ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
March 18, 2014
3:03 p.m.

MEMBERS PRESENT

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

MEMBERS ABSENT

Representative Pete Higgins, Chair
Representative Benjamin Nageak

COMMITTEE CALENDAR

PRESENTATION: PEDIATRIC PARTNERSHIP

- HEARD

PRESENTATION: ALASKA HEALTH WORKFORCE COALITION & VACANCY STUDY

- HEARD

HOUSE BILL NO. 324
"An Act relating to the controlled substance prescription database."

- HEARD & HELD

HOUSE BILL NO. 361
"An Act relating to licensing of behavior analysts."

- MOVED HB 361 OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: HB 324
SHORT TITLE: CONTROLLED SUBST. PRESCRIPTION DATABASE
SPONSOR(s): REPRESENTATIVE(s) KELLER

02/21/14	(H)	READ THE FIRST TIME - REFERRALS
02/21/14	(H)	HSS, FIN

03/04/14	(H)	HSS AT 3:00 PM CAPITOL 106
03/04/14	(H)	Heard & Held
03/04/14	(H)	MINUTE(HSS)
03/18/14	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: HB 361
SHORT TITLE: LICENSING OF BEHAVIOR ANALYSTS
SPONSOR(s): REPRESENTATIVE(s) SADDLER

02/26/14	(H)	READ THE FIRST TIME - REFERRALS
02/26/14	(H)	HSS, FIN
03/18/14	(H)	HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

MATT HIRSCHFELD, M.D.
Medical Director
Maternal Child Health Services
Alaska Native Medical Center
Anchorage, Alaska
POSITION STATEMENT: Presented a PowerPoint titled "The Science and Economics of Early Toxic Stress."

KATHY CRAFT, Director
Alaska Health Workforce Coalition
Anchorage, Alaska
POSITION STATEMENT: Presented a PowerPoint titled "Alaska Health Workforce Coalition & The 2012 Health Workforce Vacancy Study."

KATY BRANCH, Director
Alaska Center for Rural Health
Alaska Health Education Center (AHEC)
Anchorage, Alaska
POSITION STATEMENT: Presented a PowerPoint titled "Alaska Health Workforce Coalition & The 2012 Health Workforce Vacancy Study."

JIM POUND, Staff
Representative Wes Keller
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Introduced the committee substitute for HB 324, on behalf of the bill sponsor, Representative Wes Keller.

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 the discussion of HB 324.

MARGARET BRODIE, Director
Director's Office
Division of Health Care Services
Anchorage, Alaska
POSITION STATEMENT: Testified and answered questions during discussion of HB 324.

DIRK WHITE, Chairman
Board of Pharmacy
Sitka, Alaska
POSITION STATEMENT: Testified and answered questions during discussion of HB 324.

PATRICIA SENNER, Family Nurse Practitioner
Alaska Nurses Association
Anchorage, Alaska
POSITION STATEMENT: Testified and answered questions during discussion of HB 324.

LIS HOUCHEN, Director
State Government Affairs
National Association of Chain Drug Stores
Olympia, Washington
POSITION STATEMENT: Testified and answered questions during discussion of HB 324.

BARRY CHRISTENSEN, Pharmacist
Co-Chair
Legislative Committee
Alaska Pharmacists Association
Ketchikan, Alaska
POSITION STATEMENT: Testified during discussion of HB 324.

DAN LYNCH
Soldotna, Alaska
POSITION STATEMENT: Testified during discussion of HB 324.

REPRESENTATIVE DAN SADDLER
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HB 361 as the sponsor of the bill.

LORRI UNUMB, Vice President
State Government Affairs
Autism Speaks
Raleigh, North Carolina
POSITION STATEMENT: Testified in support of HB 361.

RICHARD KIEFER O'DONNELL, MD
Associate Director
Center for Human Development
University of Alaska
Anchorage, Alaska
POSITION STATEMENT: Testified during discussion of HB 361.

RACHEL WHITE, Behavior Analyst
Good Behavior Beginnings
Anchorage, Alaska
POSITION STATEMENT: Testified during discussion of HB 361.

ANNETTE BLANAS, Project Director
Capacity Building and Autism Interventions
Center for Human Development
University of Alaska
Anchorage, Alaska
POSITION STATEMENT: Testified during discussion of HB 361.

SUZANNE LETSO
Alaska Center for Autism
Eagle River, Alaska
POSITION STATEMENT: Testified during discussion of HB 361.

REBEKA EDGE
Behavior Matters
Eagle River, Alaska
POSITION STATEMENT: Testified in support of HB 361.

ACTION NARRATIVE

3:03:15 PM

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

call to order. Representatives Tarr and Pruitt arrived as the meeting was in progress.

Presentation: Pediatric Partnership

3:03:56 PM

VICE CHAIR KELLER announced that the first order of business would be a presentation by the All Alaska Pediatric Partnership.

3:04:34 PM

MATT HIRSCHFELD, M.D., Medical Director, Maternal Child Health Services, Alaska Native Medical Center, introduced a PowerPoint, titled "The Science and Economics of Early Toxic Stress," as well as the initiatives for early childhood development and other ways to make kids healthier in Alaska. He shared a quote from Frederick Douglas, which he declared to be the essence of the All Alaska Pediatric Partnership: "It is easier to build strong children than to repair broken men." Directing attention to slide 1, "Goal of a Nation," he relayed that the goal was "to produce a well-educated and healthy adult population that's skilled and sufficiently able to participate in a global economy," which he attributed to the American Academy of Pediatrics technical report on childhood adversity and toxic stress. Moving on to slide 2, "How Do We Do That," he explained that sound science showed the necessity to invest in good clinical practice that addressed complex social and economic needs of kids, especially early on in their development. He added that it was necessary to make sound investments in interventions that would help the kids and the families. He suggested that the health system change its focus from care of the sick to, instead, preventative well care programs to preclude sickness.

3:07:09 PM

DR. HIRSCHFELD addressed slide 3, "A New Framework," and reported that science had now proclaimed both nature and nurture equal in early development as environment could affect genes. He declared that, as stress could not be avoided, slide 4, "Physiologic Response to Stress in Kids," it was necessary to ensure a strong family relationship for a child to learn to adapt to stress in a healthy way. He reported that prolonged stressful responses in a child without a strong family relationship could lead to the release of stress hormones for a prolonged period, resulting in a sometimes permanent change to

the regulation of the stress hormones with abnormal, adverse responses to future stress. He explained the Adverse Childhood Experience Study (ACE), slide 5, "Evidence," which was first released in 1998, and surveyed 17,000 adults from childhood to later adulthood, 57 years of age. The survey looked for ten adverse childhood experiences, ranging from physical abuse to parental separation, slide 6, "Adverse Childhood Experience Study." Each of these adverse experiences was added to determine the prevalence for risk as adults, slide 7, "ACE: Prevalence data." He reported that a huge number of people, more than anticipated, had various exposures to very traumatic events as children, ranging from 21 percent who were sexually abused to 5 percent who had a criminal household member. He reported that almost two-thirds of the participants had at least one adverse childhood experience, while the one-third without any adverse childhood experiences were much healthier as adults, slide 8, "ACE: Prevalence data."

3:10:43 PM

DR. HIRSCHFELD shared slide 9, "ACE Score," and explained that the higher the ACE score, the greater the risk for health problems and risky behavior as an adult, as shown on slide 10 and slide 11, "Risky Behavior & ACEs." He noted that there was an increased risk for behavioral health problems, ranging from depression, suicide and sleep disturbances, slide 12, "Behavioral Health & ACEs," and increased risk for reproductive health problems, slide 13, "Reproductive Health & ACEs." Moving on to slide 14, "Health Measures Now Linked to Adverse Childhood Experiences Score," he stated that all organ systems were fairly significantly affected as adults. He declared that childhood problems were also manifested, slide 15, "Increasing ACEs in Spokane Elementary School Children," with academic failure, attendance problems, and school behavior concerns. He noted that there was sickness during the events, occurring as well years later as adults.

3:12:36 PM

DR. HIRSCHFELD explained that the new science and the ACEs study suggested that childhood surroundings affected the way that genes were expressed, slide 16, "The Mechanism of Change Epigenetics." These gene protein changes, histones, could be modified and removed, depending on the severity of the stress. He mentioned DNA methylation, a specific chemical compound added to the DNA, which also affected how genes were regulated and the resulting response to stress. He declared that these changes

could be permanent, depending on the severity of the stressful event. He shared that this had first been discovered in the nurturing grooming behavior of rats, slide 17, "Epigenetics in Rats." He shared slide 18, "Epigenetics Passed from Moms to Children," which stated that fetal exposure to maternal stress influences could lead to pre-term births, kids with poor emotional coping skills and decreased cognitive abilities, increased anxiety, and an increased fear response to stimuli. He pointed out that these were results of stress in utero, and that continuation of the stress after birth would reinforce these responses. He referenced earlier studies on the Romanian orphanages, slide 19, "Adult and Childhood Epigenetics," which reflected the abnormal brain development from a lack of nurture and care during childhood. He stated that these epigenetic changes included a smaller memory center, less connection between parts of the brain, a larger area controlling anxiety, and a smaller part of the brain dealing with reasoning and emotional control, slide 20, "How Do These Epigenetic Changes Affect People." He relayed that these kids also have dysregulation of stress hormones, inflammation and immunological changes, and shortened chromosomal telomeres, which were linked to an early onset of chronic disease. Directing attention to slide 21, "But These Effects Can Be Reversed," he reported that a prevention program which reduced the ACEs score, and would reduce suicide attempts, alcohol dependence, and other health measurements studied to this point. He declared that early intervention with good programs for a family could affect the future health. He discussed the problem of mothers' neglect or abuse, slide 22, "The Birth Experience and Bonding," and shared that policy changes in many countries had ensured that mother's bonded with their babies, with a resulting decrease in child abandonment, neglect, and maltreatment.

3:18:24 PM

DR. HIRSCHFELD discussed slide 23, "Innate Influences: Breastfeeding," and spoke about the study in Australia which followed more than 6,000 mother-infant pairs over 15 years. It encouraged breast feeding for four months, which resulted in the 2.6 times less likelihood for child maltreatment. He stated that the initiation of breast feeding was good in Alaska; however, as continuation was not as strong, encouragement could make a big effect on the kids. He spoke about slide 24, "Costs of Child Abuse: USA," which showed that, in 2007, $104 billion was spent annually for the direct costs of child abuse, with an additional $70 billion spent on indirect costs. He stated that the cost per maltreated child was about $182,000. Moving on to

slide 25, "Costs of Child Abuse: USA," he spoke about another study in 2012, which reflected the increase of costs to $124 billion annually, with a lifetime cost of $210,000 for each nonfatal child maltreatment. The slide listed productivity losses, criminal justice costs, and special education costs. He discussed slide 26, "Econometrics of Early Intervention & Prevention," a graph for rate of return for investment along with the age of intervention for a child. He reported that the rate of return was much higher when there was earlier intervention. He said that behaviors were relatively set by the age of 15 years. He declared an intervention goal for targeting women when they get pregnant.

3:20:54 PM

DR. HIRSCHFELD reported on slide 27, "Washington State Institute for Public Policy - WSIPP," which detailed that, as most early childhood interventions had a benefit cost ratio greater than 1, "these interventions are cost effective and make a lot of sense." Introducing slide 28, "Public Investment in Children by Age," he noted that the brain's capacity for change was the highest under the age of three years; however, most programs designed to address kids in trouble targeted much older children. He showed slide 29, and explained that an intervention would calm a child. He stated that the All Alaska Pediatric Partnership (AAPP) focused on the first 1000 days of life to address some of these aforementioned issues, slide 30, "AAPP's First 1,000 Days of Life Campaign for Alaska's Children," and that it somewhat mirrored the American Academy of Pediatrics initiative for early brain and childhood development to build nurturing relationships in families, slide 31. He reported that the American Academy of Pediatrics wanted to minimize toxic stress, promote positive parenting, promote a great environment for kids, develop enhancing activities for interpersonal relationships, and screen for families at risk, slide 32 "Some steps for EBCD promotion." He shared that the AAPP had various pediatricians, public health officials, nurses, and others who cared about kids come together to define four areas for the AAPP to have impact by reducing adverse childhood events and toxic stress in kids, slide 33, "Collective Impact." He shared the results on slide 34, "First 1,000 Days of Life Campaign Workgroups," which listed increases for breastfeeding rates, immunization rates, and access to a primary care provider, with decreases to child abuse and neglect as the goals.

3:24:19 PM

DR. HIRSCHFELD said that there was some great evidence based practice from initiatives that could be implemented on a community-wide and state-wide basis, slide 35, "AAPP Initiatives: Triple P-Positive Parenting Program." This program teaches parents how to be positive parents and build family relationships, manage children's behavior in a good way, and prevent developmental problems, and it was delivered in the Primary Care setting. He pointed to the positive rate of return from this program in the State of Washington. He directed attention to slide 36, "AAPP Initiatives HelpMeGrow," which he described as a great way to connect at-risk kids with the services they needed. He explained slide 37, "Our Role," which was to guide vision and strategy, and drive the conversation by building public will, offering public talks, and mobilizing funding as a 501(c)(3), instead of asking for support from hospitals and clinics.

3:27:07 PM

REPRESENTATIVE REINBOLD declared that the recent resolution to support breast feeding would be in agreement with the AAPP campaign.

VICE CHAIR KELLER noted that a bill for inoculations would also be presented in the future.

3:28:29 PM

REPRESENTATIVE SEATON declared that there would be coordination with other studies for impaired learning and childhood development from low Vitamin D levels.

Presentation: Alaska Health Workforce Coalition & Vacancy Study

3:28:57 PM

VICE CHAIR KELLER announced that the next order of business would be a presentation by the Alaska Health Workforce Coalition & The 2012 Health Workforce Vacancy Study.

3:30:09 PM

KATHY CRAFT, Director, Alaska Health Workforce Coalition, gave a brief refresher on the Alaska Health Workforce Coalition and its vacancy study, slide 2 "Leadership." She said that a variety of industry and government entities had been independently working

on the health workforce in 2009, and then formed a coalition. She listed the current members in both industry and the State of Alaska. She declared that all the work was based on the health workforce data, slide 3, "Coalition Approach," and that the 2010 work plan had been endorsed by the Alaska Workforce Investment Board as the health plan for Alaska.

3:32:27 PM

MS. CRAFT stated that the plan had identified six occupational priorities, slide 4, "Action Agenda 2012-2015," which included primary care providers, direct care workers, behavioral health clinicians, physical therapists, nurses, and pharmacists. She pointed out that there also needed to be work on systems change and capacity building, and she listed the programs for focus. Moving on to slide 5, "Action Agenda Scorecard-December 2013," she pointed to the 43 active strategies, reporting that only one target would not be achieved, and that this action agenda would be revised in the upcoming year. She pointed to slide 6, "AHWC Successes," and listed House Bill 78, the legislation regarding loan repayment and incentives, as a "good burst to our system." She stated that funding for the nurse practitioner, the physical therapist, and the perioperative nursing programs were all successes. She declared that the advocacy items for 2014 included funding for the Alaska Area Health Education Center, professional development and training, and the complex behavior collaborative, slide 7, "2014 Advocacy Items."

3:35:43 PM

KATY BRANCH, Director, Alaska Center for Rural Health, Alaska Health Education Center (AHEC), stated that the workforce vacancy study was a full year, and she listed the project team, slide 9, "Partners and Credits." Reviewing slide 10, "What is a Vacancy Rate?" she explained that a vacancy rate was an indicator of how many budgeted positions were expected to be vacant, and it was a measure of industry demand and an indicator of occupational need. She said that a vacancy rate should be considered in conjunction with other data sources and data sets, including resident/non-resident, turnover, and age. She stated that the vacancy study data was used in a myriad of ways, slide 11, "Utility and Relevancy of Vacancy Data," which included informing policy decisions, describing Alaska's health workforce climate, and indicating the program impact. She pointed out that it had been used to determine expansion of student capacity at the university.

3:38:38 PM

MS. BRANCH stated that some of the goals during planning of the Health Workforce Vacancy Study (HWVS) were for the data set to be comparable with other data sets in both Alaska and nationally, slide 13, "Goals of the 2012 HWVS." She explained that, as the occupation titles had to crosswalk with the Standardized Occupation Classification (SOC) codes used at both the state and federal level, the group developed a taxonomy for the occupations. She noted that the group had also utilized the Department of Labor & Workforce Development labor market regions so that easier comparisons were possible. She noted that the data collection framework and the methodology were standardized to allow the data to be trended, and that input from industry experts was used at every step during the process. She reported on slide 14, "Strategy - Alaska Standardized Health Occupations Taxonomy," and stated that this taxonomy served as the foundation of the health vacancy study. She reported that it had defined 157 health occupations, based on scope of practice, and aligned it with the aforementioned SOC codes. This alignment allowed a crosswalk to more than 8,000 job titles, and supported response to health industry workforce surveys. She declared that it was "pretty staggering the differences we have with employers and what they call positions," hence the importance to define the occupation for what it did, and not what it was called or where it was located. She said that, although the vacancy study only had six questions, they were difficult to answer, slide 16, "Vacancy Study Questions." She stated that the first four questions were asked for each occupation. Moving on to slide 17, "Vacancy Study Questions," she listed two more questions that were asked overall and not by each occupation. Directing attention to slide 19, "Sample & Responses by Region," she said that there was a statewide aggregate response rate by employers of 67 percent, which represented 79 percent of health workers, slide 20, "Health Workers by Region." Discussing slide 21, "Sample & Response by Organization," she pointed to the various organizational types that were invited to respond.

3:44:22 PM

MS. BRANCH discussed the data and the key findings on slide 23, "Statewide Aggregate: Vacancy Rate for Occupations with 500 Positions." She said there were 25 occupation types in Alaska that represented 60 percent of the health workers in the state and 62 percent of the vacancies. She had anecdotally called colleagues at health organizations for their views on normal

vacancy rates for many positions, and then, using those parameters, had determined that a 10 percent vacancy was within the realm of reason. Above that rate, there were specific strategies to bring that targeted rate down. She stated that she had avoided any labeling to the data, as it should not be generalized. Looking at slide 24, "Rural vs Urban:" she discussed mental and behavioral health and related occupations in rural and urban areas. She highlighted the specific occupations that tended to have the highest vacancy rates. She addressed slide 25, "Physician and Surgeons Occupation Detail by Specialty by Rural/Urban," and reported that family and emergency physicians were the highest vacancy need in rural areas, whereas in urban areas the vacancies were for specialists. She noted that there was a 16 percent vacancy for pediatricians in rural communities. She pointed to lower vacancy rates when there were training programs within the state. Directing attention to nursing, slide 26, she pointed out that specialists were needed.

3:49:31 PM

MS. BRANCH moved on to slide 27 "Tribal Health Occupations (extracted) Estimated Vacancy Rates by Rural/Urban," and noted that the listed occupations had high turnover in rural areas as the stress encountered in these positions made it very challenging. She declared that rural hub and urban support was critical for the health care infrastructure. She shared slide 28, "Sharp II - Tier I Professions Estimated Vacancy Rates," which offered data with regard to loan repayment programs. She reported the high vacancy in rural areas for general practitioners and family physicians, as well as pediatricians. Pointing to slide 29, "Tier II Professions Estimated Vacancy Rates," she relayed that physician assistants, family nurse practitioners, physical therapists, and registered nurses all had high vacancy rates in the rural areas. Referring to the two more subjective questions in the vacancy study, asking why there was trouble hiring, slide 30, "Reasons for not Hiring Employees" she pointed to the most common responses as "inadequate pool of trained or qualified support staff" and "insufficient compensation package." She called these modifiable factors, as they could be influenced. She discussed slide 31, "Reasons for not Retaining employees," and stated that the "social/geographic isolation" in rural communities and "relocation or reassignment" in urban communities were the two biggest reasons.

3:54:16 PM

MS. BRANCH addressed slide 33, "Executive Summary - Data," and stated that the disparity in distribution between the urban and rural health workforce was a continuing trend, and a key to the solution was for rural recruitment and retention, and development for training Alaskans for these positions. Concluding with slide 34, "Executive Summary - Recommendations," she reported that investment in programs with effectiveness in "Growing Our Own" to fill health positions, and increasing training availability and residency seats in under-represented fields with a rural practice emphasis were very important. She stated that the statewide loan repayment program helped drive recruitment. She declared that an expansion of professional development and training opportunities for the existing health workforce was also a very important strategy to support retention.

3:55:59 PM

MS. BRANCH, in response to Representative Reinbold, stated that the area health education center programs were very effective for the "Grow Our Own" program, especially for work in rural communities. She pointed out that the Alaska Mental Health Trust Authority had also invested heavily in a "Grow Our Own" program for behavioral health providers.

3:57:17 PM

REPRESENTATIVE REINBOLD opined that the program investment strategy was vague, and suggested that the "Grow Our Own" program prepare a priority list for what was working and what were the outcomes. She referenced an earlier suggestion to retain the Statewide Loan Repayment plan, noting that there was already the Alaska Performance scholarship. As she was unsure of the current repayment plan details, she declared her support for the former program.

MS. BRANCH suggested steering the repayment plan toward the most needed occupations in order to recruit for and retain those occupations in Alaska. She offered her belief that the repayment plan should be a retention strategy, and therefore, align the loan repayment with the characteristics of applicants who would stay in Alaska.

3:59:31 PM

REPRESENTATIVE REINBOLD said that the repayment program had been "a perfect example of bringing kids back that already have their

roots here." She asked about the impact of the Affordable Care and Patient Protection Act, and expressed her concern for the "deep needs in health care workers across the state."

MS. CRAFT replied that, as employees were aging and retiring and the population was also aging, there would be a need for more services.

REPRESENTATIVE REINBOLD expressed her concern that there would not be enough providers to meet the future needs of Alaskans.

MS. CRAFT said that the group would look into this.

REPRESENTATIVE KELLER suggested that the committee be notified for any trend changes.

4:01:41 PM

REPRESENTATIVE TARR asked about the collaborative specialty programs with outside universities.

MS. BRANCH noted the occupational therapy program in conjunction with Creighton University, which maintained seats for Alaskans. She listed the programs planned for physical therapy and pharmacy. She stated that these "sorts of agreements with other universities allow us to not have to bear the entire burden of the program, the accreditation costs... it allows us to designate seats in high need areas like therapies and pharmacy and others for Alaskans so that they can receive their training here." She lauded the success of the program.

MS. CRAFT added that the psychiatric steering committee was exploring a five year program with the University of Washington, with the final two years of schooling in Alaska.

MS. BRANCH explained that there was a trend for students to remain where they received their training.

REPRESENTATIVE TARR observed that the partnerships were innovative as the start-up costs for these programs would be cost prohibitive for the University of Alaska. She opined that the loan forgiveness program was a good strategy to keep the student in Alaska.

MS. CRAFT, responding to Representative Reinbold, said that the behavioral health aides and the community health aides were two

more "Grow Your Own" programs that kept people in their community.

HB 324-CONTROLLED SUBST. PRESCRIPTION DATABASE

4:05:08 PM

VICE CHAIR KELLER announced that the next order of business would be HOUSE BILL NO. 324, "An Act relating to the controlled substance prescription database."

4:06:34 PM

JIM POUND, Staff, Representative Wes Keller, Alaska State Legislature, addressed the proposed committee substitute (CS) for HB 324, labeled 28-LS1427\N, Strasbaugh, 3/7/14 which proposed to answer some of the concerns from the previous meeting. He directed attention to page 3, line 9, which added "directly" so that the hospital would administer the drugs. He noted that some rural providers did not have access to a database, so "through an electronic database or another method" was added on page 3, line 10. He pointed to page 3, line 30, which added "a secure real-time" and stated that once the prescription was given to the client the information would be input to the database. Noting page 4, line 22, "who is licensed" was added to ensure that access to data was only by a licensed individual. He stated that the final change was on page 4, line 29, whereby "provider" was changed to "practitioner."

4:09:05 PM

REPRESENTATIVE PRUITT moved to adopt the proposed committee substitute (CS) for HB 324, labeled 28-LS1427\N, Strasbaugh, 3/7/14, as the working draft.

VICE CHAIR KELLER objected for discussion.

REPRESENTATIVE TARR asked if the payment portion would remain the same as the previous draft.

MR. POUND replied that it would remain the same.

4:09:47 PM

[VICE CHAIR KELLER opened public testimony].

WARD HURLBURT, M.D., Chief Medical Officer/Director, Division Of Public Health, Central Office, Department of Health and Social Services, stated that the administration had not taken a position on the proposed bill. He referred to the passage of a similar law in Missouri, noting that all 50 states now had a controlled substance prescription data base program. He said there was an array for how robust the programs were, and he pointed to the Oklahoma program with a 10 minute real time accessibility. He declared that had been a benefit to the program. He reported that Alaska downloaded the information on a monthly basis. He declared that all the programs had value for addressing the national epidemic of controlled substance prescription drug abuse. He said that annual deaths from the illicit use of these legal controlled substances had now surpassed the annual deaths from automobile accidents. He stated that the more robust the program, the more it would cost. He noted that the responsible department would have to determine the program with the greatest value for the cost. He shared an anecdote of his work prior to working in Alaska. He stressed that availability of these databases was helpful and important to medical professionals.

4:12:48 PM

REPRESENTATIVE REINBOLD asked who paid for these programs, and for his recommendations for funding.

DR. HURLBURT replied that he clearly recognized the challenge for a reasonable, prudent approach to funding for this important program.

4:14:01 PM

REPRESENTATIVE TARR asked for clarification that the fees through the Board of Pharmacy would finance the program.

DR. HURLBURT replied that it was a reasonable cost to impose on the health care businesses.

REPRESENTATIVE TARR asked if any other programs were charging the patient for this service.

DR. HURLBURT replied that he did not know, though he offered his belief that it would be difficult. If a cost was imposed at the point where the controlled substance was dispensed, then the patient, or the third party payer, would bear the cost.

4:16:58 PM

MARGARET BRODIE, Director, Director's Office, Division of Health Care Services, said that it was necessary to study who would benefit from the database, and look for funding from those who benefited.

VICE CHAIR KELLER offered his belief that the funding would need to come from the pharmacists. He suggested that there could be other funding sources, including private donations, and he asked for any suggestions from Department of Health and Social Services (DHSS).

4:18:37 PM

MS. BRODIE stated that DHSS supported the database and would work with whomever to make it successful.

REPRESENTATIVE REINBOLD declared that the community, as a whole, benefited from the database. She suggested finding funding alternatives to avoid conflict with the pharmacies.

4:20:27 PM

DIRK WHITE, Chairman, Board of Pharmacy, reported that the Board of Pharmacy had taken on the responsibility of overseeing the program when it was passed in 2008. At that time, there was a letter of intent that there would not be a financial burden on the Board of Pharmacy or the pharmacists for running the program. He declared that it was a public safety issue, and that everyone in the state benefited by the prevention of narcotics and other dangerous prescription medication from reaching the street. He said that, as all the citizenry benefited, there should not be fees imposed on the providers. He asked how the fees would be collected and then disseminated. He said that this would become a non-funded state mandate, and he listed other non-funded federal mandates for which pharmacists were responsible. He said that all the providers had similar fees. He stated that this benefit to all the citizens of the state needed to be funded by the state.

4:24:15 PM

VICE CHAIR KELLER stated that the fees would get passed on to the customers.

MR. WHITE explained that these fees would not be passed on, as the pharmacists cannot change their reimbursement rates, and any increased costs had to be absorbed by the pharmacist.

4:25:27 PM

PATRICIA SENNER, Family Nurse Practitioner, Alaska Nurses Association, expressed her support for the change in wording for entry data users. She relayed that the Legislative Budget and Audit Committee was holding hearings regarding the accounting practices of the Division of Corporations, Business, and Professional Licensing [Department of Commerce, Community & Economic Development], with some possible "deficiencies or problems in that area" and she did not want to add any further responsibilities to that division. She suggested a tax on the pharmaceutical companies that make the controlled substances. She pointed to the state tobacco tax and the state liquor tax, which were collected from the distributors and not the individual dispensers. She expressed support for the real time mandate, though she expressed concern for any cost increase over management of the current system.

4:27:43 PM

VICE CHAIR KELLER said that the proposed bill would be held over.

4:28:09 PM

LIS HOUCHEN, Director, State Government Affairs, National Association of Chain Drug Stores, directed attention to the letter [Included in members' packets] that she had submitted which listed suggestions for the proposed bill. Referring to page 2, line 31, and continuing on to page 3, line 1, she suggested deleting "other than the state." She stated that the organization was very supportive of this program, noting that only one state did not have a similar program. She noted the current lack of ability for online real time, and she asked that this be removed from the proposed bill. She explained that the program was trying to discern a history of abuse by a specific individual, and, as that was revealed by activity over a period of time, the online real time was not necessary. She asked that the pharmacist and the prescriber not be taxed, as they were already paying to provide the information and the materials. She suggested a search for alternative sources of funding, and mentioned a user fee for those who access the information. She stated that the pharmacies could not pass on this cost, as the

rates were already fixed, and she asked that an alternative source of funding be sought.

4:31:43 PM

VICE CHAIR KELLER replied that there was a conceptual amendment to be proposed that would address some of those concerns.

4:31:53 PM

BARRY CHRISTENSEN, Pharmacist, Co-Chair, Legislative Committee, Alaska Pharmacists Association, declared support by the membership for the prescription substance data base, as it ensured public safety. He pointed out that the Alaska Pharmacists Association had submitted a letter [Included in members' packets]. He expressed appreciation for licensed staff to have access to the data base, and suggested that it include licensed staff in other medical practices. He pointed out that there was not any real time statewide data base for pseudoephedrine. He asked for a response to why there was not real time in Alaska.

4:34:47 PM

DAN LYNCH referred to an earlier proposal for a similar bill in 2008 and maintained that his testimony remained unchanged, the proposed bill was "unconstitutional in the USA, including Alaska." He referred to the Fourth Amendment [Bill of Rights] and its statement against unreasonable search and seizure. He offered his belief that success statistics had determined that it "won't work now in real time or dream time." He referred to the letter of intent from the earlier proposed bill, "it is not the intent of the legislature that the professional users of the data base absorb the cost of managing this public program through their license fees or other fee structure," and declared that this had already been established. He questioned the change for increased access to the data base, or contracting with a private data base provider. He declared that the state was unable to monitor its own employees. He pointed out that the internet was now the global marketplace for purchases. He said it was a waste of funds for this "silly, incompetent, feel good legislation." He suggested using the time, effort and finances "to address reality, treatment, real issues and real solutions."

4:38:04 PM

VICE CHAIR KELLER held over HB 324.

4:38:25 PM

The committee took a brief at-ease.

4:38:55 PM

VICE CHAIR KELLER removed his earlier objection to the proposed work draft. There being no further objection, it was adopted.

HB 361-LICENSING OF BEHAVIOR ANALYSTS

4:39:07 PM

VICE CHAIR KELLER announced that the final order of business would be HOUSE BILL NO. 361, "An Act relating to licensing of behavior analysts."

4:39:21 PM

REPRESENTATIVE DAN SADDLER, Alaska State Legislature, paraphrased from the sponsor statement:

> Autism is a significant and growing problem in Alaska. Statistics show that one in 110 Alaska children - about 1 percent - are born with this developmental disability, characterized by a diminished ability to communicate, social isolation, and other symptoms.
>
> While not curable, autism is treatable. Scientific, peer-reviewed studies have shown that early intensive treatment in the form of Applied Behavioral Analysis offers the best opportunity to help people with autism improve their ability to function productively in society.
>
> Applied Behavior Analysis is recognized as the basis for the most effective form of treatment for autism by the U.S. Surgeon General, The National Institute of Child Health, and the American Academy of Pediatrics. You can best understand ABA as behavior modification therapy: It seeks to encourage appropriate behavior by assessing and managing the relationship between the environment and the desired behavior.

Forty years of research shows that nearly half of people with autism who receive intensive early intervention and treatment do not require lifelong services and support — and half can achieve normal functioning after two to three years. This can mean lifetime savings of $200,000 to $1.1 million for a person through the age of 55.

One of the most important elements in successful autism treatment is having it provided by well-trained behavioral therapists – those who hold the nationally recognized credential of Board-Certified Behavioral Analyst, or BCBA.

To qualify as a BCBA, applicants must have a minimum of a master's degree, plus extensive training and experience requirements of up to 1,500 hours of supervised practice in the field, 225 hours of graduate-level classroom work, or a year's experience teaching ABA at the university level. They must also pass the challenging BCBA certification examination. The Board-Certified Assistant Behavioral Analyst, or BCaBA credential, requires slightly lower standards.

The state already supports the training of BCBAs through a grant to the Center for Human Development, at the University of Alaska Anchorage. There are about 20 to 30 BCBAs and BCaBAs in Alaska today, although not all of them are currently working in the field.

Under current state law, Alaskans with BCBAs cannot bill health insurance companies or Medicaid for their services at a rate that reflects their high degree of training and professional skill because they are not formally licensed.

HB 361 addresses this situation by providing for those holding the BCBA or BCaBA credentials in Alaska to be licensed by the Division of Professional Licensing, in the Alaska Department of Commerce, Community and Economic Development. Fourteen other states currently provide licensing and regulate behavior analysts. This approach has the strong support of Alaska BCBAs and of national autism advocacy groups.

By ensuring licensing and higher standards of practice for BCBAs and BCaBAs, HB 361 will:

- encourage more people to provide autism services in Alaska
- offer higher reimbursement rates for professional providers
- provide better outcomes for Alaska children with autism
- save the state money by avoiding the need for costly institutional care, and
- improve the quality of life for hundreds of Alaskans and their families.

4:43:17 PM

VICE CHAIR KELLER opened public testimony.

4:43:46 PM

LORRI UNUMB, Vice President, State Government Affairs, Autism Speaks, reported that she worked on autism insurance reform legislation, she founded an applied behavior analysis treatment center, and she taught law classes, including autism and the law. She declared that, most importantly, she was the mother of a severely affected 13 year-old autistic son. She stated her strong support of HB 361. She reported that she had worked on many of the 34 insurance laws nationwide, as well as many of the professional licensure bills in 14 states. She offered her belief that HB 361 was well written and "strikes an appropriate balance; it recognizes the appropriate levels of professional, the board certified behavior analyst, as well as the associate level for those with lesser education experience." She noted that the proposed bill allowed for a temporary license for those licensed in another state, a disciplinary mechanism to sanction those who violate the ethical and professional standards, appropriate exemptions for those who did not need to be licensed, and a two year transition for those already certified elsewhere, but now practicing in Alaska. She noted that the proposed bill reflected on the trend in creating professional licensing.

4:47:06 PM

RICHARD KIEFER O'DONNELL, MD, Associate Director, Center for Human Development, University of Alaska, shared that he had

started his work with the Center for Human Development in 2008 as part of a partnership with many other agencies and parents. This partnership was tied to the core question for what type of training and workforce development was necessary in Alaska to serve the population of children with autism. He relayed that this was a partnership with two other universities to offer the program, and that there were now 20 certified analysts, with 17 others working toward the degree. He noted that many of the graduates were now actively involved with the complex behavior collaborative.

4:50:41 PM

RACHEL WHITE, Behavior Analyst, Good Behavior Beginnings, said that she worked with children with autism, and that she provided in-home services in the Anchorage and Mat-Su areas. She declared her support for the proposed bill, as it would provide access to services for clients with insurance that required state licensing, as opposed to national certifications. She expressed support for the regulation of services so clients would receive quality and ethical behavior analytic services.

4:52:44 PM

ANNETTE BLANAS, Capacity Building and Autism Interventions Project Director, Center for Human Development, University of Alaska, reported that she was on the autism task force, and that she was a board certified behavior analyst, as well as the mother of a son with autism. She declared her support for the proposed bill. She added that licensure brought a protection for families in rural communities, as they were more vulnerable to practices "that are not necessarily good." She pointed out that, as many families were desperate for early intervention, the licensure would add a component of protection for consumers.

4:54:20 PM

SUZANNE LETSO, Alaska Center for Autism, reported that she operated a school, was a board certified behavior analyst, and was the mother of a child with autism. She directed attention to her previously submitted testimony [Included in members' packets]. She stated that the proposed bill was well written and would protect consumers, ensure appropriate interventions, and safeguard the funding for education of children with autism. She stated that the BCBA (Board-Certified Behavioral Analyst) was the international organization recognized for setting the standard for behavior analytics and qualifications worldwide.

She offered her belief that it was important to tie into this standard, as it would allow recruitment into Alaska and would reduce the cost for implementing licensure. She declared the need for a funding stream to support the UAA graduates in certified behavior analysis.

REPRESENTATIVE REINBOLD asked if teachers were getting enough support with autistic children in the public classroom.

MS. LETSO offered her belief that they were not, and that it was necessary for more training and more experts.

5:00:19 PM

REBEKA EDGE, Behavior Matters, reported that she was a board certified behavior analyst, and had two children with autism. She said that, although her business billed multiple insurance companies, Tri-Care was the only reliable payer. She said that most insurance companies required licensure.

5:02:32 PM

REPRESENTATIVE SADDLER asked if the proposed bill would inhibit the ability of not licensed staffers to do their work.

MS. EDGE said that it would not as there were also behavioral technicians.

5:03:21 PM

VICE CHAIR KELLER asked about the acceptance of national certification by the insurance companies, and noted that Premera Blue Cross did support the proposed bill. He asked if the proposed bill would set up a self-regulating board.

REPRESENTATIVE SADDLER replied that private insurers were making intermittent payments for claims, although the coding for services was often questioned. He pointed out that Premera Blue Cross supported the "approach of this bill" and they did see the benefit of licensure, although they interpreted the need for an independent professional licensing board. He reported that the proposed bill envisioned departmental licensing, which he opined would meet the licensure requirements for insurance billing and Medicaid.

VICE CHAIR KELLER suggested allowing the indeterminate fiscal note be passed on to the House Finance Committee.

5:05:07 PM

REPRESENTATIVE TARR commented that a recent article had linked autism to environmental causes.

REPRESENTATIVE REINBOLD offered her belief that the increasing rates of autism should be researched, especially if there was a link to environmental causes. She suggested that early intervention could cut the associated long term cost.

5:06:40 PM

REPRESENTATIVE PRUITT moved to report HB 361, labeled 28-LS1474\A, out of committee with individual recommendations and the accompanying fiscal notes.

VICE CHAIR KELLER objected. He then removed his objection. There being no further objections, HB 361 was moved from the House Health and Social Services Standing Committee.

5:07:07 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:07 p.m.