

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

February 18, 2014

3:04 p.m.

**MEMBERS PRESENT**

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

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

HOUSE BILL NO. 214

"An Act relating to mental health patient rights, notifications, and grievance procedures."

- HEARD & HELD

PRESENTATION: AMERICAN CANCER SOCIETY CANCER ACTION NETWORK

- HEARD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 214

SHORT TITLE: MENTAL HEALTH PATIENT RIGHTS & GRIEVANCES

SPONSOR(s): REPRESENTATIVE(s) HIGGINS, TARR, GATTIS

|          |     |                                 |
|----------|-----|---------------------------------|
| 01/21/14 | (H) | PREFILE RELEASED 1/10/14        |
| 01/21/14 | (H) | READ THE FIRST TIME - REFERRALS |
| 01/21/14 | (H) | HSS, JUD, FIN                   |
| 02/18/14 | (H) | HSS AT 3:00 PM CAPITOL 106      |

**WITNESS REGISTER**

THOMAS STUDLER, Staff  
Representative Pete Higgins  
Alaska State Legislature

Juneau, Alaska

**POSITION STATEMENT:** Testified during discussion of HB 214.

MARIO BIRD, Attorney

Ross & Miner, PC

Anchorage, Alaska

**POSITION STATEMENT:** Testified during discussion of HB 214.

FAITH MYERS

Volunteer Mental Health Advocate

Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 214.

DORRANCE COLLINS

Volunteer Mental Health Advocate

Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 214.

RON HALE, Hospital Administrator

Alaska Psychiatric Institute (API)

Anchorage, Alaska

**POSITION STATEMENT:** Answered questions during discussion of HB 214.

LORRAINE LAMOUREUX

Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 214.

JAMELIA SAIED

Mental Health Counselor

Anchorage, Alaska

**POSITION STATEMENT:** Testified during discussion of HB 214.

JIM GOTTSTEIN

Law Project for Psychiatric Rights

Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 214.

JOHN TAYLOR KENT

Retired Psychologist

Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 214.

DAVID CARLSON

Attorney

Fairbanks, Alaska

**POSITION STATEMENT:** Testified during discussion of HB 214.

DON ROBERTS  
Kodiak, Alaska

**POSITION STATEMENT:** Testified in support of HB 214.

LAURIE HERMAN, Director of Government Relations  
Providence Health & Services, Alaska  
Anchorage, Alaska

**POSITION STATEMENT:** Testified during discussion of HB 214.

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

**POSITION STATEMENT:** Presented a PowerPoint, "Eliminating Cancer in Alaska - A Roadmap."

JOHN KILLPACK, Western Region Managing Director  
American Cancer Society Cancer Action Network  
San Francisco, California

**POSITION STATEMENT:** Presented a PowerPoint, "Eliminating Cancer in Alaska - A Roadmap."

#### **ACTION NARRATIVE**

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**CHAIR PETE HIGGINS** called the House Health and Social Services Standing Committee meeting to order at 3:04 p.m. Representatives Higgins, Seaton, Reinbold, Pruitt, Nageak, and Keller were present at the call to order. Representative Tarr arrived as the meeting was in progress.

#### **HB 214-MENTAL HEALTH PATIENT RIGHTS & GRIEVANCES**

[3:05:59 PM](#)

CHAIR HIGGINS announced that the first order of business would be HOUSE BILL NO. 214, "An Act relating to mental health patient rights, notifications, and grievance procedures."

[Chair Higgins passed the gavel to Vice Chair Keller.]

REPRESENTATIVE HIGGINS, as the sponsor of the proposed bill, read from the sponsor statement:

HB 214 amends the mental health grievance procedure provided under AS 47.30.847. This bill governs due process and grievance procedures in all state and private mental health hospitals, clinics, and units which receive public funds. Prompted by the 8,000 to 10,000 admissions to mental health facilities and units in Alaska each year, this bill requires:

1. Adequate notice
2. Standardized forms
3. Advocate assistance
4. Rapid written administrative response
5. Right to appeal
6. Telephonic access to a state monitored call center to lodge a complaint immediately.

Mental health patients are among the most vulnerable in Alaska. There are a number of patient assaults and staff injuries each year. There are also thousands of children who are committed each year.

Current statutes and regulations do little to protect psychiatric patients. State and Federal courts have consistently ruled that individuals who have not committed a crime and are locked up for psychiatric evaluation and treatment should not be treated like criminals.

REPRESENTATIVE HIGGINS offered his opinion that there was more care for the rights given to criminals than for the rights of psychiatric patients. He declared that this was important legislation that should have been passed years ago, reporting that it had been presented in the 2011 session as Senate Bill 55. He reported that the earlier bill had a zero fiscal note, and yet the current, almost identical bill had a \$700,000 fiscal note. He questioned why the fiscal note had increased.

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REPRESENTATIVE HIGGINS stated that he had requested the policies for grievance procedures from the Department of Administration (DOA).

THOMAS STUDLER, Staff, Representative Pete Higgins, Alaska State Legislature, explained that the request for the policies and procedures concerning patients' grievance rights had only just been received, from "an outside source" and not from the DOA.

REPRESENTATIVE HIGGINS reported that, although DOA had stated that the [grievance policy] was in place, they had not been able to present them to his office. He offered his belief that, as the department had not been able to present the policies, they were not really in place. He emphasized that proposed HB 214 would offer improved state oversight for grievance procedures. He repeated that the goal of the proposed bill was to provide adequate notice, standardize forms, receive advocate assistance, ensure rapid written administrative response with a right to appeal, and allow telephonic access to a state monitored call center to immediately lodge complaints.

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[Vice Chair Keller returned the gavel to Chair Higgins.]

The committee took a brief at-ease.

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CHAIR HIGGINS opened public testimony.

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MARIO BIRD, Attorney, Ross & Miner, PC, stated that he was testifying on behalf of various clients; however, due to the confidentiality of the cases, he was not able to speak to any specifics. He directed attention to some of the broader policy questions which had arisen as a result of the litigation, and noted AS 47.30.840(a)(14), which declared the patient right for a reasonable opportunity to maintain natural support systems, including family, friends, and help networks. He declared that his litigation practice had revealed that mental health patients and their families were under a great deal of pressure, even without a forced seclusion. He opined that anytime the government gets larger, there was a tendency for people to be treated as smaller. He offered his belief that this provision for patient families in the proposed bill would protect the best interests of the patient. He relayed that often an analysis by well-meaning providers acted as a wedge between the patient and their family, as it did not have any consideration for the family and support network. He expressed that his experience indicated that patient contact with family members resulted in an improvement to the patient's condition. He directed attention to the preamble of the Constitution of the State of Alaska which declared the necessity for passing things on to

succeeding generations, which supported this provision to allow mental health patients to communicate with family members. He mentioned that although severe organic brain impairment was considered in the Alaska Mental Health Trust, AS 47.30.056(e)(5), a patient could be subject to indefinite detainment in a non-designated facility. He directed attention to the right to privacy litigation which had spurred the legislature to act in favor of mental health patients. He pointed out that this provision stated that the legislature shall implement the right to privacy. He suggested that the legislature consider the broader policy implications for not including those patients with severe organic brain impairments, or similar organic caused impairments, as the same symptoms of mental illness were often exhibited and the same rights should be extended. He reiterated that mental health patients were often "good folks, good Alaskans with families in Alaska, and lawmakers can help these families maintain those rights." He asked that the committee consider the right to privacy, as it was stated in the state constitution.

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REPRESENTATIVE SEATON asked for a definition of severe organic brain impairment and any correlation with mental health issues. He directed attention to page 2, line 29, paragraph 14, and asked how it related to, or was different from, page 2, lines 12-14, paragraphs 5 and 6.

MR. BIRD, in response, said that any method of communication offering reasonable opportunity to maintain natural support systems should be considered. He allowed that this should be within the discretion of the person in charge of care.

REPRESENTATIVE SEATON asked if paragraph 14, page 2, was incorporating paragraphs 5, 6, and 7, page 2, as well as adding additional parameters, or was paragraph 14 a separate category.

MR. BIRD opined that paragraph 14, page 2 would foreclose any possibility that someone would be deprived of their support systems if in a locked evaluation facility or a designated treatment facility for more than three days.

CHAIR HIGGINS expressed his agreement that this gave the same rights as those under a 72 hour evaluation process.

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REPRESENTATIVE KELLER asked for clarification whether the providers who separated patients from their natural support systems had done this for the perceived good of the patient, or for other priorities.

MR. BIRD, in response, stated that the providers, though well meaning, often did not consider the natural inclination of the patient to family members and friends, in lieu of the possibly therapeutic benefits of seclusion.

REPRESENTATIVE TARR asked for the frequency to his representation of individuals in these cases.

MR. BIRD replied that he had a number of probate and guardianship cases which dealt with these issues, and he had litigated these issues in two or three different cases during the last six months. He stated that he had become more aware of this during contact with the multiple families he had represented.

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FAITH MYERS, Volunteer Mental Health Advocate, shared that she had volunteered as a mental health patient advocate for the past ten years. She noted that she had also been a patient in psychiatric institutions, and she declared her support for the proposed bill. She testified that 90 percent of the 38,000 annual American suicides were considered to have a mental illness. She reported that 27,000 Alaskans received psychiatric care each year. The current law and administrative codes used to establish psychiatric patient complaint or grievance procedure policy did little to recognize or accommodate a psychiatric patient's disability. She shared that it was necessary for a quicker, sometimes urgent, response to these grievances and complaints. For those in acute crisis, it was necessary for a written procedure, which was not a requirement in AS 47.30.847. She emphasized that Alaska was not recognizing the disabilities of the mentally ill in the grievance and appeal process, sharing that acute care patients could not wait 7 - 14 days, or longer, for an answer to a complaint. She stated that the chances for recovery were reduced when a person felt powerless in the process, and that it was necessary for patients to have written procedure rules, with a shorter resolution time, an appeal process, and an urgent grievance procedure. She opined that the state spent far more money "picking up the broken pieces after a patient cannot file a grievance in a fair way than the state would spend providing a good grievance

procedure law that recognizes the patient's disability." She reiterated her support for proposed HB 214.

REPRESENTATIVE SEATON asked for clarification to her role as patient advocate.

MS. MYERS explained that she was a private citizen, recovering from a mental illness, who volunteered to speak in support of patient rights and an improved grievance procedure law.

REPRESENTATIVE SEATON asked if she was an advocate on patient behalf in public forums.

MS. MYERS said that was correct.

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DORRANCE COLLINS, Volunteer Mental Health Advocate, stated that he supported HB 214. He reported that there were about 225 patient complaints filed at Alaska Psychiatric Institute each year, which included denial of basic rights, medication errors, physical abuse, sexual misconduct, safety concerns, and respect and dignity. He declared that psychiatric patients could not file a grievance in a fair way, as Alaska statute simply directed the institutions and clinics to write a patient grievance procedure, which could be revised at any time. He reported that the institutions were also allowed to choose the impartial body to hear the complaint. He stated that the Joint Commission for Accreditation of Hospital Organizations had a poor history for protecting psychiatric patients. He read from a statement by the Disability Law Center: "if the complaint is a valid one, the patient advocate may discuss it with the unit staff," and a second statement, "at some facilities, a formal grievance procedure may be in place." He relayed that in the majority of psychiatric facilities, a patient may not be able to get their complaint past the patient advocate or a low level staff member in a timely way. He pointed out that psychiatric patients had a right, by law, to file a grievance; however there was not a right for an in-facility appeal. He asked that the legislature improve grievance rights for psychiatric patients.

REPRESENTATIVE SEATON asked about the definition of public advocate.

MR. COLLINS explained that patient advocates were not employees, paid their own expenses, and that they spoke with patients on the telephone. He declared that patient advocates had a lot of

understanding of psychiatric institutions throughout the nation, and that Alaska institution standards were not very high.

REPRESENTATIVE SEATON directed attention to page 2, lines 25-27, which described the patient advocate as an employee. He asked if these criteria could be interpreted to exclude the current patient advocates in preference for the sole use of an employee. He offered his belief that this was not the purpose of the proposed bill.

MR. COLLINS offered his belief that the law would not include anyone as a patient advocate except the person working for the institution.

CHAIR HIGGINS stated that this was also his understanding.

REPRESENTATIVE KELLER asked for clarification from a representative from Alaska Psychiatric Institute.

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RON HALE, Hospital Administrator, Alaska Psychiatric Institute (API), stated that there had been a patient advocate on the API staff for several years.

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LORRAINE LAMOUREUX expressed her hope that she is a voice for the future and she stated her support for HB 214 as it would "protect those labeled psychiatric who find themselves deprived of all civil rights and at the mercy of complete strangers." She paraphrased from a prepared statement [original punctuation provided] [Included in members' packets]:

It is my hope the passage & this bill will prevent the abuse of power for Bret Bohn today at Providence Hospital.

Bret was a normal, university educated, 26 year old man with a future when he went to Providence Hospital on October 20, 2013, due to Insomnia caused by stress. Treatment by Providence Hospital led to admission, and medication prescribed by the hospital which caused subsequent seizures and Impairment. Bret is now imprisoned at Providence Hospital, against his will, and subject to total hospital control. Within three weeks of his incarceration at Providence Hospital Bret

was ruled incompetent, and a made ward of the State of Alaska, with a State appointed guardian. The guardian has a caseload at 100 and very little time to devote to Bret. Bret's parents legal Power of Attorney was summarily dismissed as irrelevant and all parental rights voided. Bret's parents had objected to the treatment of their son with powerful, highly addictive drugs. Today, three months later a young healthy, 26 year old man with life just starting is confined to four white walls, is heavily sedated and after three months of this treatment is probably a drug addict. Bret now wears a monitor, so can't escape even if he could. Bret has been denied visitors for two months. His parents or anyone else did not even get to see him for Christmas or his birthday. In the days of Hitler this treatment was called "Brain Washing". There has been no diagnosis and efforts are being made to send him to John Hopkins. Does the saying, "Out of sight, out of mind." seem to apply here? At a session when Bret's parents were being apprised of Bret's condition a Dr. told Bret's father that it was possible once Bret left Providence Hospital "he would NEVER see his son again".

Bret's parents are spending retirement money in court fighting for rights that seem to be nonexistent when you're fighting the states biggest Corporate Hospital and the complicit State agencies that seem to work with the hospital.

Questions remain! Did Providence Hospital make a mistake in Bret's treatment that caused the seizures? Is the forceful manner in which Providence Hospital terminated all Bret's and his parents rights a response to this question? Another question. How many other people are wards of the State presently at Providence Hospital with care billed to the State? The answer and the cost to the state could be surprising. To date the bills for Bret's care continue to go to his mailing address and their total is estimated to be over ONE MILLION dollars. As a ward of the State, guess who will be paying Bret's bills?

I ask you to put yourself in Bret's place. How would you feel if this were someone in your family? Please legislate for Bret and all unfortunate victims who

have the misfortune to have their future stolen from them by a corporate bureaucracy like Providence Hospital.

MS. LAMOUREUX offered her belief that the proposed bill "would guarantee that Bret could not be treated as he is today at the hospital." She relayed that this case had recently been settled in court, his parents were denied guardianship, and he was now a permanent ward of the state. She stated that Providence Hospital had denied him any visitations. She asked what would happen to him.

REPRESENTATIVE REINBOLD encouraged Ms. Lamoureux to call the governor's office and speak with Nancy Dallstrom.

REPRESENTATIVE PRUITT asked if there would be testimony from Providence Hospital so that all sides were brought to the table. He asked if there were instances which required this type of treatment.

CHAIR HIGGINS declared that there was no intention to pass the bill today. He expressed agreement that all sides should testify.

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JAMELIA SAIED, Mental Health Counselor, reported that she had been a mental health counselor for almost 20 years, with a recent focus on peer support counseling. She stated that she presented introductory sessions on the Wellness Recovery Action Plan (WRAP) at API a few times each month. She reported that patients often expressed frustration for important issues either not being addressed, or addressed in an unsatisfactory manner. She stated that these issues frequently revolved around contact with family, friends, and other natural supports, medication decisions, length of time at API, and plans after discharge. She explained that, as she was a contract provider and not an API employee, she was not able to intervene with assistance. She expressed her frustration with this policy, especially if she was aware that the concern had not been addressed by staff. She offered her belief that some of these issues could be handled in only a few minutes. She testified in support of HB 214 and its urgent grievous procedure, stating that it would go a long way toward addressing the grievances of mental health patients. She declared that individuals deserved to be treated with dignity and respect, and these rights should not be negated upon admittance into a mental health facility. Individuals

struggling to overcome mental issues needed support, and not forced treatment, on the road to recovery.

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JIM GOTTSTEIN, Law Project for Psychiatric Rights, declared that Ms. Lamoureux had described a system that had existed for decades. He relayed the "Alice in Wonderland" aspect of the mental health system. He directed attention to provisions in HB 214 which proposed the possible exclusion of other patient advocates. He suggested addition of a sentence which would acknowledge the right of people to have their own advocates working in the behalf. Addressing page 4, he stated that lines 8-9, "as defined by the commissioner" should be deleted. He expressed a similar concern that page 4, lines 15-16, "if a written response is not consistent with this section or AS 47.30.840" should be deleted. He pointed out that the right to appeal was not meaningful unless there was an exemption included from Civil Rule 82, which provided that a prevailing party received partial attorney fees against the losing party. He shared that his experience with the Attorney General's office was its consistent request for attorney fees, which had "a very chilling effect on people trying to appeal." He declared that the right to appeal should include an exemption from this civil rule. He stated his support for HB 214.

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CHAIR HIGGINS asked how many cases Mr. Gottstein had conducted which were similar to this situation.

MR. GOTTSTEIN, in response, opined that it was often perceived that people labeled as "crazy" had nothing credible to say. He offered his belief that there were hundreds of complaints which were not deemed worthy of being called a grievance; hence, there were "not even a handful that end up being considered actual grievances."

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JOHN TAYLOR KENT, Retired Psychologist, shared that he had a lot of experience with mental health patients, stating that there was not much protection for incarcerated individuals in Alaska. He relayed an anecdote about work in Bethel and Barrow, where he was head of the facility. He expressed his concern that the proposed bill would add to the burden of the providers, although the rights and livelihoods of the patients was more important.

He stated his support for the proposed bill. He acknowledged the difficulty for distinguishing between mentally ill and organically impaired as there was overlap.

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DAVID CARLSON, Attorney, offered some personal background, which included his sought after help from the mental health industry, which he opined "destroyed my life and they did it for profit." He offered his belief that the proposed bill did not "go far enough" and that if the proposed bill were implemented, "the entire system will fall apart." He acknowledged that he had received some good help from counselors, and he expressed his high regard for these professionals.

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DON ROBERTS reported that he was "a former consumer of the mental health system." He declared his support for the proposed bill. He offered his belief that people had fundamental rights, which included the right to be heard and to change the outcome of the events affecting them. He opined that this [mental health] system was not a place where he felt he would be heard and he would not return voluntarily. He reported that many people needed the mental health services, however. He declared a need for the responsible protection of the fundamental rights of human beings.

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LAURIE HERMAN, Director of Government Relations, Providence Health & Services, declared that she was not a behavioral health expert. Referencing earlier testimony regarding Providence Alaska Medical Center, she stated that she had responded in writing to an inquiry from a member of the Alaska State Legislature, and would share that response to the House Health and Social Services Standing Committee.

CHAIR HIGGINS said that this would be appreciated.

REPRESENTATIVE TARR asked if the [Director] of the Behavioral Health department [at Providence Alaska Medical Center] would know about administrative procedures.

MS. HERMAN replied that the director would be aware of these procedures, and she emphasized that hospitals "do not have the ability to hold patients against their will."

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CHAIR HIGGINS left public testimony open.

[HB 214 was held over.]

The committee took a brief at-ease.

**Presentation: American Cancer Society Cancer Action Network**

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CHAIR HIGGINS announced that the next order of business would be a presentation by the American Cancer Society Cancer Action Network.

EMILY NENON, Alaska Government Relations Director, American Cancer Society Cancer Action Network, presented a short video from the American Cancer Society.

JOHN KILLPACK, Western Region Managing Director, American Cancer Society Cancer Action Network, presented slides 1 and 2, "Highlights from the first 100 years" from a PowerPoint titled, "Eliminating Cancer in Alaska - A Roadmap." He declared that the success in fighting cancer resulted from a mix of different approaches, especially when the issue of cancer was brought out into the open and research programs began. He pointed out that the first successful chemotherapy treatment was used in 1947, and was now a regular treatment. He reported that the direct link between tobacco use and lung cancer was established in 1954. In 1971, the National Cancer Act was passed, which helped set up the federal research programs at the National Cancer Institute. He pointed out that the first successful use of genetic research and its impact on cancer in 2000, the link between obesity and many types of cancer in 2003, and passage of the [Patient Protection and ] Affordable Care Act with its focus on cancer in 2010 were all highlights. Moving on to slide 3, "Where we are today:" he stated that in the last two decades there were almost 14 million cancer survivors in the United States, a 20 percent decline in cancer death rates, and a 50 percent decline in smoking rates. He declared that 400 more lives were now being saved from cancer each day than in 1991.

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MR. KILLPACK offered slide 4, "But," and declared that more than a half million people die each year in the United States from cancer, while an additional 1.6 million were told they had cancer. He offered an estimate for Alaska in 2014, that more than 3700 new cases of cancer would be diagnosed, with 990 deaths from cancer. He reported on slide 5, "ACS Cancer Action Network launched in 2001," depicting the multi-faceted approach for beating cancer, which included research, public education, diagnosis and treatment, and public policy.

MR. KILLPACK referred to slide 6, "The Surgeon General's Report on Smoking & Health," and shared that this was the 50th anniversary for the landmark 1964 surgeon general's report on the link between smoking and lung cancer. He stated that this report was updated regularly, and in 1988, the report clearly demonstrated that nicotine was addictive, while in 2006, the report stated that there was no safe level for exposure to second hand smoke. Slide 7, "New in the 2014 Report," reported that stroke had been added to the list of diseases caused by second hand smoke, while diabetes, colorectal cancer and rheumatoid arthritis were also linked. Directing attention to slide 8, "Secondhand smoke kills," he said that 3400 non-smoking Americans died annually from lung cancer caused by secondhand smoke, with 46,000 non-smoking Americans dying annually from heart disease caused by second hand smoke.

MS. NENON reported that during her 13 years with the Cancer Action Network, there had been "amazing, amazing progress," slide 9, "Alaska Milestones." She pointed to 1997 when Alaska passed the highest tobacco tax in the nation, and 2004, when the tax was again doubled. She reported that Alaska had been one of the leads on the tobacco master settlement agreement in 1998, and that same year, Bethel was the first place in Alaska to pass smoke free indoor work places. She reported that, in 2007, Alaska saw the first measureable decline in adult smoking rates.

CHAIR HIGGINS asked how the percentage of decline was defined.

MS. NENON explained that this was based on the Youth Risk Behavior Survey, which was an anonymous school based survey.

MS. NENON, in response to Chair Higgins, explained that, as skewered answers would be in the same direction over time, this would still allow trends to be detected. She shared that 36 percent of high school students smoked in 1995, which had now declined to 10 percent. She reported that colorectal and breast cancer death rates had dropped nationally almost 35 percent

since 1991, due largely to early detection from cancer screening.

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MS. NENON mentioned that, since 1996, there were 35,000 fewer adult smokers in Alaska than previously, with a cost savings of more than \$396 million, slide 10, "Alaska: Lives and Money Saved." She announced that Alaska had received tremendous national recognition for its tobacco prevention program and for its counter marketing campaigns for health communication interventions, slide 11, "National Recognition." She observed that, although there was an even greater drop in youth smoking by Alaska Native than by white youth, the disparity was shrinking; yet, another 14,000 Alaska youth alive today would still die prematurely from tobacco use, slide 12, "But:" She directed attention to slide 13, "New products: Electronic Cigarettes," and described the alarming growth of electronic cigarettes, as high school student use had doubled from 4.7 percent to 10 percent in the last year. She stated that this was a disturbing trend.

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REPRESENTATIVE TARR asked about the chemicals in electronic cigarettes, and if there was any regulation for listing them.

MS. NENON, in response, said that it was not known what was in the electronic cigarettes, as the ingredients in the 250 different products varied, even within brands. She noted that there was widely varying amounts of nicotine, as well as other carcinogenic, toxic chemicals. She said there had not been any study regarding the aerosol inhalation of propylene glycol, an ingredient. She shared that there had been discussion for regulation over electronic cigarettes, but when and what were still unknown. Although Alaska law did not allow sales to minors, the sellers of the products were not required to have a tobacco sales license endorsement, as was required for tobacco products. Therefore, as there was not any requirement for registration, compliance officers did not know who were the sellers.

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CHAIR HIGGINS noted that there was not a list of ingredients on the packages and asked if it was required to post the ingredients.

MS. NENON, referring to the Family Smoking Prevention [and Tobacco Control] Act, had not been fully implemented federally, so there was not enforcement for these ingredients to be listed. She declared that dog food was more closely regulated than tobacco products.

REPRESENTATIVE TARR asked if implementation of the new warning labels on cigarettes was part of the aforementioned act.

MS. NENON replied that new warning labels were being developed, as the earlier labels had been stopped by a court challenge.

MS. NENON addressed slide 14, "Next Steps," and detailed that more than 50 percent of the population was covered by the smoke free workplace law, although it was generally agreed that everyone had the right to breathe smoke free air. She voiced support for extension of this right throughout Alaska.

MS. NENON directed attention to slide 15, "Epidemic Underway," which depicted that 65 percent of Americans, and Alaskans, as well as 26 percent of high school students, were overweight or obese. She moved on to slide 16, "The Cancer Link," and stated that the first prospective study had been done in 2003, which definitely linked obesity and cancer death. She said that almost 33 percent of cancer deaths were related to poor nutrition, excess body weight, and/or physical inactivity, while another 33 percent were related to tobacco use. She referenced the earlier video, and stated that currently evidence made it possible to prevent 50 percent of all cancer deaths in America.

MS. NENON pointed to slide 18, "Where we are headed..." which reflected the projected Medicaid spending in Alaska attributable to obesity without including any matching funds. She declared that the state will "be in real trouble" if there was not a change. She said the state was working on prevention of childhood obesity, and these effects were reflected in the decline of obesity rates in K - 7th grade, in both the Anchorage and Matanuska-Susitna Borough School Districts, slide 19, "Bucking the Trend." She reported that the decline had been most prevalent in boys, white students, and higher socio-economic status students, whereas girls, minorities, and lower socio-economic status students were not having the same decline.

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MS. NENON referred to slide 21, "Quality of Life," noting that pain management was often an issue in dealing with the short and long term effects of cancer. She reported that Cancer Action Network was working, at the federal level, on an increase of palliative care education, as cancer had become a chronic disease. She shared that, although two out of three people were now able to survive cancer, there were still long term effects.

MS. NENON offered slide 22, "On the Horizon," declaring that this was her favorite slide and stating "I love my job when I get to hear all the exciting advancements in research that are happening." She shared that the image of the fruit fly on the slide reflected a link to an article which had declared the fruit fly to be an answer to curing cancer. She explained that a fruit fly geneticist had implanted a fruit fly eye with the tumor cells from a patient with a rare form of thyroid cancer and diabetes. After giving many drugs to the fruit fly to see what would work, the researcher was able to begin a very individualized clinical trial for the patient. She expressed her excitement for this progress. She reported that there were much better health outcomes for those able to receive preventive and primary care, and that society paid the cost for those who were not able to access care.

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CHAIR HIGGINS asked about the European standard compared to the American standard, stating that "the United States is a death sentence for cancer patients," as there were only two types of treatment for cancer, radiation and chemotherapy. He stated that the European standard offered many avenues for treatment, and he asked if the United States was moving toward offering alternative therapies. He asked if Cancer Action Network advocated this.

MS. NENON, in response, stated that the American Cancer Society was the second largest funder, behind the United States federal government, of cancer research in the nation. She reported that the American Cancer Society tended to focus its research dollars on younger researchers looking at innovative solutions which included the whole system and how all the pieces fit together. She stressed that there were major threats to federal research funding.

REPRESENTATIVE TARR asked whether the American Cancer Society was funding any research on the link of personal care products to cancer.

MR. KILLPACK, in response, said that a lot of work was being done in California, including an online registry to review the carcinogenic ingredients in cosmetics. He noted that there was also a lot of work on air quality and its impact on cancer. He offered his belief that it was a matter of prioritizing. He stated that cleaner air, reduction of the smoking rate, and healthier products would all have an impact. He declared that the current focus was on the quickest way to save lives.

REPRESENTATIVE TARR suggested that the website for cosmetic ingredients was "Skin Deep."

[4:52:57 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.