

ALASKA STATE LEGISLATURE
HOUSE COMMUNITY AND REGIONAL AFFAIRS STANDING COMMITTEE

March 5, 2020

8:02 a.m.

MEMBERS PRESENT

Representative Harriet Drummond, Co-Chair
Representative Sara Hannan, Co-Chair
Representative Matt Claman
Representative Steve Thompson

MEMBERS ABSENT

Representative Jonathan Kreiss-Tomkins
Representative Sharon Jackson
Representative DeLena Johnson

COMMITTEE CALENDAR

HOUSE BILL NO. 174

"An Act raising the minimum age to purchase, sell, exchange, or possess a product containing nicotine or an electronic smoking product; and providing for an effective date."

- HEARD & HELD

HOUSE CONCURRENT RESOLUTION NO. 14

Proclaiming March 2020 as Brain Injury Awareness Month.

- MOVED HCR 14 OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: HB 174

SHORT TITLE: MIN. AGE TO POSSESS NICOTINE/ECIG PRODUCT

SPONSOR(S): REPRESENTATIVE(S) KNOPP

05/15/19	(H)	READ THE FIRST TIME - REFERRALS
05/15/19	(H)	CRA, JUD
03/05/20	(H)	CRA AT 8:00 AM BARNES 124

BILL: HCR 14

SHORT TITLE: BRAIN INJURY AWARENESS MONTH

SPONSOR(S): REPRESENTATIVE(S) TUCK

02/21/20	(H)	READ THE FIRST TIME - REFERRALS
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02/21/20 (H) CRA
03/05/20 (H) CRA AT 8:00 AM BARNES 124

WITNESS REGISTER

REPRESENTATIVE GARY KNOPP
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HB 174.

KERRY CROCKER, Staff
Representative Gary Knopp
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HB 174 on behalf of Representative Knopp, prime sponsor.

INTIMAYO HARBISON, Staff
Representative Gary Knopp
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Knopp, prime sponsor, explained changes in a committee substitute and offered a sectional analysis during the hearing on HB 174.

JOE DARNELL, Investigator III
Tobacco Youth Education & Enforcement Program
Division of Behavioral Health
Department of Health & Social Services
Anchorage, Alaska

POSITION STATEMENT: Offered information and answered questions during the hearing on HB 174.

REPRESENTATIVE CHRIS TUCK
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HCR 14.

ANNETTE ALFONSI, Alaska Coordinator
Unmasking Brain Injury
Anchorage, Alaska

POSITION STATEMENT: Talked about brain injury awareness during the hearing on HCR 14.

ACTION NARRATIVE

[8:02:32 AM](#)

CO-CHAIR HARRIET DRUMMOND called the House Community and Regional Affairs Standing Committee meeting to order at 8:02 a.m. Representatives Thompson, Claman, Hannan, and Drummond were present at the call to order.

HB 174-MIN. AGE TO POSSESS NICOTINE/ECIG PRODUCT

[8:03:30 AM](#)

CO-CHAIR DRUMMOND announced that the first order of business would be HOUSE BILL NO. 174, "An Act raising the minimum age to purchase, sell, exchange, or possess a product containing nicotine or an electronic smoking product; and providing for an effective date."

[8:03:41 AM](#)

CO-CHAIR HANNAN moved to adopt the proposed committee substitute (CS) for HB 174, Version 31-LS0957\S, Caouette/Radford, 2/21/20, as a working document.

CO-CHAIR DRUMMOND objected for purposes of discussion.

[8:04:16 AM](#)

REPRESENTATIVE GARY KNOPP, Alaska State Legislature, as prime sponsor, presented HB 174. He explained that in the original bill version there was an exemption for military personnel to keep the age limit to 18; however, since then the federal government has taken action to set the federal standard at 21. The purpose of the proposed CS was to comply with the federal standard.

REPRESENTATIVE KNOPP said even with the change in the federal government standard, the state's penalties are slightly harsher. He explained:

So, if you were to sell to a person under 21 but age 20, the federal ... penalties would apply; but if you sold to somebody under the age of 19, then the state regulations would apply. So, that's the discrepancy in the age difference. So, if we bring the ... state's limit up to 21, then we eliminate that, and then ... the penalties we had put in over time for selling tobacco products to underage minors would apply.

8:06:40 AM

CO-CHAIR DRUMMOND noted those available to answer questions.

8:07:01 AM

KERRY CROCKER, Staff, Representative Gary Knopp, Alaska State Legislature, presented HB 174 on behalf of Representative Knopp, prime sponsor. He read the sponsor statement, which read as follows [original punctuation provided]:

House Bill 174 HB 174 will change Alaska Statute to match recently implemented Federal guidelines for the sale of tobacco products. This bill will raise the legal age of tobacco use in Alaska to 21 and in doing so end discrepancies in both statute and enforcement between federal and state tobacco use laws.

According to the Department of Health and Human Services, smoking costs the State of Alaska \$575,000,000.00 in direct medical expenditures and kills an estimated 700 persons annually. The deaths of Alaskans to smoking further costs the state \$261,000,000.00 yearly in lost productivity.

According to the Alaska Youth Risk Behavior Survey 12% of male youths and 9% of female youths use tobacco products. This use of tobacco products becomes more prevalent the higher the grade level the student is in; rising from 6% in 9th grade to 16% in 12th grade. The doubling of the number of youth tobacco users between their freshman and senior years of high school highlights how access to tobacco products leads to a rise in tobacco use. By raising the legal age of tobacco use to the age of 21 from the age of 19 we will be further removing access to tobacco products from Alaskan youth by removing access within their own peer groups.

The Alaska Department of Health and Human Services cites that in 2017 only 11% of Alaskan high school students who used tobacco products purchased those products for themselves. That leaves 89% of Alaskan high school students who obtain tobacco products by other means, including, borrowing them from a peer or

giving a peer over the legal age money to purchase tobacco products on their behalf.

It is important to match Alaskan smoking statutes with federal guidelines in order to allow State law enforcement personnel to prevent and enforce sales to under age consumers.

It is the intent of this bill to not only match Alaska Statute with Federal guidelines, but to combat tobacco use among Alaskan children.

MR. CROCKER noted that Alaska receives approximately \$2.8 million in federal substance abuse grants, and if the state does not comply with the federal standard set at age 21, then it would "eventually lose some of those grants."

[8:09:14 AM](#)

INTIMAYO HARBISON, Staff, Representative Gary Knopp, Alaska State Legislature, on behalf of Representative Knopp, prime sponsor, explained changes in a committee substitute and offered a sectional analysis during the hearing on HB 174. He explained that Version S would remove Section 3 of the original bill pertaining to correctional facilities and active duty military members; it would amend Section 5 to remove language pertaining to active members of the armed forces of the United States; Section 6 would be amended by the removal of [paragraph (3), subparagraph (B)] and [paragraph (4), subparagraph (B)], both relating to active duty members; it would amend Section 12 to remove [paragraph (6)], pertaining to active duty members of the armed forces; and it would add Section 15, to repeal AS 11.76.100(e).

MR. HARBISON next presented the sectional analysis, which read as follows [original punctuation provided]:

Section 1: Amends Alaska Statute to raise the age of selling or giving tobacco, from Minor to 21.

Section 2: Amends Alaska Statute to raise the age of selling or giving tobacco, from 19 to 21.

Section 3: Amends Alaska Statute to raise the age of possession for tobacco from 19 to 21. Removes exemptions for prisoners.

Section 4: Amends Alaska Statute to change the age in the sale of tobacco outside a controlled area from 19 to 21.

Section 5: Amends Alaska Statute to change the age of selling or giving a product containing nicotine to a minor from Minor to 21.

Section 6: Amends Alaska Statute to change the age of selling or giving a product containing nicotine to a minor from 19 to 21.

Section 7: Amends Alaska Statute to change the age of selling or giving a product containing nicotine to a minor from 19 to 21.

Section 8: Amends Alaska Statute to change the age of selling or giving a product containing nicotine to a minor from 19 to 21.

Section 9: Amends Alaska Statute to change the age on the restriction on shipping or transporting cigarettes from 19 to 21.

Section 10: Amends Alaska Statute to change the age on license endorsement for the sale of tobacco products from 19 to 21.

Section 11: Amends Alaska Statute to change the age on license endorsement for the sale of tobacco products from 19 to 21.

Section 12: Amends Alaska Statute to change the age on license endorsement for the sale of tobacco products from 19 to 21.

Section 13: Amends Alaska Statute to change the age on license endorsement for the sale of tobacco products from 19 to 21.

Section 14: Amends Alaska Statute to change the age of possession for tobacco under provisions inapplicable from 19 to 21.

Section 15: No changes in this section. AS 11.76.100(e) is repealed.

Section 16: Provides effective date of 01/01/2021.

[8:12:28 AM](#)

CO-CHAIR DRUMMOND removed her objection to the motion to adopt the proposed committee substitute (CS) for HB 174, Version 31-LS0957\S, Caouette/Radford, 2/21/20, as a working document. There being no further objection, Version S was before the committee.

[8:12:47 AM](#)

REPRESENTATIVE THOMPSON asked for confirmation that currently an establishment that sells cigarettes to someone under 21 years of age can lose its business license.

MR. HARBISON answered that currently, because the State of Alaska has set the age of 19 in statute, it would not be able to enforce the federal regulation of age 21; therefore, the State of Alaska currently could not penalize any establishment for selling to somebody who is [19 or 20 years of age].

[8:13:47 AM](#)

REPRESENTATIVE KNOPP offered his understanding that what Representative Thompson wanted to know was whether a licensed facility selling tobacco products could lose its license for selling to an underage minor.

REPRESENTATIVE THOMPSON confirmed that is correct.

REPRESENTATIVE KNOPP mentioned penalties and said that "so much of that is in regulation not in statutes." He offered his understanding that "they actually are suspended from selling for the 20 days on a first offense." Subsequent offenses could result in a [selling license] being revoked.

REPRESENTATIVE THOMPSON expressed concerned about an establishment losing its business license.

REPRESENTATIVE KNOPP confirmed that the loss is of the license [to sell tobacco products] - not the business license. In response to a follow-up question, he said currently businesses [that want to sell tobacco products] get an endorsement on their licenses.

[8:15:24 AM](#)

CO-CHAIR HANNAN asked for a description of the specific licensure to sell tobacco and the current process of punishment for violations and whether anything about that other than age requirement would be changed under Version S.

[8:16:15 AM](#)

JOE DARNELL, Investigator III, Tobacco Youth Education & Enforcement Program, Division of Behavioral Health, Department of Health & Social Services, stated that in order to sell tobacco products in the state of Alaska, a retailer is required to have a business license and a tobacco endorsement. Once a retailer is convicted of selling to a minor "that conviction then goes over to licensing and licensing uses the conviction under statute to suspend the endorsement." He confirmed the bill sponsor's response that the first offense is a 20-day suspension, with a possibility of mitigating that penalty down to a 10-day suspension. At the point of first offense the business is "on a 2-year clock" and can be issued a 45-day suspension if another offense occurs within two years of the first. He said, "A second one after that is a 90-day suspension, and a third they can lose their endorsement, depending on circumstances, from one year to indefinitely." Under HB 174, he said, none of that would change; the bill would just raise the age from 19 to 21. In response to a follow-up question from Co-Chair Hannan, he said currently there are 1,500-1,600 endorsements and the division has a staff of 3 that do active enforcement. He said currently there is "a 6 percent sell rate of tobacco to minors" and 10-20 suspensions a year. He said it takes time to go through the suspension process; for example, the sale could have taken place in January and the suspension may not happen until October. He upped his previous estimation of 10-20 suspensions to 20-25 suspension annually.

[8:19:51 AM](#)

CO-CHAIR DRUMMOND stated her assumption that when an endorsement is suspended, the retailer's tobacco products stay on the shelf but cannot be sold and most likely cannot be sold back to the wholesaler; therefore, the retailer is "stuck with the product until the suspension is lifted."

MR. DARNELL answered that is correct.

[8:20:26 AM](#)

CO-CHAIR DRUMMOND announced that HB 174 was held over.

HCR 14-BRAIN INJURY AWARENESS MONTH

8:20:40 AM

CO-CHAIR DRUMMOND announced that the final order of business would be HOUSE CONCURRENT RESOLUTION NO. 14, Proclaiming March 2020 as Brain Injury Awareness Month.

8:21:02 AM

REPRESENTATIVE CHRIS TUCK, Alaska State Legislature, as prime sponsor, presented HCR 14, which would proclaim March 2020 as Brain Injury Awareness Month in Alaska. He said the theme for this year's campaign is "Change Your Mind." He continued:

This resolution seeks to draw attention to the effects of brain injuries and the ways to prevent them. Right now millions of people worldwide are living with a brain injury, and they're categorized as "traumatic" and "acquired." As noted in the resolution, the Brain Injury Association of America reports that every 96 seconds someone in the U.S. sustains a brain injury.

REPRESENTATIVE TUCK directed attention to the definition of traumatic brain injury (TBI), on page 1, lines [7-8], which is "a disruption in the normal function of the brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury". He offered the following statistics: 12 percent of the general population has experienced at least 1 TBI; 1 in 60 people in the U.S. lives with a TBI related injury; 50,000 each year die of traumatic brain injuries; an estimated 3.5-5.3 million Americans live with long-term disabilities resulting from traumatic brain injuries; and in 2016 and estimated 27 million cases of TBIs were reported worldwide.

REPRESENTATIVE TUCK said TBIs can be prevented. He talked about military helmets from World War I to present and said preventative measures have been around for a long time. He expressed that he feels pride when he sees people wearing helmets when they ride bicycles, skateboard, and rollerblade. He shared that as an avid snow machine rider and motorcyclist and always wears a helmet. He wrote a report in the eighth grade about the importance of wearing helmets, and this experience made a lasting impression.

REPRESENTATIVE TUCK advised that TBI is an underrecognized health problem; the Centers for Disease Control and Prevention (CDC) notes that everyone is at risk for TBI, especially young children and older adults. He said TBIs [result in] a variety of physical, cognitive, social, emotional, and behavioral issues; outcomes can vary from total recovery to permanent disability or even death. Immediately following injury, some signs of TBI include being dazed and confused, persistent neck pain, sensitivity to light or noise, loss of balance, changes in sleeping patterns, and not remembering the injury. He said acquired brain injuries are those caused by strokes, oxygen deprivation, seizures, tumors, and substance abuse. The Brain Injury Association of America estimates that over 3.5 million children and adults sustain acquired brain injury each year. He related a story about a former Representative who sustained brain injury and the importance of early awareness and treatment.

REPRESENTATIVE TUCK stated his belief that proclaiming March as Brain Injury Awareness month would increase awareness of TBI and acquired brain injury (ABI) and hopefully prevent future brain injuries. He said Annette Alfonsi, from Unmasking Brain Injury, would provide invited testimony, and he noted that Unmasking Brain Injury is mentioned in the third-to-last "**WHEREAS**" clause. As shown in the second-to-last "**WHEREAS**" clause, he pointed out that Brain Injury Awareness Month is recognized by the U.S. Department of Defense.

[8:27:00 AM](#)

REPRESENTATIVE THOMPSON questioned why HCR 14 proposed only March 2020 rather than in perpetuity.

REPRESENTATIVE TUCK explained that making March of every year Brain Injury Awareness Month would require a bill rather than a resolution.

[8:28:33 AM](#)

CO-CHAIR DRUMMOND announced that the committee would hear invited testimony on HCR 14.

[8:28:44 AM](#)

ANNETTE ALFONSI, Alaska Coordinator, Unmasking Brain Injury, paraphrased her written testimony, which read as follows [original punctuation provided]:

Thank you for letting me speak with you today. My name is Annette Alfonsi. Before 2012, I worked for the 1%, had a college degree, was in great health, and was looking at grad school. After I was a passenger in a rollover car accident with a reckless driver, my primary provider gave me one day off of work to rest. I had multiple internal injuries and persistent concussion symptoms over time, and was told different things by doctors. Some didn't believe me or assumed my symptoms were only behavioral and not physical, and some said my healing would not improve and I would live my life with my current symptoms and would never work again, or that I should be a housewife. None of them supported treatments for healing. I was laid off one business day before I would have qualified for medical leave, was denied disability, and was told at the municipal and state level that I am not in a category people care to help. I no longer have a retirement. I am statistically likely to get reinjured, experience homelessness, have lower lifetime outcomes, and have greater risk for comorbid health conditions that most health providers don't currently know they should be screening for. Multidisciplinary treatment, working with a brain injury specialist physician and leaving Alaska for treatment is what helped me. Leaving was less expensive and more effective than what I paid for and experienced here.

When the brain injury doctor I was seeing left Alaska in 2015, I planned a TBI conference while recovering from back surgery, so her knowledge could stay in Alaska. Over 100 people attended. By request, this led to our annual conferences with different host organizations. I've been told I cannot attend educational events because I am a patient, so the events I plan allow everyone to learn the same thing and facilitates advocacy with knowledge.

This year, I am planning another TBI conference hosted by Hope Community Resources on Friday, March 27 and Saturday, March 28. We have continuing education credits approved in 8 professional fields, and we're offering distance education, so you are all invited to attend for free. I plan this with volunteers that want standards of excellence in multidisciplinary and

intercultural health care around brain injury in Alaska. Go to AlaskaBrainInjuryEducation.com for more info.

In 2017 I became the Alaska Coordinator for Unmasking Brain Injury, an internationally known brain injury awareness project, in which people with any kind of traumatic or acquired brain injury and their loved ones can make a mask, with an explanation of their art, to share what it feels like to live with a brain injury. We work with groups to host mask making events, and to host mask exhibits. Visit unmaskingbraininjury.org for more info.

But I am still not employable, because this type of work with my level of education is only available full time and I can't work 40 hours a week.

The past two years I've hosted community conversations with groups that tend to have a higher number of clients that have experienced brain injury. This includes organizations in fields like domestic violence, homelessness, reentry, suicide prevention, substance misuse, child abuse, and senior citizens. Directors and project managers know their folks have brain injuries, their client's brain injuries affect every part of life, and they are often the first point of contact for clients. But they don't understand their client's symptoms through the lens of brain injury. I am tired of these groups asking you for more money when they are ignoring an undercurrent that is the biggest issue for their clients.

There aren't social service programs around brain injury compared to mental illness, so if someone has a brain injury and a mental illness, and must choose one diagnosis, they may disclose the mental illness to qualify for programs.

So I'd like to suggest two concrete ideas to this body:

Number One Idea: Make state funding for any group that is known or suspected to have more than 50% of their clients experiencing a brain injury be tied to education, in other words, state funds would not be disbursed unless the staff get brain injury education,

and the funding should not be used for that education. Unlike medical professionals that tend to focus on diagnosis, these groups focus on function and need to understand the client symptoms they are witnessing. I know program directors in social service groups that love this idea.

Number Two Idea: create or support a housing unit specifically for brain injury, the way other housing units are for people with specific diagnoses and health issues. This would allow tailored environmental modifications, and could be excellent for group therapies, peer support, and individualized treatment opportunities. I know directors that love this idea also.

Damage to the brain can be healed but the amount of that healing is dependent on a number of concurrent factors not being maximized in Alaska. We need to get away from the idea that someone is good enough, or looks fine, when inside they are suffering. We can do better, and it starts with awareness. Please pass this resolution to raise that awareness. Thank you for your time.

MS. ALFONSI added to her last paragraph of written testimony the following: "There's a place for everyone in our community, even with brain injury symptoms."

[8:34:08 AM](#)

CO-CHAIR HANNAN shared that she is a survivor of two severe brain injuries - one at the age of 21, when she was in a roll-over car accident, and one at the age of 32, when she was severely assaulted when living abroad in Russia and was hospitalized in a neurological unit. She said it was probably a decade before she made a full recovery. Co-Chair Hannan emphasized that it is the length of recovery that is astonishing to most people living with a brain injury; it can take many years, and not all survivors are as lucky as she was. She thanked Ms. Alfonsi for bringing the awareness and statistics to the committee. She said Alaska is a place where there are a lot of accidental injuries resulting in traumatic brain injury.

[8:35:12 AM](#)

REPRESENTATIVE THOMPSON questioned why HCR 14 should not be passed out now [after only one hearing] considering it would name March 2020 as Brain Injury Awareness Month [and it was already March 5].

[8:35:47 AM](#)

CO-CHAIR DRUMMOND said if there was no interest in amending HCR 14, she would ask for a motion to move it out of committee.

[8:35:56 AM](#)

CO-CHAIR HANNAN moved to report HCR 14 out of committee with individual recommendations and the accompanying zero fiscal note. There being no objection, HCR 14 was reported out of the House Community and Regional Affairs Standing Committee.

[8:37:15 AM](#)

ADJOURNMENT

There being no further business before the committee, the House Community and Regional Affairs Standing Committee meeting was adjourned at 8:37 a.m.