ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
February 24, 2016
1:31 p.m.

MEMBERS PRESENT

Senator Bert Stedman, Chair
Senator Cathy Giessel, Vice Chair
Senator Bill Stoltze
Senator Johnny Ellis

MEMBERS ABSENT

Senator Pete Kelly

COMMITTEE CALENDAR

SENATE BILL NO. 113
"An Act relating to prescribing, dispensing, and administering an investigational drug, biological product, or device by physicians for patients who are terminally ill; and providing immunity for persons manufacturing, distributing, or providing investigational drugs, biological products, or devices."

- HEARD & HELD

SENATE BILL NO. 156
"An Act relating to insurance coverage for contraceptives and related services; relating to medical assistance coverage for contraceptives and related services; and providing for an effective date."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: SB 113
SHORT TITLE: NEW DRUGS FOR THE TERMINALLY ILL
SPONSOR(s): SENATOR(s) WIELECHOWSKI

04/17/15	(S)	READ THE FIRST TIME - REFERRALS
04/17/15	(S)	HSS, JUD
02/24/16	(S)	HSS AT 1:30 PM BUTROVICH 205

BILL: SB 156
SHORT TITLE: INSURANCE COVERAGE FOR CONTRACEPTIVES

SPONSOR(s): SENATOR(s) GARDNER

01/22/16	(S)	READ THE FIRST TIME - REFERRALS
01/22/16	(S)	HSS, L&C
02/24/16	(S)	HSS AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

SENATOR BILL WIELECHOWSKI, Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: As sponsor, introduced SB 113.

BROOKE IVY, Staff
Senator Wielechowski
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Explained the changes in version H of SB 113.

KURT ALTMAN, Counsel
Goldwater Institute
Phoenix, Arizona
POSITION STATEMENT: Presented information about SB 113.

MICHAEL MAHARREY, National Communications Director
10th Amendment Center
Lexington, Kentucky
POSITION STATEMENT: Testified in support of SB 113.

KEN LANDFIELD, representing himself
Homer, Alaska
POSITION STATEMENT: Testified in support of SB 113.

SENATOR BERTA GARDNER, Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Sponsor SB 156, introduced the bill.

KATIE BRUGGEMAN, Staff
Senator Berta Gardner
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Presented information on SB 156.

LORI WING-HEIER, Director
Division of Insurance, Department of Commerce, Community and Economic Development (DCCED)
Anchorage, Alaska

POSITION STATEMENT: Testified on SB 156.

AL TAMAGNI, Leadership Chair
National Federation of Independent Business (NFIB)
Fairbanks, Anchorage, Alaska
POSITION STATEMENT: Testified in opposition to several provisions in SB 113.

DIANA KRISTELLER, Nurse Midwife
Fairbanks, Alaska
POSITION STATEMENT: Testified in support of SB 156.

AMMIE TREWHLY, representing herself
Anchorage, Alaska
POSITION STATEMENT: Testified in support of SB 156.

ROBIN SMITH, representing herself
Anchorage, Alaska
POSITION STATEMENT: Testified in support of SB 156.

CATRIONA REYNOLDS, Clinic Manager
Kachemak Bay Family Planning Clinic
Homer, Alaska
POSITION STATEMENT: Testified in support of SB 156.

KEN LANDFIELD, representing himself
Homer, Alaska
POSITION STATEMENT: Testified in support of SB 156.

JUDY ANDREE, Member
League of Women Voters
Juneau, Alaska
POSITION STATEMENT: Testified in support of SB 156.

MAXINE DOOGAN, Member
Community United for Safety
Juneau, Alaska
POSITION STATEMENT: Testified in support of SB 156.

SAMANTHA SAVAGE, representing herself
North Pole, Alaska
POSITION STATEMENT: Testified in support of SB 156.

TERRA BURNS, representing herself
Juneau, Alaska
POSITION STATEMENT: Testified in support of SB 156.

ROBYN STEVENS, representing herself
Juneau, Alaska
POSITION STATEMENT: Testified in support of SB 156.

ALICIA NORTON, representing herself
Juneau, Alaska
POSITION STATEMENT: Testified in support of SB 156.

ALYSON CURREY, Member
Planned Parenthood Votes
Juneau, Alaska
POSITION STATEMENT: Testified in support of SB 156.

ELIZABTHE FIGUS, representing herself
Juneau, Alaska
POSITION STATEMENT: Testified in support of SB 156.

ACTION NARRATIVE

1:31:27 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 Ellis, Giessel, and Chair Stedman. He said two new bills were up today and no action would be taken on either bill.

SB 113-NEW DRUGS FOR THE TERMINALLY ILL

1:32:09 PM
CHAIR STEDMAN announced the consideration of SB 113.

1:32:59 PM
SENATOR GIESSEL moved to adopt the CS for SB 113, labeled 29-LS0783\H, as the document before the committee.

CHAIR STEDMAN objected for discussion.

1:33:17 PM
SENATOR BILL WIELECHOWSKI, Alaska State Legislature, as sponsor, introduced SB 113. He noted that the bill is called the "Right to Try Act." It allows terminally ill patients to work with their doctors and drug or device manufacturers to access investigational treatments that have passed the Federal Drug Administration's (FDA) safety testing phase - Phase 1 - but are not yet widely available. More than a million Americans die every year from terminal illness.

CHAIR STEDMAN requested to hear the change made in the CS.

1:34:06 PM
BROOKE IVY, Staff, Senator Wielechowski, Alaska State Legislature, explained the changes in version H of SB 113. She reported that SB 113 has had three iterations; version A, version W, and now version H. She related that in version H on page 1, line 10, provisions to prevent any damage to clinical trial participation were added by ensuring that patients had already attempted to enter a clinical trial. The language in Section 1 states that patients must be "ineligible or unable to participate in a clinical trial" as part of their condition.

MS. IVY related that on page 2 of Section 1, the requirement for hospitals and healthcare facilities to participate was repealed. Language was added that the investigational drug shall remain in an on-going clinical trial in order to clarify that the investigational drug is in Phase 2 or Phase 3 of the FDA approval process.

She said on page 2, line 21, immunity protections for medical team members, in addition to physicians, was added. On page 3, line 12, a fourth section was added because the previous section was repealed. Section 4 says it is optional for hospitals and healthcare facilities to participate in order to accommodate physicians prescribing, dispensing, or administering investigational drugs to a patient, and DHSS cannot require them to do so.

1:36:39 PM
MS. IVY said in Section 4 of version W, it stated that "a licensed entity may not be subject to investigation or an enforcement action for failing to increase services." The only change from version W to version H was stating that the department may not be required to provide additional services.

1:37:20 PM
CHAIR STEDMAN removed his objection. There being no further objection, version H was adopted.

He noted the presence of Senator Stoltz.

1:38:22 PM
SENATOR WIELECHOWSKI explained the origins of SB 113. He said the bill is known as the "Right to Try Act" and has passed in 24 states and been introduced in virtually every other state. He related that SB 113 sets up a legal framework that allows

terminally ill patients to work with their doctors and drug and device manufacturers to access investigational treatments that have been passed the FDA's safety testing phase, but are not widely available. It would expand access to potentially life-saving treatments years before patients would normally be able to access them. The problem is the bureaucratic process in the FDA can take years, and fewer than 3 percent of terminally ill patients gain access to treatments through clinical trials. This legislation is designed to try and make those treatments available to the other 97 percent.

He noted he worked on the legislation with Kurt Altman, an expert from the Goldwater Institute in Arizona. He emphasized that this issue cuts across party lines. It enjoys overwhelming bi-partisan support in the states where it has passed.

MS. IVY explained that the goal of the bill is to create a legal climate in which terminally ill patients, who have exhausted all FDA-approved treatment options, may work with their doctors and drug manufacturers to access investigational treatments that have passed Phase 1 of the FDA approval process, but are not yet widely available.

MS. IVY said version H has four sections:

Section 1 of the bill prohibits the State Medical Board from taking disciplinary action against physicians for prescribing or administering an investigational drug to a terminally ill patient that meets certain criteria. Patients under this section must be ineligible or unable to participate in an ongoing clinical trial, have considered all other approved treatment options and have provided written consent.

Section 2, a new section in AS 09.65, establishes that physicians, medical team members, manufacturers, importers and distributors, “acting in good faith and with reasonable care,” will not be held liable in the case of injury or death of a terminally ill patient from the use of an investigational drug, provided that informed consent was obtained from the patient, and notice of immunity was also given to the patient, in advance.

Section 3 adds a new section to AS 17.20.110, a statute limiting the sale and distribution of new drugs. The new section will allow physicians to prescribe or administer investigational drugs under the conditions established in Section 1.

Finally, Section 4 would prevent the Department of Health and Social Services from requiring a licensed health care facility to increase its services solely to accommodate physicians who are prescribing or administering investigational drugs to a patient.

1:42:12 PM
MS. IVY reviewed the four phases of the FDA drug review process:

Prior to Phase 1 is when sponsors of a drug are required to submit what's called an Investigational New Drug (or IND) Application – it is through this application process the FDA reviews the applicant's preclinical testing results and determines whether the drug is reasonably safe for testing in humans.

Phase 1 studies occur after the approval of the Investigational New Drug Application. These studies may be conducted on healthy volunteers in cases of testing on drugs like ibuprofen or anti-inflammatories, or on individuals with a specific disease or terminal illness. The goal of Phase 1 testing is to determine possible side effects and toxicity levels. Basically, Phase 1 focuses on safety.

Phase 2 studies begin when a drug passes Phase 1 and is therefore considered relatively safe (no unacceptable toxicity levels). While Phase 1 focuses on safety, Phase 2 focuses on a drug's effectiveness.

If there is evidence a drug is effective, it will then progress to Phase 3. This is where more information is gained on safety and effectiveness, particularly in varying populations, at different dosages and in combination with other medications.

After Phase 3, sponsors of the drug then have a review meeting with the FDA, and go on to complete a New Drug Application, which if approved, would allow them to market the drug in the United States. From there the FDA has 60 days to decide whether to officially "file" the application for review. If filed, applications are generally processed within 10 months.

1:44:24 PM

MS. IVY explained that when the term "investigational drugs" is used in Senate Bill 113, it refers to those experimental drugs that have passed safety testing in Phase 1, and that remain in

ongoing clinical trials in either Phase 2 or Phase 3 of the FDA approval process.

She addressed the purpose of the legislation. Each year, it is estimated that over one million Americans die from a terminal illness. Many individuals diagnosed with a fatal condition may spend years searching for a cure or a viable treatment. For those who have exhausted all FDA-approved options, clinical trials become the next step. However, of those patients who attempt to gain entry into a clinical trial, it is found that fewer than 3 percent are accepted.

In recognition of the 97 percent of patients denied access to clinical trials, the FDA does have a program in place for accessing investigational drugs outside of clinical trials, known as the "compassionate use" program. Nevertheless, it's estimated that only about 1,000 people make it through this federal process each year.

By the FDA's own estimate, the program's application form alone can take 100 hours for a doctor to complete. In an effort to streamline the process, the FDA did announce plans in February of 2015 to shorten the application. However, a year has now passed and the new form has yet to be made available. The application is only the first step. Manufacturers must also submit lengthy documentation. Once complete, application paperwork must then make its way through the FDA, and then to a separate Institutional Review Board for approval, an often lengthy, multi-month process.

1:46:38 PM
She stated that given this information, the goal of Senate Bill 113 is to provide the same access as the FDA's existing "compassionate use" program, but on shorter timeline. By ensuring terminally ill patients have more timely access to safe, but experimental drugs, in consultation with their doctor, SB 113 attempts to offer new hope when all FDA-approved options have been exhausted

She noted items in members' packets:

1) An Updated NCSL Legislative Map (1-4-2016). Although this map was published on January 4th of this year, it is already out of date. As of today, 47 states have now seen "Right to Try" legislation either introduced or passed. Of those, 24 states have signed the "Right to Try" into law with overwhelming bi-partisan, and often unanimous, support.

The Indiana – (H), Georgia – (H), Texas – (S), Nevada – (H&S), North Carolina – (H&S) are just a sampling of legislative bodies that put their unanimous support behind the "Right to Try." 22 states also currently have legislation pending, including Alaska. For the record, this now adds WA, ID, KS, KY, WV, GA, SC, MD, RI & VT to the map as "pending." Please also note the map contains an error: NH has not yet passed the "Right to Try," but it is currently pending.

2) Sponsor Statement – note that state legislation numbers reference in the sponsor statement, being based on this map, are now incorrect.

3) Goldwater Institute Policy Report – an abbreviated version of the Goldwater Institute's Policy Report.

   The Policy Report goes into greater detail on the challenges of the FDA's "compassionate use" program, and tells the story of Kianna Karnes, a 41 year old diagnosed with kidney cancer who passed away before she could receive access to an investigational drug that may have helped her. To read a quick excerpt from the executive summary:

   "In the case of Kianna Karnes, she had a better chance than most patients at receiving expanded access. As her father explained, "Here is a case where her old man understood clinical trials. I knew about compassionate use; I had a friendship with a powerful member of Congress; I've got the Wall Street Journal behind me. But I still couldn't save her life. Now, what about the thousands of people out there who don't have these kinds of resources available to them?" To most patients, and many physicians outside of major institutions, the process of obtaining expanded access is excessively time-consuming and extremely difficult to navigate."

   For those members who are interested, the full report is now available on Basis.

4) Clinical Trials – a document entitled "Clinical Trials." While SB 113 focuses on terminally ill patients who do *not* qualify for clinical trials, we felt the inclusion of these Alaskan stories would help to illustrate local experiences with terminal illness, as well as the benefit of simply having access to new treatment options, clinical trial or not.

1:49:50 PM
SENATOR STOLTZE requested a definition of biological products and information whether FDA's testing "not doing harm" must also "show that it does good."

1:50:28 PM
MS. IVY deferred to Mr. Altman to answer.

SENATOR STOLTZE voiced concern about product contents leading to false hopes.

CHAIR STEDMAN opened public testimony.

1:52:45 PM
KURT ALTMAN, Counsel, Goldwater Institute, presented information about SB 112. He said he is the drafter of the model legislation SB 113 is generally fashioned after. He said he has been to about 30 to 35 states and has met with stakeholders, legislators, legal panels, FDA doctors, pharmaceutical companies, and insurance companies for about two years. He explained that the bill would allow terminal patients, on the recommendation of their physicians, to access investigational new drugs, biologics, or devices that have passed Phase 1 of FDA testing and remain in the testing process. He said a common misperception is that a drug can pass Phase 1 and be marketed to desperate people. The "Right to Try" was designed to prevent that and there are a number of safeguards. A company cannot get a drug through Phase 1 and then market it to the public.

1:56:24 PM
MR. ALTMAN continued to describe the FDA approval process and stressed that the bill does not take people away from clinical trials. He used the cell phone as an example of how technology has advanced and compared it to medical technology advances, which have often outpaced the FDA process. Many drugs are in their 12th year of clinical trials and it is nearly impossible for patients to access those drugs. The bill would keep the access to these drugs between the doctor and the patient.

1:58:37 PM
MR. ALTMAN defined biological products as cells - plant or human - that are injected into the body. He said there is a significant concern about charlatans trying to take advantage of desperate people. Right to Try has made that nearly impossible because the drug has to pass FDA's Phase 1 and remain in Phase 2 or 3. That means it is a legitimate drug and it would be

provided for free or for cost of production. Federal statute prohibits any profit to a company for sale of a drug that has not been officially approve for marketing. The process is designed not to make money off of desperate people.

2:01:16 PM
SENATOR STOLTZE asked if the cells could be from an aborted child.

MR. ALTMAN said no.

SENATOR STOLTZE questioned, "Absolutely no?"

MR. ALTMAN replied, "Absolutely no."

2:02:20 PM
MICHAEL MAHARREY, National Communications Director, 10th Amendment Center, testified in support of SB 113. He said his organization has been involved in, and supportive of, the Right to Try from the beginning. He provided statistics related to the time it takes to get a drug approved. He said the bill is a perfect example of states exercising their rightful authority to exercise control over local issues. It would expanded access to treatments for the desperately ill.

2:05:47 PM
KEN LANDFIELD, representing himself, testified in support of SB 113. He referred to the Hippocratic Oath to do no harm, and wondered how much harm could be done to a terminally ill person under guidance of their physician. He thought the Right to Try should be an option.

SENATOR WIELECHOWSKI said he appreciated the opportunity to present SB 113. He concluded it is an important bill that crosses party lines and potentially saves lives.

CHAIR STEDMAN held SB 113 in committee.

SB 156-INSURANCE COVERAGE FOR CONTRACEPTIVES

2:07:48 PM
CHAIR STEDMAN announced the consideration of SB 156.

2:08:02 PM
SENATOR BERTA GARDNER, Alaska State Legislature, sponsor SB 156, introduced the bill. She explained that it is difficult to draft a bill that is perfect and she recognizes that it needs some

changes. The bill attempts to make it easier for people who are using self-administered birth control to get it for a longer term than currently they can. If a person has insurance, they should be able to get it for 12 months. It is particularly important in Alaska, but it is a part of a national movement. The bill does not speak to copays or prices. It is a cost to the patient and to the medical system to only be allowed to get birth control monthly or for three months. She emphasized that the bill is not trying to change insurance policies or co-pays.

2:10:32 PM
KATIE BRUGGEMAN, Staff, Alaska State Legislature, presented information on SB 156. She said the bill would mandate insurance companies to provide a 12-month supply of hormonal, self-administered contraception at one time, should the recipient chose that option.

She read from the sponsor statement:

All across Alaska, women working in rural areas, in the tourism industry, in the military, and on the North Slope, do not always have ready access to women's health services, thereby posing limitations on their ability to control whether and when they conceive children. This bill, SB 156, mandates insurance companies to pay both private and Medicaid claims and reimburse health care providers for an initial 3 month supply (to gauge adverse reactions), which is then followed by a 12 month supply of contraceptives, including, but not limited to, birth control pills and hormonal contraceptive patches. The bill makes no changes to insurance plans or coverage. The goal of the bill is quite narrow. If a woman is already covered by insurance, and if she already receives birth control prescriptions, she should be able to receive a 12-month supply at one time.

She pointed out that the current version of SB 156 does include problems that have come to light in the past few days, but with the help of departments, stakeholders, and the legislative legal team and the committee, the sponsor's aim is to address them in development of a new version of the bill. She noted that they have heard from many Alaska women who have had difficulty in obtaining a consistent supply of hormonal contraception. Some of those are limited clinic hours, privacy concerns, and long stretches of time spent in remote areas. The bill is meant to address a real problem for Alaskans.

2:13:22 PM

MS. BRUGGEMAN shared facts about unintended pregnancies, both in Alaska and nationwide. She said unintended pregnancy has a profound effect on the economic opportunities and overall well-being of Alaskans statewide. According the Centers for Disease Control and Prevention, an unintended pregnancy is a pregnancy that is reported to have been either unwanted (the pregnancy occurred when no children, or no more children, were desired) or mistimed (the pregnancy occurred earlier than desired). Unintended pregnancy is a core concept that is used to better understand the fertility of populations and the unmet need for contraception and family planning.

Unintended pregnancy mainly results from not using contraception, or inconsistent or incorrect use of effective contraceptive methods. Unintended pregnancy is associated with an increased risk of problems for both the mother and baby: if a pregnancy is not planned before conception, a woman may not be in optimal health for childbearing, and might make poor prenatal choices due to a lack of resources or a family support system, unaddressed issues with drug and alcohol dependence, and an absence of nutritional knowledge that might otherwise keep both mother and child healthy through the prenatal experience.

Along with these health concerns, unintended pregnancy is an economic issue for Alaskan families, as well as the state Department of Health and Social Services. Nationally, 51% of all US births in 2010 were paid for by public insurance through Medicaid, the Children's Health Insurance Program (CHIP), and the Indian Health Service. Public insurance programs paid for 68% of the 1.5 million unplanned births that year, compared with 38% of planned births. Two million births were publicly funded in 2010; of those, about half were unplanned. Alaska data is consistent with national trends.

Nationally, a publicly funded birth in 2010 cost an average of $12,770 in prenatal care, labor and delivery, postpartum care and 12 months of infant care; when 60 months of care are included, the cost per birth increases to $20,716. Government expenditures on the births, abortions, and miscarriages resulting from unintended pregnancies nationwide totaled $21.0 billion in 2010; that amounts to 51% of the $40.8 billion spent for all publicly funded pregnancies that year. To put these figures into perspective, in 2010, the federal and state governments together spent an average of $336 on unintended pregnancies for every women aged 15 – 44 in the country.

In Alaska, where health care sometimes costs more than 30% higher than national averages and Medicaid spending is one of the primary cost drivers of the state budget, these costs become even more problematic. Amid an unprecedented state budget deficit, and the fact that most Alaskan women cherish economic and professional freedoms, now is the time to allow greater access to family planning options. SB 156 will help us reach that goal.

2:16:53 PM
MS. BRUGGEMAN noted that concerns by opponents are being considered. She concluded that the sponsor believes in the core concept of the bill and the positive impact that it might make in the lives of Alaskan families.

2:17:32 PM
CHAIR STEDMAN noted it is the first hearing of the bill.

SENATOR STOLTZE asked who is opposed to the bill.

MS. BRUGGEMAN said Dr. Carolyn Brown was opposed to over-the-counter contraceptives, which will be removed from the bill. Also, the National Federation of Independent Business (NFIB) voiced concern about costs to small business, which will also be removed from the bill. The sponsor intends to keep the co-pay requirements the employee is responsible for. NFIB also discussed a hypothetical situation of an employee starting a job, working for a month and receiving a 12-month supply of contraceptives, and then quitting.

2:19:53 PM
SENATOR STOLTZE inquired if the Division of Insurance is opposed to the mandate.

2:20:37 PM
CHAIR STEDMAN opened public testimony.

2:21:09 PM
LORI WING-HEIER, Director, Division of Insurance, Department of Commerce, Community and Economic Development (DCCED), testified on SB 156. She said DCCED has been working with the sponsor on the bill and several issues have been resolved. The bill is in process and a new version will be out soon. She talked about the issue of mandates under the ACA.

SENATOR STOLTZE commented on mandates.

MS. WING-HEIER said the majority of the bill is under the ACA already. The issues of co-pay and deductible were concerns, have been considered, and would address the costs borne by the state as a mandate.

2:23:47 PM
AL TAMAGNI, Leadership Chair, National Federation of Independent Business (NFIB), testified in opposition to several provisions in SB 156. He opined that small employers are going to be affected. The biggest question is why small business is the only one that has to pay.

2:26:08 PM
DIANA KRISTELLER, Nurse Midwife, testified in support of SB 156. She believed women should have access to 12 months of birth control. She pointed out that women are on birth control for reasons other than birth control. The pharmacy currently fills three months' supply at a time, which is a burden to women. There are limits in place for cost overruns regarding prescriptions. She stressed that unintended pregnancies are frequent and real occurrences.

2:29:01 PM
AMMIE TREWHLY, representing herself, testified in support of SB 156. She said she is a nurse educator who works with young women in the School of Nursing at UAA. She stated the bill will reduce many hurdles for women.

2:30:27 PM
ROBIN SMITH, representing herself, testified in support of SB 156. She spoke as a small business owner who did not agree with NFIB's concerns because small businesses are covered by ACA. She shared situations where women find it difficult to get birth control pills monthly. She referred to the Center for Disease Control regarding birth control distribution. Dispensing for one year would decrease the unintended birth rate by 30 percent. It would also reduce costs. She urged the committee to look at this as a way to empower people.

2:34:39 PM
CATRIONA REYNOLDS, Clinic Manager, Kachemak Bay Family Planning Clinic, testified in support of SB 156. She shared information about the struggles of obtaining birth control in rural areas. She said many of her clients are on Medicaid and some are on a sliding scale for which the clinic has been distributing 12 months' worth for some time. She shared a study for the Oregon Health Authority regarding pill distribution.

2:39:25 PM
KEN LANDFIELD, representing himself, testified in support of SB 156. He said the bill could prevent the need for abortion and unwanted pregnancies.

2:40:38 PM
JUDY ANDREE, Member, League of Women Voters, testified in support of SB 156. She said birth control contributes to healthy families, healthy babies, less unintended pregnancies and saves costs. The bill would decrease financial dependence helping to encourage planned pregnancies, and save money. She concluded that it makes sense for the government to do all it can to increase family health and financial stability and save money.

2:43:07 PM
MAXINE DOOGAN, Member, Community United for Safety, testified in support of SB 156. She says her organization deals with current and former sex workers, sex trafficking victims, and allies. It works toward seeking protection for all people in the sex trade. Expanding access to women's health care is in the best interest to all Alaskans.

2:44:13 PM
SAMANTHA SAVAGE, representing herself, testified in support of SB 156. She shared a personal story and concluded that increasing access to contraception is good.

2:45:21 PM
TERRA BURNS, representing herself, testified in support of SB 156. She shared her experience living in rural Alaska and the difficulty in obtaining birth control.

2:46:33 PM
ROBYN STEVENS, representing herself, testified in support of SB 156. She shared a personal story of difficulty in getting birth control only every 25 days. She said she will have to take time off from work in order to get birth control.

2:47:48 PM
ALICIA NORTON, representing herself, testified in support of SB 156. She shared stories about two friends who did not have time to get birth control and had to drop out of school to have children.

2:49:02 PM

ALYSON CURREY, Member, Planned Parenthood Votes Northwest, testified in support of SB 156. She said Planned Parenthood (PP) has long supported sincere efforts to expand access to birth control. For 100 years PP has provided birth control and other high quality health care across the nation. Every woman should have access to the method of birth control of her choice without barrier to cost. The bill would build on the gains women have made over the past 50 years. She pointed out that the bill would reduce unintended pregnancy by 30 percent and produce a 46 percent drop in the chance of needing an abortion. She concluded that it is a common sense bill that would lower barriers and save the state money.

2:50:56 PM
ELIZABTHE FIGUS, representing herself, testified in support of SB 156. She said in the summer she captains a trawl tender vessel based out of Sitka and cannot get to a place to pick up pre-approved birth control. She said so many residents in Alaska spend significant portions of the year in remote locations. She concluded that SB 156 is the fiscally responsible choice for women's healthcare in Alaska.

CHAIR STEDMAN asked if there were any final comments.

MS. BRUGGEMAN thanked the committee.

CHAIR STEDMAN held SB 156 in committee.

2:53:28 PM
There being no further business to come before the committee, Chair Stedman adjourned the Senate Health & Social Services Committee at 2:53 p.m.