

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 21, 2013

3:02 p.m.

MEMBERS PRESENT

Representative Pete Higgins, Chair
Representative Wes Keller, Vice Chair
Representative Lance Pruitt
Representative Lora Reinbold
Representative Paul Seaton
Representative Geran Tarr

MEMBERS ABSENT

Representative Benjamin Nageak

COMMITTEE CALENDAR

PRESENTATION: ALASKA BRAIN INJURY NETWORK

- HEARD

PRESENTATION: KEY COALITION

- HEARD

HOUSE BILL NO. 90

"An Act establishing a temporary program in the Department of Health and Social Services for testing newborns for baseline vitamin D levels."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 90

SHORT TITLE: VITAMIN D SUPPLEMENTS

SPONSOR(S): REPRESENTATIVE(S) SEATON

01/30/13	(H)	READ THE FIRST TIME - REFERRALS
01/30/13	(H)	HSS, FIN
02/21/13	(H)	HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

JILL HODGES, Executive Director
Alaska Brain Injury Network (ABIN)
Anchorage, Alaska

POSITION STATEMENT: Presented a PowerPoint titled "Brain Injury Care."

ROLAND TORRES, CHAIRMAN
Department of Neurosurgery
Alaska Native Medical Center
Anchorage, Alaska

POSITION STATEMENT: Testified during the brain injury presentation.

PAT CHAPMAN
Ketchikan, Alaska

POSITION STATEMENT: Shared her personal story during the presentation on traumatic brain injury.

SETH KELLEY, Executive Director
FOCUS
Eagle River, Alaska

POSITION STATEMENT: Testified during the Key Coalition presentation.

JIM BECK, Executive Director
ACCESS Alaska
Anchorage, Alaska

POSITION STATEMENT: Testified during the Key Coalition presentation.

LIZETTE STIEHR, Deputy Director
Infant Learning Program Coordinator
FOCUS

Eagle River, Alaska
POSITION STATEMENT: Testified during the Key Coalition presentation.

TANEEKA HANSEN, Staff
Representative Paul Seaton
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As staff to the sponsor of the bill, testified during discussion of HB 90.

WARD HURLBURT, M.D., Chief Medical Officer/Director
Division of Public Health
Central Office

Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Answered questions during discussion of HB 90.

ACTION NARRATIVE

[3:02:05 PM](#)

CHAIR PETE HIGGINS called the House Health and Social Services Standing Committee meeting to order at 3:02 p.m. Representatives Higgins, Reinbold, and Keller were present at the call to order. Representatives Seaton, Tarr, and Pruitt arrived as the meeting was in progress.

Presentation: Alaska Brain Injury Network

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CHAIR HIGGINS announced that the first order of business would be a presentation by the Alaska Brain Injury Network.

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JILL HODGES, Executive Director, Alaska Brain Injury Network (ABIN), introduced the ABIN board members in attendance. She stated that there was a lack of brain injury care in Alaska. Directing attention to slide 3, "Because it Happens a LOT!" she stated that even though the national incidence of brain injury was dramatically higher than breast cancer, HIV, and multiple sclerosis, there was "a lot of potential for recovery and for really improving after they've had a traumatic brain injury." She said there was also opportunity for cost savings. She explained that traumatic brain injury occurred when something hits you, or you hit something, slide 4, "What is Traumatic Brain Injury (TBI)?" She shared a personal family anecdote. She noted that there was a spectrum for severity of TBI, which included sports concussions and military brain injuries.

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MS. HODGES moved to slide 5, "What we know" and reported that an average of 680 Alaskans were hospitalized each year with TBI, although an average of 3000 Alaskans annually visited the emergency room with brain injuries, but went home the same day. She reported that, although 15,000 Alaskans had been

hospitalized with TBI from 1991-2011, the vast majority then went home with no assistance. She shared that 34 percent of the recent behavioral health clients were screening positive for head injury, and that the homeless and corrections population also had high incidences.

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MS. HODGES explained that the "Traumatic Brain Injury Continuum of Care," slide 6, began with the emergency evaluation and continued on through the emergency department and the intensive care unit to in-patient and out-patient rehabilitation care. She pointed out that TBI care in Alaska stopped with specialty neurotrauma care. She shared that ABIN had spoken with various medical service systems in an attempt to develop a continuum for care, as none currently had post-acute or lifelong services for brain injury. She highlighted that "brain injury is a medical condition, but also it's a chronic condition. You can rehabilitate, you can recover, but for many, it's a lifelong thing that you're managing." She stressed the importance for both treatment and understanding. She indicated slide 8, "Opportunity," and stated that there were experts in Alaska ready to create this system of care.

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MS. HODGES, in response to Chair Higgins, said that comprehensive neurological rehabilitation and long-term support services did not exist in Alaska.

ROLAND TORRES, CHAIRMAN, Department of Neurosurgery, Alaska Native Medical Center, explained that there were no facilities in Alaska which addressed brain injury after discharge from the hospital. He expressed his agreement with Chair Higgins that it was a strong statement that no facilities existed in Alaska.

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MS. HODGES said that policy and payment were essential, varying from mandated insurance payment, traumatic brain injury Medicaid waivers, or designated funds from fines, slide 9, "Catch."

REPRESENTATIVE REINBOLD asked if Alaska had a Medicaid waiver.

MS. HODGES replied that, although 24 states had specific brain injury Medicaid waivers, Alaska did not. In response to Representative Reinbold, she explained that there were four

Medicaid waivers and that with TBI only Alaskans having significant physical disabilities or a child with complex needs would qualify. She clarified that these waivers did not always pay for rehabilitation. She stated that a TBI waiver was specific to the functional limitations of a person with a brain injury.

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MS. HODGES read from the biography of Lael Venta:

Lael Venta is one of the Board's founding members. He doesn't like labels and he doesn't like to talk about himself, so we were all surprised at a meeting at Alyeska when he off-handedly remarked that he had run the power lines to the ski resort and all the lifts. A coincidence? Well, not really. Several decades ago Lael ran power lines virtually all over Alaska, over mountains, through valleys, remote communities and even on the ocean floor. A craving for adventure and hard work lured Lael to some of the most dangerous and physically demanding occupations Alaska has to offer - from fishing to logging to construction to explosives and everything in between. When one day he dropped out of a lift and sustained a head injury, he was just doing his job. Lael misses his ballroom dancing, speed skating, running and skiing, you name it. But one thing that didn't change in his life was his drive to help others.

MS. HODGES stated that this was a reason Lael has supported ABIN.

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MS. HODGES directed attention to the many statewide partners with ABIN, slide 11 "Statewide Partners." She said there was a lot of work on prevention, acute care, and post-acute rehabilitation, slide 12, "Brain Injury HURTS Alaska," as so many people and their families deserved this care.

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PAT CHAPMAN, spoke about her daughter, Jessi, who was in an auto accident "that eliminated her life... part of her story is that she is not the same person, she will never be that person, and she's just now, seven years down the road, realizing that she's

never going to be this Jessi Chapman that was going off to college to do fabulous things and come back to Alaska," slide 13, "Jessi Chapman, Ketchikan." She emphasized that Jessi, although she was a quad, mute, with an original diagnosis to never walk, speak, or use her hands, was still determined to somehow get an education. She stated that, although the State of Alaska and private insurance were very supportive for the physical care as that was an obvious need, Jessi was not able to get that same support for therapy for her brain. She explained the difficulty for getting the brain to talk to the rest of the body. She declared that she had tried to find help in Alaska, but that there was not any neuro psychological help in the state. She reported that she had paid for travel to the University of Washington psychiatric ward, which had determined that Jessi needed traumatic brain injury therapy. She relayed that she then took Jessi to Lakeview Specialty Hospital at Waterford in Wisconsin for 10 weeks, for which her private insurance paid. She emphasized that this therapy should be in Alaska, and reported that the state Medicaid would not pay for this rehabilitation therapy, especially in an out-of-state facility. She declared that Jessi now "does have some tools, and I am so proud of those tools because she can come up here to Juneau, she could go in and testify... where she could not have before." She strongly encouraged for services to be provided in Alaska. She declared that "a minor sports injury changes a whole young person's life," as that young person would then be on state aid, instead of being part of the state workforce, because "we did not give them the therapy that they needed when they were injured."

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CHAIR HIGGINS asked what had been done for Jessi at Lakeview Hospital.

MS. CHAPMAN, in response, explained that there was a complete therapy program, which included neuro psychology, psychiatric care, speech therapy, occupational therapy, physical therapy, and independent living skills.

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DR. TORRES shared that he had been the Director of Neuro Trauma and a Professor of Neurosurgery at Stanford University in California. He presented a PowerPoint, "Traumatic Brain Injury" and moved to slide 3, "Trauma Care Fund," stating that this was a great start. He listed the activities that had enhanced

trauma care since the fund was initiated in 2010, which included full time trauma care, acquisition of cell save equipment, and Advanced Trauma Life Support training for many communities. He stated that a "Think First" Chapter of the national organization for injury prevention for head and spinal cord injuries had been started in Alaska to provide educational programs, slide 4, "ANMC."

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DR. TORRES offered slide 5, "6 different examples of "Severe" TBI?!" which showed a variety of head trauma. He moved on to slide 6, "Burden of Neurological Emergencies," which listed the cost of care in the first year alone for various types of neurological emergencies, with an average cost of \$136,000 for traumatic brain injuries. Pointing to slide 7, "Payers for Traumatic Brain Injury," he reported that, in Alaska, from 2007-2011 there had been about 3400 admissions with a cost of almost \$145 million. He noted that the annual cost of TBI in the United States was almost \$100 billion, slide 8, "Annual cost."

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DR. TORRES commented on slide 9, "High Risk Populations," which listed young people, low-income and unmarried individuals, residents of inner cities, ethnic minorities, men, and individuals with a previous history of substance abuse or TBI. He declared that trauma was the leading cause of death in Alaska for those under the age of 44, and that Alaska had the second highest trauma mortality in the United States, slide 10, "Trauma in Alaska." He reported that there were almost 5000 annual admissions in Alaska. He detailed the graph on slide 11, "Trauma Mortality in Alaska," which revealed that the rate among Alaska Natives was much higher than that of all Alaskans. He stated that the "incidence rate of identified traumatic injuries in Alaska is 28 percent higher than the national rate," slide 12, "Traumatic Brain Injury." Each year, about 244 people are hospitalized for TBI in the Anchorage region, almost one out of four were under the influence of alcohol, and almost half were under the age of 30, slide 13.

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DR. TORRES stated that an organized trauma system allowed for a 15-20 percent improvement in the survival of the seriously injured, slide 14, "Trauma Systems." He said that the impact of trauma systems reflected a dramatic lowering of preventable

deaths, slide 15, "Preventable Deaths: The Impact of Trauma Systems." He reported on the examination of 1643 trauma patients in Chicago, stating that those patients taken to a low volume trauma center had a 30 percent greater chance of dying, slide 16, "The Impact of Volume on Outcome." Reflecting on another study from Baltimore, he stated that there was a 50 percent increase in mortality rate when patients went to a non-trauma center, slide 17, "Traumatic Brain Injury," and a 50 percent increase when patients were not directly transported to a trauma center, slide 18, "Traumatic Brain Injury Evidence Based Management." He stated that a study about the impact of a trauma system on outcome had predicted an 11 percent increase of survival rate, slide 19, and that those trauma patients directly transported to a trauma center had shorter total hospital stays and shorter Intensive Care stays, slide 20.

DR. TORRES moved on to slides 21 and 22, "Impact of TBI Guidelines," which analyzed the cost benefit for utilizing guidelines of the trauma system in a hypothetical model of cost, which presumed a savings of about \$4 billion per state.

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DR. TORRES offered anecdotes of his various cases from the previous three months, slides 23-29, "Case Presentation." After stabilizing each of these patients, the common problem was the lack of a neuro-rehabilitation center in Alaska. He commented on slide 30, "Common Methods for Funding Trauma Care Services," and noted that the states with the largest trauma care funds were supported by taxes and traffic fines. He compared the \$2 million allocation in Alaska to the \$25 million allocation for trauma care in California.

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CHAIR HIGGINS asked what treatments the patients received during their lengthy hospital stays.

DR. TORRES replied that while the patients received minimal treatment, it was not a specialized, rehabilitative, or comprehensive treatment program.

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CHAIR HIGGINS asked who coordinated these programs.

DR. TORRES replied that the rehabilitation facilities had subspecialists.

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REPRESENTATIVE REINBOLD asked what percentage of the injuries was to children.

MS. HODGES offered to supply the information.

REPRESENTATIVE REINBOLD reported that Elmendorf Air Force Base had a brain injury program.

DR. TORRES said that the Alaska Native Medical Center shared its specialized center to anyone with an acute injury. He reported that the center was working to get the state to embrace a true trauma system, as the Alaska trauma system did not meet the standard of care. In every state except Alaska, severely injured patients were sent directly to a trauma center, but in Alaska, the patient was sent to the closest hospital. He pointed out that any subsequent transfer would increase the risk of mortality by 30 percent.

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MS. CHAPMAN said that the majority of sport injuries were mild to moderate with the person sent home within 24 hours. There was no follow up, as there was not a follow up system in the state.

DR. TORRES explained that although concussion was defined as mild head injury, it was not known what the cumulative effect could be.

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REPRESENTATIVE TARR asked what would be necessary to meet the financial need for a trauma fund in Alaska.

DR. TORRES replied that, as 13 hospitals in Alaska were attempting to become part of the trauma system, \$3-4 million would be a reasonable figure to build the trauma system in Alaska.

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The committee took an at-ease from 3:35 p.m. to 3:39 p.m.

Presentation: Key Coalition

[3:39:31 PM](#)

CHAIR HIGGINS announced that the next order of business would be a presentation by the Key Coalition.

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SETH KELLEY, Executive Director, FOCUS, said that this was the twenty sixth year for the Key Campaign Coalition, and that a lot had been accomplished. He lauded the decisions by the legislature, specifically support for proposed HB 88, which would bring a change of language and would treat everyone with respect. He asked the committee to designate \$450,000 to maintain the Complex Behavior Collaborative Consultation and Training program. He explained that the program coordinated experts with people having behavioral issues beyond what the state agencies could work with. He shared that this not only decreased the cost of services, but that the experts trained local staff, which helped to build the infrastructure. He shared an anecdote about the dramatic successes of a young woman, and her struggles with autism, through the support of the Complex Behavior Collaborative.

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UNIDENTIFIED SPEAKER spoke about her struggles as a single mother with two young children with autism. She thanked the committee for its support to the passage of autism insurance reform legislation. Even though her two young children were very different with different issues, they both required therapies for autism, which were not covered by insurance and would have cost \$3,000 per week per child. She shared that the previous January, her son had started an in-home therapy program, and within two weeks he had played patty cake with her for the very first time, which she described: "patty cake doesn't seem like a big deal, but in my world, it's huge." She shared that her son was now using functional play, a first stepping stone toward learning. She reported that her daughter had just started this same therapy. She reported that, during the last week, her son, now 4 years of age, had used sign language for the first time, to tell her that he loved her. She declared that the ability for him to sign was the result of this intensive, effective, expensive therapy treatment. She

expressed her thanks for the wonderful gift that she had just received.

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JIM BECK, Executive Director, ACCESS Alaska, shared his personal story of a car accident resulting in a spinal cord injury, and the difficulties for rebuilding your life. He declared that "employment was the highest expression of independence," especially for someone with disabilities. He reported that there was more than 70 percent unemployment among people with disabilities in the United States. He requested a \$500,000 increment to the Community Developmental Disability system, which focused on providing supported employment services to young people with developmental disabilities. He explained that supported employment services dramatically decreased ongoing, long term benefit use by those with disabilities, and provided them with a better, more productive quality of life. He said that \$50,000 of this grant would be for peer support by those with developmental and intellectual disabilities who already worked, as role models to show what can be done.

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MR. BECK spoke about the Wait List for waivers to people with developmental disabilities. He lauded the efforts of the Division of Senior and Disability Services in the Department of Health and Social Services to reduce this wait list from 1500 individuals to its current 635 individuals. He reported that these waivers helped to pay for quality services to these individuals. He shared his desire that the wait list have no one listed.

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LIZETTE STIEHR, Deputy Director, Infant Learning Program Coordinator, FOCUS, expressed her support for the Infant Learning program. She declared that the program was evolving, and she reflected on the brain research for those critical first three years of life. She discussed research on the critical impact from trauma, violence, and neglect on a child's brain development, and she offered an anecdote of the delayed experiences from a traumatic family situation. She pointed out that although the motor skills could develop typically after a traumatic experience, the social, emotional, and speech development did not develop normally. She said that 83 percent of children in infant learning programs were speech delayed,

which was often tied to trauma. She declared that it was necessary to provide resources, support, options, and parent training for those families to better understand what was happening with their child. She expressed her appreciation for the Choose Respect campaign. She lauded the financial support to the Child Abuse Prevention and Treatment Act (CAPTA) for substantiated cases of child abuse and neglect to children under the age of three. She reported on the Adverse Childhood Experiences (ACE) study of 7000 individuals conducted by Kaiser Permanente in California. She stated that this study had tied developmental disabilities and higher early mortality rates with those childhood experiences. She expressed her thanks to the committee for the responsibilities each member had accepted.

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CHAIR HIGGINS expressed his respect for the work of each of the presenters.

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The committee took an at-ease from 3:55 p.m. to 3:58 p.m.

HB 90-VITAMIN D SUPPLEMENTS

[3:58:22 PM](#)

CHAIR HIGGINS announced that the final order of business would be HOUSE BILL NO. 90, "An Act establishing a temporary program in the Department of Health and Social Services for testing newborns for baseline vitamin D levels."

[3:58:46 PM](#)

REPRESENTATIVE KELLER moved to adopt the proposed committee substitute (CS) for HB 90, labeled 28-LS0376\U, Mischel, 2/14/13, as the working draft. There being no objection, it was so ordered.

REPRESENTATIVE SEATON, as the sponsor of the proposed bill, offered some background, referring to a handout titled Vitamin D-HCR 5 [Included in members' packets]. He declared that this legislation had been unanimously passed by both the House and the Senate during the 27th Legislature. He explained that this resolution promoted "vitamin D supplements for pregnant women and infants to prevent pregnancy complications, preterm births, type 1 diabetes, and rickets." He pointed out that all of the

studies referred to by the resolution were available through links on his website. He noted that there was now published research, February 2012, on an Australian study of 743 mother and infant pairs, measuring the vitamin D levels from the second trimester of pregnancy until the children were 17 years of age.

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REPRESENTATIVE SEATON directed attention to slide 1, page 11 of the HB 90 Study-Australia [Included in members' packets] which identified children ages 5 and 10 in each of four quartiles for nanograms per liter (ng/ml) of vitamin D. He explained that Quartile 1 was pregnant women testing below 18 ng/ml of Vitamin D, while Quartile 4 was women testing above 29 ng/ml of Vitamin D during pregnancy. He pointed out that the women in Quartile 4, with children age 5, only had 3 percent of children with moderate to severe language impairment, while women in Quartile 1 had 13 percent of the same age children with this level of language impairment. He then directed attention to the same quartiles for children age 10, and noted that the children of mothers with lower vitamin D during pregnancy had more than twice as many children with language impairment.

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REPRESENTATIVE SEATON directed attention to slide 2, HB 90 Study-Australia page 12-12 of the handout. He explained that almost all vitamin D was processed through the skin from midday sun exposure, as the Ultraviolet B was absorbed later in the day. He noted that there was more overhead sun when closer to the equator.

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REPRESENTATIVE SEATON directed attention to slide 3, HB 90 Support Study-Spain, page 5 of 10 in the handout, which measured mental and psychomotor development for children at age 14 months from mothers measured in the second trimester of pregnancy. He declared that the findings reflected more vitamin D naturally occurred the closer the latitude to the equator.

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REPRESENTATIVE SEATON reported on slide 4, HB 90 Support Study-Spain, page 6 of 10 in the handout, which graphed the higher amount of vitamin D during the months with more light exposure.

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REPRESENTATIVE SEATON moved on to another mother-infant pair study on slide 5, HB 90 Study-Pittsburgh, page 1 of 7 of the handout. He said this study also compared black and white pregnant women with the same levels of vitamin D in cord blood at birth. He explained that this study was useful to Alaska, as the skin pigment blocked ultra violet rays, which influenced the amount of vitamin D absorbed. He pointed out that both pigment and the long sleeves worn in Alaska blocked sunshine.

[4:10:04 PM](#)

REPRESENTATIVE SEATON referred to the article, "Vitamin D and Suicide Risk Factors," and the article, "Is low Vitamin D linked to military suicide?" [Included in the members' packets] He said that low vitamin D doubled the risk for completing suicide.

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REPRESENTATIVE SEATON reported that a study of military basic training in South Carolina surmised that the vitamin D levels had dropped dramatically after eight weeks "because of the heavy clothes" which blocked absorption and manufacture of vitamin D.

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REPRESENTATIVE SEATON referred to an intervention study in Sweden in October, 2012, which divided a group of immune compromised people for a year. Half of the group received vitamin D supplements and the other half received a placebo, with the vitamin D group having a 23 percent reduction in infection rates. He suggested that Alaska study the impact of vitamin D on infants.

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REPRESENTATIVE SEATON explained that the purpose of proposed HB 90 was to conduct a one year study of the vitamin D baseline levels of new born children. He suggested that this could reveal a causality problem of low vitamin D with the second trimester development of the language center in the brain. He pointed out the potential severity of the consequences of low vitamin D. He suggested that the further from the equator, the lower the amount of Vitamin D.

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REPRESENTATIVE SEATON explained that the proposed study to establish the level for vitamin D in newborns in Alaska would cost about \$300,000. He clarified that the study was not attempting to determine the proper level of Vitamin D. He surmised that, if vitamin D deficiency in the second trimester was found to be causally associated with language impairment, then, given a similar regional distribution to other studies, about 400 fewer kids would enter school each year with severe to moderate language impairment. He said that language impairment was the second largest disability category in Alaska. He stated that the proposed bill was intended to establish a baseline for vitamin D in children in order to promote the ongoing cause for improvement of health and education in Alaska.

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REPRESENTATIVE SEATON directed attention to the letter from Eric Gebhardt, Superintendent of the Nenana City School District [Included in members' packets] which described a study of their vitamin D supplement program. He relayed the statistics for fewer days absent due to illness by students partaking in the vitamin D supplement. He reported that returning students who had continued participation from 2011 had lowered their absent days by more than 50 percent over the previous year.

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REPRESENTATIVE SEATON clarified that the assessment of vitamin D from new born children would use two drops of the umbilical cord blood simultaneous to other testing.

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REPRESENTATIVE REINBOLD asked if there was already a test offered for vitamin D.

REPRESENTATIVE SEATON, in response, said that, tests were currently administered for heritable genetic disorders. He said that there was not currently a test for vitamin D, as it was not a heritable condition. He explained that the only condition was that the mother did not have enough vitamin D.

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REPRESENTATIVE REINBOLD asked if there was an attached fiscal note for proposed HB 90. She opined that a good way to lower

the overall budget for Department of Health and Social Services (DHSS) would be for an emphasis on prevention. She stated that she was interested in the "risk benefit cost analysis."

REPRESENTATIVE SEATON replied that the requested \$300,000 was far less than the \$287 per test which DHSS would charge. As this would be a temporary law, there had been a very inexpensive offer for the tests and initial analysis. He suggested that the proposed bill be amended to include private testing, and at the least cost to the state. He added that DHSS had speculated that further regulations would be necessary, which would necessitate postponement of the proposed program.

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CHAIR HIGGINS asked who had paid for the studies in Australia and Spain.

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REPRESENTATIVE SEATON, in response, said that he would find out.

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CHAIR HIGGINS offered his belief that the vitamin D industry should pay for any studies done on its behalf. He stated that studies were often for some businesses benefit. He opined that people could not be forced to take vitamin D, even if the studies revealed the necessity. He asked "what's the end product here, what's the end result of what you're trying to accomplish."

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REPRESENTATIVE SEATON replied that the goal was to make Alaskans and the health system aware of ways to improve health in Alaska. He stated that people needed to be aware of their personal need for more vitamin D, pointing to the potential severe impacts for its lack. He declared that there was not any attempt to mandate.

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CHAIR HIGGINS opined that although many studies would show that vitamin D was helpful, he questioned the necessity for another study. He asked "is the state going to foot that bill too, that campaign to get out there to tell people to get vitamin D." He

acknowledged that the state had a responsibility for good health, and that it was incumbent to do what was necessary to ensure that; however, he felt it was the responsibility for any specific industry to pay for studies to which it benefited.

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REPRESENTATIVE SEATON replied that he agreed, but he explained that, as vitamin D could not be patented, there was no money in vitamin D studies. He pointed out that a year and a half supply of vitamin D was \$12. He clarified that it was technically a hormone, not a vitamin. He offered to research the funders for the vitamin D studies, and he opined that these longitudinal studies were most often sponsored and funded by governments.

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REPRESENTATIVE TARR offered her support for the potential positive affect to educational outcomes. She suggested a link with the Department of Education and Early Development and Department of Health and Social Services to encourage further research.

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REPRESENTATIVE SEATON replied that he had spoken with the president of the University of Alaska, who would discuss this further with various departments.

[4:33:16 PM](#)

TANEEKA HANSEN, Staff, Representative Paul Seaton, Alaska State Legislature, directed attention to the letter from Dr. Abel Bult-Ito, University of Alaska Fairbanks. [Included in members' packets]

[4:34:00 PM](#)

REPRESENTATIVE KELLER asked to clarify that this was not a longitudinal study, but was only intended to identify the amount of vitamin D in new born children. He asked if there was an accompanying fiscal note.

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REPRESENTATIVE SEATON, in response, said that the cost to do the survey and analyze the samples would be \$300,000. He listed

other background information that would be beneficial to the analysis. He repeated that this was not any attempt to establish any levels, just to find a baseline. He declared that people could opt out of the study, and that the study was Health Insurance Portability and Accountability Act (HIPAA) compliant.

MS. HANSEN noted that the Western Institutional Review board process would assure that this was all being conducted in compliance.

REPRESENTATIVE SEATON stated that, as this study was for all Alaskans, it would include an assessment of the sub populations in relation to the aggregate.

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REPRESENTATIVE KELLER, directing attention to Version U, page 1, line 11-12, read: "for testing the vitamin D levels of newborns at birth or as soon after birth as possible." He asked if this would include a survey of the mother and the family. He questioned whether the specificity of the language of the proposed bill would limit the expected breadth of the test.

REPRESENTATIVE SEATON, in response, explained that it was not a longitudinal study, and would only test for vitamin D at birth. He mentioned that the levels of vitamin D could vary dramatically in different regions around Alaska, and how important that knowledge would be for the communities.

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REPRESENTATIVE KELLER asked about the intent for the data after it was collected.

REPRESENTATIVE SEATON emphasized that the proposed bill was for one year only, and would provide Alaskans with health care information in order to make determinations for themselves.

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REPRESENTATIVE PRUITT asked to clarify whether this proposed bill was mandated, unless there was a religious concern.

REPRESENTATIVE SEATON replied that unless a mother opted out, the attending health care professionals would take the cord blood sample. He added that the heel stick method for testing could also be used.

[4:42:21 PM](#)

REPRESENTATIVE PRUITT commented that, as there was a lot happening during birth, it was necessary to ensure that there was an understanding ahead of birth. He expressed his concern for any costs associated with the program.

[4:43:14 PM](#)

REPRESENTATIVE SEATON explained that this information would be collected by the health care providers, and he reiterated that this cord blood test was the same as the other cord blood tests being performed simultaneously.

[4:44:09 PM](#)

REPRESENTATIVE PRUITT asked why the State of Alaska was being involved instead of the University of Alaska.

REPRESENTATIVE SEATON opined that the University of Alaska or the Alaska State Hospital and Nursing Association could indeed be the better "outfit" for this proposed program.

[4:45:34 PM](#)

REPRESENTATIVE PRUITT stated that the proposed legislation was still necessary to mandate the testing, even if the University of Alaska was conducting the program.

REPRESENTATIVE SEATON expressed his agreement.

[4:46:00 PM](#)

CHAIR HIGGINS expressed a desire to see how the study would be performed. He offered his belief that the amount of vitamin D would be different in each of the regions around the state. He declared that a baseline was necessary, otherwise none of the numbers had any value. He requested to know the methods of the study in order to ensure the accuracy and reliability of the results.

REPRESENTATIVE SEATON offered to share a survey draft. He pointed to the survey information which ensured that there were baselines, and would be filled out by the mother and the health care provider. He expressed his agreement that many of the sub populations could have very different baselines.

REPRESENTATIVE SEATON said that his staff had been working with doctors and professionals to refine the survey to be applicable, and to include the proper opt-out clause.

[4:49:26 PM](#)

WARD HURLBURT, M.D., Chief Medical Officer/Director, Division of Public Health, Central Office, Department of Health and Social Services, stated that the administration did not have a position on proposed HB 90. He offered his concurrence with Representative Seaton that the proposed study would provide data on vitamin D levels in Alaska. He listed data from many entities which expressed agreement that vitamin D was essential and was a factor in bone health. He declared that, however, there was disagreement for the vitamin D benefits to the other issues mentioned earlier, which included cancer, diabetes, and intellectual development. He declared that the data did not support conclusions for the vitamin D benefit to these other issues.

[4:51:26 PM](#)

CHAIR HIGGINS opened public testimony and announced that it would be left open. He then announced that HB 90 would be held over.

[4:52:38 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.