

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

February 6, 2014

3:10 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**

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: TESTING NEWBORNS FOR VITAMIN D

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
02/21/13	(H)	Heard & Held
02/21/13	(H)	MINUTE(HSS)
02/06/14	(H)	HSS AT 3:00 PM CAPITOL 106

**WITNESS REGISTER**

CAROL WAGNER, M.D.  
Department of Pediatrics  
Darby Children's Research Institute  
Medical University of South Carolina  
Charleston, South Carolina

**POSITION STATEMENT:** Testified and answered questions during discussion of HB 90.

STEPHANIE WRIGHTSMAN-BIRCH, Chief  
Women, Children & Family Health  
Division of Public Health  
Department of Health and Social Services  
Anchorage, Alaska

**POSITION STATEMENT:** Testified and answered questions during discussion of HB 90.

ABEL BULT-ITO, Ph.D.  
Department of Biology & Wildlife  
University of Alaska Fairbanks  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified in support 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:** Testified and answered questions during discussion of HB 90.

#### **ACTION NARRATIVE**

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**CHAIR PETE HIGGINS** called the House Health and Social Services Standing Committee meeting to order at 3:10 p.m. Representatives Higgins, Keller, Seaton, and Reinbold were present at the call to order. Representatives Pruitt and Tarr arrived as the meeting was in progress.

[Before the committee was the proposed committee substitute (CS) for HB 90, labeled 28-LS0376\U, Mischel, 2/14/13, which the committee had adopted as the working draft on 2/21/13]

#### **HB 90-TESTING NEWBORNS FOR VITAMIN D**

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**CHAIR HIGGINS** announced that the only 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."

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REPRESENTATIVE KELLER moved to adopt the proposed committee substitute (CS) for HB 90, labeled 28-LS0376\0, Mischel, 2/4/14, as the working draft.

CHAIR HIGGINS objected for discussion.

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REPRESENTATIVE SEATON, as the bill sponsor, explained that HB 90 had been introduced last year and its purpose was to obtain for one year, a sampling of Vitamin D levels at birth from all the children born in the State of Alaska. He offered background which referenced a variety of studies on the effects of Vitamin D levels in Australia, Spain, and Philadelphia, Pennsylvania. [Included in members' packets] He pointed out that, in Alaska, the shortage of sunshine as well as the wearing of long sleeves for protection from mosquitoes, restricted good Vitamin D levels. He declared that the goal of the proposed bill was, for one year, to sample two drops of cord blood from newborn children, in order to monitor population levels of Vitamin D.

REPRESENTATIVE SEATON, in response to Chair Higgins, stated that cord blood from the placenta would be taken at birth, so there would not be any need for a blood draw.

CHAIR HIGGINS asked if this was as accurate as a toe prick on the infant.

REPRESENTATIVE SEATON explained that, as infant blood was circulating through the placenta, this would be as accurate.

REPRESENTATIVE REINBOLD asked why blood was taken at birth, and not during pregnancy. She asked if this was going to be a mandate, which she declared "is something we don't do." She questioned what was the ultimate goal.

REPRESENTATIVE SEATON, in response, established that the proposed bill was an attempt to understand the extent of Vitamin D deficiency in Alaska. Pointing to the study in Australia, he reported that the lowest 25 percent of that Vitamin D population was similar to the bottom 50 percent of the United States population. He pointed out that a high population of children

entered school with severe to moderate language impairment in Alaska, which he surmised could be cured with higher levels of Vitamin D.

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REPRESENTATIVE SEATON explained that the original proposed HB 90 had requested that the Department of Health and Social Services (DHSS) administer the program, however, the fiscal note had indicated a cost of \$5.5 million for two years. The current proposed committee substitute, Version 0, was for a program within DHSS to be administered by a non-profit organization affiliated with a university. As there had also been a request for an analysis of all the data, the charge would now be \$60 per test. There was an average of 10,000 babies born in Alaska each year, so the current fiscal note was for \$600,000. Addressing the concern of Representative Reinbold for the health benefits, as well as the concern for a broad enough opt out clause, he directed attention to a program called "Protect Our Children Now." [Included in members' packets] This program was administered by a public health non-profit group, "Grassroots Health," which worked with the Medical University of South Carolina. He reported that this program was being used in Omaha, as well as South Carolina, and that it was a voluntary program which took blood tests in the first 12-16 weeks of pregnancy to establish a baseline, and could then make adjustments with Vitamin D supplements. Each 10 weeks of pregnancy, another blood test was administered. He declared that this program would bring science into the project to help determine the health of newborn children and women in Alaska communities. He directed attention to page 21, which listed the total cost to be \$450,000, including \$90,000 for on-site support in the villages and hospitals to ensure that the program worked and \$50,000 in supplements. [Included in members' packets] He noted that this funding would accommodate 500 participants, and would require coordination with local groups. He offered his understanding that, in South Carolina, there was coordination with Blue Cross-Blue Shield; as each pre-term birth cost about \$50,000, there was a potential for huge cost savings. He declared that three different research projects [Included in members' packets] had shown Vitamin D supplementation during pregnancy would lower the pre-term birth rate and adverse outcomes. He discussed his search for program partners in Alaska, noting his discussions with Providence Hospital and the Alaska Native Health Board. He declared that this program would not just be for research, but would also be an achievement in public health. He pointed out that the program would supply

baseline information for women when pregnant and what Vitamin D supplementation was necessary to attain the recognized levels for improved health.

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REPRESENTATIVE SEATON asked the committee for an opt in, not an opt out, in order to gather data from a large sample. He mentioned Fairbanks Memorial Hospital as another program possibility. He declared that these partnerships could lower the number of children entering school with severe to moderate language impairments, a "huge mental health advance for the State of Alaska."

REPRESENTATIVE REINBOLD asked if the timing for the proposed bill was appropriate, as budgets were tight.

REPRESENTATIVE SEATON replied that there would not be any cost to the patient, with a total program cost of \$450,000. This would include the supplemental Vitamin D, as well as all four blood tests: the test at 12-16 weeks when entering the program, the test at 22-26 weeks, the test at 32-36 weeks, and the test at birth. He reiterated that they were searching for partners to help fund the program, as it required on-site participation.

REPRESENTATIVE REINBOLD offered her belief that this sounded like a public relations campaign for Vitamin D and its many benefits. She directed attention to Version O, Section 1, and asked which research group would be contracted, who would have access to the information, and what would be the cost of the contract with the university.

REPRESENTATIVE SEATON replied that "Grass Roots Health," a non-profit organization connected with the Medical University of South Carolina, would be the research group. He directed attention to the aforementioned problems for an opt out clause that only supplied data without any improvement to health. He reported that Version O included participation with the "Protect Our Children Now" program, which allowed for 500 women to opt in, at a cost of \$450,000. In further response to the concerns of Representative Reinbold, he declared that there would be a need to generate partners in Alaska, and that the program result would be improved medical outcomes for women and babies. He recognized the need to offer another committee substitute which would address these concerns. He declared that the total cost of \$450,000 could be substantially less, dependent on the participants.

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CHAIR HIGGINS clarified that there was no intent to pass the proposed CS out of committee today.

REPRESENTATIVE KELLER, asking for more information to the use of the baseline information, suggested that it was unusual to have specific legislation for a specific study.

REPRESENTATIVE SEATON, in response, opined that the data would determine better pregnancy outcomes, as adequate Vitamin D could reduce or eliminate many of the adverse outcomes in pregnancy. He suggested that this would result in huge savings in Alaska, as well as a great statistical base for the effect of adequate Vitamin D during pregnancy. He expressed his hope that some women would continue to work with the program to allow further study of their children and the effect on Alaskans. He pointed out that this two year project to collect information, save money, and protect the health of new born children would be of "tremendous value to us." He remarked that the only available Vitamin D data was for the entire US and Canada, even though Alaska was the northernmost state. It was important for Alaskans to see outcomes of the studies done in Alaska, and this project would put applicable science toward promoting the health of women.

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CHAIR HIGGINS opened public testimony.

DR. CAROL WAGNER, Department of Pediatrics, Darby Children's Research Institute, Medical University of South Carolina, said that Representative Seaton had captured the results of the various studies, and she reported that sunny South Carolina also had profound Vitamin D deficiency. She established that it was necessary to go outside and uncover in order to absorb the necessary Vitamin D. She pointed out that Vitamin D came not only from diet, but from exposure to sunshine, as 90 percent of Vitamin D came through synthesis in the skin. She reported that the average American diet supplied about 200 IU of Vitamin D, whereas summer sunshine in a bathing suit would generate 10,000 IU of Vitamin D. She declared that a pre-natal vitamin supplied about 400 IU. She said that there were wide spread deficiencies throughout the United States, and there was even greater risk in the higher latitudes, which included Alaska. She reported that Vitamin D was actually a preprohormone, a precursor to an active

hormone called 1,25-di-hydroxyvitamin D which acted in every organ system in the body and every cell had a receptor for it. She shared that studies were just beginning to show the impact of Vitamin D on white blood cell function and long latency diseases.

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CHAIR HIGGINS asked if South Carolina had a program similar to the program proposed by Representative Seaton, and if there was any data that this saved money for the state from any Medicare or Medicaid issues.

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DR. WAGNER replied that there was not any data directly related to cost. She directed attention to an article from the American Journal of Obstetrics and Gynecology [Included in members' packets] which presented the health effects from raising the Vitamin D level during pregnancy. She pointed out that this reduced the risk for pre-term labor, pre-term birth, infection, and hypertensive disorders of pregnancy. She noted that, as the cost for a pre-term birth in a neo-natal intensive care unit was \$60,000, prevention of one pre-term birth was an equivalent cost savings. She replied that the program was still gathering information for the savings of tax dollars, and she offered to share the information once it was available.

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REPRESENTATIVE SEATON asked about the status and locations for the Protect Your Children Now programs.

DR. WAGNER replied that the same program was in Charleston, and had been funded by the W. K. Kellogg Foundation in 2012. She reported that the first pregnancy trials were begun in 2004, with the community based project beginning in 2006. She relayed that another community based project would begin in Columbia, South Carolina during the upcoming year.

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REPRESENTATIVE KELLER asked for clarification that the only item addressed by the program was collection of Vitamin D data on newborn infants, and if any other applicable factors, including patient history, were considered.

DR. WAGNER, in response to Representative Keller, explained that the program measured maternal Vitamin D levels monthly, beginning after 10 weeks of gestation. The program also collected urine, analyzed the placenta, and looked at immune function indicators. She noted that the primary outcome of the project was to measure maternal Vitamin D throughout pregnancy, and to then follow the neuro-development of the children.

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REPRESENTATIVE SEATON clarified that Version O had just looked to acquire the status of cord blood; whereas, the current project under discussion was to offer information for health benefits and allow women to adjust the Vitamin D level during pregnancy. He proposed to submit another committee substitute based on the "Protect Our Children Now" program, and to move forward for partnerships in Alaska to improve the maternal status of Vitamin D, on a voluntary basis, and follow the health outcomes, similar to the aforementioned Kellogg program. He noted that this would allow women to individually adjust their Vitamin D status with supplements.

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STEPHANIE WRIGHTSMAN-BIRCH, Chief, Women, Children & Family Health, Division of Public Health, Department of Health and Social Services, said that she was available for questions.

REPRESENTATIVE KELLER asked about the promising trends projected by the Vitamin D data. He asked if she would undertake a study like this based on the current evidence, on her own, without statute.

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MS. WRIGHTSMAN-BIRCH replied that her division had reviewed this data, but she did not concur with the results of these studies. She declared that a focus on public health, when health issues and disparities were reviewed, required peer reviewed scientific literature indicating a modification in standard of practice. She relayed that the difficulty, as the bill focused on newborns, was that both the American College of Obstetricians and Gynecologists and the American Academy of Pediatrics had withdrawn recommendations for Vitamin D levels and supplementation. She reported that her division was not research based, and required published guidelines and standards. She stated that DHSS was not structured to engage in a similar

study. She pointed out the controversy in the literature for the type of blood testing, as rigorous research trials required quality methodology and certified laboratories. She expressed concern for fitting all of this into a limited budget. She declared a need to be considerate and thoughtful for an opt out process in any research study. She asked about a process for the collection and mailing of samples to a research laboratory for those deliveries outside of hospitals, about 6 percent of total births.

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REPRESENTATIVE KELLER asked that she monitor the legislation to help shape the bill for its use by DHSS. He expressed concern for any "scientific study directed by one sentence in a law we write, with our limited understanding."

REPRESENTATIVE SEATON, in response to Representative Keller, stated that this was not a research project, but "predominantly putting science into practice on the health with an opt in project for Alaskan women." He pointed out that "Grass Roots Health" had an institutional review board. He allowed that there could be a question if there was partnership with the Alaska Native Health Board or the Alaska Native Tribal Health Consortium. He reiterated that this was a voluntary opt in program, not a research or a clinical trial project, and was designed to promote health and healthy outcomes for women in Alaska.

REPRESENTATIVE REINBOLD asked for Ms. Birch to forward her concerns to the committee. Expressing her surprise that the American College of Obstetricians and Gynecologists had not supported Vitamin D supplements, she asked for a reason.

MS. WRIGHTSMAN-BIRCH replied that the American College of Obstetricians and Gynecologists had not established acceptable blood Vitamin D levels for pregnant women. She reported that many national organizations which provide recommendations for practices had not firmly stated support of a specific level of Vitamin D during pregnancy.

REPRESENTATIVE REINBOLD asked for clarification for any recommendation to Vitamin D supplements.

MS. WRIGHTSMAN-BIRCH said that she would research this and report back.

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REPRESENTATIVE SEATON expressed his agreement, as "some of this does get confusing because some of the people that are being quoted, the Institute of Medicine, their job is to recommend to manufacturers what they should put in food," and stated that they did not offer clinical practice guidelines. He reported that the Endocrine Society recommended best clinical practices, with a recommendation for 30 nanograms per milliliter as the minimum level of Vitamin D. He pointed out that the Cystic Fibrosis Foundation also offered clinical practice guidelines and also recommended 30 nanograms per milliliter as the minimum level of Vitamin D. He pointed out that the American College of Obstetricians and Gynecologists did not recommend Vitamin D supplements unless you lived in the northern latitudes, or had dark skin, or were vegetarian. He directed attention to the "unless" as it described Alaska and Northern Europe. He suggested that the full recommendations should be viewed when reviewing best clinical practices.

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ABEL BULT-ITO, Ph.D., Department of Biology & Wildlife, University of Alaska Fairbanks, reported that he had 30 years of research experience, and, although he did not study Vitamin D, he had performed behavioral neuro-science and pharmacological studies in rodents, with extensive literature review of Vitamin D. He said that he also taught human anatomy, sharing that Vitamin D discussion arose on the first day of class when he asked how many people were taking Vitamin D supplements. He suggested to his students that they take 50,000 IU of Vitamin D every day. He focused on other health issues, and the studies showing correlations between low levels of Vitamin D and disease, including breast cancer, prostate cancer, colon-rectal cancer, auto immune diseases, Multiple Sclerosis, and the effects on the immune system. He explained that the immune system killed pre-cancer cells. He listed Types 1 and 2 diabetes, hypertension, and heart disease, and shared that Vitamin D receptors were in almost every cell. He stated the importance for the educational component of the proposed study to teach pregnant women about sufficient Vitamin D levels for healthy babies. He shared that studies had shown that the longer a person had sufficient Vitamin D levels, the larger the health benefit. He declared that, as a scientist, he was excited for the study as it was important for new mothers to understand the benefits of good, healthy nutrition, specifically with adequate levels of Vitamin D. He allowed that, as the cost

of health care in Alaska was rising quickly, it was necessary to educate and assist people for "doing the right thing." He expressed his support for the proposed bill as it educated the parents and the children, which was so important to overall health.

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CHAIR HIGGINS expressed his agreement with Dr. Bult-Ito.

4:08:15 PM

WARD HURLBURT, M.D., Chief Medical Officer/Director, Division of Public Health, Central Office, Department of Health and Social Services, said that he was available for questions.

REPRESENTATIVE REINBOLD asked his opinion of the proposed bill.

DR. HURLBURT said that discussion of the proposed bill had shifted from a testing program by DHSS to a sampling of opt in, with a follow up program. He expressed his agreement with Representative Seaton that Vitamin D was an essential nutrient, especially for bone health. He reported that there were diametrically opposite conclusions, however, for its benefits. He directed attention to the Institute of Medicine, which reviewed medical issues, weighed the evidence, and offered conclusions. He expressed his understanding that this was much broader than simply advising industry. He explained that the United States Preventive Services Task Force was the entity for recommendations for vaccines and minimum daily levels of vitamins. The National Institute of Health and the Agency for Healthcare Research and Quality looked at data and offered conclusions to what this data supported. He noted that there were also private entities which made evidence based decisions. He declared that all of these entities agreed that it cannot be concluded that there was a reduction in cancers, multiple sclerosis, suicidal behavior, or periodontal disease with Vitamin D. He acknowledged that the proposed bill would add to the body of knowledge. He declared that this was not, however, a function of DHSS, and he suggested that it would make more sense to present it through the University of Alaska. He tendered his respectful disagreement with the bill sponsor for the benefits from Vitamin D.

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REPRESENTATIVE KELLER asked that the bill sponsor keep sending committee substitutes for proposed HB 90 to the Division of Public Health for its feedback.

DR. HURLBURT expressed his agreement.

CHAIR HIGGINS noted that the DHSS budget was \$2.6 billion and rising. He declared that preventive medicine was the best cure and would save money. He expressed a need to start with something.

REPRESENTATIVE SEATON expressed his thanks, noting that he would take into account all the attitudes, including those of the Department of Health and Social Services. He stated that he would continue to collect information and promote public health, as the collected data would be used to make public health decisions. He declared that there would be a project partnership to help promote the health of Alaskans.

CHAIR HIGGINS announced that the proposed committee substitute (CS) for HB 90, Version O, would be held over and public testimony would be kept open.

[4:17:47 PM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:17 p.m.