

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

March 30, 2017

3:06 p.m.

**MEMBERS PRESENT**

Representative Ivy Spohnholz, Chair  
Representative Bryce Edgmon, Vice Chair  
Representative Sam Kito  
Representative Geran Tarr  
Representative David Eastman  
Representative Jennifer Johnston  
Representative Colleen Sullivan-Leonard

**MEMBERS ABSENT**

Representative Matt Claman (alternate)  
Representative Dan Saddler (alternate)

**COMMITTEE CALENDAR**

HOUSE BILL NO. 164

"An Act relating to the protection of vulnerable adults and residents of long term care facilities."

- HEARD & HELD

HOUSE BILL NO. 100

"An Act establishing June 27 of each year as Post-Traumatic Stress Injury Awareness Day."

- MOVED HB 100 OUT OF COMMITTEE

HOUSE BILL NO. 186

"An Act relating to the donation of food; and relating to food banks."

- HEARD & HELD

HOUSE BILL NO. 159

"An Act relating to the prescription of opioids; establishing the Voluntary Nonopioid Directive Act; relating to the controlled substance prescription database; relating to the practice of dentistry; relating to the practice of medicine; relating to the practice of podiatry; relating to the practice of osteopathy; relating to the practice of nursing; relating to

the practice of optometry; relating to the practice of veterinary medicine; related to the duties of the Board of Pharmacy; and providing for an effective date."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 164

SHORT TITLE: PROTECT: VULNERABLE ADULTS/LONG TERM CARE

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

03/08/17 (H) READ THE FIRST TIME - REFERRALS  
03/08/17 (H) HSS, FIN  
03/30/17 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 100

SHORT TITLE: POSTTRAUMATIC STRESS INJURY AWARENESS DAY

SPONSOR(S): TUCK

02/01/17 (H) READ THE FIRST TIME - REFERRALS  
02/01/17 (H) HSS  
03/30/17 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 186

SHORT TITLE: FOOD DONATIONS

SPONSOR(S): TALERICO

03/17/17 (H) READ THE FIRST TIME - REFERRALS  
03/17/17 (H) HSS  
03/30/17 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 159

SHORT TITLE: OPIOIDS;PRESCRIPTIONS;DATABASE;LICENSES

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

03/06/17 (H) READ THE FIRST TIME - REFERRALS  
03/06/17 (H) HSS, FIN  
03/18/17 (H) HSS AT 3:00 PM CAPITOL 106  
03/18/17 (H) Heard & Held  
03/18/17 (H) MINUTE(HSS)  
03/25/17 (H) HSS AT 3:00 PM CAPITOL 106  
03/25/17 (H) -- MEETING CANCELED --  
03/30/17 (H) HSS AT 3:00 PM CAPITOL 106

**WITNESS REGISTER**

TERESA HOLT, Long Term Care Ombudsman  
Office of the Long Term Care Ombudsman  
Alaska Mental Health Trust Authority  
Department of Revenue  
Anchorage, Alaska

**POSITION STATEMENT:** Presented HB 164 on behalf of the Governor.

REPRESENTATIVE CHRIS TUCK  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented HB 100 as prime sponsor of the bill.

KENDRA KLOSTER, Staff  
Representative Chris Tuck  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Explained HB 100 on behalf of the prime sponsor of the bill, Representative Tuck.

KENT HALL, Vice President  
Honor For All  
Lansing, Michigan

**POSITION STATEMENT:** Testified in support of HB 100.

VERDIE BOWEN, Director of Veterans Affairs  
Office of Veterans Affairs  
Department of Military & Veterans' Affairs  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 100.

ROBERT DOEHL, Deputy Commissioner  
Office of the Commissioner/Adjutant General  
Department of Military & Veterans Affairs  
JBER, Alaska

**POSITION STATEMENT:** Testified in support of HB 100.

REPRESENTATIVE DAVE TALERICO  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented HB 186 as prime sponsor of the bill.

ELIJAH VERHAGEN, Staff  
Representative Dave Talerico, Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented HB 186 on behalf of the prime sponsor, Representative Dave Talerico.

TERRY BANNISTER, Attorney  
Legislative Legal Counsel  
Legislative Legal Services  
Legislative Affairs Agency  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions during discussion of HB 186.

HOLLIS HALL, Secretary of the Board  
Fairbanks Community Food Bank  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified in support of HB 186.

SAMANTHA KIRSTEIN, Director of Community Development  
Fairbanks Community Food Bank  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified in support of HB 186.

CARA DURR, Director of Public Engagement  
Food Bank of Alaska  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 186.

EDDIE EZELLE  
Matanuska-Susitna Food Bank  
Matanuska-Susitna Valley, Alaska

**POSITION STATEMENT:** Testified during discussion of HB 186.

JAY C. BUTLER, M.D., Chief Medical Officer/Director  
Central Office  
Division of Public Health (DPH)  
Department of Health and Social Services (DHSS)  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions during the discussion of HB 159.

STACIE KRALY, Chief Assistant Attorney General/Statewide Section  
Supervisor  
Human Services Section  
Civil Division (Juneau)  
Department of Law  
Juneau, Alaska

**POSITION STATEMENT:** Testified and answered questions during the discussion of HB 159.

JOSHUA STREAM, M.D.  
Providence Alaska Medical Center (PAMC)  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 159.

MICHAEL CARSON, Chair  
Mat-Su Opioid Task Force  
Matanuska-Susitna (Mat-Su) Valley, Alaska

**POSITION STATEMENT:** Testified in support of HB 159.

CHRISTINA LOVE  
Community Resources Coordinator  
Aiding Women in Abuse and Rape Emergencies (AWARE Inc.)  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of HB 159.

KARA NELSON, Director  
Haven House  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of HB 159.

#### **ACTION NARRATIVE**

[3:06:38 PM](#)

**CHAIR IVY SPOHNHOLZ** called the House Health and Social Services Standing Committee meeting to order at 3:06 p.m. Representatives Spohnholz, Sullivan-Leonard, Eastman, Edgmon, Tarr, and Johnston were present at the call to order. Representative Kito arrived as the meeting was in progress.

#### **HB 164-PROTECT: VULNERABLE ADULTS/LONG TERM CARE**

[3:08:08 PM](#)

CHAIR SPOHNHOLZ announced that the first order of business would be HOUSE BILL NO. 164, "An Act relating to the protection of vulnerable adults and residents of long term care facilities."

[3:08:28 PM](#)

TERESA HOLT, Long Term Care Ombudsman, Office of the Long Term Care Ombudsman, Alaska Mental Health Trust Authority, Department of Revenue, introduced HB 164 on behalf of the House Rules Committee on request of the Governor. She explained that the proposed bill would amend provisions of AS 47.62, Office of the

Long Term Care Ombudsman, and AS 47.24, protection of vulnerable adults, to ensure alignment with the Older Americans Act of 1965 and its implementing regulations. She reported that the Older Americans Act was reauthorized in 2016 and new regulations for Long Term Care Ombudsman were created. As a result, the Administration for Community Living reviewed all states to ensure compliance with these changes, and this review identified two Alaska statutes as being out of alignment with the reauthorization and the Long Term Care Ombudsman regulations. She lauded these as good changes which would be helpful to her office. She stated that the proposed bill would align state and federal statutes and regulations to ensure that the Office of the Long Term Care Ombudsman only shared resident information with informed consent, and to ensure that the office can obtain records to investigate and make referrals when a resident was unable to provide informed consent. The proposed bill added new terms for residents and resident representatives and, due to a conflict of interest, it removed the option for mandatory reporters to meet reporting requirements by submitting reports to the office. The proposed bill clarified the separation of the role of the Long Term Care Ombudsman from the role of the Department of Health and Social Services, and clarified that the Office of the Long Term Care Ombudsman may serve residents in long term care facilities under the age of 60.

[3:10:30 PM](#)

MS. HOLT paraphrased the Sectional Analysis [Included in members' packets], which read:

**Section 1** is a technical amendment to AS 47.24.010(a) to update the name of the entity responsible for receiving reports to the department "vulnerable adult centralized intake office".

**Section 2** is a technical amendment to AS 47.24.010(e) to update the name of the entity responsible for receiving reports to the department "vulnerable adult centralized intake office".

**Section 3** amends AS 47.24.013(a) to remove the requirement to forward reports of maltreatment to the Long Term Care Ombudsman's office. Adds passive language to allow the DHSS to transfer reports for Long Term Care Ombudsman's investigation as defined under AS.62.015.

**Section 4** amends AS 47.24.013(b) to delete reference to DHSS's obligation to investigate reports for vulnerable adult's age 60 or less. The Department of Health and Social Services is responsible for reports involving vulnerable adults ages 18 and older.

**Section 5** amends AS 47.24.013(d) to remove the Long Term Care Ombudsman's obligation to mandatorily provide a report to the DHSS Central Intake. Aligns state law with federal law requiring the Long Term Care Ombudsman's office to only forward information of a complainant or resident with appropriate consent or court order. (45 CFR 1327.11(e)(3)). Amended to reflect current Department of Human and Social Services responsibility for vulnerable adult centralized intake.

**Section 6** amends AS 47.24.015(a) to remove reference to reports transferred to the Office of Long Term Care Ombudsman under 47.24.013. Updates legislative language to appropriately reference subjects of reports are vulnerable adults. Removes requirement for face to face interview.

**Section 7** amends AS 47.62.015(a) to add language to align state law with federal law by providing the Long Term Care Ombudsman the authority to investigate and resolve a complaint for a person residing in a long term care facility who is not defined as an older Alaska.

**Section 8** amends AS 47.62.015(c) to include all residents of a long term care facility.

**Section 9** repeals and reenacts AS 47.62.025 to define access to long term care facilities, older Alaskan, and records. Title amended to include all ages of residents of long term care facilities. Section (a) amended to include all ages of residents of long term care facilities. Section (b) amended to include all ages of residents of long term care facilities and amended to allow for consent to be provided by the resident or the resident's representative or by subpoena.

**Section 10** repeals and reenacts AS 47.62.030(b) to include all ages of residents. Amended to allow for

disclosures with consent. Adds authority for resident representative to give consent. Amended to align state law with federal law to clarify limited circumstances when the Office of Long Term Care Ombudsman has authority to report resident-identifying information without obtaining resident or resident representative consent.

**Section 11** amends AS 47.62.060 to include all ages of residents of long term care facilities.

**Section 12** amends AS 47.62.090 to revise the definition of "older Alaskan" as an individual who lives in Alaska since definition of "resident" was added to mean individual living in a long term care facility. Adds new sections to define resident as an individual who resides in a long term care facility and to align state law with federal law to define resident representative and authority the resident representative has to act on behalf of the resident.

**Section 13** repeals AS 47.24.010(f), AS 47.24.013(c)(3), and AS 47.24.013(e). AS 47.24.010(f) is repealed as Federal statute and regulations prohibit representatives of the Office Long Term Care Ombudsman from abuse reporting requirements when such reporting would disclose identifying information of a complainant or resident without appropriate consent or court order. (45 CFR 1327.11(e)(3)). Therefor mandatory reporting to the Office of Long Term Care Ombudsman does not fulfill a mandatory reporter's obligation under law to make mandatory reports of maltreatment. AS 47.24.013(c)(3) repeals the requirement for the Office of the Long Term Care Ombudsman to provide results of investigation to the DHSS. OAA Section 712(d)(2)(B) establishes strict disclosure limitations. The Long Term Care Ombudsman program is intended to be a safe, person-centered place for residents to bring their concerns. Residents can be assured that their information will not be disclosed without their consent, the consent of the resident representative, or court order. AS 47.24.013(e) is repealed as the Office of the Long Term Care Ombudsman is not the appropriate agency to officially substantiate abuse or neglect complaints on behalf of DHSS. The Office of the Long Term Care Ombudsman represents the interests of residents,

rather than the interests of the DHSS. (See OAA Section 712(a)(3)(E), (a)(5)(B)(iv); 45 CFR 1327.13(a)(5), 1327.19(a)(4)).

[3:13:31 PM](#)

REPRESENTATIVE SULLIVAN-LEONARD asked about the rationale for the amendment in Section 3.

MS. HOLT explained that often there were residents of long term care facilities who were 55 years of age, and the previous legislation only allowed that her office work with people over 60 years of age. This would allow the Office of the Long Term Care Ombudsman to serve people under the age of 60.

REPRESENTATIVE SULLIVAN-LEONARD asked about removal of the requirement to forward reports of maltreatment to the Office of the Long Term Care Ombudsman.

CHAIR SPOHNHOLZ clarified that Ms. Holt had been referring to Section 4, and that Representative Sullivan-Leonard had questions regarding Section 3.

MS. HOLT directed attention to the original statute, which stated that Department of Health and Social Services (DHSS) would forward all reports on people over the age of 60 to the Office of the Long Term Care Ombudsman for investigation. She explained that the Office of the Long Term Care Ombudsman had different investigation priorities, and would investigate issues for residents of long term care facilities. She explained that Adult Protective Services and Licensing investigated to substantiate a report of harm. This would clarify that DHSS would conduct the verifications, and those reports would be forwarded to the Office of the Long Term Care Ombudsman.

REPRESENTATIVE SULLIVAN-LEONARD suggested that the Office of the Long Term Care Ombudsman would want that information in order to assist in the process for helping.

MS. HOLT replied that two years prior, there had been a meeting of people who worked with seniors living in long term care facilities, which resulted in a system of initial response for investigation. She relayed that this memorandum of agreement dictated that "if adult protective services, residential licensing, and quality assurance feels like it's a report that we should have a copy of, that they will forward that to us." She stated that the majority of the reports of harm were about

residents who had fallen to the floor, but were checked and found to be fine. She pointed out that a review of each of these was very time consuming, and was not necessary for her office to review.

[3:17:32 PM](#)

REPRESENTATIVE EASTMAN asked if the Office of the Long Term Care Ombudsman wanted to know about an incident for maltreatment of a person in long term care.

MS. HOLT replied that her office did want to know, adding that the office received between 15-20 reports daily. She reported that central intake received about 50 reports daily, and, as many of these had already been resolved, her office did not need to receive those reports. She added that people could also call her office directly. She offered her belief that this proposed process would work.

[3:18:35 PM](#)

CHAIR SPOHNHOLZ summarized that the proposed process would narrow the requirement for data reporting or reports of harm to only be those which were substantiated or needed more investigation.

MS. HOLT expressed her agreement, and stated that the mandate of the Office of the Long Term Care Ombudsman was to resolve issues of residents that required assistance.

CHAIR SPOHNHOLZ suggested that there could be language which would more specifically address the concern.

[3:20:39 PM](#)

CHAIR SPOHNHOLZ announced that HB 164 would be held over.

**HB 100-POSTTRAUMATIC STRESS INJURY AWARENESS DAY**

[3:20:55 PM](#)

CHAIR SPOHNHOLZ announced that the next order of business would be HOUSE BILL NO. 100, "An Act establishing June 27 of each year as Post-Traumatic Stress Injury Awareness Day."

[3:21:55 PM](#)

REPRESENTATIVE CHRIS TUCK, Alaska State Legislature, explained that the term "Post-Traumatic Stress Disorder" had been changed to "Post-Traumatic Stress Injury." He paraphrased from the Sponsor Statement [Included in members' packets], which read:

Post-traumatic stress injury (PTSI) can develop following any event that makes you fear for your safety, especially if the event feels unpredictable and uncontrollable. PTSI can affect people who personally experience the threatening event, those who witness the event, or those who pick up the pieces afterwards, such as emergency workers. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event. It is estimated that almost 260 million people worldwide suffer from PTSI. In the U.S., about 3.5% of adults are diagnosed with PTSI annually. The impact of traumatic events on children is often more far reaching than trauma on adults, not only because the child has fewer emotional and intellectual resources to cope, but also because the child's development is adversely affected. According to one study, more than 60% of children ages 0-17 experienced or witnesses at least one traumatic event. Between 2000 and 2014, approximately 139,000 active-duty service members were diagnosed with new onset of post-traumatic stress within the Military Health System (MHS). Of these, roughly 112,000 service members were diagnosed following a deployment of 30 days or more to an overseas contingency operation. The numbers presented reflect only those service members identified by the MHS. As such, they may underestimate the true scope of the problem since they do not reflect those service members who choose not to seek assistance because of concerns around stigma and other barriers that may discourage them from seeking help. Referring to a post-traumatic stress injury as a disorder perpetuates the stigma which in turn discourages people seeking proper medical treatment. Raising awareness of the condition and eliminating the stigma may encourage people affected to seek help voluntarily and allow for timely treatment that may alleviate PTSI symptoms and even prevent suicide. The United States Senate, United State House of Representatives and 27 states have united by bringing national awareness to individuals who are suffering with PTSI. House Bill 100 will establish June 27 as Post-Traumatic Stress Injury

Awareness Day in Alaska, providing an opportunity each year to raise awareness and conduct outreach.

[3:24:54 PM](#)

KENDRA KLOSTER, Staff, Representative Chris Tuck, Alaska State Legislature, explained the proposed bill, which established June 27 of each year as Post-Traumatic Stress Injury (PTSI) Awareness Day. She reiterated that a resolution had been passed in 2016, during the previous legislative session, to designate June 27, 2016, as a day of awareness. She relayed that the date, June 27, had been inspired by the birthday of National Guard Staff Sergeant Joe Beale, who suffered from PTSI and took his own life on April 26, 2007.

[3:26:49 PM](#)

KENT HALL, Vice President, Honor For All, spoke about post-traumatic stress injury, and offered his personal story of PTSI. He reported that although he left Vietnam in 1969, "unfortunately, Vietnam never left me." He shared that he still had issues, and attended group therapy with other veterans. He reported that Lansing, Michigan had four such groups of 10 or more veterans. He credited the founders of "Honor For All" as working hard to create awareness for this by creating the first PTSD (post-traumatic stress disorder) Awareness Day in Washington, DC in 2011, and that Michigan became the first state to pass a resolution for June 27 to be recognized as Post-Traumatic Stress Injury (PTSI) Awareness Day. He shared that the subtle change of term allowed him to understand the reason for his problems, as he was not diagnosed until 2011, and had dealt with his personal issues for four decades. He stated that Honor For Allow showed him that his problems were a wound, not a weakness, and with this understanding, he became a public spokesman. He noted that there were still 20 - 22 veteran suicides daily, declaring "that's just not acceptable." He stated that his organization would fight for any help to end this. He shared that 30 states were "on-board with resolutions." He lauded Alaska's reputation for "looking out for veterans."

[3:31:17 PM](#)

CHAIR SPOHNHOLZ expressed appreciation for his service and his passion for this program, and offered hope for his success in healing.

[3:32:01 PM](#)

VERDIE BOWEN, Director of Veterans Affairs, Office of Veterans Affairs, Department of Military & Veterans Affairs, stated his support for the proposed bill. He shared that the help was out there, but that the awareness of injuries caused through post-traumatic stress needed to be promoted. He noted that often veterans did not seek assistance, reporting that 30 percent of veterans from combat zones were experiencing this injury according to the Veterans' Administration. He stated that there were now 1600 new mental health professionals throughout the U.S. working with the Veterans' Administration. He offered his belief that signifying PTSI instead of PTSD would help eliminate the stigma to the injury.

[3:35:24 PM](#)

ROBERT DOEHL, Deputy Commissioner, Office of the Commissioner/Adjutant General, Department of Military & Veterans Affairs, stated support for the proposed bill. He clarified that PTSI was not limited to veterans and there was no intent to demean any of the struggles faced in dealing with this. He reported that police officers had also expressed support for this as a tool when working with veterans "having a bad day."

[3:37:03 PM](#)

CHAIR SPOHNHOLZ reiterated that post-traumatic stress injury was an injury not only experienced by veterans, and pointed out that many survivors of adverse childhood experiences also suffered from PTSI. She offered a personal story from her family regarding PTSI. She pointed out that anyone could suffer from this if put in the wrong circumstances.

[3:38:42 PM](#)

REPRESENTATIVE EDGMON moved to report HB 100 out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, HB 100 was moved from the House Health and Social Services Standing Committee.

[3:39:10 PM](#)

The committee took an at-ease from 3:39 p.m. to 3:44 p.m.

#### **HB 186-FOOD DONATIONS**

[3:44:52 PM](#)

CHAIR SPOHNHOLZ announced that the next order of business would be HOUSE BILL NO. 186, "An Act relating to the donation of food; and relating to food banks."

[3:45:15 PM](#)

REPRESENTATIVE DAVE TALERICO, Alaska State Legislature, as the sponsor of the proposed bill, paraphrased from the Sponsor Statement [included in members' packets], which read as follows [original punctuation provided]:

HB 186 seeks to reduce the amount of wasted food in the state while increasing the amount of food donated to food banks and other charitable organizations. Nearly 15% of Alaskans fall into the category of food insecure individuals. Many businesses are currently donating excess food however many desire to do so but are not because of liability. Many charitable organizations do not receive sufficient food donations to feed the homeless and hungry that without such charities have no way to eat. These charities and people may greatly benefit from more donated food. HB 186 will allow hotels, restaurants, stores and other food donors who choose to donate their excess unsold food or out dated food to donate to food banks or charitable organizations free from liability. This will open up the doors for thousands of pounds of new donated food to charities and thus help feed the nearly 15% hungry Alaskans. HB will require that all food donors that choose to donate hot excess food to simply label the donated hot food that can be frozen and re-served. HB 186 will also reduce the amount of food put into our landfills which smells, attracts animals, birds and unnecessarily takes up space. I urge your support for this bill to help reduce the amount of wasted food and increase the amount of donated food to decrease hunger in Alaska. Thank you!

[3:48:06 PM](#)

ELIJAH VERHAGEN, Staff, Representative Dave Talerico, Alaska State Legislature, explained the bill, and paraphrased from the Sectional Analysis [Included in members' packets], which read:

**Sec. 1 - AS 17.20.345** Amends AS 17.20.345 (a) by adding charitable organizations in statute next to food banks to be able to receive donated food from donors who may donate their food free from liability. Amends AS 17.20.345 (b)(1) by adding a sentence clarifying that the labels referenced in this statute do not include the new label referenced in section two of this bill; which requires heated donated food to be labeled. Amends AS 17.20.345 (b) by adding a third bullet point allowing donors of food to donate food with an expired date on it. Amends AS .17.20.345 (c) by adding charitable organizations in statute along with food banks to be able to receive donated salmon from hatcheries.

**Sec. 2 - AS 17.20.345** Amends AS 17.20.345 is amended by adding a new section which allows donors of food to donate excess hot food to food banks and charities as long as they label it as previously heated food.

**Sec. 3 - AS 17.20.346** Amends AS 17.20.346 (a) by adding charitable organizations in statute next to food banks to be free from liability to donate received food to hungry individuals as long as they first inspect it and deem it fit for human consumption. Amends AS 17.20.346 (b) by adding charitable organizations in statute next to food banks to be free to receive donated food with an expired date on it.

**Sec. 4 - AS 17.20.347** Amends AS 17.20.347 (1) by adding delicatessen, restaurant, hotel and store under the definition of donor. Amends AS 17.20.347 (2) by deleting part of the definition of a food bank so as to separately define a nonprofit organization in a new section.

**Sec. 5 - AS 17 .20.34 7** Amends AS 17.20.347 by adding three new definitions namely 1. "charitable organization" means a nonprofit organization that provides food without charge to individuals who do not have money to pay for the food or who do not have homes; 2. "food" includes unsold hot food; 3. "nonprofit organization" means an organization recognized by the state or federal government as a nonprofit organization.

[3:55:44 PM](#)

REPRESENTATIVE EDGMON asked if there was a need for language in the proposed bill to tie in donor to charitable organizations, possibly for tax purposes or benefits in statutes, to make a donor involved in commercial activities more willing to provide an act of charity.

[3:56:59 PM](#)

MR. VERHAGEN directed attention to page 1, line 5, which read: "a donor of food for free distribution by a food bank or charitable organization is not subject to civil or criminal liability arising." He stated that a donor of food could give to a food bank or charitable organization. He pointed to page 3, which defined donor. He referred to the Legislative Legal Services to discuss any tax benefits.

[3:57:44 PM](#)

CHAIR SPOHNHOLZ said that the financial incentive for donors was well detailed in federal tax law, and that the donor simply needed to identify and attribute a value to the items when adding it to their individual taxes. She said this was up to the individual donor.

REPRESENTATIVE JOHNSON asked about caterers.

MR. VERHAGEN directed attention to page 3, line 15, and acknowledged that although the specific mention of caterer was not included, he offered his belief that it could be added.

[3:59:04 PM](#)

TERRY BANNISTER, Attorney, Legislative Legal Counsel, Legislative Legal Services, Legislative Affairs Agency, offered her belief that the definition of donor had many terms which would include caterer, but that the specific term caterer could be added.

[3:59:50 PM](#)

REPRESENTATIVE TARR reported that the federal government had recently made specific tax incentives for food donation. She asked that the presentation include the information that each year in the U.S. enough food was thrown away to feed the country for six months.

MR. VERHAGEN said that other testifiers would expand on this.

[4:01:12 PM](#)

CHAIR SPOHNHOLZ expressed her desire to reduce food waste to its absolute minimum, especially to address hunger in Alaska. She declared that there was a challenge for food safety and handling of hot foods. She asked if this had been addressed.

[4:02:21 PM](#)

MR. VERHAGEN said that this had been discussed and that the charitable organizations had these handling procedures already in place.

CHAIR SPOHNHOLZ pointed to page 3, line 31, and added that she had worked for many nonprofit organizations which had no expertise in food safety and handling. She said that this still created a concern for her.

[4:04:28 PM](#)

HOLLIS HALL, Secretary of the Board, Fairbanks Community Food Bank, said that he grew up during the depression and World War II, and that he remembered food ration books and stamps. He stated that "food waste was not an option when I grew up, but now, it seems to be." He said that on any given day, there could be "a couple of times or more of food that would otherwise be waste if it were not brought to the foodbank. It would be discarded, but we find a use for it." He acknowledged that some days there was a shortage of fresh food, and that there was always room for more. He declared that an objective of the food bank was to see that no one would go hungry, and that this could best be accomplished with donations of food.

[4:06:31 PM](#)

SAMANTHA KIRSTEIN, Director of Community Development, Fairbanks Community Food Bank, expressed her support for the proposed bill. She reported that there was similar federal legislation which was "the backbone of national food banking for many years, and does reduce the liability for those generous commercial donors." She said that there was still concern from some Alaska donors. She offered a history of the food bank in the Fairbanks community and its current work, which included daily collection and distribution of two to five tons of local surplus food. She

reported that every food box included 20 pounds of food per person, which was expected to last for nine meals per person. She explained, as the food bank was an emergency supply of locally donated and salvaged food, that any family could order 10 food boxes each calendar year. She stated that the food bank worked at the Department of Environmental Conservation highest standards for collection, storage, and distribution of food, serving 30,000 people each year. She reported that each year, the food bank collected and distributed more than 2 million pounds of food in food boxes. She added that they worked with more than 100 food donors, distributing the food through 100 agencies, and that they worked hard to adhere to all the rules for food handling. She declared that the food bank was not a political organization. She asked that the proposed bill be moved from the committee immediately.

[4:12:02 PM](#)

CARA DURR, Director of Public Engagement, Food Bank of Alaska, said that the proposed bill enhanced and complemented the provisions in the federal legislation and was very successful in its support for retail groceries and other businesses in their efforts to donate food that would otherwise be wasted. She expressed her hope that the proposed bill would give extra assurance to any small business owners who might be hesitant to donate because of any perceived liability. She pointed out that as 106,000 Alaskans faced food insecurity, it was important to reduce food waste and encourage donations.

[4:13:26 PM](#)

EDDIE EZELLE, Matanuska-Susitna Food Bank, encouraged support for the proposed bill, pointing out that there had been a reduction in giving. He added that the proposed bill helped protect food distributors from unnecessary lawsuits concerning the donated food products, and it helped people in need.

[4:15:03 PM](#)

REPRESENTATIVE SULLIVAN-LEONARD offered her whole-hearted support for the proposed legislation.

CHAIR SPOHNHOLZ announced that HB 186 would be held over.

**HB 159-OPIOIDS; PRESCRIPTIONS; DATABASE; LICENSES**

[4:15:36 PM](#)

CHAIR SPOHNHOLZ announced that the final order of business would be HOUSE BILL NO. 159, "An Act relating to the prescription of opioids; establishing the Voluntary Nonopioid Directive Act; relating to the controlled substance prescription database; relating to the practice of dentistry; relating to the practice of medicine; relating to the practice of podiatry; relating to the practice of osteopathy; relating to the practice of nursing; relating to the practice of optometry; relating to the practice of veterinary medicine; related to the duties of the Board of Pharmacy; and providing for an effective date."

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JAY C. BUTLER, M.D., Chief Medical Officer/Director, Central Office, Division of Public Health (DPH), Department of Health and Social Services (DHSS), stated that HB 159 is an approach aimed to improve the care of persons living with addiction and to address some of the primary prevention possibilities, as related to legal prescription of opioids in the community, by supporting more rational pain management practices throughout the state. He said the division would like to address concerns expressed by various stakeholders by suggesting an amendment to the proposed bill.

DR. BUTLER said one concern relates to a section in HB 159 that would authorize pharmacists to partially fill prescriptions for opioids; part of the desired amendment would align the language more with the federal Comprehensive Addiction and Recovery Act (CARA), by deleting language that would immediately void any unfilled portion of the prescription, which would, as a result, require the pharmacist to notify the prescriber. A second part of the amendment would clarify the roles of the prescriber and the dispenser. Regarding the prescription drug monitoring program (PDMP), he said the intent of Senate Bill 74 last year and the proposed HB 159 before the committee was and is that the prescribers check the PDMP prior to issuing prescriptions for schedule II or schedule III controlled substances, and the role of the pharmacist is to populate the PDMP when the dispensing is done.

DR. BUTLER said the third part of the desired amendment would address concerns related to the daily updates of the PDMP, recognizing that even the weekly update required under Senate Bill 74 has not been implemented. The amendment would specify that the implementation to daily update would not occur until 2018. He said the fourth component of the amendment would

address the waiver of liability under the opioid advance directive. He stated, "In the bill that I presented to you a couple of weeks ago, it specified waiving liability for not administering an opioid when a directive was in place. This broadens the waiver of liability to include in the instance where perhaps ... [an] opioid is inadvertently administered to someone, with an advance directive."

DR. BUTLER said the key points of the requested amendment were based on feedback of a number of stakeholders, but he specifically acknowledged the Pharmacy Association for its helpful guidance and "a number of providers" for their input, as well.

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CHAIR SPOHNHOLZ moved to adopt Amendment 1, [which is a typed amendment not drafted by Legislative Legal and Research Services, dated at top-right] "AM 3/28/2017" and read as follows [original punctuation provided]:

Page 1, line 3, following "dentistry;":  
Insert "relating to the practice of pharmacy;"

Page 2, lines 2 - 3:  
Delete all material and insert:  
"(b) The commissioner shall adopt regulations to implement this chapter. The regulations under this chapter shall"

Page 2, line 25, following "opioid":  
Insert ", or for inadvertent administration of an opioid,"

Page 15, line 14:  
Delete "a"  
Insert "[A]"  
Delete "diagnosis"  
Insert "[DIAGNOSIS]"

Page 15, line 16:  
Delete "a"  
Insert "[A]"

Page 15, line 17:  
Delete "diagnosis"  
Insert "[DIAGNOSIS]"

Page 16, following line 24:

Insert a new bill section to read:

"\* Sec. 19. AS 08.68.100(a), as amended by sec. 10, ch. 25, SLA 2016, is amended to read:

(a) The board shall

(1) adopt regulations necessary to implement this chapter, including regulations

(A) pertaining to practice as an advanced practice registered nurse [PRACTITIONER] and a certified registered nurse anesthetist; regulations for an advanced practice registered nurse who holds a valid federal Drug Enforcement Administration registration number must address training in pain management and opioid use and addiction;

(B) necessary to implement AS 08.68.331 - 08.68.336 relating to certified nurse aides in order to protect the health, safety, and welfare of clients served by nurse aides;

(C) pertaining to retired nurse status; and

(D) establishing criteria for approval of practical nurse education programs that are not accredited by a national nursing accrediting body;

(2) approve curricula and adopt standards for basic education programs that prepare persons for licensing under AS 08.68.190;

(3) provide for surveys of the basic nursing education programs in the state at the times it considers necessary;

(4) approve education programs that meet the requirements of this chapter and of the board, and deny, revoke, or suspend approval of education programs for failure to meet the requirements;

(5) examine, license, and renew the licenses of qualified applicants;

(6) prescribe requirements for competence before a former nurse may resume the practice of nursing under this chapter;

(7) define by regulation the qualifications and duties of the executive administrator and delegate authority to the executive administrator that is necessary to conduct board business;

(8) develop reasonable and uniform standards for nursing practice;

(9) publish advisory opinions regarding whether nursing practice procedures or policies comply with

acceptable standards of nursing practice as defined under this chapter;

(10) require applicants under this chapter to submit fingerprints and the fees required by the Department of Public Safety under AS 12.62.160 for criminal justice information and a national criminal history record check; the department shall submit the fingerprints and fees to the Department of Public Safety for a report of criminal justice information under AS 12.62 and a national criminal history record check under AS 12.62.400;

(11) require that a licensed advanced practice registered nurse [PRACTITIONER] who has a federal Drug Enforcement Administration registration number register with the controlled substance prescription database under AS 17.30.200(o)."

Renumber the following bill sections accordingly.

Page 18, line 15:

Delete "a"  
Insert "[A]"  
Delete "diagnosis"  
Insert "[DIAGNOSIS]"

Page 18, line 18:

Delete "a"  
Insert "[A]"  
Delete "diagnosis"  
Insert "[DIAGNOSIS]"

Page 19, following line 15:

Insert a new bill section to read:

\*\* Sec. 24. AS 08.72.140 is amended to read:

Sec. 08.72.140. Qualifications for licensure. An applicant for licensure as an optometrist

(1) shall be a graduate of a school or college of optometry recognized by the board;

(2) may not have committed an act in any jurisdiction that would have constituted a violation of this chapter or regulations adopted under this chapter at the time the act was committed;

(3) may not have been disciplined by an optometry licensing entity in another jurisdiction and may not be the subject of a pending disciplinary proceeding conducted by an optometry licensing entity in another jurisdiction; however, the board may consider the

disciplinary action and, in the board's discretion, determine if the person is qualified for licensure;

(4) shall have successfully completed

(A) the written and practical portions of an examination on ocular pharmacology approved by the board that tests the licensee's or applicant's knowledge of the characteristics, pharmacological effects, indications, contraindications, and emergency care associated with the prescription and use of pharmaceutical agents;

(B) a nontopical therapeutic pharmaceutical agent course of at least 23 hours approved by the board or an examination approved by the board on the treatment and management of ocular disease; and

(C) an optometry and nontopical therapeutic pharmaceutical agent injection course of at least seven hours approved by the board or equivalent training acceptable to the board; and

(5) shall meet other qualifications for licensure as established under this chapter and regulations adopted by the board under AS 08.72.050 regulations for qualifications for licensees who hold a valid federal Drug Enforcement Administration number must address training in pain management and opioid use and addiction."

Renumber the following bill sections accordingly.

Page 23, line 9, following "prescribed.", through line 16:

Delete all material.

Page 23, line 17:

Delete "(c)"

Insert "(b)"

Page 24, lines 20 - 29:

Delete all material and insert:

"\* Sec. 31. AS 17.30.200(a), as amended by sec. 21, ch. 25, SLA 2016, is amended to read:

(a) The controlled substance prescription database is established in the Board of Pharmacy. The purpose of the database is to contain data as described in this section regarding every prescription for a schedule II, III, or IV controlled substance under federal law dispensed in the state to a person other than those administered to a patient at a health

care facility or a correctional facility, except when prescribing opioids to an inmate at the time of the inmate's release."

Page 25, line 8:

Delete "daily [WEEKLY]"

Insert "weekly"

Page 25, following line 23:

Insert a new bill section to read:

"\* Sec. 33. AS 17.30.200(b), as amended by sec. 32, of this Act, is amended to read:

(b) The pharmacist-in-charge of each licensed or registered pharmacy, regarding each schedule II, III, or IV controlled substance under federal law dispensed by a pharmacist under the supervision of the pharmacist-in-charge, and each practitioner who directly dispenses a schedule II, III, or IV controlled substance under federal law other than those administered to a patient at a health care facility or a correctional facility, except when prescribing opioids to an inmate at the time of the inmate's release, shall submit to the board, by a procedure and in a format established by the board, the following information for inclusion in the database on at least a daily [WEEKLY] basis:

(1) the name of the prescribing practitioner and the practitioner's federal Drug Enforcement Administration registration number or other appropriate identifier;

(2) the date of the prescription;

(3) the date the prescription was filled and the method of payment; this paragraph does not authorize the board to include individual credit card or other account numbers in the database;

(4) the name, address, and date of birth of the person for whom the prescription was written;

(5) the name and national drug code of the controlled substance;

(6) the quantity and strength of the controlled substance dispensed;

(7) the name of the drug outlet dispensing the controlled substance; and

(8) the name of the pharmacist or practitioner dispensing the controlled substance and other appropriate identifying information."

Renumber the following bill sections accordingly.

Page 27, lines 21 - 25:

Delete all material and insert:

"(e) The failure of a pharmacist-in-charge or a [,] pharmacist [, OR PRACTITIONER] to register or submit information to the database as required under this section is grounds for the board to take disciplinary action against the license or registration of the pharmacy or pharmacist. The failure of a practitioner to register or review the database as required by this section is grounds for the practitioner's [OR FOR ANOTHER] licensing board to take disciplinary action against the [A] practitioner."

Page 29, line 23:

Delete all material and insert:

"\* Sec. 40. Sections 22, 24, 26, 28, 30, 32, 52, and 73, ch. 25, SLA 2016, are repealed."

Page 29, line 27:

Delete "and the Department of Commerce, Community, and Economic Development"

Page 29, following line 30:

Insert a new subsection to read:

"(b) The Department of Commerce, Community, and Economic Development may adopt regulations necessary to implement the changes made by this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the effective date of the relevant provision of this Act implemented by the regulation."

Page 29, line 31:

Delete "(b)"

Insert "(c)"

Page 30, line 3:

Delete "28"

Insert "30"

Page 30, line 5:

Delete "28"

Insert "30"

Page 30, line 6:

Delete all material and insert:

"\* Sec. 43. Section 28 of this Act takes effect on the effective date of sec. 12, ch. 25, SLA 2016.

\* Sec. 44. Section 31 of this Act takes effect on the effective date of sec. 21, ch. 25, SLA 2016.

\* Sec. 45. Section 32 of this Act takes effect on the effective date of sec. 23, ch. 25, SLA 2016.

\* Sec. 46. Section 34 of this Act takes effect on the effective date of sec. 25, ch. 25, SLA 2016.

\* Sec. 47. Section 35 of this Act takes effect on the effective date of sec. 27, ch. 25, SLA 2016.

\* Sec. 48. Sections 36 and 37 of this Act take effect on the effective date of sec. 34, ch. 25, SLA 2016.

\* Sec. 49. Sections 2, 3, 7 - 14, 19, 21, 24 - 26, 33, and 38 of this Act take effect July 1, 2018.

\* Sec. 50. Sections 1 and 40 of this Act take effect July 1, 2019.

\* Sec. 51. Except as provided in secs. 43 - 50 of this Act, this Act takes effect immediately under AS 01.10.070(c)."

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REPRESENTATIVE SULLIVAN-LEONARD objected to the motion to adopt Amendment 1, for the purpose of discussion.

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STACIE KRALY, Chief Assistant Attorney General/Statewide Section Supervisor, Human Services Section, Civil Division (Juneau), Department of Law, offered details related to proposed changes to HB 159 under Amendment 1. As shown in Amendment 1, she said the first change would be to the bill title to include "relating to the practice of pharmacy". She explained that many of the changes that would be made under the proposed Amendment 1 would be technical changes to add something that was not meant to be omitted. Ms. Kraly stated that the second change, on page 2, lines 2-3, of HB 159, would address the advance directive language and provide that the commissioner would adopt the regulations. She said another change would be on page 2, line 25, and provide additional immunity for a prescriber who inadvertently administers an opioid when a person has an advance directive "that's been adopted by this statute." She said the next two changes, on page 15, line 14 and [17], were recommended by the American Cancer Association because it felt that a person

may need opioid pain management after a diagnosis, so the language should not limit that to diagnosis.

MS. KRALY, regarding the change that would be made under Amendment 1, on page 16, following line 24, of HB 159, explained that two practitioners had been omitted inadvertently for purposes of participation in the PDMP and the changes to the continuing medical education provisions. The proposed change would correct one of those omissions, address the inclusion of advanced practice nurses, and make conforming edits to change the nomenclature as was changed in legislation last year "to make sure that we're talking about advanced practice nurses - registered nurses." Ms. Kraly pointed to the changes on pages 18, lines 15 and 18, of HB 159, which again would delete "diagnosis" to broaden the construct for the exceptions for administering opioids to include, for example, post-cancer treatment, when a diagnosis has already been addressed. She next said that the new section proposed to be added on page 19, following line 15, addresses one of the omissions advertently made. The new language would include optometrists in participation of PDMPs, as well as in the continuing medical education (CME) requirements.

MS. KRALY said the change proposed to page 23, line 9, would mean that a request for a prescription to be partially filled would not void the prescription.

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DR. BUTLER added that this is the portion of the proposed amendment about which he had previously said would align the language with CARA.

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MS. KRALY moved on to the change that would be made on page 24, lines 20-29. She explained that this part of Amendment 1 would relate to when an opioid is being prescribed, so the PDMP would apply to a prescription issued to an inmate upon release from [a correctional facility].

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DR. BUTLER noted that this part of Amendment 1 also would update language to specify this pertains to schedule II, III, and IV drugs. He offered his understanding that the old language had included federal schedule I drugs, which are illegal substances.

MS. KRALY added that the language [that would be Section 31] is replacing Section 29.

MS. KRALY moved on to the proposed change to page 25, line 8, to reinstate a requirement for certain information to be submitted weekly to "the board." She said the plan is to stay with a weekly requirement for one year, then go to daily. She said the change proposed for language on page 25, line 23, also addresses the change from daily to weekly. She admitted it may seem confusing, but the reason for the repetition is for drafting and effective date purposes.

MS. KRALY directed attention to the proposed change to page 27, lines 21-25. She explained the change was requested on behalf of both pharmacists and prescribers, and it would clarify that pharmacists must register with the PDMP and submit information on the PDMP, whereas a prescriber registers and reviews the PDMP.

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MS. KRALY said Amendment 1 proposes technical changes on page 29, line 23, regarding a delayed effective date and the timing of repeals. She stated that the purpose of the deletion proposed on page 29, line 27 and the insertion proposed on page 29, following line 30 is to ensure that the Department of Commerce, Community & Economic Development (DCCED) has sufficient time to draft regulations that will become effective "upon adoption of future effective dates." In other words, this transitional language would allow DCCED to continue working on regulations, even though certain provisions of the bill are not effective. In response to Chair Spohnholz, she offered clarification as to the numbering in this portion of the bill as it would be amended by Amendment 1. She said, "When you have it all in there, it'll make sense."

MS. KRALY next talked about the effective date sections of the bill, Sections 43-48, all of which she said relate to conforming edits and changes that need to be made as a result of Senate Bill 74 "and the rolling effective dates of how the PDMP will operate." She said it is important to coordinate the effective dates so that "everybody's going into effect at the same time." She said Section 49 would provide an effective date of July 1, 2018, and this would deal with the changes to the occupational licensing boards, as to the CMEs and the obligations of the boards to implement changes for participation in the PDMP, "so

that they all apply at the same time." Section 50 would provide an effective date of July 1, 2019, to Sections 1 and 40 of HB 159, which deal with the opioid advance directive. Section 51 addresses everything else in the bill and gives it an immediate effective date.

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REPRESENTATIVE EASTMAN asked about the aforementioned proposed exemption that would result in not collecting data from a correctional facility, except at the end of the inmate's term.

MS. KRALY explained that the purpose of having the PDMP is to ensure that people are not "doctor shopping" or being over-prescribed, and since a correctional facility is a confined environment, the purpose of the PDMP is lost, because the facility is a controlled environment. When inmates are released, they are no longer in that controlled environment, and when they are given a prescription, that information is in the PDMP, so that when they visit a doctor or pick up a prescription, the provider or pharmacist knows how recently an opioid prescription has been given.

REPRESENTATIVE EASTMAN suggested the need to compare the prescribing habits of a provider in a correctional facility to that of his/her peers.

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DR. BUTLER replied, "A lot of the focus is on the outpatient use." He said that looking back at the history of the opioid epidemic, one of the original reviews of the risk of addiction and substance misuse was based on an analysis of hospitalized patients and showed that the risk of "problem use" after being administered an opioid after hospitalization was extremely low. Unfortunately, he said, those data were misapplied to outpatient settings. He said he thinks it is still fair to say that the risk is low in the setting of a patient that is institutionalized, which is one reason why, when a patient is being prepared for release, "if there's going to be ... a drug taken with them when they leave the institution, as a discharge medication, we would definitely want visibility on that."

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REPRESENTATIVE JOHNSTON referred to advance practice registered nurses, and she said that made her think about physician

assistants. She surmised that may be part of the title with the practice of medicine, but said she wondered how that might be addressed.

DR. BUTLER responded that physician assistants are included and are regulated under the [Alaska State] Medical Board. In response to a follow-up question, he confirmed that is different from the [Alaska Board of] Nursing.

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The committee took a brief at-ease.

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CHAIR SPOHNHOLZ asked Representative Sullivan-Leonard if she maintained her objection to the motion to adopt Amendment 1.

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REPRESENTATIVE SULLIVAN-LEONARD removed her objection. There being no further objection, Amendment 1 was adopted.

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CHAIR SPOHNHOLZ [opened public testimony on HB 159].

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JOSHUA STREAM, M.D., Providence Alaska Medical Center (PAMC), stated that he is an anesthesiologist, who is fellowship trained in acute pain management and is the chair of the Pain Management Council at PAMC. He related that the council is an interdisciplinary group comprising medical providers, clinical leaders, and administrators all dedicated to improving pain management for the benefit of PAMC's patients. He emphasized his support of HB 159, especially its proposal of opioid dispensing limits and provider education.

DR. STREAM said during his experience working with patients and providers of every specialty he has seen inappropriate pain management daily, which results in patients being hurt. He said the mismanagement almost always involves the over prescription of and overreliance on opioids, which is a huge patient safety issue. He explained that beyond addiction and dependence, opioids have many acute side effects that result in hospital readmission, poor pain control, "and everything else that

entails." Dr. Stream said this mismanagement occurs both in hospitals and in the community.

DR. STREAM said he has spent years committing his practice to provider education regarding safe and effective pain management, because "a lot of providers seem to be stuck in a different sort of practice from decades past," which he explained was the reason the council was created in 2015. Over the past two years, he related, the council has spearheaded comprehensive efforts in provider education that have had a dramatic impact on prescribing practices. One result has been the improvement of pain management in PAMC over the past year or so, with people less dependent on opioids across all specialties, including pediatrics, surgery, internal medicine, emergency medicine, urology, obstetrics and gynecology, and orthopedics.

DR. STREAM stated that ensuring consistent and appropriate education for providers outside PAMC has been a struggle, and HB 159 would open the door to achieving that goal. He said he thinks it is appropriate to address the patient's perspective with support and treatment for opioid addiction and recovery, but he opined that would only be a Band-Aid over what he sees as the real issue: the lack of provider education. Dr. Stream stated, "We need to stem the tide of inappropriate opioids flooding through our pharmacies and into the patients' bodies, and the only way to do this is by mandating and overseeing provider education to ensure the best, safest outcomes for all patients in Alaska, not just those that happen to be at our hospital." He posited that as it is medical professionals that helped to create the current opioid crisis, it is their responsibility to help "turn it around," and HB 159 is "a step in the right direction."

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MICHAEL CARSON, Chair, Mat-Su Opioid Task Force, testified in support of HB 159. He reported that 80 percent of heroin users started with opioid use; 75 percent of those individuals got those pills from grandparents, parents, or friends or stole them. He suggested the state look at a program, called "Mind Your Meds," which he said would "cut the spigot off." He informed the committee that heroin is now being mixed with fentanyl, the latter of which is 50-100 times more powerful than morphine. He said the newest data, as of March 18, 2017, published from the Medical Science Department of the University of Arkansas, concludes that an initial 10-day prescription of pain medication can translate to one in five patients becoming

long-term users. He said, "Dr. Martin's last statement with that conclusion was we ... didn't really expect that." He said addiction is powerful and deadly: 90 people die of overdoses every day, nationally. He said consumers of medicine, as well as all people in the medical field, need to be aware of the addiction potential of pain medication. He related that the Mat-Su Opioid Task Force is in full support of HB 159 and all the amendments that have been addressed.

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REPRESENTATIVE TARR asked how there could be a partnership between task forces such as Mr. Carson chairs and legislators.

MR. CARSON responded that the Mat-Su Opioid Task Force meets the first Tuesday of each month, and Dr. Butler will be presenting at the next meeting. He mentioned that his task force, along with another, and Dr. Butler had a conversation with Governor Bill Walker. He said the information [related to HB 159] would be presented at the next task force meeting. He stated, "We will do whatever it takes to get this information out and be able to provide the information for our community." He said the task force has identified five top priorities, and one of them is prevention. He said the task force is hoping to get information out to schools and to engage civic groups, in order to have "all the stakeholders at the table to be able to find a solution to this plague."

REPRESENTATIVE TARR said she would welcome hearing any ideas that come out of the next task force meeting. She said the bill focuses heavily on "the prescription side of things" and "removing the supply," but she said she thinks groups such as the Mat-Su Opioid Task Force are more in touch with the families and people affected [by opioid addiction].

MR. CARSON said the task force just launched a new web site, [matsuopiatetaskforce.com](http://matsuopiatetaskforce.com), which provides a resource list of all Southcentral Alaska providers. A future plan is to develop a page on the web site that would list all nonclinical support. He announced that Anchorage would have its first task force meeting on 4/11/17. He indicated the Mat-Su Opioid Task Force has reached out to Bristol Bay, and Copper River Valley has been in contact with Mr. Carson's task force. He invited committee members to reach out through the web site, including to give feedback or ask questions.

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CHRISTINA LOVE, Community Resources Coordinator, Aiding Women in Abuse and Rape Emergencies (AWARE Inc.), stated that she is a person in long-term recovery from use of intravenous (IV) heroin and other mind altering substances. She related that in her capacity as resources coordinator, she works with women and children that have been physically and sexually harmed; she is the disability response team coordinator for Juneau; and she was on the opioid task force. She stated strong agreement with the nonopioid directive, rational pain management practices, and continuing care education for prescribers. She said she has been thinking of her own experience and that of the people with whom she works, all the various prescribers in Alaska, and the powerful idea that "right now, someone is being overprescribed - right this very moment." She said this includes not being given the necessary information by a prescriber.

MS. LOVE named several medical institutions in Alaska and indicated that each has a file on her that highlights that she is allergic to opioids and, if she were to be given them, she would die. She clarified that she has painted a clear picture for every doctor and nurse with whom she has come into contact describing what her life looked like prior to coming into recovery. She said when she was using, she could not even lift her arms, because of the many track marks; she was on multiple drugs; she was living on the street; her life had no meaning; she tried to end her life several times with overdoses. She continued as follows:

And coming into recovery, even with that picture, when I had my daughter in 2003, I had to over and over and over tell them that I could not have opioids. When I sprained my ankle, they tried to give me a shot of Dilaudid, and I had to tell them over and over and over. When I had my wisdom teeth pulled, I had to tell them over and over and over that "I may be in discomfort, I may be in pain, but I will not die, you know?" And so, they would tell me something like, "Well, I'm going to leave it up to pharmacy for you anyway, in case you want it." And I had to explain to them again, "I am strong enough today to say no, but ... maybe tomorrow looks totally different," but say, "this is a lifelong illness for me, and it does not always mean that I will be as strong as I am today; and if I were to relapse, that is exactly what my life would look like."

MS. LOVE said she has seen this happen a hundred times, where people she works with or loved ones that have had, perhaps, three years of recovery, "went in for the same dental procedure that I have, and they have not made it back." She emphasized that the importance of HB 159 is one of life and death. She described the beginning of her addiction as when she was prescribed oxycodone following knee surgery. She said, "It lead to a place of unspeakable horrors ..., and I never want to be back there again." She said she wants the right to have that information in her file so that she does not have to repeatedly have that conversation.

MS. LOVE said there are many wonderful providers. She said she spent the last four years of her recovery educating herself about addiction and recovery, and she still has so much to learn. She stated that she cannot even imagine giving a health care provider all the information he/she would need in just two hours. She thanked the committee for considering the issue, giving her the opportunity to testify, and for HB 159.

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REPRESENTATIVE SULLIVAN-LEONARD remarked that after listening to Ms. Love's testimony, it seems as if health care providers are focused solely on opioids for pain relief. She asked Ms. Love if she was ever offered anything else for the relief of pain besides opioids.

MS. LOVE answered no. She said, "We had thought about making ... a safety plan." She explained that when her daughter was born, there were many complications, and she had to have someone come stay with her to dole out her medications as needed and then discard the rest. Now that she has read more on the issue, she is aware of alternative options, but she had not been aware of them when her daughter was born, and she had been in recovery for one year. She indicated that [the alternatives] she knows a lot more about now would have been wonderful options then.

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KARA NELSON, Director, Haven House, testified that she is in long-term recovery and has not taken a drink or drugs since 2011, on the day she was released from Lemon Creek Correctional Center. She said Haven House is a faith-based, peer-led recovery house for women coming home after incarceration. She said she works often with Ms. Love, as well as with many other women and men in the community. She stated that she is in full

support of HB 159, particularly the voluntary nonopioid directive. She related having had a difficult time expressing an opposing view to a doctor treating her daughter, who she described as having some issues related to recovery. Ms. Nelson talked about a woman from Haven House that had been in recovery, went to the dentist, was prescribed opioids by her dentist, who wanted her to have them just in case she needed them, even though she had explained her addiction and need to not have them prescribed. The woman ended up taking the opioids and within a couple days was shooting heroin, but luckily came to Ms. Nelson for help. Ms. Nelson said those just beginning recovery cannot face making a decision [about opioid use for pain], and she said in the woman's case, "that could have been avoided in that moment." Ms. Nelson indicated that although her doctors know that she is in recovery, she has been offered medication that would not be in support of her recovery. She said she has to repeatedly remind her doctors. She indicated that while she supports the education piece proposed under HB 159, she thinks two hours of training within two years of a renewal is "super minimal" when considering [the enormity of the issue].

MS. NELSON echoed Ms. Love's remark that there are many educated providers that have the best intention. She said the recovery environment is changing at a rapid pace, in terms of recovery communities, addiction, and available information. She said she has to keep up [with the information] daily, so she cannot imagine going to school to be a doctor, coming back years later to get updates on best practices. Ms. Nelson concluded, "We have 249 million prescriptions that were prescribed in 2013; that's every single ... adult in the United States of America with a bottle of prescribed opioids." She asserted that that statistic is crazy, and she said HB 159 is one tool that could "bring health and wellness to our people."

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CHAIR SPOHNHOLZ expressed appreciation to Ms. Nelson and Ms. Love for sharing their personal experiences in recovery to shine light on a subject that is "complicated, challenging, often intractable for many, and yet completely preventable."

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CHAIR SPOHNHOLZ announced that public testimony would be left open and HB 159 is held over.

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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 5:05 p.m.