

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

Bethel, Alaska
October 20, 2020
3:05 p.m.

MEMBERS PRESENT

Representative Tiffany Zulkosky, Chair
Representative Ivy Spohnholz, Vice Chair (via teleconference)
Representative Matt Claman (via teleconference)
Representative Harriet Drummond (via teleconference)
Representative Geran Tarr (via teleconference)
Representative Sharon Jackson (via teleconference)
Representative Lance Pruitt (via teleconference)

MEMBERS ABSENT

All members present

OTHER LEGISLATORS PRESENT

Senator Elvi Gray-Jackson (via teleconference)
Representative Sara Hannan (via teleconference)
Representative Bryce Edgmon (via teleconference)

COMMITTEE CALENDAR

PRESENTATION(S): COVID-19 IN ALASKA: AN UPDATE ON LOCAL & STATE
PANDEMIC RESPONSE

- HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

JANET JOHNSTON, MD, Epidemiologist
Anchorage Health Department
Anchorage, Alaska

POSITION STATEMENT: Testified during the presentation on COVID-19 in Alaska.

CHRISTY LAWTON, Public Health Division Manager
Anchorage Health Department

Anchorage, Alaska

POSITION STATEMENT: Testified during the presentation on COVID-19 in Alaska.

TOM HENNESSY, MD, Infectious Disease Epidemiologist

University of Alaska

Anchorage, Alaska

POSITION STATEMENT: Testified during the presentation on COVID-19 in Alaska.

TOM QUIMBY, MD, Emergency Physician

Matanuska-Susitna Regional Medical Center

Palmer, Alaska

POSITION STATEMENT: Testified during the presentation on COVID-19 in Alaska.

JAKE METCALFE, Executive Director

Alaska State Employees Association

Anchorage, Alaska

POSITION STATEMENT: Testified during the presentation on COVID-19 in Alaska.

JARED KOSIN, President and CEO

Alaska State Hospital and Nursing Home Association

Anchorage, Alaska

POSITION STATEMENT: Testified during the presentation on COVID-19 in Alaska.

ELLEN HODGES, MD, Chief of Staff

Yukon-Kuskokwim Health Corporation

Bethel, Alaska

POSITION STATEMENT: Testified during the presentation on COVID-19 in Alaska.

ROBERT ONDERS, MD, Interim Hospital Administrator

Alaska Native Medical Center

Anchorage, Alaska

POSITION STATEMENT: Testified during the presentation on COVID-19 in Alaska.

ACTION NARRATIVE

[3:05:20 PM](#)

CHAIR TIFFANY ZULKOSKY called the House Health and Social Services Standing Committee meeting to order at 3:05 p.m. Representatives Jackson (via teleconference), Tarr (via

teleconference), Drummond (via teleconference), Spohnholz (via teleconference), Claman (via teleconference) and Zulkosky were present at the call to order. Representative Pruitt (via teleconference) arrived as the meeting was in progress.

PRESENTATION(S): COVID-19 in Alaska: An Update on Local & State Pandemic Response

[3:06:00 PM](#)

CHAIR ZULKOSKY announced that the only order of business would be a presentation on COVID-19 in Alaska; an update on the local and state pandemic response.

[3:08:46 PM](#)

JANET JOHNSTON, MD, Epidemiologist, Anchorage Health Department, reported regarding the COVID-19 pandemic Anchorage had just topped 6,000 resident cases with an approximate 95 new cases per day. These numbers compared to an average of 40 new cases per day in mid-September, she noted. Hospitalizations were a lagging indicator, tending to go up after the cases, she pointed out, so Anchorage was just starting to show an increase in hospitalizations over the past week. She also noted that because nursing homes or skilled nursing facilities can still care for some of the sicker COVID patients, hospitalization counts are not always the most accurate reflection. Over the summer Anchorage saw cases increase steadily during June and July, and the hospitalizations increase in July and August. Daily case counts came down in August and early September, followed by a decline in hospitalizations in late September and a plateauing in early October.

DR. JOHNSTON said given the previous trends she expected hospitalizations to continue increasing over the next few weeks, or longer, depending on the case counts. With hospital bed space already tight and possible difficulties recruiting help from outside Alaska, she worried about case counts increasing, she imparted. Deaths were also a lagging indicator, she said: In August, the death count in Anchorage was 41, the highest month, followed by September and July. Given previous trends she was worried about increases over the next few weeks, she said.

DR. JOHNSTON stated that in terms of demographics, the race data was incomplete and there were probably some patterns in the way in which it was missing, Dr. Johnston noted, but even when that

was taken into consideration it was clear that Alaska Native people made up too many cases, hospitalizations, and deaths. When population was considered, almost 20 percent of cases have been among Alaska Native or American Indian people, whereas they make up only about 10 percent of the population of the Anchorage population. At the beginning of the pandemic in March 2020 when Anchorage had a very small number of cases, the race distribution was similar to the population distribution, but over time this has shifted, she imparted, with Alaska Native people and Hawaiian Pacific Islander people being particularly hard-hit. Together these two groups represent 46 percent of hospitalizations and 42 percent of the deaths, but again only about 10 percent of the population. The bulk of the infections are among younger, working age people ages 20-49, she added, and the most obvious adverse outcomes are among older people.

DR. JOHNSTON continued by saying people ages 20-49 are probably most likely to be out in the community spreading the virus and are also experiencing the financial impact to a high degree with all the quarantining and isolating, but the older population have higher numbers of hospitalizations and deaths. In some cases, it has been difficult to convince the younger population of the importance of isolating and quarantining in order to protect the more vulnerable members of the population.

[3:12:44 PM](#)

CHRISTY LAWTON, Manager, Public Health Division, Anchorage Health Department, Municipality of Anchorage, stated there have been significant improvements over the last couple of months since the implementation of the database CommCare, which has allowed the statewide contact tracing workforce to share information, collaborate, and respond to an increasing number of cases. The goal is that each new case is investigated by a contact tracer within 24 hours. In terms of what the contact tracers have seen, Ms. Lawton shared there is some fatigue in terms of following recommendations. She shared an example anecdotally of a close contact reached via telephone of someone who had recently tested positive. When the contact was instructed to quarantine, he/she let the tracer know he/she would do so only after finishing a lunch date with friends.

MS. LAWTON suggested it is not only this resistance but also folks who have difficulty quarantining or isolating for financial reasons, that does not help in terms of slowing the spread of the virus. She added that a concerning recent trend is people not getting tested because they know they will not be

able to go to work if they test positive. She mentioned outbreaks in congregate care settings and among the unsheltered population, the virus being carried to the former by unsuspecting, asymptomatic employees, and cases among the latter trending downward. She went on to say case numbers were rising due in part not only to exposure within congregate care facilities, but also within family gatherings, sports, retail businesses, churches, and the like.

[3:18:53 PM](#)

REPRESENTATIVE DRUMMOND asked after the department's thoughts about sending kids back to school in November after taking into consideration rising COVID numbers.

[3:19:20 PM](#)

DR. JOHNSTON replied numbers were higher than they would like, but there being so many negatives as well to kids not being in school, unfortunately there were not a lot of good choices. She said that schools around the country have been able to bring kids back "relatively safely" by starting with the youngest kids first.

[3:20:34 PM](#)

REPRESENTATIVE JACKSON asked whether the department was finding contact tracing effective and what, if anything, the committee could do to help.

[3:21:17 PM](#)

MS. LAWTON replied it was only effective if contacts could be alerted within the amount of time their behavior could be altered, but with widespread community spread it is just harder. She added that the legislature could help by spreading the message to the public to follow health recommendations, no matter how tedious those recommendations might seem. She added financial incentives and advocacy at other levels of government may also help.

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CHAIR ZULKOSKY restated the presentation agenda for Representative Hannan, Representative Pruitt, and Senator Jackson, who joined late.

[3:24:42 PM](#)

TOM HENNESSY, MD, Infectious Disease Epidemiologist, University of Alaska, stated that current research on COVID-19 showed community transmission was occurring widely throughout Alaska as daily case counts have been in the triple digits for more than a month, and more Alaskans have COVID-19 than ever before. One of the primary concerns, he stated, is the ability of the virus to spread very quickly and for infected persons to overwhelm the health care system. This has been the case since early in the pandemic, even in places with extensive and modern health care capacities such as New York City and Italy, he added, with doctors even in these places having to make choices regarding which patients would receive intensive care unit (ICU) care and which would not.

DR. HENNESSY stated that preserving the health care capacity has been a primary goal in Alaska and something that has been watched closely since the spring of 2020. One tool used to keep close watch is called the COVID surge tool, which was developed by the CDC and uses local data to make projections about future hospital beds needed to care for COVID patients. The inputs, he explained, included the population of Anchorage, the total number of COVID cases, and those that have occurred in the last two weeks. Available adult hospital beds, ICU beds, and ventilators were also included, he added. Local information on proportionate cases needing hospitalization, ICU care, and ventilators was used as input as well, he stated. Driving the projections was the current reproductive number, he explained, which was a measure of how many additional people, on average, each person with COVID-19 would infect. This changes over time depending how people follow public health recommendations, he said.

DR. HENNESSY imparted early in the pandemic the reproductive number in Alaska was approximately 2.5, meaning each infected person infected two or three others. The current estimate used was 1.1, he stated, his models ranging from 1 to 1.3. Some of the current assumptions were that hospital bed use for non-COVID patients was stable and that COVID-19 cases occurring elsewhere in Alaska were not being transferred to beds in Anchorage. In this way the forecast is optimistic and it's conservative, he said. Based on data through October 19, and assuming current rates of transmission are stable, the model predicts the hospital bed, ICU and ventilator capacity in Anchorage will not be exceeded. Because the reproductive number is above one, case counts will continue to rise and hospitalizations for COVID-19

will increase, but this increase is projected to be within current capacity.

DR. HENNESSY went on to say that while this projection is encouraging, the situation regarding capacity and COVID-19 is precarious. If there were to be an increase in levels of transmission, a shortage of healthcare workers due to illness, an increase in non-COVID related hospitalizations, or surges in hospitals elsewhere that would require transfers to Anchorage. The model does predict ICU capacity would be exceeded by mid-December, he stated, if transmission increased by just 10 percent in Anchorage. This would bring the number in Anchorage up to 1.2, which is what was experienced throughout the month of July. If transmission increased by 20 percent, the levels that were seen around Memorial Day, ICU capacity is predicted to be exceeded by late November.

DR. HENNESSY added the surge in Alaska could be reversed with just a 10 percent decrease in transmission. He stated, "By bringing the reproductive number below 1, we could bring down daily case counts, ... ensure protection of health care capacity, and save lives. And we've already shown that we can decrease transmission in Alaska; Alaskans have changed out behavior, and many of us have adopted practices such as wearing a mask, watching our physical distancing, and washing our hands." He mentioned that actions such as shelter in place and hunker down reduced transmission by up to 60 percent. In Anchorage, the mask mandate in late June was followed by a decrease in transmission by 15 percent in two weeks, he stated, and the month-long reset beginning in July was followed by a decrease of 30 percent.

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CHAIR ZULKOSKY asked Dr. Hennessy to speak to "pandemic fatigue" around the country and the world, and specifically which health measures, from an epidemiological point of view, would be the most effective measures to decrease the recent influx of cases in Alaska.

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DR. HENNESSY reiterated that transmission could be decreased, as has already been seen done in Anchorage, by folks social distancing, hand washing, and wearing face masks in public. He suggested closing businesses or other economically challenging options if larger decreases were needed faster. Also, with

statewide mask orders in 33 states, that policy is worth pursuing, he added, and sets a standard for folks to follow. The Department of Health and Social Services (DHSS) has been clear on mask use, and Alaska could also go this route, he suggested.

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CHAIR ZULKOSKY asked for questions from committee members.

[3:34:37 PM](#)

REPRESENTATIVE DRUMMOND asked Dr. Hennessy his thoughts on returning kids to school indoors, which would mean roughly 10,000 students and staff.

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DR. HENNESSY replied he has not been in contact with the Anchorage School District on the issue but, having followed it closely himself, has learned the risk to youngest children, especially under age 10, is lowest. He mentioned that many countries worldwide have sent young children back to school successfully.

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REPRESENTATIVE DRUMMOND asked Dr. Hennessy's thoughts on teachers in the higher-risk category and those they could potentially infect at home.

[3:37:00 PM](#)

DR. HENNESSY replied teachers and staff members becoming affected could be mitigated by public health recommendations already brought forth. He also acknowledged that the return to in-person classes would not be risk free and individuals would have to assess on a personal level based on their own health issues.

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CHAIR ZULKOSKY asked, in terms of bringing down the reproductive number and the widespread community-based transmission in Alaska, whether it was the right time to be relaxing travel mandates and other protective measures which were implemented early in the pandemic.

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DR. HENNESSY replied that by taking the courageous step only few other states have done by putting travel mandates in place Alaska did create a safer environment, and relaxation of those mandates is indeed a small step backwards; however, most transmission is community-based and not imported, so the changes to the travel mandates may not make a big difference overall. Travel restrictions in-state, and especially travel to rural communities, can make a big difference, he put forth.

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CHAIR ZULKOSKY asked whether Dr. Hennessy felt gains could be made through another shelter in place or hunker down, especially in those places where there is widespread community transmission.

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DR. HENNESSY replied the mandates put in place in March 2020 slowed transmission but came with a high degree of cost, and it was uncertain whether a repetition of the mitigations would have the same effect: in places where they have been instated a second or third time they have typically not been as effective because people have already adapted and altered their behavior. Much of Alaska doesn't need as much transmission reduction as the 30 percent that was needed in Anchorage to get the curve bent the other direction, he added; a decrease of 10 or 15 percent would have an effect and reverse the course of the pandemic.

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CHAIR ZULKOSKY asked whether more stringent public health messaging about limiting social gatherings could be effective.

[3:45:23 PM](#)

DR. HENNESSY encouraged actively engaging the public with additional and consistent messaging to urge the population to take mitigation measures into practice and stated that the part of the population that continued to mix must be made aware they were causing harm to society overall: to schools, to elders, and to the economy.

[3:47:29 PM](#)

TOM QUIMBY, MD, Emergency Physician, Matanuska-Susitna Regional Medical Center, informed the committee that Alaskan physicians are much better situated for a surge at present than they would have been six months ago and expressed gratitude for the personal protective equipment (PPE) that has been made readily available. Time has also allowed for education on how to treat those who became seriously ill with COVID-19. This said, Alaska is especially vulnerable to a strain on its health care system, he noted, referencing an ICU crisis in Anchorage which necessitated the transfer of patients out of Alaska. There is also difficulty finding adequate hospital staff, especially nurses, he added.

DR. QUIMBY informed the committee 299,028 deaths occurred between late January and October 3, 2020, with 198,091 of these attributed to COVID-19. The largest increase was among adults ages 25 through 44 years and among Hispanic or Latino persons. Healthy young people could experience debilitating fatigue, affecting their job performance and overall well-being. Those who overcame COVID-19 could still experience long term damage to the lungs, kidneys, brain, and heart, changing their quality of life, in some cases forever. Dr. Quimby reiterated the mitigations distancing, masking, and handwashing, and urged widespread rapid testing. When a vaccine becomes available, its distribution should be supported, he urged.

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CHAIR ZULKOSKY referenced research indicating long-term health impacts experienced by those with mild to moderate infections of COVID-19 and asked at what rate Alaskans are experiencing long-term effects, even if they did not have a "serious" infection of COVID-19.

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DR. QUIMBY replied that he had no specific numbers for Alaska but that he could try to find that information.

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REPRESENTATIVE SPOHNHOLZ, referencing the capacity crisis resulting in Alaska patients being sent out of state, asked how frequently surges occurred and what time of year to expect them.

3:57:23 PM

DR. QUIMBY replied that since his employment at Matanuska-Susitna (Mat-Su) Regional commenced in 2012, full capacity had been reached at least once per year, and patients were routinely sent to Anchorage when there was no longer room for them.

4:00:18 PM

JAKE METCALFE, Executive Director, Alaska State Employees Association, said he would like to share the requests for improvement Alaska State Employees Association (ASEA) had received from the government. He began with the lack of communication which he said has left ASEA members feeling confused and misinformed. He expressed his disappointment in DHSS not taking the committee up on the invitation to testify, as members of ASEA had questions and wanted to know they were going to be safe on the job. Communications with DHSS have improved, but ASEA is still being left out, he explained, with ASEA members reporting outbreaks before they were reported by DHSS, Mr. Metcalfe stated. Outbreaks at the Fairbanks Pioneer Home and Fairbanks Correctional Center had increased in number from 30 to 50, and it had been reported there was inadequate PPE in that location, he imparted.

MR. METCALFE paraphrased a plan [full text of which is included in members' packets] which should be put into effect immediately: facilities should be cleaned and sanitized; facilities should be closed to outside users, including deliveries, when there is an outbreak; proper signage should be in place which will alert members where there are active COVID-19 cases; proper COVID-19 screening should be in place for employees; and quarantining should happen for employees who have been exposed to COVID. He went on to recommend an implementation of informational safety councils so that unions and staff were all able to come together on a regular basis to share information and safety mitigation protocols. He imparted to the committee the lack of information has employees worried for their lives, families, and loved ones. By way of example, he brought members' attention to an occurrence at the Atwood building. [Details included in an email included in members' packets.] Employees were told to evacuate the building without much information. At the same time as the evacuation, the news was released that three of the governor's staff members had tested positive for COVID-19.

MR. METCALFE said he thought the evacuations were related to the positive COVID tests among staff members, and at that point he found out there was also a bed bug infestation, so he thought that's why they had been asked to evacuate, and then he found out folks were still concerned about the COVID-19 outbreak in the governor's office. There was no clarifying information until the next day or the day after that despite many concerns, and Mr. Metcalfe said he did not understand why information about positive cases in a building was not being shared. There were good things happening as well, he shared: there was a labor management meeting and a follow-up being planned; an agreement was signed to hire an additional 200 long-term, non-permanent contact tracers; an increase in wages by 50 percent would be provided for staff at the Fairbanks Pioneer Home to help with employees getting sick and missing work in that facility. Anyone going into danger should at least receive an increase in pay, he said, especially those treating residents who needed them. In conclusion, Mr. Metcalfe reiterated the request a crisis communication plan be put into place.

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REPRESENTATIVE TARR asked two questions: first at what point stronger "remedies" would be considered due to the continued lack of information being put forth, and second which employees might also be eligible for an increase in pay akin to those received by employees at the Pioneer Home.

[4:13:49 PM](#)

MR. METCALFE replied, regarding the second question, "premium pay" allowed workers to stay with their current facility and rendered obsolete the need to work second jobs, which would also increase exposure; in terms of the first question, he said crisis communication is needed and ASEA is willing to help develop a plan to further spread immediate information and make employees, families, and all Alaskans feel respected.

[4:18:34 PM](#)

REPRESENTATIVE TARR said she especially appreciated the answer regarding premium pay regarding the ongoing challenge of staff retention in some of the most important facilities even pre-COVID.

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JARED KOSIN, President and CEO, Alaska State Hospital and Nursing Home Association, said Alaska State Hospital and Nursing Home Association (ASHNHA) saw 46 hospitalizations on any given day with multiple days of 50-plus patients. As hospitalizations are a lagging indicator, hospitalizations were expected to increase in the foreseeable future. Several leaders in nursing homes and hospitals report that staffing is stretched. In PPE news, there was a potential shortage on gloves, Mr. Kosin reported. He echoed others in his encouragement of public health mitigation strategies: masks, social distancing, handwashing, flu shots. He also suggested an extension of the public health disaster emergency declaration, as it would remove significant uncertainty and pressure to have it in place. Without it, he cautioned, off-site screening centers are put in question and alternate venues by which to handle surge capacity would become a factor, among other concerns.

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CHAIR ZULKOSKY asked in terms of the nationwide glove shortage where Alaska was in terms of access to critical PPE.

[4:26:51 PM](#)

MR. KOSIN replied there was a possible N95 mask shortage and gloves were a critical issue as they were brought up at multiple facilities.

CHAIR ZULKOSKY asked if ASHNHA had identified a date for the emergency declaration extension.

MR. KOSIN replied the emergency was relevant, flexibility critical, and the declaration set to expire on November 15, 2020.

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REPRESENTATIVE TARR sought clarification on communication with the governor's office.

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MR. KOSIN replied he spoke with Commissioner Dr. Anne Zink who speaks frequently with the governor's office, so there was communication and hope it would be figured out before the November 15 deadline.

[4:32:50 PM](#)

ELLEN HODGES, MD, Chief of Staff, Yukon-Kuskokwim Health Corporation, reported a "dramatic, exponential" increase in severity and acuity of COVID-19 cases associated with community spread. She reported Yukon-Kuskokwim Health Center (YKHC) tracked all its own contacts and currently had well over 500 contacts under investigation. In terms of demographics, like much of Alaska case counts skewed younger, with 52 percent of COVID-19 cases under the age of 40. She echoed Dr. Johnston that hospitalizations and deaths disproportionately affected the elderly. She voiced concern about exceeding hospital capacity, relating stories of patients having to wait up to 19 hours for available beds elsewhere. She urged immediate intervention. She mentioned Bethel does have a mask ordinance, and all air travelers are tested upon arrival. She reiterated the importance of adhering to mitigations mentioned by other testifiers.

[4:38:47 PM](#)

REPRESENTATIVE TARR asked about the issue in Bethel with lack of sanitation and running water and asked if there was some way the legislature could help.

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DR. HODGES replied 60 percent of households did not have running water or sewer which didn't help with the adherence to mitigation strategies, especially handwashing. She agreed that providing adequate water and sewer was an essential public health measure that should be undertaken.

[4:40:59 PM](#)

CHAIR ZULKOSKY, referencing the interconnectedness Dr. Hodges brought up regarding health systems, asked how easing certain restrictions could impact the current status of the pandemic in the Y-K Delta.

[4:41:41 PM](#)

DR. HODGES replied kids returning to school was a high priority, but positivity rates and case rates must decrease considerably before returning to school in person. She emphasized school exposure would put the elderly population living in multi-generational households at risk. Finally, village teachers

needed to be protected and preserved as limited and valuable resources.

[4:43:52 PM](#)

ROBERT ONDERS, MD, Interim Hospital Administrator, Alaska Native Medical Center, mentioned we are still early in the pandemic and will be judged on how we did at the end. He brought up rural Alaska and Alaska Natives have not fared well during previous pandemics such as H1N1, where there was a disproportionate amount of disease, morbidity, and mortality. There seemed to be a lot of focus on hospitals, he stated, referencing Dr. Quimby, which deal with the consequences of public health measures. There should be less focus on ICU beds and bed capacity and more on preventative measures, he suggested. He informed the committee additional hospital beds had been added, but it was unclear whether they would continue to be provided as case counts rose.

DR. ONDERS brought an article from the American Medical Association entitled "Sensible Medicine - Balancing Intervention and Inaction during the COVID-19 Pandemic" to the committee's attention, the message being the possibility of the former negating the latter, which is a detriment to the economy.

[4:50:11 PM](#)

CHAIR ZULKOSKY, referencing a sobering update received by the committee by many of the same testifiers in July 2020, asked what were some of the basic interventions from a policy perspective that could be put forward to stem the tide of COVID-19 in Alaska, especially heading into the winter months.

[4:51:45 PM](#)

DR. ONDERS replied when measures were in place case counts went down and when they were not in place they went up. In Alaska case counts went down with the early lockdown and when municipalities implemented their month-long measures. Rural communities implement their own protective measures. Dr. Onders reiterated mask wearing, avoiding gatherings, and the like, which all drove case counts down.

[4:53:58 PM](#)

REPRESENTATIVE TARR asked, as travel became more restrictive in the winter months, whether capacity should be considered in a different way.

[4:54:55 PM](#)

MR. KOSIN replied that if things did not improve, then staffing would be limited and a system-wide surge could occur. All efforts needed to be put toward public health measures before finite points were reached.

[4:56:52 PM](#)

REPRESENTATIVE TARR asked Dr. Onders how capacity should be looked at differently than it would be in a non-pandemic year.

[4:57:13 PM](#)

DR. ONDERS replied Alaska Native Medical Center (ANMC) prioritized travel in from rural communities, and at normal-capacity standards ANMC would usually accept transfers from those facilities, but the current focus should be on those hospitals which do not have the extra level of care. If all 3 Anchorage hospitals were challenged, it would create ripples across the entire state, he said.

CHAIR ZULKOSKY asked for a sense of where Alaska is regarding the pandemic, what should be anticipated soon, and what steps could be taken to avoid the inevitable scenario.

MR. KOSIN replied the hardest part was managing cracks in staffing, because the only other place to send those in the vulnerable population is to the hospitals.

[5:02:06 PM](#)

DR. HENNESSY replied reproductive numbers were higher in July 2020, but overall numbers were lower, so now there are a lot more COVID-19 infected persons. The state is in a dangerous position, he said, but Alaskans have shown the ability to bring case numbers down through policy and through individual actions.

[5:04:03 PM](#)

CHAIR ZULKOSKY thanked testifiers.

[5:04:33 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:04 p.m.