

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 14, 2014
8:02 a.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."

- MOVED CSHB 214(HSS) OUT OF COMMITTEE

HOUSE BILL NO. 134

"An Act requiring Medicaid payment for scheduled unit dose prescription drug packaging and dispensing services for specified recipients."

- MOVED CSHB 134(HSS) OUT OF COMMITTEE

HOUSE BILL NO. 250

"An Act making an expression of apology, responsibility, liability, sympathy, commiseration, compassion, or benevolence by a health care provider inadmissible in a medical malpractice case; requiring a health care provider to advise a patient or the patient's legal representative to seek legal advice before making an agreement with the patient to correct an unanticipated outcome of medical treatment or care; and amending Rules 402, 407, 408, 409, and 801, Alaska Rules of Evidence."

- MOVED CSHB 250(HSS) OUT OF COMMITTEE

HOUSE CONCURRENT RESOLUTION NO. 18

Encouraging hospitals and birthing facilities in the state to participate in the Baby-Friendly Hospital Initiative and to support breastfeeding; and recognizing the benefits of breastfeeding.

- MOVED HCR 18 OUT OF COMMITTEE

HOUSE CONCURRENT RESOLUTION NO. 19

Supporting Recover Alaska in its efforts to reduce the effects of excessive alcohol consumption.

- MOVED CSHCR 19(HSS) OUT OF COMMITTEE

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
02/18/14	(H)	Heard & Held
02/18/14	(H)	MINUTE(HSS)
02/25/14	(H)	HSS AT 3:00 PM CAPITOL 106
02/25/14	(H)	Heard & Held
02/25/14	(H)	MINUTE(HSS)
03/11/14	(H)	HSS AT 3:00 PM CAPITOL 106
03/11/14	(H)	Heard & Held
03/11/14	(H)	MINUTE(HSS)
03/13/14	(H)	HSS AT 3:00 PM CAPITOL 106
03/13/14	(H)	SCHEDULED BUT NOT HEARD
03/14/14	(H)	HSS AT 8:00 AM CAPITOL 106

BILL: HB 134

SHORT TITLE: MEDICAID PAYMENT FOR MEDISET PRESCRIPTION

SPONSOR(S): REPRESENTATIVE(S) COSTELLO

02/20/13	(H)	READ THE FIRST TIME - REFERRALS
02/20/13	(H)	HSS, FIN
03/19/13	(H)	HSS AT 3:00 PM CAPITOL 106
03/19/13	(H)	Heard & Held
03/19/13	(H)	MINUTE(HSS)
03/28/13	(H)	HSS AT 3:00 PM CAPITOL 106
03/28/13	(H)	Heard & Held
03/28/13	(H)	MINUTE(HSS)

04/02/13 (H) HSS AT 3:00 PM CAPITOL 106
 04/02/13 (H) Heard & Held
 04/02/13 (H) MINUTE(HSS)
 04/04/13 (H) HSS AT 3:00 PM CAPITOL 106
 04/04/13 (H) Scheduled But Not Heard
 04/06/13 (H) HSS AT 9:00 AM CAPITOL 106
 04/06/13 (H) Heard & Held
 04/06/13 (H) MINUTE(HSS)
 04/08/13 (H) FIN AT 8:00 AM HOUSE FINANCE 519
 04/08/13 (H) Scheduled But Not Heard
 03/13/14 (H) HSS AT 3:00 PM CAPITOL 106
 03/13/14 (H) SCHEDULED BUT NOT HEARD
 03/14/14 (H) HSS AT 8:00 AM CAPITOL 106

BILL: HB 250

SHORT TITLE: MEDICAL MALPRACTICE ACTIONS

SPONSOR(s): REPRESENTATIVE(s) OLSON

01/21/14 (H) PREFILE RELEASED 1/17/14
 01/21/14 (H) READ THE FIRST TIME - REFERRALS
 01/21/14 (H) HSS, JUD
 02/27/14 (H) HSS AT 3:00 PM CAPITOL 106
 02/27/14 (H) Heard & Held
 02/27/14 (H) MINUTE(HSS)
 03/13/14 (H) HSS AT 3:00 PM CAPITOL 106
 03/13/14 (H) SCHEDULED BUT NOT HEARD
 03/14/14 (H) HSS AT 8:00 AM CAPITOL 106

BILL: HCR 18

SHORT TITLE: BABY-FRIENDLY HOSPITAL INITIATIVE

SPONSOR(s): REPRESENTATIVE(s) HUGHES

02/19/14 (H) READ THE FIRST TIME - REFERRALS
 02/19/14 (H) HSS
 03/13/14 (H) HSS AT 3:00 PM CAPITOL 106
 03/13/14 (H) SCHEDULED BUT NOT HEARD
 03/14/14 (H) HSS AT 8:00 AM CAPITOL 106

BILL: HCR 19

SHORT TITLE: SUPPORTING EFFORTS OF RECOVER ALASKA

SPONSOR(s): REPRESENTATIVE(s) HERRON

02/21/14 (H) READ THE FIRST TIME - REFERRALS
 02/21/14 (H) HSS
 03/13/14 (H) HSS AT 3:00 PM CAPITOL 106
 03/13/14 (H) SCHEDULED BUT NOT HEARD
 03/14/14 (H) HSS AT 8:00 AM CAPITOL 106

WITNESS REGISTER

THOMAS STUDLER, Staff
Representative Pete Higgins
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented the committee substitute and answered questions for HB 214 on behalf of the bill sponsor, Representation Higgins.

REPRESENTATIVE MIA COSTELLO
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HB 134 as the sponsor of the bill.

CHARLES GUINCHARD, Staff
Representative Mia Costello
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Answered questions during discussion of HB 134 for the bill sponsor, Representative Mia Costello.

MARGARET BRODIE, Director
Director's Office
Division of Health Care Services
Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Testified and answered questions during discussion of HB 134.

ERIKA O'SULLIVAN, Staff
Representative Kurt Olson
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HB 250 on behalf of the bill sponsor, Representative Kurt Olson.

REPRESENTATIVE SHELLY HUGHES
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HCR 18 as the sponsor of the resolution.

ALLISON CURRY
Regional Field Organizer

Planned Parenthood of the Great Northwest
Juneau, Alaska

POSITION STATEMENT: Testified in support of HCR 18.

REPRESENTATIVE BOB HERRON
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HCR 19 as the sponsor of the resolution.

DIANE KAPLAN, President and CEO
Rasmuson Foundation
Anchorage, Alaska

POSITION STATEMENT: Testified and answered questions during discussion of HCR 19.

ELIZABETH RIPLEY, Executive Director
Mat-Su Health Foundation
Wasilla, Alaska

POSITION STATEMENT: Testified and answered questions during discussion of HCR 19.

JEFF JESSEE, Chief Executive Officer
Alaska Mental Health Trust Authority
Department of Revenue
Anchorage, Alaska

POSITION STATEMENT: Testified and answered questions during discussion of HCR 19.

WILLIAM STREUR, Commissioner
Office of the Commissioner
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Testified and answered questions during discussion of HCR 19.

ACTION NARRATIVE

[8:02:02 AM](#)

CHAIR PETE HIGGINS called the House Health and Social Services Standing Committee meeting back to order at 8:02 a.m. Representatives Higgins, Seaton, Nageak, and Keller were present at the call to order. Representatives Reinbold, Pruitt, and Tarr arrived as the meeting was in progress.

[The House Health and Social Services Standing Committee had recessed on March 13, 2014.]

HB 214-MENTAL HEALTH PATIENT RIGHTS & GRIEVANCES

[8:03:07 AM](#)

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." [In front of the committee was the proposed committee substitute (CS) for HB 214, labeled 28-LS0869\C, Mischel, 3/7/14, which had been adopted as the working draft on March 11, 2014]

[8:03:17 AM](#)

REPRESENTATIVE KELLER moved to adopt the proposed committee substitute (CS) for HB 214, labeled 28-LS0869\O, Mischel, 3/13/14, as the working draft. There being no objection, it was so ordered. [Public testimony was closed at the March 11, 2014 committee meeting]

[8:04:20 AM](#)

THOMAS STUDLER, Staff, Representative Pete Higgins, Alaska State Legislature, explained that Sections 1 and 2 of Version 0 were unchanged from the previous version; however, Section 3 was amended by adding, "has the right to add designated representative employed and clearly identified by the evaluation facility or unit or a designated treatment facility or unit to act as a patient advocate and to assist in the filing of a grievance under AS 47.30.847." He pointed out that [paragraph] (14) was also amended, "has the right to select and individual to act as a patient advocate and to assist in the filing of a grievance under AS 47.30.847." Lastly, he noted that paragraphs (15) and (16) were number changes. He reported that a patient had the option of selecting their own advocate, or utilizing the designated staff advocate at the facility. Directing attention to page 5, line 17, which had been added after consultation with DHSS, he read: "Nothing in this section applies to a facility or unit or designated treatment facility that only provides outpatient services." He stated that this had been an onerous requirement on an outpatient service for filing grievances, as the patient already had the option for leaving. He said that Sections 4 and 5 were unchanged. He reported that Section 6 was under discussion, although "it's not appropriate to discuss that in this particular committee setting."

[8:06:57 AM](#)

MR. STUDLER, in reference to Section 6, remarked that, although there had been resolution to the difference of opinion, he was not yet ready to present it to the committee.

CHAIR HIGGINS offered his belief that the DHSS discussions for the proposed bill were "pretty much vetted," and said that the legal aspects were still to be worked out in the House Judiciary Standing Committee.

[8:07:58 AM](#)

REPRESENTATIVE TARR opined that the legal opinion raised "a pretty substantial issue that needed to be resolved," and she asked if the information would accompany the proposed bill to the House Judiciary Standing Committee.

CHAIR HIGGINS replied that, although there appeared to be agreement for the proposed language, the House Judiciary Standing Committee would "vet this a little bit further in that area."

REPRESENTATIVE TARR expressed her concern that, as a sponsor to the proposed bill, the provision had not yet been resolved when it was passed from the House Health and Social Services Standing Committee.

[8:09:04 AM](#)

MR. STUDLER explained that there had been discussions with the assistant attorney general, and he offered his belief that a resolution was forthcoming.

[8:09:32 AM](#)

REPRESENTATIVE KELLER moved to report CSHB 214, Version 28-LS0869\0, Mischel, 3/13/14, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 214(HSS) was moved from the House Health and Social Services Standing Committee.

[8:10:03 AM](#)

The committee took an at-ease from 8:10 a.m. to 8:12 a.m.

HB 134-MEDICAID PAYMENT FOR MEDISET PRESCRIPTION

[8:12:16 AM](#)

CHAIR HIGGINS announced that the next order of business would be HOUSE BILL NO. 134, "An Act requiring Medicaid payment for scheduled unit dose prescription drug packaging and dispensing services for specified recipients." [In front of the committee was the proposed committee substitute (CS) for HB 134, labeled 28-LS0303\R, Mischel, 4/1/13, which had been adopted as the working draft on April 1, 2013]

[8:12:22 AM](#)

REPRESENTATIVE KELLER moved to adopt the proposed committee substitute (CS) for HB 134, labeled 28-LS0303\T, Mischel, 2/27/14, as the working draft. There being no objection, it was so ordered.

REPRESENTATIVE MIA COSTELLO, Alaska State Legislature, asked that her staff present the proposed changes to the bill.

CHARLES GUINCHARD, Staff, Representative Mia Costello, Alaska State Legislature, explained that the proposed CS had three significant changes. In working with Department of Health and Social Services, parts of the proposed bill had been re-arranged to lower costs without changing any of the intent. The second change was the deletion of any reference to DHSS paying for the shipping costs of medication. He explained that the third major change was for DHSS to adopt new regulations for pharmacy reimbursement, which would be "right in line with what this bill is asking." He pointed out that the fiscal note for the proposed bill was zero. [Included in members' packets]

MR. GUINCHARD directed attention to the Sectional summary provided by the Division of Legal and Research Services, dated March 5, 2014. [Included in members' packets] Section 1 required Department of Health and Social Services to establish an additional fee under the Medicaid program, to be paid to a qualified pharmacy for dispensing services for prescriptions that require medication compliance packaging into scheduled unit doses for specified Medicaid recipients, and it described specialized dispensary and delivery services which were covered. Section 2 provided a contingent effective date, as any change to a Medicaid program needed to be approved by the federal government. Section 3 would establish the effective date.

8:17:14 AM

REPRESENTATIVE SEATON asked to confirm that it was no longer necessary for 75 percent of the pharmacy's business to be mediset.

MR. GUINCHARD replied that, although the 75 percent was in regulation as a DHSS definition for pharmacies eligible to receive reimbursement, it was not in statute. He directed attention to the proposed bill, page 1, line 13, which defined who was qualified to receive the dispensing fee. He pointed to page 2, lines 3 - 12, which listed five criteria for establishing a mediset. He stated that the bill determined that a pharmacy capable of providing these five criteria was eligible to receive the reimbursement.

8:19:19 AM

REPRESENTATIVE TARR directed attention to the fiscal note and asked for clarification that the change from \$750,000 to zero had resulted from removal of the travel component. She asked if the recipient was now responsible for this cost.

MR. GUINCHARD pointed to two significant changes in the proposed bill which addressed the fiscal note. The first change was the deletion of the transportation mandate to which she had referred, although this was not responsible for the entire reduction of the fiscal note. He stated that rearrangement of the proposed bill was also responsible for a significant reduction to the fiscal note. He noted that the criteria on page 2, lines 3 - 12, in previous versions of the bill, had created concern with DHSS that the proposed bill would require establishment of separate fees for each of the criteria. Reorganization of the proposed bill into Version T had now clarified that only one fee would be established.

8:21:43 AM

MARGARET BRODIE, Director, Director's Office, Division of Health Care Services, Department of Health and Social Services, explained that removal of the transportation mandate had eliminated the need for a survey to determine a new dispensing fee, which had included delivery of the pharmaceuticals; hence, the zero fiscal note. She said that the dispensing fee and the mediset fee included delivery of the pharmaceuticals.

REPRESENTATIVE TARR asked to clarify that transportation was still included.

MS. BRODIE stated that this was correct.

[8:22:47 AM](#)

CHAIR HIGGINS closed public testimony.

[8:22:55 AM](#)

REPRESENTATIVE KELLER moved to report CSHB 134, Version 28-LS0303\T, Mischel, 2/27/14, out of committee with individual recommendations and the accompanying zero fiscal note. There being no objection, CSHB 134(HSS) was moved from the House Health and Social Services Standing Committee.

[8:23:49 AM](#)

The committee took a brief at-ease from 8:23 a.m. to 8:25 a.m.

HB 250-MEDICAL MALPRACTICE ACTIONS

[8:25:48 AM](#)

CHAIR HIGGINS announced that the next order of business would be HOUSE BILL NO. 250, "An Act making an expression of apology, responsibility, liability, sympathy, commiseration, compassion, or benevolence by a health care provider inadmissible in a medical malpractice case; requiring a health care provider to advise a patient or the patient's legal representative to seek legal advice before making an agreement with the patient to correct an unanticipated outcome of medical treatment or care; and amending Rules 402, 407, 408, 409, and 801, Alaska Rules of Evidence."

[In front of the committee was the proposed committee substitute (CS) for HB 250, labeled 28-LS0967\O, Wallace, 2/10/14, which had been adopted as the working draft on February 27, 2014]

[8:26:15 AM](#)

ERIKA O'SULLIVAN, Staff, Representative Kurt Olson, Alaska State Legislature, explained that the proposed changes to the bill were to clarify any ambiguity, and not to change the intent of the bill or to favor any one group. She directed attention to page 2, lines 20 and 22, and stated that "fault" would be

deleted in both lines. She stated that there was a precedent for the language in this subsection (b) in 20 other states, and she explained that the word "fault" did not necessarily mean negligence or implied liability. She said that the word was "oftentimes the right thing to do in the circumstances." She reported that the change had been made to separate a reasonable expression of sympathy during an explanation of occurrence from an admission of negligence. She pointed to the change on page 3, line 7, which deleted "to" and inserted "in writing that the patient or the patient's legal representative may." She explained that this addition would remedy any problem of proof, as everyone would be informed of their rights, and it would ensure that the provision advised the patient of their legal rights, as opposed to directing them to seek legal counsel. She emphasized that this was for remedial measures, specifically for offers to correct an unanticipated outcome.

[8:29:51 AM](#)

REPRESENTATIVE PRUITT moved to adopt proposed Amendment 1, labeled 28-LS0967\0.1, Wallace, 3/8/14, which read:

Page 2, line 20:
Delete ", fault,"

Page 2, line 22:
Delete ", fault,"

Page 3, line 7:
Delete "to"
Insert "in writing that the patient or the patient's legal representative may"

REPRESENTATIVE KELLER objected for discussion.

CHAIR HIGGINS clarified that discussion would be for proposed Amendment 1, which Ms. O'Sullivan had just presented.

REPRESENTATIVE NAGEAK asked for clarification of the proposed changes on page 3, line 7.

MS. O'SULLIVAN explained the change on page 3, line 7, which deleted "to" and inserted "in writing that the patient or the patient's legal representative may." She explained that this addition would ensure that the provision was advising the patient of their legal rights, as opposed to directing them to seek legal counsel.

REPRESENTATIVE TARR asked to clarify that the sentence would end with "seek legal advice."

MS. O'SULLIVAN expressed her agreement.

CHAIR HIGGINS reminded the committee that discussion was for the proposed amendment.

[8:33:07 AM](#)

REPRESENTATIVE KELLER removed his objection. There being no further objection, Amendment 1 was adopted.

[8:34:10 AM](#)

REPRESENTATIVE PRUITT asked for an explanation of the changes from Version A to Version O.

MS. O'SULLIVAN paraphrased from HB250 Version A to Version O Summary of Changes [Included in members' packets], which read:

On page 1, line 1 of the bill title, the word 'liability' was deleted. Under section 1(a) on page 1, line 12 'liability' was deleted.

Under section 1(a), page 2, line 14, subsection (5) was added to read: "evidence of a health care provider requesting, demanding, inquiring, or directing another to write-off, offer or promise to pay medical, hospital, or similar expenses, in whole or in part, following an unanticipated outcome of medical treatment or care."

Under section 1, page 2, line 18, subsection (b) was added to read: "If an expression of apology, responsibility, sympathy, commiseration, compassion, or benevolence made under (a)(1) of this section is made in conjunction with an admission of liability, fault, or negligence, only the expression of apology, responsibility, sympathy, commiseration, compassion, or benevolence is inadmissible, and the admission of liability, fault, or negligence may be admissible as evidence."

Under Section 2(1), section AS 09.55.545 on page 3, line 6, 'liability' was deleted.

Under section 4, page 4, line 4, the CONDITIONAL EFFECT was amended to include Sec. AS 09.55.545.

REPRESENTATIVE TARR stated that the key words were "expression" versus "admission." She pointed out that it could require a court case to call into question whether "responsibility" would be used in a legal sense for liability.

REPRESENTATIVE KELLER stated that the intent of the proposed bill was to reduce lawsuits, and he offered his belief that this would successfully do this.

[8:38:43 AM](#)

CHAIR HIGGINS closed public testimony.

[8:38:51 AM](#)

REPRESENTATIVE KELLER moved to report CSHB 250, Version 28-LS0967\0, Wallace, 2/10/14, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 250(HSS) was moved from the House Health and Social Services Standing Committee.

[8:39:23 AM](#)

The committee took an at-ease from 8:39 a.m. to 8:41 a.m.

HCR 18-BABY-FRIENDLY HOSPITAL INITIATIVE

[8:41:30 AM](#)

CHAIR HIGGINS announced that the next order of business would be HOUSE CONCURRENT RESOLUTION NO. 18, Encouraging hospitals and birthing facilities in the state to participate in the Baby-Friendly Hospital Initiative and to support breastfeeding; and recognizing the benefits of breastfeeding.

[8:42:13 AM](#)

REPRESENTATIVE SHELLY HUGHES, Alaska State Legislature, reported that one in nine women suffer from postpartum depression, 34 percent of teenagers were obese, and 120 women out of 100,000, in Alaska, annually develop breast cancer. She declared that these were all associated to the importance for breast feeding. Breast feeding offered "an unmatched beginning for children,"

and could reduce sudden infant death syndrome, childhood cancers, and diabetes. She stated that mothers who breast fed were healthier, and that there was a savings for health care costs. She relayed that scientists were in agreement that breast milk was the very best way to nourish babies, could reduce the occurrence of ear infection and diabetes in infants by 40 percent, could reduce symptoms of postpartum depression by 50 percent, and could protect babies from some of the effects of pollution. She declared that research had shown that exclusive breast feeding would also naturally space pregnancies. She reported that breast feeding could save \$52 million annually in Alaska. She read a short quote from a nurse manager at the maternity outpatient clinic at Providence Alaska Medical Center: "No public health campaign has a farther reaching, positive affect on well-being and longevity." She pointed out that the proposed resolution had a zero fiscal note, with no cost to the families, as well. The resolution simply stated that the Alaska State Legislature recognized the aforementioned benefits and recommended that hospitals and birthing centers attain the baby friendly designation by implementing the ten steps to a successful breast feeding program. She declared that the resolution had the support of many groups, including many hospitals, the Alaska State Hospital and Nursing Home Association (ASHNHA), the Academy of Nurses, and the Centers for Disease Control and Prevention (CDC), as well as many other national organizations.

[8:46:46 AM](#)

CHAIR HIGGINS asked for an explanation as to how the mechanics for this resolution would work.

REPRESENTATIVE HUGHES replied that the hospitals all agreed that "it's a good thing." She said that the proposed resolution would be a motivator to be used as a public education tool.

CHAIR HIGGINS asked how the proposed resolution would get the word out.

REPRESENTATIVE HUGHES said that, as a sponsor, she would get it to the hospitals and birthing centers, although it did not technically go to anyone.

REPRESENTATIVE HIGGINS asked if her office would distribute the resolution.

REPRESENTATIVE HUGHES replied that her office would distribute the resolution.

[8:48:46 AM](#)

REPRESENTATIVE TARR, reporting that she was a co-sponsor of the proposed resolution, cited requirements for employers to provide breaks for women to breast feed under the Affordable Care and Patient Protection Act. She encouraged breast feeding and making it easier for working mothers.

REPRESENTATIVE HUGHES shared an anecdote about a baby on the floor of the House of Representatives. She noted that there was also a reduction of child abuse, neglect, and domestic violence associated with breast feeding.

CHAIR HIGGINS reported that the hospitals had encouraged breast feeding for his five children.

REPRESENTATIVE HUGHES explained that hospitals would not offer formula unless the mother could not breast feed, although substance abuse mothers would not be encouraged to breast feed.

REPRESENTATIVE TARR shared that, as often the hospital stay was brief, breast feeding had not yet initiated and required follow-up to establish it successfully.

REPRESENTATIVE HUGHES emphasized that breast feeding was a natural resource in the State of Alaska.

[8:53:01 AM](#)

CHAIR HIGGINS opened public testimony.

ALLISON CURRY, regional field organizer, Planned Parenthood of the Great Northwest, said that breast feeding protected "both infants and mothers from a host of chronic and acute diseases and conditions." She offered that Planned Parenthood believed nursing mothers needed to feel comfortable and supported in the effort to provide for children. She recognized the need for strong public policy "that safeguard nursing mothers' rights and allow them to breast feed and express milk at their places of work." She emphasized that health care providers should take larger steps to encourage breast feeding by new mothers.

[8:54:30 AM](#)

CHAIR HIGGINS closed public testimony.

8:54:40 AM

REPRESENTATIVE KELLER moved to report HCR 18, Version 28-LS0727\0, out of committee with individual recommendations and the accompanying zero fiscal notes. There being no objection, HCR 18 was moved from the House Health and Social Services Standing Committee.

8:55:05 AM

The committee took an at-ease from 8:55 a.m. to 8:57 a.m.

HCR 19-SUPPORTING EFFORTS OF RECOVER ALASKA

8:57:03 AM

CHAIR HIGGINS announced that the final order of business would be HOUSE CONCURRENT RESOLUTION NO. 19, Supporting Recover Alaska in its efforts to reduce the effects of excessive alcohol consumption.

8:57:18 AM

REPRESENTATIVE BOB HERRON, Alaska State Legislature, paraphrased from the sponsor statement, which read:

Alaska is "The Great Land"--and we know our great land takes first place on a number of lists. Year after year, Alaska tops national state-by-state rankings for domestic violence, sexual assault, certain serious illness, and suicide rates. More than just shocking numbers on paper, these "firsts" are loaded with real-life stories of hardship and pain. A major factor in the struggle? Excessive alcohol consumption.

Recover Alaska is a public-private partnership initiative formed by a dynamic group of concerned Alaska business, government, and independent leaders. Together, members share expertise in the criminal justice and health care systems, community development, and other fields touching on the causes and consequences of excessive alcohol consumption.

Working with diverse stakeholders, Recover Alaska pursues a variety of strategies to effect long-term

change. Strategies include (but are by no means limited to):

Implementation of a comprehensive statewide communication and advocacy plan to educate the public about the negative impacts of excessive alcohol consumption on individuals, families, communities, and the state as a whole;

Development of a one-stop-shop for Alaskans to access accurate information, as well as prevention and treatment referral services; and

A sincere review of laws governing the sale and distribution of alcohol in the state.

Recover Alaska is *not* anti-alcohol, anti-self determination, or anti-business. Rather, in the course of seeking to reduce the occurrence and the aftermath of excessive consumption, Recover Alaska supports healthier communities and brighter futures for all Alaskans.

[9:02:08 AM](#)

CHAIR HIGGINS asked how this resolution would be distributed.

REPRESENTATIVE HERRON explained that the goal of the proposed resolution was for recognition by the Alaska State Legislature that there was excessive alcohol consumption in Alaska, and that the legislature would strive, in conjunction with Department of Health and Social Services (DHSS), to address the problem.

[9:03:32 AM](#)

CHAIR HIGGINS asked if this proposed resolution would go to the governor, as it was important for the governor to understand this request for help with this problem.

REPRESENTATIVE HERRON expressed his agreement, and deferred to Commissioner Streur.

REPRESENTATIVE NAGEAK expressed his agreement that it was a big problem and that it was necessary to continue working with organizations to encourage young people.

REPRESENTATIVE HERRON said that the resolution recognized the people working with Recover Alaska that want a change for excessive consumption.

REPRESENTATIVE TARR expressed her appreciation for the resolution.

[9:08:09 AM](#)

[A short video was presented]

[9:11:29 AM](#)

DIANE KAPLAN, President and CEO, Rasmuson Foundation, commented on a letter previously received from Governor Parnell, explaining his veto that half of the alcohol tax be used for alcohol programs. He had stated that he would reconsider this decision if he was persuaded that there were impactful programs in place, and he had urged that Recover Alaska look at innovative ways to address the issue. She relayed that Rasmuson Foundation had convened a broad based, high level group of policy makers about four years earlier to discuss the issue of excessive alcohol use. She listed some of the programs with alcohol related problems that Rasmuson Foundation had supported, and she pointed out the necessity for Rasmuson Foundation to work toward the core of the problem. She shared that this was a joint initiative including participation by Rasmuson Foundation, the Alaska Mental Health Trust Authority, Department of Health and Social Services, and the Mat-Su Health Foundation, as well as members of the judiciary, health providers, and other non-profits.

[9:13:28 AM](#)

ELIZABETH RIPLEY, Executive Director, Mat-Su Health Foundation, reported that surveys completed during the last year throughout Alaska had revealed that alcohol and substance abuse was the "top issue listed by Alaskans as detrimental to their health." She acknowledged that its impact had drained resources and that, although many organizations were addressing the issue, the effect had plateaued and many providers, funders, families, and individuals were frustrated. She emphasized that, as this hurt the schools, the communities, the employers, and the State of Alaska, it affected all Alaskans. She declared that it was such a complex issue that many organizations stayed away for fear of not making any impact. She remarked that discussion regarding the economic impacts of alcohol often focused on the hospitality industry, although alcohol was not an ordinary commodity and it had "a terrible social cost" which needed to be acknowledged and addressed. She stated that the monetary impact to the Alaska

economy was almost \$1.2 billion annually. She explained that the group would focus on the systems and the leadership to better align efforts and partners. She noted that the Mat-Su community had also ranked alcohol and substance abuse as the number one issue, and that the top five health issues in the community were all related to behavioral health. She said that the board of directors of the Mat-Su Health Foundation had selected behavioral health and child trauma as the areas to focus its funding. She said that \$5 million was annually allocated to raise the health status of people in the Borough. She pointed out that alignment throughout Alaska by Recover Alaska to the behavioral health investment efforts for time, expertise, and money would "really make a bigger dent in this issue."

[9:17:37 AM](#)

JEFF JESSEE, Chief Executive Officer, Alaska Mental Health Trust Authority, Department of Revenue, expressed his agreement for the alignment of efforts across a variety of partners, as this was critical for advancement of solutions to these problems. He declared that this was the best opportunity he had seen, in his 34 years working in this field, to actually make some progress. He pointed out that Rasmuson Foundation was leading Recover Alaska, the Alaska Mental Health Trust Authority had identified alcohol and substance abuse as one its new focus areas, and Senator Pete Kelly had coordinated a group with the goal to end fetal alcohol spectrum disorder (FASD) in Alaska. He noted that the Mat-Su Health Foundation was also leading a local effort to deal with this issue, and other wellness coalitions and tribal partners had dedicated their efforts to change some social norms and reduce the negative impacts of excessive consumption.

[9:19:30 AM](#)

MS. KAPLAN reported that none of the partners were willing to simply meet and "contribute to a report that's gonna sit on someone's shelf for the next 20 years." She emphasized that there was a lot of drinking in Alaska, with very few consequences, so it was necessary to change the social norms. She pointed to the tobacco cessation program in the early 1990s as an example. She shared that change in alcohol consumption had already started, noting that not there were not too many three martini lunches anymore. She stated that people now routinely used seat belts, which was another major social change in the community. She expressed her belief that this change could also be accomplished with excessive alcohol consumption.

She pointed out that it was very uncommon to see noticeably pregnant women drinking in public, as this behavior was subject to social pressure. She stressed the necessity to have public and private partners working together, which was the basis for Recover Alaska. This would be a long term project, noting that the tobacco cessation effort had taken 20 years, with the first impacts noticed after 3 years, and acknowledging that the alcohol program would also take this long. She stated that private entities made good partners, as they had patient capital. She reported that Rasmuson Foundation had taken the lead for the organization of the Recover Alaska efforts. She said that Rasmuson was actively involved in a review of Title 4, the state alcohol rules, and this review was chaired by an officer of the Cabaret, Hotel, Restaurant, & Retailers Association (CHARR). She reported that these 60 active members were looking at every aspect of the alcohol laws, with a goal for proposed legislation by 2015 to reduce the amount of excessive drinking in Alaska. She stated that there would be a social norms campaign focused on youth, sharing that kids like to be normal and commenting that cool kids don't drink, so other kids will want to be like them. She noted that most kids think every other kid was drinking. She discussed partnerships to review adverse childhood experiences, including neglect caused by alcohol. The outcomes in later life of this neglect were an increased prevalence of obesity, suicide, and other health conditions, and happiness would be impacted. She stated the need of a resource in Alaska for people who need help, and declared that Rasmuson would pilot a one-stop-shop for guided help to find the available resources.

CHAIR HIGGINS asked about the United Way 211 system.

MS. KAPLAN replied that this system offered no better resources, as no one kept a list of the available programs, available beds, assessments, in-patient care, and what insurance was accepted. She reported that Rasmuson Foundation would pilot this program in two communities.

[9:25:54 AM](#)

REPRESENTATIVE REINBOLD commented on the wide spread use of alcohol on college campuses, and asked how the program would be implemented.

[9:26:54 AM](#)

MS. KAPLAN replied that they were currently working to define the impact messaging, and she offered an example of the tobacco alliance messages to teenagers. She said that the Mat-Su partnership was working with professional media companies to try out different messages on focus groups of teenagers. She emphasized that kids would be defining the messages.

[9:28:00 AM](#)

REPRESENTATIVE REINBOLD suggested reaching out to the youth leaders.

[9:28:23 AM](#)

REPRESENTATIVE KELLER stated that he had "very little faith in legislation making the level of changes by itself." He expressed his support for the partnership described by Mr. Jessee, as there were "some really tough questions that have to be brought forward," and he offered FASD as an example.

[9:29:39 AM](#)

MR. JESSEE, referencing the aforementioned legislation, said that the Alcohol Beverage Control (ABC) Board was reviewing the Title IV alcohol beverage control statutory framework, which he declared to be a "hodge-podge of additions over time." He stated that enforcement was inconsistent, and the ABC board had convened a number of committees to review topics which included local options, underage drinking, and licensing. He shared that he was the chair of the licensing committee, that 70 percent of his committee members were from the [alcohol] industry, and that the goal was to find common areas of agreement for a public health oriented approach to alcohol regulation without negatively impacting the legitimate business interests. He spoke about the committee review of underage drinking and the subsequent criminal records for offenders. He explained that the onerous consequences discouraged police officers from writing citations. He suggested lowering the criminality of the offense to be more consistent with law enforcement. He suggested that legislation for a follow-up to the registration of kegs found at underage drinking parties could be part of the solution.

CHAIR HIGGINS offered his belief that a problem which groups fall into was to think "their mousetrap is better than everybody else's mousetrap." He declared that there was not any coordination among the many good groups. He opined that any

group receiving state funding or grants should be required to have a conference for coordination of efforts. He suggested to team up with United Way 211 to make that site "the best it could possibly be, 'cause they're already doin' it." He stated a need for coordinated efforts.

REPRESENTATIVE REINBOLD suggested that youth community service should be an aspect of sentencing for underage drinking.

MS. KAPLAN, in response to Chair Higgins, said that the plan for the one-stop-shop was for the United Way 211 to be the entryway into services. This would be supported by a person acting as a guide to actual services, as currently there was just a list without any support or follow up help. She noted that United Way was also a key member of Recover Alaska.

REPRESENTATIVE TARR asked if this effort was regional or statewide, and how it would identify those who need help to best meet their needs.

MR. JESSEE acknowledged that the group was stealing this idea from the Tobacco quit line. He declared that the important part of the one-stop-shop was for someone to help decide what would be the most effective treatment program, and then check back with the individual for any follow up support. He declared that this was a fundamental difference from the 211 referral. He opined that more information for improvement would be forthcoming as the system and the services were being utilized.

[9:37:43 AM](#)

MS. KAPLAN directed attention to the partnership strategy with media to raise public awareness. She mentioned the series on FASD in the Anchorage Daily News (ADN), and reported that Rasmuson Foundation was funding a full time reporter and part time photographer at ADN for 18 months to report on alcohol issues. Referring to the FASD series in ADN, she stated that 50 percent of pregnancies in Alaska were unplanned. She noted that most women were not thinking about ceasing alcohol consumption until pregnancy was a reality, and not just a possibility. She stated that the cost of an FASD child to the family, to the state, and to the child itself, was enormous.

[9:39:42 AM](#)

CHAIR HIGGINS requested project directors: "please do not be politically correct." He suggested telling the truth.

REPRESENTATIVE KELLER said that he was excited about the program and the quality of the organizations aligning to address the problem. He pointed to the "depth of the political ramification and the visceral reactions that are tied to this issue that you have to deal with."

REPRESENTATIVE REINBOLD mentioned that both Mark Hamilton and Senator (Pete) Kelly were passionately working on eradication of FASD. She referred to a recently formed Medicaid taskforce. She offered her belief that this was an important opportunity to address the issue and reduce the DHSS budget. She suggested that the Friday night church programs, Recovery Alaska, were amazing and impressive.

MS. RIPLEY, in response to Representative Reinbold, listed the medical sector, the education sector, and the business sector as all identifying alcohol and substance abuse as the number one issue.

REPRESENTATIVE TARR, pointing to the earlier discussion for social norms surrounding alcohol abuse, suggested that there be more empathy and less judgment toward alcohol abuse.

REPRESENTATIVE NAGEAK stated that it was our job to share the messaging with those who were struggling.

REPRESENTATIVE PRUITT acknowledged that this was a monumental task and he suggested that adults had to be targeted in the message, as well as kids. He declared that the public norm had to also be viewed, and he offered an anecdote regarding alcohol consumption at public functions. He asked that the program message be expanded beyond kids, declaring that we all had to keep ourselves, our colleagues, and our friends from excessive alcohol consumption.

MR. JESSEE offered several anecdotes regarding the atmosphere of social norms that needed to change.

CHAIR HIGGINS shared an anecdote.

[9:49:37 AM](#)

WILLIAM STREUR, Commissioner, Office of the Commissioner, Department of Health and Social Services (DHSS), stated "this is a good thing. What we're doing with this is something that is, I think, going to get us off of dead center." He shared that

there had been these same challenges for 40 years, and that it was financially evident that this could not continue in the same way. He pointed to the negative effects of alcohol and the amount of money spent on alcohol problems among the divisions in Department of Health and Social Services. He declared that a common theme among many departments in the state were the results from mis-use of alcohol and drugs. He declared the need for a partnership with "our tribes, with our municipalities, with our villages, and with our private partners." He expressed his support for the Recover Alaska group.

[9:52:35 AM](#)

REPRESENTATIVE HERRON offered two insights he had gained after this presentation, one insight was that this was not a project, as it had no end date, and the second insight was that all 60 legislators had to be involved and supportive. He expressed his appreciation for Senator Kelly "carrying that banner" for FASD; however, FASD and not drinking when you were pregnant had been in the statutes for 25 years. He declared that the proposed resolution not only recognized Recover Alaska, but it declared the need for help from everyone.

[9:54:48 AM](#)

CHAIR HIGGINS opined that there would be substantial savings through Recover Alaska, if its efforts could be coordinated with other groups. He declared that it was a necessity for all the stakeholders to communicate. He emphasized that jobs were necessary as it gave value to people's lives.

[9:56:05 AM](#)

REPRESENTATIVE KELLER suggested that the final paragraph of the sponsor statement be phrased more positively to state that Recover Alaska was willing to take on issues.

CHAIR HIGGINS asked about an earlier reference for a change to the wording order in the title of the resolution.

REPRESENTATIVE HERRON explained his request for a minor, though significant, change in the title to now read: "Supporting Recover Alaska in its efforts to reduce excessive alcohol consumption and the effects."

[9:58:04 AM](#)

REPRESENTATIVE PRUITT suggested a conceptual amendment for the title to read: "Supporting Recover Alaska in its efforts to reduce excessive alcohol consumption and its effects."

There being no objection, Conceptual Amendment 1 was adopted.

[9:58:36 AM](#)

REPRESENTATIVE KELLER moved to report HCR 19, Version 28-LS1475\A, as amended, out of committee with individual recommendations and the accompanying zero fiscal notes. There being no objection, CSHCR 19(HSS) was reported from the House Health and Social Services Standing Committee.

[9:59:17 AM](#)

The committee took a brief at-ease.

[9:59:43 AM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 9:59 a.m.