

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 21, 2012

3:03 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 BILL NO. 288

"An Act prohibiting denial or withholding of medical assistance eligibility or coverage for a prisoner."

- MOVED HB 288 OUT OF COMMITTEE

CS FOR SENATE CONCURRENT RESOLUTION NO. 1(STA)

Designating May of each year as Lupus Awareness Month.

- MOVED CSSCR 1 (STA) OUT OF COMMITTEE

PRESENTATION: CANCER ACTION NETWORK

- HEARD

PREVIOUS COMMITTEE ACTION

BILL: HB 288

SHORT TITLE: MED. ASSISTANCE ELIGIBILITY: PRISONERS

SPONSOR(S): REPRESENTATIVE(S) KELLER

01/17/12	(H)	READ THE FIRST TIME - REFERRALS
01/17/12	(H)	HSS, FIN
02/21/12	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: SCR 1

SHORT TITLE: LUPUS AWARENESS MONTH

SPONSOR(s): SENATOR(s) DAVIS

01/19/11 (S) READ THE FIRST TIME - REFERRALS
01/19/11 (S) STA, HSS
03/01/11 (S) STA AT 9:00 AM BUTROVICH 205
03/01/11 (S) Heard & Held
03/01/11 (S) MINUTE(STA)
03/08/11 (S) STA AT 9:00 AM BUTROVICH 205
03/08/11 (S) Moved CSSCR 1(STA) Out of Committee
03/08/11 (S) MINUTE(STA)
03/09/11 (S) STA RPT CS 5DP NEW TITLE
03/09/11 (S) DP: WIELECHOWSKI, KOOKESH, PASKVAN,
MEYER, GIESSEL
03/14/11 (S) HSS AT 1:30 PM BUTROVICH 205
03/14/11 (S) Moved CSSCR 1(STA) Out of Committee
03/14/11 (S) MINUTE(HSS)
03/16/11 (S) HSS RPT CS(STA) 5DP
03/16/11 (S) DP: DAVIS, MEYER, ELLIS, EGAN, DYSON
04/06/11 (S) TRANSMITTED TO (H)
04/06/11 (S) VERSION: CSSCR 1(STA)
04/07/11 (H) READ THE FIRST TIME - REFERRALS
04/07/11 (H) HSS
04/14/11 (H) HSS AT 3:00 PM CAPITOL 106
04/14/11 (H) -- MEETING CANCELED --
02/21/12 (H) HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

JIM POUND, Staff
Representative Wes Keller
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HB 288 on behalf of the prime sponsor, Representative Wes Keller.

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

POSITION STATEMENT: Testified during discussion on HB 288.

LESLIE HOUSTON, Director
Central Office
Division of Administrative Services
Department of Corrections (DOC)
Juneau, Alaska

POSITION STATEMENT: Testified during discussion of HB 288.

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

POSITION STATEMENT: Introduced SCR 1 on behalf of the prime sponsor, Senator Bettye Davis.

ANNA TILLMAN, Executive Director
Lupus Foundation of America
Alaska Chapter
Anchorage, Alaska

POSITION STATEMENT: Testified during discussion of Lupus and SCR 1.

SARA CHANG
Government Relations
Lupus Foundation of America, Inc.
National Office
Washington, D.C.

POSITION STATEMENT: Testified during discussion of Lupus and SCR 1.

CHRIS HANSEN, President
American Cancer Society
Cancer Action Network
Washington, D.C.

POSITION STATEMENT: Presented an overview from the American Cancer Society and the Cancer Action Network.

EMILY NENON, Alaska Government Relations Director
American Cancer Society
Cancer Action Network
Anchorage, Alaska

POSITION STATEMENT: Testified during the presentation from the Cancer Action Network.

ACTION NARRATIVE

[3:03:28 PM](#)

CHAIR WES KELLER called the House Health and Social Services Standing Committee meeting to order at 3:03 p.m. Representatives Keller, Seaton, Miller, and Kerttula were

present at the call to order. Representatives Dick, Millett, and Herron arrived as the meeting was in progress.

HB 288-MED. ASSISTANCE ELIGIBILITY: PRISONERS

[3:04:04 PM](#)

CHAIR KELLER announced that the first order of business would be HOUSE BILL NO. 288, "An Act prohibiting denial or withholding of medical assistance eligibility or coverage for a prisoner."

[3:04:32 PM](#)

JIM POUND, Staff, Representative Wes Keller, Alaska State Legislature, introduced HB 288, on behalf of the prime sponsor, Representative Keller. He read from a prepared statement:

House Bill 288 is based on the fact that if an individual is convicted of a crime, he's sentenced to jail. The State of Alaska assumes custody ... but we also assume the medical costs. Some of these can be extremely expensive, and under our current regulatory process, we cannot share that cost with anyone, including Medicaid. Medicaid sharing by inmates is forbidden by state regulation, not state law. The regulation is based on a federal understanding of the rules; in fact there is no federal law that requires it, either. It's a grey area that says inmates under state custody cannot receive Medicaid, but the interpretation of that is rapidly changing in that several states already seek Medicaid funds for inmates. For those inmates in facilities in an infirmary, the rule is essentially the same as in state custody. Where the condition places the inmate under the care of a hospital, the rules are different. Medicaid may be used for that type of care. For the State of Alaska, up to 50 percent of that money is federal money. The state needs to look at ways to save money. This is a golden opportunity for us to look at a \$32 million budget for this coming up fiscal year. How much we can save will depend on the number of inmates who qualify. Potential changes in the U.S. health care laws may also greatly increase that amount in 2014. We urge your support of this bill; it moves us in the right direction.

CHAIR KELLER asked the committee if there were any questions.

[3:06:41 PM](#)

JON SHERWOOD, Medicaid Special Projects, Office of the Commissioner, Department of Health and Social Services (DHSS), explained that, although the area of coverage by Medicaid for inmates was "somewhat ambiguous," states were able "to cover inmates when they are staying overnight in in-patient medical institutions." He expressed a need to move carefully, as this issue had "a good deal of federal oversight." He commented that, as Medicaid billing was monthly, the billing of Medicaid coverage solely for an in-patient setting outside the correctional facility would be a challenge for the DHSS, requiring some structural adjustments to the billing system.

[3:08:40 PM](#)

CHAIR KELLER reflected on the irony for his introduction of a bill to expand Medicaid, but, as it was balanced against general fund funding, he declared "it just seemed like something that just is the right thing to do."

[3:09:18 PM](#)

REPRESENTATIVE MILLER asked for a definition of prisoner, and when there would be [Medicaid] coverage.

LESLIE HOUSTON, Director, Central Office, Division of Administrative Services, Department of Corrections (DOC), in response, stated that the focus was to those people incarcerated in the state correctional facilities. She admitted that the proposed bill could include people with electronic monitoring, as well as those in community residential centers (CRCs).

REPRESENTATIVE SEATON asked for clarification about a person who was in the custody of the state.

MS. HOUSTON explained that the proposed bill would include people under electronic monitoring, supervised probation, residents of half way houses (CRCs), as well as those in DOC facilities.

[3:11:35 PM](#)

REPRESENTATIVE SEATON, noting a difference between her testimony and the proposed bill, asked to clarify whether, initially, the state was only going to claim coverage for prisoners in a

correctional institution, and not claim coverage for everyone in custody.

MS. HOUSTON, in response, said that it would begin the process with those incarcerated in facilities, as this was an easier point to assess eligibility. She agreed that it would be expanded "to reach every single area possible."

[3:12:53 PM](#)

REPRESENTATIVE SEATON asked to clarify that proposed HB 288 allowed DOC and DHSS to narrow or broaden the coverage.

MS. HOUSTON expressed her agreement.

[3:13:12 PM](#)

CHAIR KELLER, directing attention to the formula on page 2 of the memorandum from Legislative Research Services [Included in members' packets], stated that the savings to the state general fund would be a minimum of \$3 million. He allowed that this savings did not calculate any cost for administering the program.

[3:15:42 PM](#)

CHAIR KELLER closed public testimony.

[3:16:24 PM](#)

REPRESENTATIVE DICK moved to report HB 288 out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, HB 288 was reported from the House Health and Social Services Standing Committee.

[3:17:07 PM](#)

The committee took a brief at-ease.

SCR 1-LUPUS AWARENESS MONTH

[3:20:14 PM](#)

CHAIR KELLER announced that the next order of business would be CS FOR SENATE CONCURRENT RESOLUTION NO. 1(STA), Designating May of each year as Lupus Awareness Month.

[3:20:40 PM](#)

CELESTE HODGE, Staff, Senator Bettye Davis, Alaska State Legislature, reported that proposed SCR 1 designated May as Lupus Awareness Month, and encouraged Alaskans to observe the month with appropriate activities which provided education and support for those diagnosed with the disease. She pointed out that Lupus was a disease which affected the immune system by causing inflammation and tissue damage, although there was not total understanding of the causes and consequences of the disease. She shared that Lupus can affect any body part, and can cause seizure, strokes, heart attacks, miscarriages, and organ failure. She noted that it most often strikes women of child bearing age, with women of color developing Lupus at 2-3 times the rate of Caucasians. She declared the difficulty for diagnosis as its symptoms were similar to those of other illnesses, and that the treatment could have damaging side effects. She confirmed that each May was designated as Lupus Awareness Month to show support for the 1.5 million Americans with Lupus. She stated that more than 3000 Alaskans had been diagnosed with Lupus. She declared that SCR 1 would join Alaska with other states in support of an increase for awareness to Lupus.

[3:22:55 PM](#)

REPRESENTATIVE SEATON, directing attention to page 2, line 8, asked to clarify the age range for Lupus.

[3:23:23 PM](#)

MS. HODGE replied that age 10 was more accurate.

[3:24:08 PM](#)

REPRESENTATIVE MILLETT asked about treatments for Lupus.

[3:24:24 PM](#)

MS. HODGE replied that a representative from the Lupus Foundation of America would explain the specific treatments.

[3:24:44 PM](#)

CHAIR KELLER opened public testimony.

[3:24:52 PM](#)

ANNA TILLMAN, Executive Director, Lupus Foundation of America, Alaska Chapter, stated that Lupus was a breakdown of the immune system, not allowing the body to fight against viruses, bacteria, and germs. She stated that Lupus was not contagious, that 90 percent of those with Lupus were females, and that it was unpredictable, and potentially fatal. Although the cause was still unknown, she listed some factors that could trigger the genes prone to the disease, including infection, ultraviolet light, extreme stress, certain prescription drugs, and hormones. She described some of the different types of lupus, including cutaneous Lupus, drug induced Lupus, and the most common, systemic Lupus, which affected the internal organs. She listed people of color as being affected more than twice as often than Caucasians, with more than 5 percent of offspring of Lupus suffers also having Lupus. She noted that currently there was no generic screening test to determine the development of Lupus, adding that it would often take 3-5 years to diagnose, as the symptoms could come and go over time. She stated that there was no single laboratory test to determine Lupus, and that it could often strike between 15 and 44 years of age. She reported that the average annual cost to a person with Lupus was \$12,643, and that successful treatment often required a combination of medications. She noted that fatigue was a symptom in almost 80 percent of cases. She detailed some of the medications to include: steroids, an anti-malarial, and non-steroidal anti-inflammatories. She stated that it had taken almost 21 years for her diagnosis, and that she had permanent damage from Lupus.

[3:30:06 PM](#)

CHAIR KELLER asked for the number of cases in Alaska.

MS. TILLMAN replied that it was estimated to be about 3,000. In response to Chair Keller, she agreed that the age range for affliction, 10-87 years, was accurate.

[3:31:29 PM](#)

SARA CHANG, Government Relations, Lupus Foundation of America, Inc., National Office, shared that raising awareness was one of the largest priorities for the Lupus Foundation. She stated that almost 1.5 million Americans, about 1 in 181 people, had some form of Lupus, and almost 90 percent were women. She reported that Lupus could strike without warning, had unpredictable effects, and had no known cause or cure, making it difficult to diagnose. She shared that the average time for

diagnosis was four years. She declared that SCR 1 would be beneficial for Alaskan education and awareness to the effects of Lupus. She stated that the direct and indirect cost to America from Lupus was about \$31 billion.

[3:35:12 PM](#)

CHAIR KELLER closed public testimony.

[3:35:47 PM](#)

REPRESENTATIVE DICK moved to report CSSCR 1(STA) out of committee with individual recommendations and the accompanying zero fiscal note. There being no objection, CSSCR 1(STA) was reported from the House Health and Social Services Standing Committee.

[3:36:29 PM](#)

The committee took a brief at-ease.

Presentation: Cancer Action Network

[3:38:44 PM](#)

CHAIR KELLER announced that the final order of business would be a presentation by the Cancer Action Network.

[3:39:13 PM](#)

CHRIS HANSEN, President, American Cancer Society, Cancer Action Network, stated that the American Cancer Society was the largest voluntary health organization in the world devoted to cancer, and, measured by its contributors, it was the largest not-for-profit organization in the world. He described the Cancer Action Network (CAN) as a grass roots organization, in existence for more than 10 years, with 1400 volunteers in Alaska. He noted that there were more than 1 million CAN volunteers nationwide, and that CAN was the largest, most powerful, most successful volunteer-led movement dealing with government decisions having to do with cancer. He shared that there were 12 million cancer survivors nationwide, noting that the organization was unique, as it was "trying to put ourselves out of business." He agreed that a goal of the organization was "to create birthdays." He declared that 1500 Americans would die today from cancer, and that 1000 Alaskans and 577,000 Americans would die this year from cancer. He pointed to the trend lines

indicating that this would double by 2020. He shared that, while survival rates were up, incidence rates were also up because of the aging population and the increase in obesity. He listed pancreatic cancer, kidney cancer, and liver cancer as the most deadly cancers. He shared that the American Cancer Society was the largest private funder of cancer research in the world. He directed attention to polls indicating that cancer was the most feared disease in the world.

[3:44:19 PM](#)

MR. HANSEN stated that 50 percent of all men, and 33 percent of all women, would have a cancer diagnosis during their lifetime, and that 1.4 million Americans and 3640 Alaskans would be diagnosed with cancer this year. He pointed to the toll this placed on the U.S. economy, almost \$226.8 billion for direct and indirect medical expenses annually. He shared that globally the economic loss was almost one trillion dollars. He stated that the American Cancer Society was now working internationally. He declared that, although smoking rates in the U.S. had leveled out at 20 percent over the last 6 years, they had increased around the world. He described that the connections between obesity and cancer were "numerous and dramatic." He reflected that when the war on cancer had been declared 40 years prior, it was thought that a cure could be found, but that it was now realized that cancer was a family of more than 200 diseases, with the similarity being they metastasize. He declared that prevention and early detection were the keys to "beating this disease." He pointed out that one third of all cancer deaths were a direct result of tobacco usage. He reported that for any type of cancer, it was now possible to determine a treatment if the person's protein specificity was determined.

[3:49:28 PM](#)

MR. HANSEN spoke about some recent discoveries, funded by the National Institute of Health (NIH), which included a look at the dietary habits of the Yupik. This study showed that a higher intake of Omega 3 fatty acids helped prevent obesity related cancers. He gave some background about the work at NIH, and pointed out that the economic and health benefits from this NIH research were rewarded with a \$300 million increase to its budget. He declared that budget cuts could affect the life sciences research at University of Alaska. He pointed out that cancer screenings, including colonoscopies and pap smears, saved lives and money, as early detection was cheaper and easier to deal with. He noted that only one third of the eligible low

income and underserved women were utilizing the breast and cervical cancer early detection programs. He offered a complement to the State of Alaska in its role for tobacco cessation, as Alaska was the first state to have a tobacco prevention and control program. He referred to the increase to tobacco taxes in Alaska, which he said were excellent disincentives for the product, and also generated a lot of revenue. He noted that every 10 percent increase to tobacco price was followed by a 7 percent reduction in youth smoking, and a 4 percent overall reduction in smoking. He referenced that the Alaska Native youth smoking rate had dropped from 62 percent in 1995 to 43 percent in 2009. He shared that the national teen smoking rate was 20 percent, compared with the Alaska teen smoking rate of 16 percent. He pointed out that this was the only legal product that "when used as directed will kill you." He reported that Alaska spent \$169 million each year on medical costs to treat tobacco related diseases, with an additional \$170 million of lost productivity for tobacco related illness; whereas, every pack of cigarettes sold in Alaska generated \$7.89 in health care spending. He declared that the tobacco companies spent \$10.5 billion annually, and \$20 million in Alaska, to "entice kids to pick up the habit." He shared that the U.S. marketing expenditures by tobacco companies had doubled since the Tobacco Master Settlement Agreement (MSA) in 1998.

[3:55:39 PM](#)

MR. HANSEN shared that 53 percent of Alaskans worked in a smoke free environment, pointing out that second hand smoke killed 50,000 Americans every year. He pointed to studies which showed that businesses did better with smoke free environments. He stated that one third of all cancer deaths were due to overweight and obesity. He reported that nationally, 67 percent of adults and 18 percent of children were obese or overweight, while 65 percent of Alaskan adults and 26 percent of high school students were obese or overweight. He stated that the rate for obese Alaskan adults had doubled to 27 percent since 1991, with overall state health care spending of \$459 million for medical conditions connected to overweight or obese. He lauded that the obesity prevention and control program was a good investment.

[3:57:42 PM](#)

MR. HANSEN spoke about the quality of life initiative, which brought care and comfort together. He directed attention to the handout, "Palliative Care at a Glance." [Included in members'

packets.] He discussed legislation being considered, which would teach physicians more options to give patients for quality of care.

[4:00:14 PM](#)

REPRESENTATIVE SEATON asked if Mr. Hansen was familiar with the Alaska resolution [House Concurrent Resolution 5] which directed the State of Alaska to move toward prevention of disease as the primary model of health care and for education to the need for sufficient levels of Vitamin D. He declared that the focus of the House Health and Social Services Standing Committee was for prevention not for treatment. He asked where ACN was positioned.

[4:01:51 PM](#)

MR. HANSEN replied that he was aware of the resolution, and he agreed that it was a good direction. He said that CAN was focused on prevention, noting that preventative care was far less expensive.

[4:02:56 PM](#)

CHAIR KELLER expressed his surprise for the tie in of obesity with cancer. He asked what legislators could do specifically.

[4:03:37 PM](#)

MR. HANSEN replied that the recent understanding of the relationship between obesity and cancer had occurred when an epidemiologist had recognized a statistical relationship, and then compared the physiological causes. He lauded the Obesity and Prevention Control program in Alaska, and stated the importance for funding at a level that would allow the program to progress.

[4:05:07 PM](#)

REPRESENTATIVE KERTTULA asked about the connection between obesity and cancer.

MR. HANSEN replied that there were at least 50 physiological changes from obesity that caused cancer effects, more likely in women, especially in reproductive systems and breasts.

REPRESENTATIVE KERTTULA asked for more information about smokeless tobacco and snuff.

MR. HANSEN emphasized that smokeless tobacco was very dangerous, as some people believed that this was healthier. He declared smokeless tobacco to be just another way to keep people hooked on nicotine, and that nicotine was carcinogenic. He offered his belief that smokeless tobacco was "a really bad thing to use, and it's a really bad thing to sell, and it's a really bad thing to promote." He declared that there was no upside to smokeless tobacco.

[4:07:32 PM](#)

REPRESENTATIVE MILLETT asked if there were other insurance mandates for preventative care that CAN was working toward.

MR. HANSEN directed attention to colorectal screening, and stated that it was not covered for retirees by state health insurance. He declared that colon cancer was far more aggressive from ages 50 to 65 years. He declared this to be the worst time not to be covered. He reported that CAN was working toward a national standard of coverage for screenings. He shared that while some insurance companies paid for colonoscopies as a screening, polyp removal was not covered under the screening, and that CAN was trying to close these coverage gaps.

[4:10:14 PM](#)

REPRESENTATIVE MILLER asked if the federal government was still subsidizing tobacco, corn, and sugar. He asked if CAN was involved with any programs to eliminate these subsidies.

MR. HANSEN, in response to Representative Miller, said that corn subsidies were complex, but that CAN, recognizing the danger of corn used as a sweetener, had tried to get the public to understand the dangers of sugar sweetened beverages. He pointed out that supersized sweetened beverages increased the appetite.

REPRESENTATIVE MILLER declared his desire to see those subsidies removed.

[4:13:31 PM](#)

REPRESENTATIVE HERRON asked about the use of chemical compounds to make foods taste better.

MR. HANSEN explained that the American Cancer Society was scientifically evidence based, and although they had concerns, they would not comment until they had the science evidence for a conclusion.

[4:14:51 PM](#)

REPRESENTATIVE HERRON asked if the federal government would ban substances such as snus and other nicotine laced products.

MR. HANSEN replied that nicotine was carcinogenic and should not be in any product.

[4:15:44 PM](#)

REPRESENTATIVE SEATON asked if CAN was aware that it was legal to sell nicotine to minors in Alaska. He offered his belief that these nicotine products were "a gateway mechanism to get people set up for tobacco products at a later time."

MR. HANSEN, in response, said that CAN was aware of this.

[4:17:03 PM](#)

EMILY NENON, Alaska Government Relations Director, American Cancer Society, Cancer Action Network, stated that CAN was very concerned about the emerging tobacco products. Speaking about the use of these products by kids, she declared that the tobacco industry should not be allowed to "continue its predatory practices on our children."

[4:18:28 PM](#)

MR. HANSEN shared that he had discussed, with tobacco industry lobbyists, the business model for finding ways to hook people on nicotine. He declared that there was nothing good about this.

[4:19:22 PM](#)

REPRESENTATIVE MILLER described the use of nicotine to kill mink on mink farm.

[4:20:12 PM](#)

CHAIR KELLER agreed that tobacco was a known carcinogen, but that the data for the association of cancer with obesity should

not yet be overstated. He offered his belief that obesity was also associated with other diseases.

[4:21:23 PM](#)

MR. HANSEN, in response to Chair Keller, said that epidemiologists had studied trends with obesity and cancer, and that any number of cancer causes did come from obesity. He declared that there was, indeed, a one to one relationship between obesity and certain body functions which created cancers. He agreed that not all cancers were caused by obesity, but that the relationships were very complex, unlike that of nicotine and cancer.

[4:23:42 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:23 p.m.