shared his personal experience with his wife's battle with pancreatic cancer. He pointed out that nothing could be done, even with early detection.

[3:13:04 PM](#)

CHAIR KELLER asked about for a comparison to the other leading cancers.

[3:13:29 PM](#)

MR. BREMER stated that lung cancer accounted for 28 percent, colon cancer accounted for 10 percent, breast cancer accounted for 7.5 percent, and pancreatic cancer accounted for 6 percent.

[3:14:03 PM](#)

CHAIR KELLER closed public testimony.

[3:14:28 PM](#)

REPRESENTATIVE HERRON moved to adopt a conceptual amendment to add that pancreatic cancer was more common in smokers, and people who were obese.

[3:15:38 PM](#)

There being no objection, it was so ordered.

[3:15:52 PM](#)

REPRESENTATIVE MILLETT moved to report HCR 1, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHCR 1(HSS) was reported from the House Health and Social Services Standing Committee.

HCR 3-SENIOR CITIZEN PROTECTIONS

[3:16:11 PM](#)

CHAIR KELLER announced that the next order of business would be HOUSE CONCURRENT RESOLUTION NO. 3, Relating to promoting the safety and protection of older Alaskans.

[3:16:56 PM](#)

REPRESENTATIVE CATHY MUNOZ, Alaska State Legislature, explained that HCR 3 raised awareness to the problem of elder abuse. She emphasized that elder abuse was on the rise both in Alaska and nationally. She declared that Department of Health and Social Services reported a 169 percent increase in the reports of harm over the last four years, and the office of the Long Term Care Ombudsman had seen a corresponding increase of 200 percent over the past three years. She listed the most common allegations to include self-neglect, abuse, neglect, and financial exploitation.

[3:18:22 PM](#)

CHAIR KELLER asked if Representative Munoz would accept a conceptual amendment.

[3:18:59 PM](#)

REPRESENTATIVE MILLER asked for a definition of elders.

[3:19:16 PM](#)

REPRESENTATIVE MUNOZ, in response, stated that it was 60 years of age and older.

[3:19:35 PM](#)

DENISE DANIELLO, Executive Director, Alaska Commission on Aging, Division of Senior and Disabilities Services, Department of Health and Social Services (DHSS), clarified that the target age was 60 years of age and older, as that co-ordinated with the eligible ages for response by the office of the Long Term Care Ombudsman. She pointed out that this was also the age to receive services funded by the Older Americans Act. She noted that proposed HCR 3 supported a public awareness campaign about elder abuse and its prevalence, and called for greater coordination among the agencies serving elders.

[3:21:01 PM](#)

REPRESENTATIVE MILLER asked for a definition of abuse.

[3:21:22 PM](#)

MS. DANIELLO replied that there were many types of abuse, which included: physical, sexual, and emotional abuse, abandonment, withdrawal of support, neglect for the basics of care, financial exploitation, and self neglect.

[3:24:40 PM](#)

MARIE DARLIN, Coordinator, AARP Capital City Task Force, stated that AARP supported HCR 3. She offered her belief that proposed HCR 3 would better focus public awareness on the problems. She directed attention to the AARP policies for education, awareness, and enforcement and suggested that the committee review these for guidance.

[3:27:52 PM](#)

DIANA WEBER, Ombudsman, Long Term Care Ombudsman, Alaska Mental Health Trust Authority, Department of Revenue, expressed support for proposed HCR 3 as it would raise the profile of elder maltreatment with the public. She emphasized that it communicated the priority for this to all the state agencies.

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CHAIR KELLER closed public testimony.

[3:29:37 PM](#)

REPRESENTATIVE MILLETT declared that it was devastating to hear about elder abuse.

[3:30:31 PM](#)

REPRESENTATIVE HERRON, directing attention to page 2, lines 14 and 18, regarding the percentage of reports filed, asked if the State of Alaska was still responding with appropriate levels of intervention.

CHAIR KELLER re-opened public testimony.

[3:31:31 PM](#)

MS. DANIELLO suggested the question be directed to the Long Term Care Ombudsman office.

[3:31:51 PM](#)

MS. WEBER reported that a response, especially for imminent harm issues, was within one working day. She asserted that the bigger concern was for the lack of available time to continue the individual support for each senior.

[3:32:58 PM](#)

CHAIR KELLER closed public testimony.

CHAIR KELLER moved to adopt Amendment 1, which read [original punctuation provided]:

Page 2, Line 23: insert "families and" before the word communities"

Page 2, Line 28: Insert new (2) "Recognizes that family and community can provide the essential source of security and well being for vulnerable older Alaskans."

(re-number following paragraphs)

Page 3, Line 4: insert new paragraph (n) to read: "supports efforts by HSS to enable independent living and supporting family services to enable independent living."

(ties with the first whereas)

REPRESENTATIVE MILLETT objected for discussion.

CHAIR KELLER read proposed Amendment 1 and expressed his willingness for any wordsmithing.

[3:34:41 PM](#)

REPRESENTATIVE MILLETT removed her objection.

There being no objection, Amendment 1 was adopted.

[3:34:57 PM](#)

REPRESENTATIVE DICK moved to report HCR 3, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHCR 3(HSS) was reported from the House Health and Social Services Standing Committee.

[3:35:30 PM](#)

The committee took an at-ease from 3:35 p.m. to 3:38 p.m.

HCR 5-VITAMIN D SUPPLEMENTS

[3:38:28 PM](#)

CHAIR KELLER announced that the final order of business would be HOUSE CONCURRENT RESOLUTION NO. 5, Relating to prevention of disease and to vitamin D.

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REPRESENTATIVE SEATON, sponsor of HCR 5, emphasized its importance as it encouraged the transition from a "treatment of disease model of health care to a prevention of disease model."

[3:39:28 PM](#)

REPRESENTATIVE SEATON pointed to the shortage of Vitamin D in Alaska. He explained that nanograms per milliliter referenced a measurement in the blood level for converted Vitamin D. He pointed out that Vitamin D was made in the skin, from the ultraviolet B radiation of direct sunlight. He noted that the low horizon sunshine common to Alaska did not allow ultraviolet B to penetrate the atmosphere for most of the year. He surmised that Alaskans had the lowest levels of Vitamin D in the U.S. He explained that Vitamin D2 was plant based and only available through prescription, whereas Vitamin D3 was converted in the skin to a pre-hormone, 25 (OH)D.

[3:42:52 PM](#)

REPRESENTATIVE SEATON directed attention to a PowerPoint entitled "Vitamin D Its role in promoting public health and decreasing the incidence of disease." [Included in members' packets] He announced slide 1, "What is Vitamin D?"

[3:43:16 PM](#)

REPRESENTATIVE SEATON moved on to slide 2, "UV and Dietary sources," and shared that wild salmon had far more IU (international units) of Vitamin D content than farmed salmon. He emphasized that most food sources had insufficient IU amounts of Vitamin D. He mentioned that Caucasian skin produced 10,000 IU of Vitamin D when 40 percent of the skin was exposed to sun for 20 - 30 minutes, and acknowledged the difficulty of this for Alaskans. He reported that older people and people with darker pigmentation required more sun exposure to get similar amounts of Vitamin D.

[3:45:28 PM](#)

REPRESENTATIVE SEATON addressed slide 4, "Vitamin D Shortage," and said that when there was short supply of Vitamin D in the tissues and cells, it was difficult for the body to make enough calcitriol to adequately open the DNA libraries. He discussed some videos to view for further information.

[3:46:23 PM](#)

REPRESENTATIVE SEATON pointed to slide 5, "What are the consequences?" which listed bone diseases, hypertension, cardiac disease, diabetes, periodontal disease, various cancers, and an increased risk of multiple sclerosis.

[3:47:55 PM](#)

REPRESENTATIVE SEATON addressed slide 6, "State Health policy," and asked if Alaska needed a new statewide health policy which concentrated on prevention of disease as opposed to the focus on treatment.

[3:48:08 PM](#)

REPRESENTATIVE SEATON spoke about slide 7, "Colon Cancer Mortality Rates, USA," and stated that the Northeastern US had the highest mortality rates, as it had less sunshine.

[3:49:23 PM](#)

REPRESENTATIVE SEATON shared slide 8, "Risk of Colon Cancer by serum 25(OH)D," and noted the 50 percent reduction of risk for colon cancer was directly related to the higher levels of Vitamin D.

[3:50:05 PM](#)

REPRESENTATIVE SEATON referred to another study, depicted on slide 9, "Risk of Colon Cancer by serum 25(OH)D," which reflected a 50 percent reduction of colon cancer when the Vitamin D level was higher than 38 ng/ml.

[3:51:05 PM](#)

REPRESENTATIVE SEATON pointed to slide 10, "Meta-analysis," which combined all the studies, and projected the likelihood of a 50 percent reduction in colon cancer with 34 ng/ml of Vitamin D.

[3:51:27 PM](#)

REPRESENTATIVE SEATON acknowledged slide 11, "Colon Cancer mortality risk by prediagnostic serum," which reflected the relative risk of death for those diagnosed for colon cancer with various ng/ml of Vitamin D.

REPRESENTATIVE SEATON spoke about slide 12, "Colorectal cancer death hazard ratios by serum 25(OH)D," and defined a double blind randomized control study. He stated that these studies looked at the relative risk for the population as a whole.

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REPRESENTATIVE SEATON moved on to slide 13, "Breast cancer mortality in the USA," and noted a decrease of risk with an increase of sunshine.

[3:53:54 PM](#)

REPRESENTATIVE SEATON shared slide 14, "Women's Health Initiative Nested Study," which also projected a 50 percent reduction of breast cancer when, at least 22 ng/ml of Vitamin D was measured.

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REPRESENTATIVE SEATON pointed to slide 15, "Meta-analysis of breast cancer risk," and slide 16, "Breast cancer risk by 25(OH)D." He stated that each individual study was slightly different but the meta-analysis combined the results.

REPRESENTATIVE SEATON explained that slide 17, "Hazard of death, 512 women with breast cancer," reflected that women with a blood serum level of more than 30 ng/ml had a 40 percent less chance of dying.

[3:55:50 PM](#)

REPRESENTATIVE SEATON directed attention to "Vitamin D: Mechanism of Action," slide 18, the study by Dr. Heaney.

REPRESENTATIVE SEATON reflected on slide 19 and slide 20, "Vitamin D & Influenza," which reported on studies of 208 African American women and 334 Japanese school children and the resulting decrease in influenza rates with the increase of Vitamin D.

REPRESENTATIVE SEATON stated that slide 21, "Diabetes & 25(OH)D," depicted a 70 - 80 percent lower risk for diabetes with higher serum 25(OH)D.

[3:58:09 PM](#)

REPRESENTATIVE SEATON discussed a website presentation, "Can Diabetes be prevented with Vitamin D?" as shown on slide 22.

REPRESENTATIVE SEATON reflected on a 30 year study in Northern Finland, slide 23, "Infants' Vitamin D Supplementation Dose and Incidence of Type 1 Diabetes in Children in Northern Finland."

[3:59:38 PM](#)

REPRESENTATIVE SEATON pointed to slide 24, "Annual age adjusted incidence rates of type 1 diabetes," which charted over 50 years the increased incidence rates of diabetes as the recommended intake of Vitamin D had been reduced.

[4:00:39 PM](#)

CHAIR KELLER asked about the supporting scientific evidence.

REPRESENTATIVE SEATON agreed that these were population studies that showed that the relative risk was much less with increased Vitamin D in the blood.

[4:02:32 PM](#)

CHAIR KELLER, referring to slide 24, pointed out that other variables may have had an effect.

REPRESENTATIVE SEATON replied that it was only possible to look at the correlations, as this program was administered by the Finnish National Health Care in compliance with the recommended dosages.

[4:04:30 PM](#)

REPRESENTATIVE MILLETT asked if there was any supplement to take in conjunction with Vitamin D to aid in better absorption.

REPRESENTATIVE SEATON replied that calcium and Vitamin D were integral to each other. He stated that many cancers were related to epithelial cells. He pointed out that magnesium was also important in conjunction with calcium.

[4:07:04 PM](#)

CHAIR KELLER offered his belief that slide 24 merely reflected an increase in the incidence of diabetes, which could not be

scientifically tied to the decrease in recommended Vitamin D dosages.

REPRESENTATIVE SEATON agreed that these were observational studies showing relative risks for populations.

[4:08:56 PM](#)

REPRESENTATIVE HERRON asked if HCR 5 should contain a resolve that Vitamin D could be used in conjunction with standard medical treatments for increased effectiveness.

REPRESENTATIVE SEATON offered his belief that the medical community would testify for the prescription of Vitamin D in conjunction with standard medical treatment.

[4:11:50 PM](#)

REPRESENTATIVE HERRON asked about whether a resolve should specify Vitamin D 3, instead of Vitamin D 2.

REPRESENTATIVE SEATON, in response to Representative Herron, said that the medical community had stipulated that both were effective without a recognizable difference in the outcomes; however, Vitamin D 2 was only available with a prescription.

[4:13:17 PM](#)

REPRESENTATIVE SEATON directed attention to slide 25, "Cancer Risk (All)," stated that there was 69 percent lower risk for any kind of cancer for individuals with more than 29 ng/ml of Vitamin D. He pointed out that an individual's blood serum level was the defining factor, not the daily dose of Vitamin D.

[4:16:43 PM](#)

REPRESENTATIVE SEATON spoke about slide 26 and slide 27, "Vitamin D & Tuberculosis," which compared a study of the use of anti-biotics in conjunction with Vitamin D, and the use of anti-biotics with a placebo. He pointed to the results which showed the Vitamin D group to be 100 percent bacteria free, while the placebo group was only 78 percent bacteria free. He declared that this study showed that Vitamin D worked in conjunction with other treatments for better results.

[4:18:31 PM](#)

REPRESENTATIVE SEATON, in response to Representative Kerttula, said that this was the standardized treatment in a completely controlled study.

[4:19:08 PM](#)

REPRESENTATIVE SEATON moved on to slide 28, "Vitamin D Intake & Toxicity," explaining that toxicity did exist, but that it was the result of extremely high blood levels, more than 200 ng/ml. He compared this to Southern California lifeguards, whose Vitamin D blood level measured about 180 ng/ml. He pointed out that this required dosages of 30,000 IU/day.

[4:20:44 PM](#)

REPRESENTATIVE SEATON indicated slide 29 and slide 30 "Summary," which concluded that the optimal blood level range for Vitamin D was 40 - 60 ng/ml. He demonstrated the blood test kits for Vitamin D.

[4:22:19 PM](#)

REPRESENTATIVE SEATON directed attention to slide 31, "Disease Incidence Prevention by Serum 25(OH)D Level," which graphed the relative percentage decrease to a variety of diseases if blood level Vitamin D were at least 25(OH)D.

[4:23:28 PM](#)

REPRESENTATIVE SEATON concluded with slide 32 and slide 33, "Vitamin D Resources," which listed numerous information sites.

[4:24:00 PM](#)

CHAIR KELLER proposed to review HCR 5.

REPRESENTATIVE SEATON offered that the scientific paper background was available for each "whereas" in HCR 5.

[4:24:42 PM](#)

REPRESENTATIVE MILLER asked if there were readily available natural sources of Vitamin D.

REPRESENTATIVE SEATON replied that the only populations with sufficient dietary Vitamin D were Alaskan Native groups eating a traditional diet of wild game and fatty foods, as Vitamin D was

fat soluble. He confirmed that it was not necessary to maintain daily doses of Vitamin D, but that larger doses could be taken less often, such as weekly or bi-weekly.

[4:27:51 PM](#)

REPRESENTATIVE MILLER shared his research on the potency of vitamins, and asked if there were more potent types of Vitamin D.

REPRESENTATIVE SEATON replied that Vitamin D was inexpensive to manufacture, and maintained its potency for about 18 months.

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REPRESENTATIVE SEATON, in response to Chair Keller, explained that cholecalciferol was manufactured Vitamin D 3, and that ergocalciferol was the natural Vitamin D 2.

[4:31:09 PM](#)

CHAIR KELLER, referring to page 1, line 10, suggested inserting "in numerous studies" after "vitamin D".

REPRESENTATIVE SEATON agreed.

CHAIR KELLER, referring to page 3, lines 22 - 26, offered his belief that a preventative treatment of Vitamin D contrasted the use of vaccines. He suggested that this would create resentment.

[4:32:45 PM](#)

REPRESENTATIVE SEATON declared that, as the State of Alaska had abandoned its universal vaccines for influenza for the population, it was important to promote preventative medicine for everyone. He compared the various studies of effectiveness for vaccines and Vitamin D treatment.

[4:35:33 PM](#)

CHAIR KELLER suggested to insert "potentially" on page 5, line 25, after "could"; again, on page 6, line 2, after "awareness of the" and on line 6, after "elderly to".

CHAIR KELLER, directing attention to page 6, line 2, suggested inserting "blood" in front of "testing".

CHAIR KELLER, pointing to page 6, line 6 and line 12, expressed his concern with "provide".

[4:38:01 PM](#)

REPRESENTATIVE SEATON, in response to Chair Keller, stated that HCR 5 was a resolution of request, not requirement, to the state.

[4:38:34 PM](#)

CHAIR KELLER asked to clarify the intent of "investigate" on page 6, line 9.

[4:39:29 PM](#)

REPRESENTATIVE SEATON suggested a substitution of "study" for "investigate".

[4:40:26 PM](#)

CHAIR KELLER offered his belief that it was "new territory" for the government to provide vitamins and food supplements.

REPRESENTATIVE SEATON stated that a government provision of supplements was currently in effect for pregnant women.

CHAIR KELLER replied that studies supported other vitamins, as well.

[4:41:30 PM](#)

REPRESENTATIVE DICK, commenting on the traditional diet for natural Vitamin D and the recent awareness of the hydrogen cyst, declared that he had curtailed his ingestion of the organs of wild game.

[4:42:26 PM](#)

MARY MUNDELL, Pharmacist, shared that she was also a board member of the [Alaska] Board of Pharmacy. She reported that the prescription version of Vitamin D 2 had never been covered by the federal government, as it was considered a nutrient. She further noted that the State of Alaska Medicaid would discontinue its coverage without a prior authorization approval for Vitamin D through a physician. The physician must state

that the patient had failed with other Vitamins D's. She pointed out that there was no other Vitamin D 2 available, except by prescription. She specified that proposed HCR 5 encouraged Department of Health and Social Services (DHSS) to provide and promote awareness, yet DHSS would no longer "cover the drug."

[4:44:28 PM](#)

DR. WARD HURLBURT, Chief Medical Officer/Director, Division of Public Health, Central Office, Department of Health and Social Services, stated that the official position of the administration was neutral. He expressed concern with the loss of funding for preventative influenza vaccine. He offered his belief that the legislature was not a good place to make clinical decisions. He observed that inappropriate therapies had been adopted by other state legislatures. He agreed that Vitamin D was essential, necessary, and beneficial for bone disease. He summarized a report from the National Institute of Health which stated that Vitamin D was necessary for bone related conditions, including osteoporosis, but that there was insufficient evidence for other recommendations. He observed that there was a difference of opinion to the broad scope of benefits from Vitamin D.

[4:49:13 PM](#)

CHAIR KELLER asked Dr. Hurlburt to review the resolution for any implication of clinical description.

REPRESENTATIVE SEATON established that proposed HCR 5 did not mandate, but proposed that DHSS investigate and follow up to judge the appropriateness for Alaskans. He expressed his desire that proposed HCR 5 would produce answers and generate funding to improve the health of Alaskans.

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DR. HURLBURT, in response to Representative Miller, said that he did know of a fatal dosage of vitamins, specifically with Vitamin D, when Arctic explorers ate raw polar bear liver and died.

REPRESENTATIVE MILLER replied that he also knew of that incident, and he questioned whether the fatal dosage was that of Vitamin A.

DR. HURLBURT agreed.

[HCR 5 was held over.]

4:52:39 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:52 p.m.