

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 21, 2014

1:31 p.m.

MEMBERS PRESENT

Senator Bert Stedman, Chair
Senator Peter Micciche, Vice Chair
Senator Kevin Meyer

MEMBERS ABSENT

Senator Pete Kelly
Senator Johnny Ellis

COMMITTEE CALENDAR

SENATE BILL NO. 169

"An Act establishing in the Department of Health and Social Services a statewide immunization program and the State Vaccine Assessment Commission; creating a vaccine assessment account; requiring a fee assessment from health care insurers and other program participants for statewide immunization purchases; repealing the temporary child and adult immunization program; and providing for an effective date."

- HEARD & HELD

SENATE BILL NO. 162

"An Act authorizing a licensed optometrist to prescribe a pharmaceutical agent containing hydrocodone."

- HEARD & HELD

SENATE BILL NO. 161

"An Act relating to duties and procedures of the state medical examiner and the Department of Health and Social Services; and relating to death certificates."

- MOVED SB 161 OUT OF COMMITTEE

SENATE BILL NO. 151

"An Act relating to chemicals that are of high concern for children and to the manufacture and sale of products containing certain flame retardant chemicals; relating to an interstate chemicals clearinghouse; adding an unlawful act to the Alaska

Unfair Trade Practices and Consumer Protection Act; and providing for an effective date."

- MOVED SB 151 OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: SB 169

SHORT TITLE: STATEWIDE IMMUNIZATION PROGRAM

SPONSOR(s): SENATOR(s) GIESSEL

02/10/14 (S) READ THE FIRST TIME - REFERRALS
02/10/14 (S) HSS
02/21/14 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 162

SHORT TITLE: HYDROCODONE PRESCRIPTION BY OPTOMETRISTS

SPONSOR(s): SENATOR(s) OLSON

02/07/14 (S) READ THE FIRST TIME - REFERRALS
02/07/14 (S) HSS
02/21/14 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 161

SHORT TITLE: AUTOPSIES AND DEATH CERTIFICATES

SPONSOR(s): SENATOR(s) OLSON

02/07/14 (S) READ THE FIRST TIME - REFERRALS
02/07/14 (S) HSS
02/19/14 (S) HSS AT 1:30 PM BUTROVICH 205
02/19/14 (S) Heard & Held
02/19/14 (S) MINUTE(HSS)

BILL: SB 151

SHORT TITLE: HIGH-RISK CHEMICALS FOR CHILD EXPOSURE

SPONSOR(s): SENATOR(s) OLSON

01/31/14 (S) READ THE FIRST TIME - REFERRALS
01/31/14 (S) HSS, JUD
02/19/14 (S) HSS AT 1:30 PM BUTROVICH 205
02/19/14 (S) Heard & Held
02/19/14 (S) MINUTE(HSS)

WITNESS REGISTER

SENATOR CATHY GIESSEL
Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: Sponsor of SB 169.

JANE CONWAY, Staff
Senator Cathy Giessel
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Described the changes in SB 169 on behalf of the sponsor.

WARD HURLBERT, Chief Medical Officer
Division of Public Health
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Provided information related to SB 169.

ROSALYN SINGLETON, Physician
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 169.

LILY LOU, M.D., Medical Director
Newborn Intensive Care Unit
Providence Children's Hospital
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 169.

PATRICIA SENNER, Director
Professional Practices
Alaska Nurses Association
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 169.

RANDI SWEET, representing herself
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 169.

AMY DRESSEL, Pediatrician
Juneau, Alaska

POSITION STATEMENT: Testified in support of SB 169.

DAVE SCOTT, Staff
Senator Donny Olson
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented information on SB 162, SB 161, and SB 151 on behalf of the sponsor.

MICHAEL BENNETT, Optometrist
Juneau, Alaska

POSITION STATEMENT: Testified in support of SB 162.

RACHEL REINHARDT, Ophthalmologist
American Academy of Ophthalmology
Seattle, Washington

POSITION STATEMENT: Testified in opposition to SB 162.

STEVEN DOBSON, Optometrist
Alaska Optometric Association
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 162.

JEFF GONNASON, Optometrist
Alaska Optometry Association
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 162.

ACTION NARRATIVE

[1:31:55 PM](#)

CHAIR BERT STEDMAN called the Senate Health and Social Services Standing Committee meeting to order at 1:31 p.m. Present at the call to order were Senators Micciche, Meyer, and Chair Stedman.

SB 169-STATEWIDE IMMUNIZATION PROGRAM

[1:32:41 PM](#)

CHAIR STEDMAN announced that the first order of business would be SB 169. He said it is the first hearing on the bill. The intent is to adopt a new Committee Substitute, have the sponsor introduce the bill, take public testimony, and then set the bill aside for further review.

[1:32:47 PM](#)

SENATOR MEYER moved to adopt the CS for SB 169, labeled 28-LS1219\p, as the working document.

CHAIR STEDMAN objected for discussion purposes.

SENATOR CATHY GIESSEL, Alaska State Legislature, Juneau, Alaska, sponsor of SB 169, introduced the bill. She stated that SB 169 would permanently put the state vaccine program in place with monies other than the state's money. She related that after Senator Stevens left the U.S. Senate, the Center for Disease Control changed how they viewed Alaska. Alaska had been getting

\$4.3 million per year to provide vaccines for all residents. That funding decreased to \$700,000. The state's vaccination program was greatly curtailed. She recalled the vaccine-preventable diseases that the program targeted.

SENATOR GIESSEL related that two years ago, after hearing this same bill, the state funded the program for \$4 million per year for 3 years. At the end of 3 years, the Department of Health and Social Services (DHSS) was charged with finding a way to fund the program, in collaboration with the state's insurance companies. She said that is what this bill does.

[1:35:45 PM](#)

JANE CONWAY, Staff, Senator Cathy Giessel, Alaska State Legislature, Juneau, Alaska, described the changes in SB 169 on behalf of the sponsor. She said changes were made from version O to version P, the current CS. She noted the original bill used the name "State Vaccine Assessment Commission" for the group being set up to administer the vaccine program. That name was changed to the "State Vaccine Assessment Council" so it would not be confused with the current "State Health Care Commission." All throughout the bill the term was changed. Another term was changed in version P; "health care insurer" was changed to "an assessable entity" for a broader usage. It is a term used by other states for their vaccine assessment programs.

MS. CONWAY referred to page 5, line 18; the manner in which the definition "assessable entity" is written is different than version O, but is using the same reference by definition and it encompasses the detail list from version O. This language recommended by legislative legal services.

CHAIR STEDMAN removed his objection to adopting version P. There being no objection, version P was before the committee.

[1:38:10 PM](#)

At ease

[1:39:42 PM](#)

SENATOR MEYER inquired about the change in wording from "commission" to "council." He asked if the council would be treated like a commission in the sense that people from all over the state make up the members, they meet on a regular basis, and are subject to an audit.

MS. CONWAY explained that the council is a group that is appointed by the commissioner of Public Health; it is not a

board. The council will meet throughout the year to set up the program and assess the entities. They will work under the auspices of DHSS and they will serve without compensation or reimbursement.

SENATOR MEYER asked if they would serve at the pleasure of the commissioner.

MS. CONWAY said the commissioner of DHSS would appoint an 8-member board.

[1:42:04 PM](#)

WARD HURLBERT, Chief Medical Officer, Division of Public Health, Department of Health and Social Services (DHSS), Juneau, Alaska, provided information related to SB 169. He shared a story to highlight the vast changes from vaccinations in Alaska. He said in 1953 in Ketchikan there were 93 cases of polio, 83 of which were paralytic. Today, a woman came in and was resistant to having her child immunized because she did not know what polio was. He told a story about a measles outbreak in Dillingham in 1961 when children died from the disease. He said it has been a long time since an Alaskan has been lost to measles, due to vaccinations.

DR. HURLBERT shared data about the effectiveness of vaccinations. The flu vaccine is only about 50 percent to 60 percent effective for those over 65 years old. Worldwide, smallpox no longer exists. It is nearly the same with polio. He concluded that immunizations have made a big difference.

[1:44:56 PM](#)

He explained that the proposed methodology in the bill is used by 9 other states. He called it a "win/win" because the payers have to pay less because the state will buy vaccinations at wholesale rates. The modest surcharge will pay for vaccines for underinsured children. About five years ago Alaska was 49th among states in immunization rates for ages two and under. Currently, Alaska is 37th or 38th and about 65 percent of kids are immunized. He predicted that this legislation would improve these numbers much like New Hampshire was able to do.

[1:46:29 PM](#)

ROSALYN SINGLETON, M.D., representing herself, Anchorage, Alaska, testified in support of SB 169. She called the bill a cost-saving model which will improve access to vaccines for all Alaskans, streamline the distribution of vaccines, and reduce the huge administrative burden that health providers currently

have. She said vaccinations demonstrated the dramatic effect of reducing Hepatitis A from the highest to the lowest rate in the country. Also, Alaska has been free of measles since 2000.

She said Alaska's expanse challenges the ability to provide on-time immunizations, so ready access to vaccines is critical. Due to the administrative burden, some providers in small communities no longer can provide all of the recommended vaccines due to having to front costs and keep separate stocks of vaccine from state and private purchases. She remarked that she has received calls from providers and parents who cannot access vaccines.

She said other states have experienced cost savings and streamlined distribution when using the model the bill would create.

1:49:28 PM

LILY LOU, M.D., Medical Director, Newborn Intensive Care Unit, Providence Children's Hospital, Anchorage, Alaska, testified in support of SB 169. She shared that she is the president of the Alaska Chapter of the American Academy of Pediatrics (AAP) and the District 8 representative, for the Western United States and Canada, to the executive committee of the AAP section on perinatal pediatrics. She said she is speaking as an individual in favor of the bill for four reasons. First, is the effectiveness of vaccines, second, is good stewardship, third, is access to care, and fourth, is the future.

DR. LOU related that the prevention of infectious diseases by immunization has been one of the most significant advances in health care in human history. She shared statistics related to 16 measles outbreaks in 2011, the cost of which was estimated to be \$5.3 million. She maintained that vaccinations will protect everyone and a universal purchase program will likely lead to savings.

She said a vaccine assessment account will allow the state to benefit from volume purchasing at discounted federal rates. Other states have shown significant savings and have streamlined the process. The new system will provide more access to care, especially in small communities. It will also have a positive effect on the future.

1:54:04 PM

PATRICIA SENNER, Director, Professional Practices, Alaska Nurses Association, Anchorage, Alaska, testified in support of SB 169.

She spoke of frustrations she has experience as a nurse practitioner providing immunizations since the state moved away from universal coverage. She said she had to keep separate sets of vaccines for those eligible and not eligible for vaccines through the state. That made for increased costs and increased administrative difficulties, as well as for waste.

[1:55:54 PM](#)

RANDI SWEET, representing herself, Anchorage, Alaska, testified in support of SB 169.

[1:56:37 PM](#)

AMY DRESSEL, Pediatrician, Juneau, Alaska, testified in support of SB 169. She listed many reasons for supporting the bill. She said vaccines are very expensive and there are problems with access. The bill helps all vaccine-eligible children in Alaska. Alaska is lowest on the national vaccine record. The bill would help all Alaskans, provide favorable rates, and universal access, decrease the administrative burden, and make for a more efficient system.

[1:59:06 PM](#)

CHAIR STEDMAN closed public testimony.

CHAIR STEDMAN detailed five fiscal notes: one fiscal note that reflects the fund transfer to the new vaccine assessment account in the amount of \$4,496,000 from an appropriation in the Governor's current FY 15 budget; one net zero fiscal note from the Department of Health and Social Services (DHSS), Public Health Division, showing the program's expenses of \$26,950,000 and the same amount in program revenue; and one indeterminate fiscal note from the Department of Health and Social Services (DHSS), Medicaid Service Division; one zero fiscal note from the Department of Commerce, Community and Economic Development (DCCED); and one indeterminate fiscal note from the Department of Administration.

[2:00:34 PM](#)

SENATOR MICCICHE asked if it was an initial \$4.4 million to fund the program and then about \$33,000 in fees to make it sustainable.

MS. CONWAY clarified that \$4 million is left over in the vaccine program now and will be transferred to the new model. That amount will help to purchase the initial vaccine for the next year. The department will then use a formula to assess how many vaccines will be needed statewide and purchase them in bulk with

money from the assessable entities. After the initial \$4 million the program becomes funded by insurance payers.

SENATOR MICCICHE stated that \$4.4 million is leftover previous funding.

MS. CONWAY said correct.

CHAIR STEDMAN held SB 169 in committee.

SB 162-HYDROCODONE PRESCRIPTION BY OPTOMETRISTS

[2:02:55 PM](#)

CHAIR STEDMAN announced that the next order of business would be SB 162. He said it is the first hearing on SB 162. The intent today is to have the sponsor introduce the bill, take public testimony, and set the bill aside for further review.

[2:03:34 PM](#)

DAVID SCOTT, Staff, Senator Donny Olson, Alaska State Legislature, Juneau, Alaska, presented SB 162 on behalf of the sponsor. He explained that the bill would retain licensed optometrists' authority to prescribe hydrocodone to patients. Currently, on the federal level, there is an effort to reschedule hydrocodone from Schedule III to Schedule II. The sponsor does not want there to be a lapse in optometrists' ability to treat their patients. He emphasized that SB 162 does not increase the scope of the practice of optometry.

He noted that the sponsor is aware of the concern regarding the nationwide epidemic of prescription painkiller abuse. He drew attention to page 1, lines 13 and 14, of the bill which state that the prescription cannot exceed four days.

He highlighted new language on page 1, lines 11 and 12 that ensures there is no lapse in the current practice of optometry to prescribe hydrocodone.

CHAIR STEDMAN said there is one zero fiscal note from the Department of Commerce, Community and Economic Development (DCCED).

SENATOR MEYER asked what kind of drug hydrocodone is.

MR. SCOTT explained is commonly referred to Vicodin when it is mixed with acetaminophen and is a painkiller.

SENATOR MEYER asked if the bill only pertains to optometrists.

MR. SCOTT said yes. Other medical professionals already can prescribe hydrocodone.

SENATOR MEYER questioned if the bill should be broadened to other medical professions.

MR. SCOTT explained that physicians already can prescribe these medications. Hydrocodone is the only painkiller optometrists can prescribe.

[2:07:11 PM](#)

SENATOR MICCICHE agreed with the previous answer. He inquired if the bill limits the prescription to one four-day quantity.

MR. SCOTT read from page 1, lines 13 and 14, "the pharmaceutical agent . . . is prescribed in a quantity that does not exceed four days of prescribed use if it is a controlled substance."

CHAIR STEDMAN opened public testimony.

[2:07:56 PM](#)

MICHAEL BENNETT, Optometrist, Juneau, Alaska, testified in support of SB 162. He clarified that when the initial pharmaceutical bill for optometry was passed in 2007, optometrists were restricted to Schedule III narcotics, of which Vicodin is the drug of choice. They were not authorized to prescribe Schedule II narcotics, such as oxycontin, with even more abuse potential. He explained that if the FDA moves hydrocodone into a Schedule II classification, optometrists would not have a drug to prescribe for acute, severe pain.

He pointed out that hydrocodone is used relatively infrequently in eye care practice. It is used for eye trauma. Eyes heal quickly and only a short-term prescription is required. If pain management is required for longer periods, the patient is referred to a higher level of care. It is also used for chemical injuries and an acute form of glaucoma frequently found in American Eskimos.

He emphasized that SB 162 is not an expansion of prescriptive authority that has been in place for seven years. There have been no reports of issues or incidents to the state board or to the DEA.

[2:10:55 PM](#)

RACHEL REINHARDT, Ophthalmologist, American Academy of Ophthalmology, Seattle, Washington, testified in opposition to SB 162. She said there is a national crisis for drug overdose deaths related to prescription narcotics. The FDA is making the recommendation to change hydrocodone-containing narcotics to a more restrictive class - Schedule II. There has been a 300 percent increase in the sale of these prescriptions since 1999 and a five-fold increase in the death rate. Alaska ranks fifth of all states for prescription narcotic overdose deaths, more than twice the national average for the death rate for prescription overdoses. Hydrocodone is the number one drug abused. The point is to restrict the number of providers who can prescribe hydrocodone.

She contested the uses of hydrocodone for optometrists. She noted a similar bill was defeated in Washington and maintained that SB 162 is premature. She concluded that \$72 billion is spent every year on medical costs associated with prescription overdoses. The bill sets a precedent for mid-level providers to request an exception, undercutting the research related to drug deaths.

[2:17:14 PM](#)

STEVEN DOBSON, Optometrist, Alaska Optometric Association, Anchorage, Alaska, testified in support of SB 162. He said optometrists have been able to prescribe a limited quantity of hydrocodone for the past seven years for the management of acute, severe ocular pain due to injuries or infections. He maintained that the potential for abuse is with chronic, long-term recurrent pain management conditions. The bill would allow optometrists to continue to prescribe hydrocodone compounds for a limited period and for limited use without expanding their current scope of practice. He stressed that this medication is a god-send for extreme ocular pain. He shared a story of a patient's pain and the benefit of relief.

[2:20:13 PM](#)

SENATOR MICCICHE shared the concern for hydrocodone abuse. He asked if there is another compound that could be used.

DR. DOBSON said in the case he just gave there is no substitute. He pointed out that due to the geographic broadness of Alaska, optometrists are often the front line for urgent eye care emergencies. He agreed that there is a problem with prescription drug abuse, but maintained that it is not from optometric urgent eye care because it is so specific and for such a limited amount of time.

[2:21:47 PM](#)

JEFF GONNASON, Optometrist, Alaska Optometry Association, Anchorage, Alaska, testified in support of SB 162. He defined a controlled substance as a drug or chemical that is regulated by the government. He said they are classified according to Schedules, with Schedule I being the highest for potential for abuse. For example, Schedule II drugs require more restrictive regulations than Schedule III drugs to help prevent abuse. Fourteen years ago the Alaska Legislature authorized qualified optometrists to prescribe medication including Schedule II drugs, but the governor at the time vetoed the bill. In 2007, a new bill was signed into law with the current restrictions of only Schedule III, IV, and V, not including Schedule II, and a restriction of only supplying a maximum 4-day supply of a controlled substance.

He explained that Alaska therapeutic optometrists have a registered DEA number on file with the state. There have been no instances of abuse or complaints or actions by the state board or any other drug enforcement agency. The bill is necessary because the FDA is recommending reclassifying hydrocodone and a vital tool for managing pain will be taken away. He noted that he met with two ophthalmologists who had no objection to the bill; neither wanted to rekindle old turf battles. He concluded that SB 162 does not change anything; it keeps status quo.

[2:25:54 PM](#)

CHAIR STEDMAN closed public testimony.

CHAIR STEDMAN held SB 162 in committee.

SB 161-AUTOPSIES AND DEATH CERTIFICATES

[2:26:43 PM](#)

CHAIR STEDMAN announced that the next order of business would be SB 161. He reminded the committee that SB 161 was previously heard on February 19 when the sponsor introduced the bill and public testimony was taken.

DAVID SCOTT, Staff, Senator Donny Olson, Alaska State Legislature, Juneau, Alaska, reviewed SB 161 on behalf of the sponsor. He said the purpose of the bill is to add compassion to the process of how the Alaska State Medical Examiner's Office deals with the transportation of remains, specifically in rural Alaska. The old forms directed families toward expensive funeral

homes which were not necessary. He mentioned that the bill has a new zero fiscal note.

CHAIR STEDMAN noted the bill would go to the Senate Finance Committee next.

[2:28:54 PM](#)

SENATOR MEYER moved to report SB 161 from committee with individual recommendations and attached zero fiscal note.

CHAIR STEDMAN announced that without objection, SB 161 moves from the Senate Health and Social Services Standing Committee.

SB 151-HIGH-RISK CHEMICALS FOR CHILD EXPOSURE

[2:29:40 PM](#)

CHAIR STEDMAN announced that the final order of business would be SB 151. He noted it was the second hearing on the bill. The sponsor introduced the bill and public testimony was taken at the February 19 meeting.

DAVID SCOTT, Staff, Senator Donny Olson, Alaska State Legislature, Juneau, Alaska, reviewed SB 151 on behalf of the sponsor. He explained that the purpose of the bill is to prohibit products containing chlorinated tris, a flame retardant. It would also require the Department of Environmental Conservation to publish a list of chemicals of high concern for children, to periodically update the list, and to participate in the Interstate Chemicals Clearinghouse.

[2:30:52 PM](#)

SENATOR MEYER asked if other states participate in this program.

MR. SCOTT said they do and he offered to provide a list of the states.

SENATOR MICCICHE commented that research shows the chemicals are problematic to the health of young people. He voiced appreciation for the bill.

SENATOR MICCICHE moved to report SB 151 from committee with individual recommendations and attached fiscal notes.

CHAIR STEDMAN announced that without objection, SB 151 is reported from Senate Health and Social Services Standing Committee.

2:32:42 PM

There being no further business to come before the committee, Chair Stedman adjourned the Senate Health and Social Services Standing Committee at 2:32 p.m.