

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 17, 2015

3:06 p.m.

MEMBERS PRESENT

Representative Paul Seaton, Chair
Representative Neal Foster
Representative Louise Stutes
Representative David Talerico
Representative Adam Wool

MEMBERS ABSENT

Representative Liz Vazquez, Vice Chair
Representative Geran Tarr

COMMITTEE CALENDAR

PRESENTATION: CANCER ACTION NETWORK

- HEARD

PRESENTATION: YOUTH POLICY SUMMIT

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

MOLLY DANIELS, Deputy President
American Cancer Society (ACS) Cancer Action Network
Anchorage, Alaska

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

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

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

RUSTY BEST, Organizer

Alaska Youth Policy Summit
Alaska Youth and Family Network
Anchorage, Alaska

POSITION STATEMENT: Testified about the Alaska Youth Policy Summit.

HEATHER KELLY
Alaska Youth Policy Summit
Fairbanks, Alaska

POSITION STATEMENT: Testified about the Alaska Youth Policy Summit.

BENJAMIN DAHL-ROUZEN
Alaska Youth Policy Summit
Anchorage, Alaska

POSITION STATEMENT: Testified about the Alaska Youth Policy Summit.

LEE BREINIG
Alaska Youth Policy Summit
Anchorage, Alaska

POSITION STATEMENT: Testified about the Alaska Youth Policy Summit.

SAMUEL JOHNSON
Alaska Youth Policy Summit
Cordova, Alaska

POSITION STATEMENT: Testified about the Alaska Youth Policy Summit.

ROBIN AHGUPUK
Alaska Youth Policy Summit
Anchorage, Alaska

POSITION STATEMENT: Testified about the Alaska Youth Policy Summit.

ACTION NARRATIVE

[3:06:36 PM](#)

CHAIR PAUL SEATON called the House Health and Social Services Standing Committee meeting to order at 3:06 p.m. Representatives Seaton, Foster, Wool, and Talerico were present at the call to order. Representative Stutes arrived as the meeting was in progress.

PRESENTATION: Cancer Action Network

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CHAIR SEATON announced that the first order of business would be a presentation by the Cancer Action Network.

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MOLLY DANIELS, Deputy President, American Cancer Society (ACS) Cancer Action Network, presented a PowerPoint entitled "Eliminating Cancer in Alaska - A Roadmap," and addressed slide 1, "Cancer by the Numbers." She reported that 1.66 million Americans will be diagnosed with cancer in 2015, and that over 580,000 Americans, 1,600 each day, will die in 2015. She relayed that one-half of all men and one-third of all women will have cancer this year. She declared that the cost to Americans this year will be more than \$201 billion. She shared that there were currently 15 million Americans with cancer, and it was the leading cause of death in Alaska, 23 percent, slide 2, "Alaska Impact." She stated that, in Alaska, 3,700 people will be diagnosed with cancer this year, with about 25 percent of them dying. She moved on to slide 3, "Changing the Facts," and stated that half of all cancer deaths could be prevented through changes in tobacco use, diet, and physical activity, and ensured access to health care.

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MS. DANIELS directed attention to slide 4, "Highlights from the first 100 years," and shared an anecdote that the three researchers pictured were smoking pipes, as they thought this was safer than smoking cigarettes. She offered her belief that all three of them eventually gave up tobacco completely. She pointed to the milestones listed in the efforts against cancer. Moving on to slide 5, "Highlights from the first 100 years," she pointed out that ACS gave its first research grant in Alaska in 2007, to the Alaska Native communities. She said that ACS Cancer Action Network (CAN) had taken a much more active role with public policy in the last 15 years because so many decisions about cancer were made in the state legislatures, slide 6. She pointed to the milestones after the Surgeon General's report on Smoking & Health in 1964 linked smoking and lung cancer, following the report in 1988 that nicotine was addictive, and the subsequent report in 2006 that declared there was "no risk-free level of exposure to secondhand smoke," slide 7.

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MS. DANIELS reminded the committee that there had been a 2014 report from the surgeon general marking 50 years of progress, slide 8, "The Health Consequences of Smoking: 50 Years of Progress," which provided even more evidence of the serious damage that smoking did to the human body. This report commemorated the anniversary of the first report, which had laid the foundation for today's programs to reduce the disease and death caused by smoking, slide 9. She reported that, as the chemicals had changed over the years, cigarettes had become more dangerous and that smokers today were two to three times more likely to die from smoking related illness than 50 years ago. She stated that this was double the risk of death for men, and three times the risk for women. She emphasized that, in the United States, the annual medical cost and loss of productivity due to premature death from secondhand smoke was more than \$10 billion.

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REPRESENTATIVE STUTES asked whether there was scientific evidence to support the statements on slide 10.

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EMILY NENON, Alaska Government Relations Director, American Cancer Society Cancer Action Network, in response to Representative Stutes, stated an emphatic "yes, the answer is yes, and a lot of these numbers here are documented in that U.S. Surgeon General's Report from last year." She acknowledged that there were variations to the number of deaths related to secondhand smoke, as some reports only included adults in the measurement. She declared that this was a deadly issue, and there was extensive documentation in the report.

REPRESENTATIVE STUTES asked for clarification that this had been connected to secondhand smoke, noting that some people had lung cancer, yet they were not smokers and had not been around smokers.

MS. NENON replied that the large majority of lung cancers were related to both smoking and exposure to secondhand smoke. She reminded the committee that lung cancer took time to develop, whereas cardio vascular disease occurred much more quickly. She directed attention to risk factors, and reminded the committee of the time that smoking had been allowed in the committee

rooms. She said that ACS was still working on reducing the exposure to secondhand smoke for all workers.

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MS. NENON moved on to slide 11, "Alaska Milestones," and declared that Alaska had a lot to be proud of as a leader in tobacco prevention efforts. She stated that three pieces of tobacco prevention worked together: public education in the communities based on the dangers of tobacco use and secondhand smoke, as well as support for comprehensive prevention and cessation; an increase in the price of the product had a strong impact for prevention to the use of tobacco by kids; and, protection from second hand smoke. She reported that the work in Alaska had resulted first in a decline in youth smoking, and now there was a decline in adult smoking. She declared "it's pretty stunning how far we've come." She shared that the Cancer Action Network had received recognition from the Centers for Disease Control and Prevention (CDC) and other national organizations for its work in tobacco prevention in Alaska, and that there had been successes in Alaska for reducing the health disparities around tobacco use and its effects. She directed attention to the drop in Alaska Native youth smoking, which had been faster than that in the general population. She reported that smoking rates for Alaska Native adults had dropped, and although they were not yet statistically significant, there was a continued effort toward this.

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MS. NENON addressed slide 13, "But:" and shared that 14,000 Alaska youth would die prematurely from tobacco use, unless this curve was altered.

MS. NENON spoke about the research on electronic cigarettes, and noted that the long term health effects were still unknown, slide 14, "New Products: Electronic Cigarettes." She said there were more than 400 individual products on the market, and, as there was no regulation, it was not possible to know what was in any given product, which made it very challenging. She reported on legal sales of electronic cigarettes with marijuana in Colorado, with flavorings added. She shared that enough added flavorings would also disguise the smell of the marijuana. She stated that a current focus was on protection from secondhand exposure.

CHAIR SEATON mentioned that Alaska had made it illegal to sell or give non-tobacco nicotine to children. He pointed out that current proposed legislation in Alaska prohibited the combination of nicotine or alcohol with THC products. He stated that it was illegal for anyone other than a physician to sell or give an electronic cigarette as a tobacco cessation product to a minor.

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MS. NENON shared that Alaska was a national leader for recognizing this issue for the dangers of starting nicotine addiction very young. She reported on new smokeless tobacco products in all manner of flavors.

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MS. NENON shared slide 15, "Next Steps," and said that almost half the Alaska population was covered by smoke-free workplace law. Directing attention to slide 16, "Epidemic Underway," she declared that, as there had been success for creating an awareness to the link between tobacco and cancer, there was a newer, but stunning evidence base to the link between nutrition, physical activity, and obesity. She stated that one third of all cancer deaths were related to issues of diet, physical activity, and obesity, slide 17. She acknowledged some overlap for these deaths, as some people had more than one risk factor. She declared that there was a "stunning, stunning link and we have tools to do something about it," slide 18, "The Cancer Link." She pointed to slide 19, "Where we are headed..." and said that the cost curve would continue to go upward as the obesity rate went up, unless something was done. She acknowledged that the Alaska State Legislature had made some investment in obesity prevention, and it was showing results. She stated that the youth obesity rates were starting to drop and she pointed to all the different pieces put into place to get to this statistically significant drop, slide 21, "Anatomy of Success."

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REPRESENTATIVE WOOL asked where Alaska ranked nationally for obesity.

MS. NENON said that she would report back with the information.

MS. NENON concluded with slide 22, "Access to Care," explaining that this was the third piece for tobacco prevention. She stated that access to cancer screenings, and the subsequent early detection, had brought a drop to colorectal and breast cancer death rates. She acknowledged the extraordinary challenges for access to care in Alaska. She stated that her organization was strongly supportive to the expansion of Medicaid to give more people health coverage. She shared that future work was necessary for access to appropriate pain and symptom management. She declared that it improved survival rates. She stated that pain management brought a myriad of policy implications.

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MS. DANIELS closed with slide 23, "Next Steps," and stated that there was a big national effort to build up the advocacy with a strong volunteer program. She reported that the volunteers would be working in coalitions to ensure the information was disseminated, the public was educated, and follow up information was provided. She shared that there would be responses to other issues such as Vitamin D, colorectal screening, and Affordable Care Act implementation issues.

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REPRESENTATIVE WOOL, directing attention to smoke-free work places and the ability for some municipalities to enact these powers, asked if any states were smoke free.

MS. DANIELS replied that 26 states had smoke-free workplaces, restaurants, and bars, and that very few states did not have smoke-free communities. She reported that ACS CAN was working to build more smoke-free laws, in the hopes that this would become "a tipping point in those states for statewide laws." She opined that 60 percent of the population were covered by extensive smoke-free laws.

REPRESENTATIVE WOOL asked about the percentage within Alaska.

MS. NENON replied that about 50 percent of Alaskans were covered by strong smoke-free laws. She noted that in 1998 Bethel was the first community to pass a smoke-free law, and that list now included Barrow, Dillingham, Unalaska, Juneau, Anchorage, Skagway, Haines, Klawock, Palmer, and Nome. She declared that there was no longer surprise when ACS CAN announced that everyone should be protected from secondhand smoke. She

acknowledged that there were some issues of limitations with borough health powers, as well as 70,000 Alaskans were living in an unorganized borough without a local city council to take this action. She declared that the State of Alaska became "the place that can take that action." She emphasized that she was here "to talk to you about protecting everyone from secondhand smoke."

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CHAIR SEATON declared that the largest focus of this committee was for prevention, more than for access or treatment. He pointed out that an emphasis had been for review of data from studies, especially for Vitamin D. He referenced the nationwide open clinical trial conducted by Grass Roots Health and the data for the 844 women over 60 years of age whose Vitamin D had been elevated. He reported that the median Vitamin D level was 50 ng/ml and for those women above the median, there had been a 72 percent reduction in the rate of relative risk for breast cancer. He noted that, for women over 60 in Alaska with Vitamin D above 50 ng/ml, this same reduction of relative risk for cancer was 82 percent. He asked if there was any other information from clinical studies or trials with similar results.

MS. NENON reflected that she and Chair Seaton had had this conversation previously and that she had spoken with the leading researchers from her national organization about this particular issue. She relayed that there were many promising studies being conducted, which included prevention for the disease process. She stated that the American Cancer Society was proud to be the second largest funder of cancer research, only behind the federal government. She reported that ACS was in the midst of conducting its third cancer prevention study, and she pointed out that this was a prospective study which had just finished enrolling 300,000 individuals nationwide. She relayed that there were questions about Vitamin D included in the survey, and that ACS had published 30 papers during the past 10 years reviewing Vitamin D. She stated that there was "particularly promising information looking at the link between higher blood levels of Vitamin D and reduction in colorectal cancer." She noted that this was of particular interest in Alaska, as the Alaska Native population had the highest incidence of colorectal cancer of any population group in the nation. She said that there were challenges for randomized control trials because so many people were already taking Vitamin D supplements.

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CHAIR SEATON shared information about the work by Professor Hollis in Atlanta, and the thermal micrographs of human cell colonies infused with Vitamin D3. He reminded that Vitamin D3 was used up very rapidly as it only had a 24 hour half-life in the body and that it was necessary to have a regular daily dosing regimen for Vitamin D to be utilized by the soft tissue for prevention of cancer.

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MS. NENON, in response to Representative Wool, said that Alaska Natives had the highest incidence of colorectal cancer of any population group in the nation, twice that of the national white population. She pointed out that this did not show up on the CDC website as Alaska Natives and American Indians were combined as a population group. She relayed that African Americans had 1.5 times the risk for colorectal cancer compared to the U.S. white population.

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REPRESENTATIVE WOOL asked if there were other causation and risk factors for this high rate among Alaska Natives.

MS. NENON replied that tobacco use rates in Alaska were higher than the national average and, as that lowered, there may be a lowering of the colorectal cancer rate, as well. She declared that the ACS CAN focus was for prevention through screening colonoscopies, and subsequent removal of polyps.

PRESENTATION: Alaska Youth Policy Summit

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CHAIR SEATON announced that the final order of business would be a presentation by the Alaska Youth Policy Summit.

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RUSTY BEST, Organizer, Alaska Youth Policy Summit, Alaska Youth and Family Network, said that the Alaska Youth Policy Summit brought youth from all over Alaska to share their stories, discuss the impacts to their lives, and strategize ways to change the future for other youth in Alaska.

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HEATHER KELLY, Alaska Youth Policy Summit, said that she had struggled with alcohol and substance abuse for eight years, and that earlier this year, she had decided to change her life. She stated that there was not any help available in Fairbanks, and that she was told to go to Anchorage. She said that there was only one detox center in the state, and that it was full. She shared that she met with the Alaska Native Justice Center youth coordinator and this was where she found help. She reported that she waited for 40 days to get into a residential treatment center, and that she was finally stable enough to undergo intensive outpatient treatment. She asked for betterment to the residential treatment center, as it was very overcrowded and it was necessary for those seeking recovery to not wait months. She asked that personal youth navigators be available for help.

CHAIR SEATON asked for confirmation that the Alaska Native Justice Center was in Anchorage, and that was where she had first found help.

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BENJAMIN DAHL-ROUZEN, Alaska Youth Policy Summit, relayed that he had been in foster care from ages five to ten years. He said that during that time he would repeatedly lash out in anger because he had been exposed to domestic violence, drugs, and alcohol issues in his home. He shared that he finally had counselling at 8 years of age, and that had helped him better himself, not blame others, and not take his anger out on others. He said that he was adopted at 10 years of age, which gave him an opportunity to better himself. This had a big impact on his life. He asked for support for proposed HB 27, and he asked for more funding for homeless youth through Boys and Girls Club, YMCA, and Covenant House, organizations which had been very supportive and influential to him.

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LEE BREINIG, Alaska Youth Policy Summit, shared that he was a student at the University of Alaska Anchorage (UAA) with a major in health and human services. He reported that he had an addiction to opioid narcotics while in high school in Juneau, and continued to struggle with his addiction after high school, dealing and committing crimes to support his addiction. In 2010, he was charged with felonious possession of a stolen handgun, and subsequently he went to a treatment center,

Providence Breakthrough, in Anchorage. After his treatment, he spent four months in jail and during that time, he had decided to pursue a career in substance abuse counseling. He offered his belief that the barrier crimes matrix currently in place with the Department of Health and Social Services needed to be re-examined. He expressed his understanding that it was in place to protect vulnerable populations from abuse, but he suggested that there was research which showed there was a "better buy-in from your clients" if they were working with a substance abuse counselor who had "field experience." Because of the barrier crimes matrix and his criminal background, he had been limited to volunteer work and internship at the Alaska Native Justice Center. He shared that he was 98 percent complete with his degree, but that the barrier crimes prevented him from getting a job. He noted that he was 26 years old, living with his mom, and he was ready to "get on with my life."

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SAMUEL JOHNSON, Alaska Youth Policy Summit, shared that, as his sister had multiple disabilities, his father was a slight workaholic, and his mother spent a lot of time with his sister, he had to assume a place of responsibility in his household, bringing with it early maturity and an ability to guide his peers. He noted that his peers would bring him their problems, ranging from teen angst to self-harm, eating disorders, drug and alcohol addictions, bi-polar disorder, and consideration of suicide. As a peer, he could only offer a listening ear, so he would often suggest that his peers get counselors. He relayed that some of his peers had their parents deny help from a counselor. He proposed an idea for teen clinics to allow them to see counselors, regardless of parental permission, as "youth is a very volatile time for adolescents and it's very important what happens in youth, it affects your entire life." He stated that the better your childhood, the more likely you were to have a successful adult life. He declared that, as there were a lot of stigmas attached to kids, it was usually more difficult to pass any legislation unless it made rules stricter. He suggested that a better window for kids, ages 16 - 18, would allow for counselors and clinics.

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ROBIN AHGUPUK, Alaska Youth Policy Summit, shared that he was a former foster youth, and had been in foster care for 15 years, with 48 placements, and 52 social workers. He had attended 18 different schools, and he was a loner, which had harmful effects

to his immune system and brought on depression. He suggested that there needed to be better background checks for social workers, and to lower social worker caseloads, reporting that his last social worker had 150 cases which was harmful to everyone involved.

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CHAIR SEATON suggested that there may be an opportunity to incorporate some of these ideas into future legislation.

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ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 3:58 p.m.