

HOUSE FINANCE COMMITTEE  
March 2, 2020  
2:37 p.m.

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CALL TO ORDER

Co-Chair Johnston called the House Finance Committee meeting to order at 2:37 p.m.

MEMBERS PRESENT

Representative Neal Foster, Co-Chair  
Representative Jennifer Johnston, Co-Chair  
Representative Dan Ortiz, Vice-Chair  
Representative Ben Carpenter  
Representative Andy Josephson  
Representative Gary Knopp  
Representative Bart LeBon  
Representative Kelly Merrick  
Representative Colleen Sullivan-Leonard  
Representative Cathy Tilton  
Representative Adam Wool

MEMBERS ABSENT

None

ALSO PRESENT

Representative Ivy Spohnholz, Bill Sponsor; Kasey Casort, Staff, Representative Ivy Spohnholz; Representative Jonathan Kreiss-Tompkins, Bill Sponsor; Kevin McGowan, Staff, Representative Jonathan Kreiss-Tompkins; Representative Geran Tarr, Bill Sponsor; Karla Ms. Hart, Staff, Representative Geran Tarr.

PRESENT VIA TELECONFERENCE

Katrina Virgin, President, Alaska Dental Hygienists' Association; Brenda Vincent, Medicaid Program Specialist, Department of Health and Social Services; Dr. Suzanne Allen, Program Director, WWAMI Program; David Kanaris, Chief, Forensic Laboratories, Department of Public Safety.

SUMMARY

HB 127 DENTAL HYGIENIST ADVANCED PRAC PERMIT

HB 127 was HEARD and HELD in committee for further consideration.

HB 159 MEDICAL EDUCATION PROGRAM

HB 159 was HEARD and HELD in committee for further consideration.

HB 182 SEXUAL ASSAULT EXAMINATION KITS: TESTING

HB 182 was HEARD and HELD in committee for further consideration.

Co-Chair Johnston reviewed the agenda for the day. She intended to introduce the bills and set them aside.

#hb127

HOUSE BILL NO. 127

"An Act relating to the practice of dental hygiene; establishing an advanced practice permit; prohibiting unfair discrimination under group health insurance against a dental hygienist who holds an advanced practice permit; relating to medical assistance for dental hygiene services; and providing for an effective date."

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Co-Chair Johnston invited the testifiers to the table.

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REPRESENTATIVE IVY SPOHNHOLZ, BILL SPONSOR, introduced herself. She thanked the committee for hearing her bill which would establish advanced practice permits for dental hygienists. She explained that oral health was an important part to an individual's overall health and wellbeing. Poor oral health attributed to poor physical health. It was a problem amongst some of the state's most vulnerable populations. She reported that 62 percent of elementary students had tooth decay. Low income individuals and families that did not regularly seek oral health care due

to cost, apprehension of dental care, access, and trouble finding a provider contributed to bad health outcomes. She noted several negative health outcomes including heart disease, Alzheimer's, osteoporosis, and poor nutrition.

Representative Spohnholz continued that HB 127 aimed to increase access to oral healthcare to underserved populations, specifically children, seniors, and individuals with disabilities. The legislation created an advanced practice permit for dental hygienists similar to the certificate advanced nurse practitioners had which was created in 1981 and implemented in 1984. Currently, dental hygienists were able to practice in a dentist's practice or semi-independently if they had a collaborative agreement with a dentist similar to what physician's assistants did. House Bill 127 created an advanced practice permit which allowed dental hygienists to care for underserved populations in senior centers, healthcare facilities, daycares, schools, and for Alaskans who were eligible for public assistance, homebound, or lived in an underserved community. Dental hygienists who had a minimum of 4000 hours of clinical experience and who were approved by the Alaska Board of Dental Examiners could be advanced practice dental hygienists.

Representative Spohnholz indicated the bill laid out very specific services that could be provided by permit holders and the specific populations that licensed dental hygienists could serve without supervision or the physical presence of a licensed dentist. The permit was not a carte blanche permit for practicing independently. The list of services had been developed in consultation with the Alaska Dental Society, the Board of Dental Examiners, and the Alaska Dental Hygienists Association. Advanced practice dental hygienists would have to maintain malpractice insurance, provide a written notice of their service limitations, and make a referral to a licensed dentist nearby for a patient's dental treatment. The permit would allow dental hygienists to practice to the full scope of their training, credentials, and professional experience. She noted that Alaska would not be the first state to make such changes. Dental Hygienists were able to practice under advanced practice permits or similar permits in six other states: Colorado, Montana, Maine, Connecticut, and California. She indicated 40 other states were considered direct access states. The bill would mean that dental hygienists could initiate treatment based on their

assessment of a patient's need without authorization or the presence of a dentist. Alaska would not be breaking new trail; it was something done in many other states. She noted that since the prior year she had made some important changes to the bill at the recommendation of the Board of Dental Examiners and the Alaska Dental Association including requiring permit holders to maintain patient records for at least 7 years. It would ensure that the Board of Dental Examiners had separately certified a dental hygienist to administer anesthesia, and empowering DHSS to make regulations related to the bill. She reported that her aide had a PowerPoint Presentation and relayed the names of available testifiers.

Co-Chair Johnston indicated Co-Chair Foster and Representative Knopp had joined the meeting.

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KASEY CASORT, STAFF, REPRESENTATIVE IVY SPOHNHOLZ, introduced the PowerPoint: "HB 127: Dental Hygiene Advance Practice Permit." She began with slide 2 to review the importance of the bill. She spoke of there being many unique barriers to accessing health care including dental care in Alaska. She noted that 62 percent of Alaskan elementary students had a high rate of tooth decay and, 43 percent of low-income Alaskans had trouble biting or chewing. Both young adults and low-income adults across American cited pain as their top oral health problem and, low-income families in Alaska did not regularly seek oral health care due to cost, access, or trouble finding a provider. She asserted that Alaska needed all of its qualified health professionals operating to the full scope of their training, especially when it came to caring for Alaskans with the greatest need.

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Ms. Casort continued to explain the importance of HB 127 turning to slide 3. Dental hygienists were state-licensed health professionals who were trained to provide education and care that focused on preventing and treating oral diseases. However, under current statute, dental hygienists were required to work under the direct supervision of a licensed dentist or enter a collaborative agreement where they remained under general supervision. The requirements limited where and

when dental hygienists could practice and was a barrier to preventative dental care for Alaska's seniors, children, and adults living with disabilities.

Ms. Casort relayed with slide 4 that HB 127 created an advanced practice permit that would allow experienced, licensed dental hygienists to work independently to the full scope of their credentials and professional experience when they were caring for underserved populations.

Ms. Casort turned to slide 5. She indicated that underserved populations were defined in U.S. Code under the term "dental health shortage areas," which were "geographic areas, populations, and facilities with too few dental providers and services." In Alaska, it meant an area with more than 5000 patients per 1 provider.

Ms. Casort continued that dental health shortage areas in Alaska where an advanced practice permit-holder could serve included geographic areas like the North Slope Borough; facilities which primarily serve tribal populations like Mt. Edgecumbe Hospital or Chief Andrew Isaac Health Center; correctional centers like Goose Creek Correctional Center; and federally qualified health centers like the Bethel Family Clinic or Mat-Su Health Services. House Bill 127 would allow hygienists to care for Alaskans in need like elders living in senior centers, underserved children in schools, Alaskans who were eligible for public assistance, and Alaskans with disabilities for whom oral care could be a scary, uncomfortable experience. Increasing the number of underserved Alaskans receiving preventative care also meant that dental hygienists could catch more acute problems earlier on when care was less costly, painful, and inconvenient.

Ms. Casort concluded that HB 127 was the next step in allowing dental hygienists to provide preventative care to patients with the greatest need. Should would be walking through the bill section-by-section.

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Ms. Casort presented a sectional analysis in a prepared statement:

Section 1 amends the dental hygienists' scope of practice to allow advanced practice permit holders to provide specific services independently.

Section 2(a) allows the State of Alaska Board of Dental Examiners to issue advanced practice permits to hygienists with at least 4000 hours of clinical experience.

Section 2(b) enumerates the services an advanced practice permit-holder can perform without the presence, authorization, supervision, or prior examination of a licensed dentist (section 2(c)), including

- providing oral health education,
- removing stains and deposits from the surface of the teeth,
- applying preventative agents and sealants,
- taking and developing x-rays,
- screening for oral cancer,
- using local anesthesia if separately licensed to do so by the Board,
- and performing preliminary charting and triage to formulate a dental hygiene assessment and dental hygiene treatment plan.

Section 2(d) requires an advanced practice permit-holder to maintain liability insurance and provide their patients or the patient's parent or legal guardian with a written notice of the services the permit allows them to perform. They must also help the patient with referrals to see licensed dentists in the area for more comprehensive dental care.

Section 2(e) allows an advanced practice permit-holder to practice as an independent contractor.

Section 2(f) establishes that the advanced practice permit is valid until the dental hygienist's license expires and allows the permit to be renewed at the same time as the license.

Section 3 amends the grounds for discipline, suspension, or revocation of a dental hygienist's license to allow them to provide the services listed in section 2 independently without being punished.

Section 3 also empowers the Board to discipline permit-holders who

- allow a dental assistant under their supervision to perform procedures outside their scope of practice,
- falsify or destroy a patient or facility record,
- or fail to maintain a patient or facility record for at least 7 years, which is similar to the requirement for dentists.
  - This was added into the bill in House Labor & Commerce, at the request of the Alaska Board of Dental Examiners and the Alaska Dental Society.

Section 4 amends Alaska Statute 08.36.346, Delegation to dental assistants, to allow permit-holders to delegate x-rays, application of topical preventative agents or sealants, and other tasks specified by the Board of Dental Examiners in regulation to dental assistants under their supervision. The Board is also tasked with specifying in regulation the level of supervision required over the dental assistants.

Section 5 adds dental hygienists holding an advanced practice permit to the list of providers who may not be discriminated against. This prevents an insurer from refusing to reimburse the appropriately licensed provider on the basis of cost or on the basis of race, religion, gender, etc.

Section 6 adds dental hygiene services to the list of services which may be provided by the Department of Health and Social Services.

Section 7 allows the Department of Commerce, Community, and Economic Development, the Department of Health and Social Services, and the Board of Dental Examiners to adopt regulations necessary to implement the changes made in this bill.

Finally, Sections 8 and 9 set an effective date of July 1, 2020.

Ms. Casort indicated Katrina Virgin, President of the Alaska Dental Hygienists' Association, was online as well as others to answer any questions.

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Representative Sullivan-Leonard asked for information regarding the educational requirements for dental hygienists. She was seeing a correlation between a nurse practitioner and an advanced dental hygienist.

Representative Spohnholz deferred to Ms. Virgin to answer the question about education.

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KATRINA VIRGIN, PRESIDENT, ALASKA DENTAL HYGIENISTS' ASSOCIATION (via teleconference), responded that the requirements for a dental hygienist to become licensed in any state within the lower 48 and Alaska were that they must graduate from an accredited dental hygiene school that was a CODA [Commission on Dental Accreditation] accreditation. School was typically 4 years. There were some programs that were still in existence that were 2 years. However, even the University of Alaska Anchorage had moved to a 4-year baccalaureate type program. It would take about 3 to 4 years working consecutively under the supervision of a dentist for a dental hygienist to meet the 4000 clinical hours requirement.

Representative Sullivan-Leonard asked for a comparison of the requirements for an advanced nurse practitioner versus an advanced dental hygienist.

Representative Spohnholz responded that a nurse practitioner had more training than a dental hygienist. However, a nurse practitioner had more authority. Nurse practitioners in Alaska had full prescriptive authority whereas, a dental hygienist would not. The training for a dental hygienist was in line with the services they would be providing.

Representative Sullivan-Leonard asked for the number of years of training for an advanced nurse practitioner versus an advanced practice dental hygienist.

Representative Spohnholz responded that a nurse practitioner would have a 4-year undergraduate degree and either a 2-year or 4-year graduate degree.

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Representative Tilton asked if the services could be billed through Medicaid and whether a new category would be created in Medicaid. She also asked if there would be an increase or decrease in Medicaid services, overall.

Representative Spohnholz responded that a dental hygienist would be able to bill Medicaid. Currently, they already did under the supervision of a dentist or through a collaborative agreement with a dentist. The legislation would allow dental hygienists to practice independently. Theoretically, there might be an increase in the number of people receiving services. However, it was unclear because eligibility or the number of services available would not change. There was a finite number of people eligible for Medicaid in the State of Alaska and a finite number of services that could be provided. House Bill 127 would make it easier and more cost effective for people to receive the preventative care that dental hygienists provided as opposed to the treatment options that dentists provided. Frequently, people stated they were going to the dentist when they were really going to a dental hygienist for a routine cleaning or other prophylactic treatments used for cavity prevention and the prevention of other more expensive care.

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Representative Tilton asked if the bill sponsor thought there was confidence in allowing a new category of advanced practice hygienists. She wondered if people would be more comfortable about getting preventative dental care. She noted there were existing challenges in getting people to receive preventative dental care.

Representative Spohnholz responded that the proposal was structured to allow people to receive care where they lived. They might be able to avoid going to an office to

receive dental care. They might be able to have a dental hygienist go onsite to places such as nursing homes, day care centers, elementary schools, and senior centers. She thought some of the barriers would be reduced to getting needed preventative care. She also thought the legislation would increase access for people who were physically challenged in going to the dentist's office.

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Co-Chair Foster asked if the bill sponsor had reached out to any of the hospitals in rural areas. He wondered if she had received any feedback from any folks from the rural areas of Alaska.

Representative Spohnholz responded that she had not received any feedback from providers or hospitals in the rural areas. She surmised that the bill would be viewed very favorably by the people in the rural areas, as the bill would increase access to care. She was aware of huge challenges in getting access to dental care in rural Alaska which precipitated the creation of the dental health aide therapist. They did amazing work in rural Alaska and dramatically increased access to dental care. The bill before the committee would be adding another level of possible provider care in rural Alaska. Dental hygienists would also be more affordable than would dentists, as they had few university bills to pay off.

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Vice-Chair Ortiz referred to slide 4 and noted that in order for a dental hygienist to receive an advance practice permit they could only do so in underserved areas. He asked how extensive the list was that was mentioned on the slide.

Ms. Casort noted she could provide the extensive list which included many facilities across Alaska, but specifically underserved areas. She could also provide how the information was calculated which factored in the patient-to-provider ratio, whether water was fluoridated, and how long it took to access a dentist. She had outlined the factors which were considered in scoring between 0 and 26. She would provide more detail to the committee.

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Representative Tilton asked if it was an appropriate time to discuss the fiscal note.

Co-Chair Johnston indicated there would be another time available for fiscal note questions.

Representative Wool had a couple of questions related to the list of underserved populations. He had a letter from Mary Cerney from Fairbanks which mentioned that the bill would eliminate barriers to accessing care desperately needed by many people. He thought one of the barriers to care was that some people could not afford it. He wondered if, by approving an advanced practice certificate for dental hygienists, low-income people would have more access just on the basis of being low-income as opposed to being in a geographical area where the ratio was not as high as in urban centers.

Representative Spohnholz responded that a person would have to be low-income and receiving services in a dental professional shortage area or in one of the facilities listed on page 3 starting on line 2. The list included a senior center, a hospital long-term care facility, an adult foster home, and a residential care facility. The list was long. The list continued to page 3, line 12 of the bill. She informed the committee that the word "and" was stipulated. A person had to meet the first 3 criteria and receive services in one of the centers or live in a dental health professional shortage area. The bill was not designed to allow a dramatic expansion of those people that would be providing services. The bill targeted a very, specific, and under-served population.

Representative Wool noted that there were 703 dental hygienists in Alaska. He supposed there were shortages in some areas around the state. He asked if the bill sponsor envisioned dental hygienists leaving their current workplace to become an advanced dental hygienist and exacerbating any shortages.

Representative Spohnholz reported that there was a shortage of dental healthcare in Alaska, particularly in the underserved populations. She did not believe creating the advanced practice license would exacerbate the shortage. She thought it would help redistribute access to dental hygiene care, which was really important. Many of the places where advanced practice dental hygienists would

practice would be in locations currently without appropriate care. She reported that the Alaska Dental Hygiene Association estimated that of the 703 dental hygienists, approximately 5 percent would explore an advanced practice license in order to practice independently, which was on par with nurses. She indicated there were about 5.5 percent of nurses in the State of Alaska that were advanced practice nurses. She did not think the legislation would change the total number. Rather she thought it would help reallocate the resource to get it to the people that needed it most.

Representative Wool suggested that 5 percent of hygienists would equal about 3500 hygienists. The current population of hygienists would go into advanced practice. He suspected the model would be such that a practitioner would leave the office they were currently in to go to an undeserved area. He wondered about the potential for a practitioner to continue working in their current office a couple of days and on their own another couple of days per week.

Ms. Virgin offered that it was common for dental hygienists to work in several facilities in a week. The goal would not be to work in one location. The bill would allow for a practitioner to work at multiple facilities and would open up what services hygienists could provide.

Representative Wool asked if there was a dental hygienist program currently in Alaska.

Representative Spohnholz responded affirmatively.

Ms. Virgin added that there was a degree program for dental hygienists through the University of Alaska Anchorage. The University offered a 4-year degree, a CODA approved dental program. The University focused on public health initiatives and going out to different rural areas to provide treatment. The University wanted to see equal access to care.

Co-Chair Johnston set the bill aside.

HB 127 was HEARD and HELD in committee for further consideration.

#hb159

HOUSE BILL NO. 159

"An Act relating to repayment conditions for medical education program participants."

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Co-Chair Johnston reviewed the testifiers that were available online.

[3:08:09 PM](#)

REPRESENTATIVE JONATHAN KREISS-TOMKINS, BILL SPONSOR, explained that HB 159 would increase the repayment by a WWAMI Program alumni from 50 percent to 100 percent if that person did not return to Alaska to practice medicine once completing medical school and a residency. Currently, if a WWAMI participant did not return to the state to practice, they were expected to pay 50 percent of the difference between the cost of out-of-state tuition at the University of Washington Medical School and the amount the state was contributing to incentivize its young people to go to medical school and return to practice in Alaska.

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Representative Tilton asked if he had an idea of the number of people who utilized the WWAMI program who did not return to Alaska. She asked for the criteria for residency. Representative Kreiss-Tompkins deferred to his staff.

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KEVIN MCGOWAN, STAFF, REPRESENTATIVE JONATHAN KREISS-TOMPkins, reported that about 40 percent of students did not return to the state. Dr. Suzanne Allen from WWAMI was available online.

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DR. SUZANNE ALLEN, PROGRAM DIRECTOR, WWAMI PROGRAM (via teleconference), responded that currently between 14-15 out of 20 WWAMI students each year returned as physicians to Alaska. In looking specifically at Alaskans returning to the state, the number might be slightly lower, 12-13 students, as there were WWAMI students from the other participating states, 4 in all, that end up practicing in Alaska.

Mr. McGowan responded to the question about residency. A person must be a resident for at least 2 years before being allowed into the WWAMI Program.

Representative Tilton asked what would determine whether someone was practicing in Alaska after completing their studies.

Mr. McGowan replied that a student must practice for 3 years in a rural community or 5 years in an urban community after completing the program to qualify.

Vice-Chair Ortiz asked whether implementing the bill would change or dissuade the state's talent pool from participating.

Representative Kreiss-Tompkins spoke from the perspective of the legislature. He thought the program was stellar. He had several friends who had either gone through the WWAMI program or were currently participating in it. He thought it was important to remember the prestige of the program as well. The University of Washington was one of the best medical schools in the country and extremely difficult to get into. He suggested there was a golden brick path for Alaskans through the WWAMI program for the set-aside spots that were highly sought after. He thought it was a consideration that weighed heavily with many applicants. He thought there might be a dissuasive effect for some applicants. However, given some conversations and the prestigious reputation of the University of Washington, he thought it would be a relatively small factor.

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Co-Chair Johnston noted that Representative Knopp and Representative Josephson had joined the meeting.

Representative Wool asked if scholarships were commonly given out for medical school.

Representative Kreiss-Tompkins responded affirmatively. He had friends that had attended medical school and who had received merit and other scholarships. If the representative's question related to whether WWAMI students could receive other scholarships in addition to in-state tuition through WWAMI, he was uncertain. He deferred to Dr. Allen.

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Dr. Allen responded that Alaska WWAMI students were eligible to receive scholarships. There were some scholarships specific to Alaska WWAMI students and other general scholarships. She elaborated that WWAMI students received scholarships, federal grants, and loans to help with tuition and living expenses during their 4 years of medical school.

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Representative Wool asked if the scholarships were based on need or academic performance.

Dr. Allen did not have the breakdown but both applied.

Representative Wool suggested that if a student was accepted and was weighing more than one option, the scholarship payback percentage might influence their decision.

Representative Kreiss-Tompkins agreed that there was a possibility of behavior changes with the passage of the bill. However, it was difficult to assign a correlating fiscal impact. The legislation would have a negative fiscal impact on the budget which was part of the reason he had pursued the bill. The impact would be about \$600,000 per year but, the figure assumed no behavior change. He indicated that if the passage of the bill proved to be an incentive for WWAMI participants to return to Alaska to practice medicine, the negative fiscal impact of the bill could be eroded. The fiscal impact could be \$500,000 or \$400,000 per year. He thought it was difficult to determine what behavior changes might occur as a result of the legislation. He argued that it could be positive for Alaska if a greater percentage of WWAMI alumni came back to practice medicine in the state. He thought it would be unreasonable to think there would be zero behavior change on the front end, as he thought it would rebalance medical school applicants' decisions. Depending on a financial package and the overall tuition of a school would influence a student's decision. He suggested students would be making a slightly different choice with the passage of the bill than without.

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Representative Wool supposed that if the program was completely successful, all 20 students would come back to the state and the state would have to reimburse all of them. It would cost Alaska more money but, it would have more practicing physicians.

Representative Kreiss-Tompkins responded that if 100 percent of alumni returned, it would be beneficial for Alaska. He was unsure of the fiscal crossover point.

Co-Chair Johnston directed Representative Kreiss-Tompkins to review the sectional analysis which she anticipated would be brief.

Mr. McGowan reviewed the sectional analysis. Section 1 of the bill amended AS.14.43.51(a) and increased the repayment from 50 percent to 100 percent plus interest for students that did not return to the state upon completing the WWAMI Program. Section 2 of the bill specified an effective date which applied to students who entered the agreement on or after the effective date of the act.

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Representative Kreiss-Tompkins offered that the bill came about in order to make a structural change to take pressure off of the budget in the long term. At one point the WWAMI Program was slated for a gubernatorial veto. It was a compromise in response to a conversation he had had with the governor's chief of staff. The compromise allowed for the placement of the WWAMI Program into a stable long-term place. He wanted to provide context to the origin of the bill.

Co-Chair Johnston set the bill aside.

HB 159 was HEARD and HELD in committee for further consideration.

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RECONVENED

#hb182

HOUSE BILL NO. 182

"An Act relating to testing of sexual assault examination kits; and providing for an effective date."

3:28:40 PM

Co-Chair Johnston asked the bill sponsor to begin her presentation. She relayed the names of the testifiers available online.

3:29:09 PM

REPRESENTATIVE GERAN TARR, BILL SPONSOR, began with slide 2 of the PowerPoint Presentation, "House Bill 182." She provided some context for the incarnation of the bill. She indicated that in 2014 she had received something from the Joyful Heart Foundation, an organization founded by Mariska Hargitay, the actress from Law and Order: Special Victims Unit. During Ms. Hargitay's time as an actress on the show, she received several letters from individuals who were survivors of sexual assault. The actress wanted to be helpful. She started the effort with the Joyful Heart Foundation specifically focused on ending the backlog campaign. As a result, the representative was inspired to begin work on HB 182.

Representative Tarr explained that there were six pillars embodied by the Joyful Heart Foundation. She wanted to show what she had accomplished to-date, as it was something that everyone could feel good about. She was trying to facilitate a lasting systemic change. The six pillars included an annual statewide inventory, mandatory testing of backlog kits, mandatory testing of new kits, a statewide tracking system, a victim's right to notice, and funding for reform. She posed the question about where Alaska was in the process.

Representative Tarr continued to slide 3 to discuss the state's current status. She conveyed that she first started working on the project in 2014 with the statewide audit which was required by the U.S. Department of Justice in order to receive federal funding towards the effort. The statewide audit was how the state learned that there were approximately 3,400 untested rape kits in the State of Alaska. The early work also led to the audit of the crime

lab where other deficiencies were discovered. The state had been able to improve the process outside of legislation. She believed people would feel very positive about the happenings at the crime lab which Mr. Kanaris, the chief of the forensics laboratory in Anchorage, would report on.

Representative Tarr detailed that some of the changes that were made working with the crime lab included making sure that each rape kit had a unique identifier to ensure a chain of custody. Previously, all of the kits were prepared in Anchorage and sent out to more than 200 law enforcement agencies across the state, but with no unique identifiers. It was impossible to tell whether a kit was used or unused sitting on a shelf once it left Anchorage. The issue was problematic; hence, a tracking system was established.

Representative Tarr reviewed some of the other legislation that the state passed. The state supplied funding for the mandatory testing of the backlog kits as well as established the policy of storing all of the kits at the crime lab in Anchorage. The funding also paid for the installation of high capacity shelving. With the passage of HB 49 [Legislation passed in 2019 - Short Title: Crimes; Sentencing; Drugs; Theft; Reports] all new kits were required to be tested within 1 year and, the statewide tracking system was put into place. The bill also established a victim's right to notice.

Representative Tarr indicated that the Joyful Heart Foundation wanted to see a website established for individuals to be able to follow the progress of their kits using a unique identifier. The state's current protocol was that all kits would be sent to the crime lab within 30 days, tested within 1 year, and individuals would be notified within 2 weeks of their kits being tested. Eventually, she hoped the state could implement a more sophisticated tracking system in which individuals could track the progress of their own kits. She explained that it was important for a victim to be able to track their own kit because an individual was re-traumatized every time they had to retell their story. Having to call an authority to obtain information could be traumatizing, as they would likely have to retell their story over-and-over again. She thought the victim notification piece was a helpful step in limiting the re-traumatization of victims.

Representative Tarr continued that currently, shortening the timeline was the next right step and the reason for HB 182. She had worked with Mr. Kanaris reviewing the best-case scenario in terms of turnaround time for the processing of rape kits. Mr. Kanaris had indicated 60 days was the most reasonable timeline. He had done some research about what other states were doing which provided the reason behind 60 days as an attainable goal. However, presently the most achievable goal was 6 months.

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Representative Tarr moved to slide 4 to discuss the timing of the testing. The legislation was specifically to shorten the time of the testing once kits were collected. Mr. Mosley was allowed to be on the streets prior to his arrest. The article referenced in the slide indicated that he was allowed to be on the streets prior to his arrest. The delay in testing his rape kit allowed a fourth woman to be raped.

Representative Tarr continued to slide 5 which she read:

"The effect on the victims cannot be overstated. Some of these women waited years to find out who their assailant was. [One woman] moved back to her hometown out of fear and shame. One of these women, after years of suffering from infertility despite her best efforts with her partner, became pregnant as a result of the rape. The cruel irony of carrying the child of her rapist after years of trying to have a child with her partner had a significant impact on her. For each of these women, they re-live the trauma of the rape and recently endured having to tell a grand jury what happened to them."

Representative Tarr relayed that the state might have prevented some of these things from happening had it done things in a timelier fashion. She reemphasized why timing was so important. She had heard too many awful stories and believed the state could do better.

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Representative Tarr continued to slide 6. She relayed that the 6-month mark was the focus of the bill. She indicated certain resources were necessary and were reflected in the

fiscal note. She reported that even if funding was made available on July 1, 2020, it would take a number of months to find the right staff, as the positions were very technical. She also reported that because there had been a national effort regarding the issue, there was a large demand for qualifying professionals. She relayed that specialized training was required for a person to be able to process the kits. She listed off several of them.

Representative Tarr indicated that the fiscal note reflected the challenges of the timeline and the effective date. It would take some time for the lab to get properly staffed, train personnel, and be compliant with the law should the legislature pass the bill. She noted that when she had discussed with Mr. Kanaris whether the state could get to 60 days in the first step, he thought that it was possible to get to 6 months if the resources were provided in the legislation. Once everyone was fully trained and the backlog was caught up, the lab would not need additional resources to reach the 60-day mark. All processing would improve with building capacity among staff. She reiterated that the 2020 goal was to reach the 6-month mark and to continue working with the crime lab to reach the 60-day mark. She commended Mr. Kanaris for all of his work at the crime lab and for the work he had done in researching what other states were doing. He could speak to the return on investment and investing in the type of work related to HB 182.

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Representative Tarr played the movie trailer to a video entitled, "I Am Evidence." [The committee watched the video]

Co-Chair Johnston invited Mr. Kanaris to comment.

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DAVID KANARIS, CHIEF, FORENSIC LABORATORIES, DEPARTMENT OF PUBLIC SAFETY (via teleconference), mentioned that the positions the lab was requesting would move the Department of Public Safety in the right direction in terms of processing the 9-month backlog of sexual assault kits. There were several national studies about the benefits of testing the backlog kits. A paper was published in 2019 entitled, "The Jurisdiction of Return on Investment from

Processing the Backlog of Untested Sexual Assault Kits." The paper looked at all of the different factors and benefits of processing kits. The benefits included providing resolution for survivors, preventing repeated assaults from serial rapists, and preventing societal costs external to the people directly victimized. He reported an estimated 9,000 percent to 64,000 percent return on investment for each sexual assault test processed. The disparity in the numbers depended on the number of kits being processed.

Mr. Kanaris continued that the cost of processing per kit in a large testing facility which processed several thousands of kits per year was much less than in a smaller facility. Alaska was on the low end of the spectrum and would likely see a return on investment of 8,000 percent to 10,000 percent. Currently, the cost of testing in Alaska was about \$1500 per kit. The national average was between \$1400 and \$1600 per kit. He reported a large uptick in submission of kits to the lab. In 2012, there were 303 DNA submissions to the lab across all case types, not just sexual assault cases. In the previous year, 651 kits were submitted to the lab. In the current year, the lab anticipated receiving over 800 cases, 60 percent of which would be sexual assault tests - over 500 sexual assault cases. He reported an increase of 34 percent in violent crime rates in Alaska between 2013 to 2017. There was also increased national attention on the sexual assault backlog which had moved to the forefront of policy reforms. There was also the issue that DNA had become a forensic panacea resulting in more agencies submitting more items and evidence for testing. The department was asking for funding for 2 positions to get the lab to the 6-month mark.

Co-Chair Johnston asked Representative Tarr to present the sectional Analysis.

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KARLA MS. HART, STAFF, REPRESENTATIVE GERAN TARR, relayed that in Section 1 the timeline was changed from one year to six months. In Section 2 the effective date was changed to 2021.

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Representative Josephson thought Representative Tarr's work on the bill had been heroic. He offered that she could count on his support of the bill. He asked if the reason why the lab thought it could reach the 6-month mark was that it would outsource testing until the 2 positions could be hired. He asked the sponsor if she was comfortable with the language in the bill, "The agency shall ensure."

Representative Tarr responded that it was true that outsourcing would be necessary to meet the 6-month timeline. Concurrently, the lab would be staffing the positions and rotating in the new employees.

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Representative Josephson relayed that, in his time as a state prosecutor, a sexual assault would not typically come to disposition in a 6-month window. With expedited testing, a person's nature of defense would likely become obvious sooner and would be the reason for a significant return on investment.

Representative Tarr asserted that the law would help to better understand who was involved in sexual assault crimes and what to focus on in terms of prevention work.

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Representative Wool thanked Representative Tarr for her presentation. He was looking at the backlog number in 2017 of 3,484 and in 2019 of 1,696. He clarified that the test kits had been outsourced for processing to reduce the backlog. He queried about incoming kits and the ability to keep up with processing.

Representative Tarr responded that that backlog was all of the untested kits when she started her effort in 2015 beginning with the audit. The kits had been cataloged, prioritized, and sent out in batches. The funding that was placed in the capital budget a couple of years prior was being used to cover the backlog. The bill was addressing the new incoming kits and the timeline for processing them. There would be a period in which the staff would be trained, and the kits would continue to be processed by a third party.

Representative Merrick asked if the results of the kits were entered into the Combined DNA Index System (CODIS) or a similar database.

Representative Tarr responded affirmatively. She deferred to Mr. Kanaris to provide further detail.

Representative Merrick asked Mr. Kanaris to provide information regarding genealogical testing and furthering a particular investigation.

Mr. Kanaris responded that everyone that was eligible would be entered into CODIS. He reported that CODIS was strictly governed by the Federal Bureau of Investigation (FBI). There were certain eligibility requirements for which samples could be entered. In order to be eligible a crime had to have been committed. The lab worked with law enforcement agencies to make sure each sample was eligible. If a sample was eligible, it would be entered into CODIS. In terms of genetics, it was not something that the state dealt with directly, as the cases were very labor intensive. Genealogical testing required a certain skill set that the State of Alaska did not currently have. The law enforcement agency submitted samples to Alaska's lab. If a test did not generate a hit against a profile in CODIS, law enforcement would make a decision in concert with the lab about genealogical testing. The lab could provide technical expertise in explaining what steps would need to be taken. However, such work was not currently being done in the crime lab.

Representative Merrick thanked Mr. Kanaris for all of the great work he was doing at the crime lab.

Co-Chair Johnston set the bill aside. She reviewed the agenda for the following morning. Amendments for HB 182 were due Wednesday, March 4th at 12:00 p.m.

HB 182 was HEARD and HELD in committee for further consideration.

#  
ADJOURNMENT

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The meeting was adjourned at 3:54 p.m.