

ALASKA STATE LEGISLATURE
HOUSE STATE AFFAIRS STANDING COMMITTEE

March 7, 2019

3:01 p.m.

MEMBERS PRESENT

Representative Zack Fields, Co-Chair
Representative Jonathan Kreiss-Tomkins, Co-Chair
Representative Gabrielle LeDoux
Representative Andi Story
Representative Adam Wool
Representative Sarah Vance
Representative Laddie Shaw

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

CONFIRMATION HEARING(S)

Commissioner, Department of Administration

Kelly Tshibaka - Anchorage

- CONFIRMATION(S) ADVANCED

PRESENTATION(S): MEDICAID HOSPITALS IMPACT ON STATE HEALTH
INSURANCE COSTS

- HEARD

HOUSE BILL NO. 34

"An Act naming the Scott Johnson Memorial Bridge."

- MOVED HB 34 OUT OF COMMITTEE

HOUSE BILL NO. 12

"An Act relating to protective orders."

- MOVED CSHB 12(STA) OUT OF COMMITTEE

HOUSE BILL NO. 14

"An Act relating to assault in the first degree; relating to sex offenses; relating to the definition of 'dangerous instrument';

and providing for an aggravating factor at sentencing for strangulation that results in unconsciousness."

- MOVED CSHB 14(STA) OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: HB 34

SHORT TITLE: NAMING SCOTT JOHNSON MEMORIAL BRIDGE

SPONSOR(s): REPRESENTATIVE(s) TALERICO

02/20/19	(H)	READ THE FIRST TIME - REFERRALS
02/20/19	(H)	STA, TRA
02/28/19	(H)	STA AT 3:00 PM GRUENBERG 120
02/28/19	(H)	Heard & Held
02/28/19	(H)	MINUTE(STA)
03/07/19	(H)	STA AT 3:00 PM GRUENBERG 120

BILL: HB 12

SHORT TITLE: PROTECTIVE ORDERS

SPONSOR(s): REPRESENTATIVE(s) KOPP

02/20/19	(H)	PREFILE RELEASED 1/7/19
02/20/19	(H)	READ THE FIRST TIME - REFERRALS
02/20/19	(H)	STA, JUD
02/28/19	(H)	STA AT 3:00 PM GRUENBERG 120
02/28/19	(H)	Heard & Held
02/28/19	(H)	MINUTE(STA)
03/07/19	(H)	STA AT 3:00 PM GRUENBERG 120

BILL: HB 14

SHORT TITLE: ASSAULT; SEX OFFENSES; SENT. AGGRAVATOR

SPONSOR(s): REPRESENTATIVE(s) LINCOLN

02/20/19	(H)	PREFILE RELEASED 1/7/19
02/20/19	(H)	READ THE FIRST TIME - REFERRALS
02/20/19	(H)	STA, JUD
02/28/19	(H)	STA AT 3:00 PM GRUENBERG 120
02/28/19	(H)	Heard & Held
02/28/19	(H)	MINUTE(STA)
03/07/19	(H)	STA AT 3:00 PM GRUENBERG 120

WITNESS REGISTER

KELLY TSHIBAKA, Commissioner Designee
Department of Administration (DOA)
Juneau, Alaska

POSITION STATEMENT: Testified as commissioner designee to the Department of Administration.

BECKY HULTBERG, President/CEO
Alaska State Hospital Association (ASHA)
Anchorage, Alaska

POSITION STATEMENT: Provided a PowerPoint presentation, entitled "The impact of Medicaid in hospitals and in their communities."

PHIL HOFSTETTER, Chief Executive Officer (CEO)
Petersburg Medical Center (PMC)
Petersburg, Alaska

POSITION STATEMENT: Provided a PowerPoint presentation, entitled "The impact of Medicaid at Petersburg Medical Center, a rural critical access hospital in Petersburg."

BUD JOHNSON
Tok, Alaska

POSITION STATEMENT: Testified in support of HB 34.

SUE STANCLIFF
Tok, Alaska

POSITION STATEMENT: Testified in support of HB 34.

DAVE STANCLIFF
Tok, Alaska

POSITION STATEMENT: Testified in support of HB 34.

REPRESENTATIVE CHUCK KOPP
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Testified as the sponsor of HB 12, Version S.

ROBIN MITCHELL
Anchorage, Alaska

POSITION STATEMENT: Testified during the hearing on HB 12, Version S.

ADAM FLETCHER
Eagle River

POSITION STATEMENT: Testified during the hearing on HB 12, Version S.

TASHINA FLETCHER
Eagle River

POSITION STATEMENT: Testified during the hearing on HB 12, Version S.

CHERI SMITH, Executive Director
The LeeShore Center
Kenai, Alaska

POSITION STATEMENT: Testified in support of HB 12, Version S.

TERYN BIRD
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of HB 12, Version S.

CHRISTINE PATE, Legal Program Director
Alaska Network on Domestic Violence and Sexual Assault (ANDVSA)
Sitka, Alaska

POSITION STATEMENT: Testified in support of HB 12, Version S.

CARMEN LOWRY, Executive Director
Alaska Network on Domestic Violence and Sexual Assault (ANDVSA)
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 12, Version S.

KEN TRUITT, Staff
Representative Chuck Kopp
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 12, Version S, on behalf of Representative Kopp, prime sponsor.

MAGGIE HUMM, Supervising Attorney
Alaska Legal Services Corporation (ALSC)
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 12, Version S.

CHERI SMITH, Executive Director
The LeeShore Center
Kenai, Alaska

POSITION STATEMENT: Testified in support of HB 14, Version E.

SHERRY MILLER
Eagle River, Alaska

POSITION STATEMENT: Testified in support of HB 14, Version E.

ISSAC WILLIAMS
No More Free Passes
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 14, Version E.

JAENELL MANCHESTER
49th Rising
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of HB 14, Version E.

NATASHA GAMACHE
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 14, Version E.

DESERIE BOND
Dillingham, Alaska

POSITION STATEMENT: Testified in support of HB 14, Version E.

DOROTHY KOLEROK
Palmer, Alaska

POSITION STATEMENT: Testified in support of HB 14, Version E.

CARMEN LOWRY, Executive Director
Alaska Network on Domestic Violence and Sexual Assault (ANDVSA)
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 14, Version E.

REPRESENTATIVE JOHN LINCOLN
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Testified on HB 14, Version E, as prime sponsor.

ACTION NARRATIVE

[3:01:31 PM](#)

CO-CHAIR ZACK FIELDS called the House State Affairs Standing Committee meeting to order at 3:01 p.m. Representatives LeDoux, Story, Shaw, Kreiss-Tomkins, and Fields were present at the call to order. Representatives Wool and Vance arrived as the meeting was in progress.

CONFIRMATION HEARING(S)

[3:02:06 PM](#)

CO-CHAIR FIELDS announced that the first order of business would be confirmation hearings.

Commissioner, Department of Administration

[3:02:15 PM](#)

KELLY TSHIBAKA, Commissioner Designee, Department of Administration (DOA), shared with the committee that the intent of her opening statement at the [3/5/19] House State Affairs Standing Committee (HSTA) meeting was not to attack Representative Fields in any way. She said, "If my comments were taken in that way, I sincerely apologize." She continued by saying her intent was to address the questions that had been raised.

CO-CHAIR FIELDS replied, "I want to say clearly it was never my intent to question your faith, but simply to get on the record that you can be a fair administrator at the Department of Administration, including for a diverse workforce."

[3:03:06 PM](#)

CO-CHAIR KREISS-TOMKINS moved to forward the resume of Commissioner Designee Kelly Tshibaka from the committee to the joint session [of the House and Senate] for consideration. He stated that doing so does not reflect the intent of any members to vote for or against this individual during any further sessions for the purposes of this confirmation.

[Because the confirmation hearing on Commissioner of DOA was not noticed as an agenda item for the 3/7/19 House State Affairs Standing Committee meeting, the confirmation of Commissioner Designee Kelly Tshibaka was advanced from committee during the 3/12/19 HSTA meeting.]

[3:03:27 PM](#)

The committee took a brief at-ease at 3:03 p.m.

PRESENTATION(S): Medicaid Hospitals Impact on State Health Insurance Costs

[3:03:39 PM](#)

CO-CHAIR FIELDS announced that the next order of business would be presentations by Becky Hultberg, President of the Alaska State Hospital and Nursing Home Association (ASHNHA) and Phil Hofstetter, Chief Executive Officer (CEO) of Petersburg Medical Center.

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BECKY HULTBERG, President/CEO, Alaska State Hospital Association (ASHA), stated that she is before the committee to discuss the difficult choices that the legislature faces regarding the Medicaid program, which is an important component of healthcare services in Alaska and specifically contributes to the healthcare infrastructure that many Alaskans use and take for granted.

MS. HULTBERG referred to slide 2, entitled "Medicaid matters," and asked, "Why is Medicaid important to the state? Why is it important specifically in the hospital context?" She said that Medicaid covers a large percentage of hospital services; in other words, it constitutes a large percentage of the "payer mix." She offered that another way to view the importance of Medicaid to a hospital is to look at the percentage of patients coming into a hospital for specific services. She gave an example using the data reported by one Alaska hospital in 2018: 21 percent of general acute hospital stays were Medicaid patients; 34 percent of emergency department (ED) visits were Medicaid patients; and 60% of visits to the ED for behavioral health were Medicaid visits. She relayed that the budget put forth by the governor [Governor Michael J. Dunleavy] for [fiscal year 2020 (FY 20)] calls for a reduction in Medicaid of approximately 35 percent. She maintained that the impact of pulling that money out of the healthcare system is significant, given the percentage of patients covered by Medicaid.

MS. HULTBERG moved on to slide 3, entitled "Background: EMTALA," to point out a foundational principle for hospitals. A person can walk into an ED anywhere in the country and be treated. The person does not need to demonstrate ability to pay or prove that he/she has the resources to pay; it is assumed that the hospital will provide the person with care. She explained that this provision is due to the Emergency Medical Treatment and Labor Act (EMTALA), which requires hospitals to accept anyone coming into a hospital ED regardless of his/her ability to pay, if the condition can be reasonably considered an emergency. She added that just about every circumstance could be reasonably assumed by a lay person to be an emergency. Hospitals have been under this obligation since the mid-90s, and from a mission standpoint, would abide by this principal regardless.

MS. HULTBERG turned to slide 4, entitled "EMTALA: why it matters," and stated that it matters for a couple of reasons.

She asked, "What's the government's role in healthcare? Is this an appropriate role for the government as a payer in healthcare?" She stated that the reality is that government already has a significant role, because society has decided the public has a right to healthcare; however, society has not decided how to pay for that healthcare or who will deliver it. She offered that there is no safety net, such as EMTALA, for other basic services, such as food, shelter, or heat. She declared, "We have accepted that healthcare is different. We're not going to let people go untreated." She reiterated that what hasn't been decided is how to pay for it and the best setting for that care. She added that during the [November 30, 2018] earthquake [in South Central Alaska] all the hospitals in the area stayed open.

[3:09:18 PM](#)

MS. HULTBERG asked, "Who pays for this service when anybody can go in the ED and not necessarily have to pay the bills?" She said that the assumption is that hospitals pay for it, but the reality is that everyone pays for it - through insurance premiums, Medicaid dollars, Medicare, and other programs.

MS. HULTBERG referred to slide 5, entitled "Uncompensated care: big picture," and stated that when patients come into a hospital with no source of payment, it results in what is called "uncompensated care." She explained that healthcare does not come without a cost, and the cost is great. The definition of uncompensated care is an overall measure of hospital care provided for which no payment was received from the patient or insurer. It is the sum of the hospital's bad debt, which the hospital will have to write off, plus the financial assistance the hospital provides, that is, voluntarily forgiving the debt of patients who cannot pay. She continued by saying that since 2000, hospitals have provided more than \$620 billion in uncompensated care in the U.S.

MS. HULTBERG referred to slide 6, entitled "Uncompensated care: Alaska," and pointed out that the chart, entitled "Hospital uncompensated care: October 2018," displays the uncompensated care for Alaska hospitals from 2011-2016. She noted that the data understates the impact of uncompensated care, because ASHNHA does not get data on uncompensated care from most of the tribal hospitals; they do not file the same reports. She pointed out the impact of Medicaid expansion on hospital care: from 2011 through 2015, uncompensated care was trending around \$85-95 million; in 2016, it dropped to \$50 million; that was a

direct result of Medicaid expansion. She said that if Medicaid expansion was repealed or if the governor's proposed Medicaid cuts translated to a one-third reduction in Medicaid, large amounts of money would be eliminated from the healthcare system.

MS. HULTBERG moved on to slide 7, entitled "Who pays for uncompensated care?" She said that when uncompensated care increases, hospitals still must cover the cost of care. Other payers, such as Medicare and Medicaid, do not cover the cost of care. If the hospital is receiving 85 cents on the dollar from 60 percent of its patients, it needs to make up the difference somewhere else. To make up the difference and keep the doors open, the following takes place: costs are shifted to commercial insurance, which raises insurance premiums; community services are cut back, such as services to the homeless, education programs in schools, and subsidized medical services; and hospital services are cut back.

MS. HULTBERG turned to slide 8, entitled "Uncompensated care: key questions," and asked, "What would happen if current visits that are covered by Medicaid turn into uncompensated care?" She noted that this could happen either through the repeal of Medicaid expansion or just through big Medicaid cuts.

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MS. HULTBERG addressed the key questions by reviewing the answers on slides 9 and 10, entitled "Uncompensated care: answering the questions UC impact on patients," as follows:

- What is the impact on the patients who will lose access to services?

Potential for worsening physical and behavioral health conditions: "multiple new studies demonstrate a positive association between expansion and health outcomes"

MS. HULTBERG relayed that when patients lose access to services, they often wait to seek medical care and end up in the hospital ED; therefore, in many cases, conditions that were treatable become more costly and difficult to treat. She continued:

- What is the impact on the community of untreated medical and behavioral health conditions?

Potential increase in crime: "We find that Medicaid expansions led to an economically meaningful reduction in the rates of robbery, aggravated assault and larceny theft."

MS. HULTBERG stated Alaska has experienced an uptick in crime in the last several years; much of the crime has been documented to be related to substance abuse and addiction. She said that when fewer people have access to treatment - when behavioral health conditions are not treated - there is a potential for increase in crime. She added that there are many other community impacts of a less healthy population who do not have access to care at the appropriate care center. She continued:

- What is the impact on the community of a reduction in hospital services?

Patients forego treatment or must travel outside the community for care.

MS. HULTBERG maintained that Alaska now has many services that it didn't have decades ago; however, with significant reductions in Medicaid, some of those services will be eliminated causing people to have to travel south for care.

REPRESENTATIVE LEDOUX asked, "What services would go away?"

MS. HULTBERG suggested that some of the pediatric subspecialties may go away, because the volume of patients is low. She offered to provide the committee with a list of those pediatric services. She stated that it might be beneficial to identify the services that have been added in recent years and whether the volume of patients served supports them. She continued:

- What are the impacts on individual health insurance premiums?

According to Alaska Legislative Research Services, "... the result of reversing expansion would be increases in commercial health insurance premiums of 3 to 17 percent."

MS. HULTBERG gave an example: If 30 percent of a hospital's patient volume is Medicaid, currently there is a payment source for those patients. Without that payment source for those patients, the hospital would be absorbing the full cost of that treatment without any revenue; therefore, it would be

uncompensated care. When hospitals have uncompensated care, they must cost shift to insurance to make up the difference, thus, driving up the cost of insurance for everyone. She continued:

- What are the impacts on state and local government costs?

According to the report cited below, "... the full-year increase on aggregate spending over current projections would be \$32.1 million to \$181.0 million."

MS. HULTBERG reminded the committee that if the funds are state, then they are general fund (GF) dollars. Medicaid is a combination of [state] Medicaid funds and federal funds. By foregoing federal funds - through cutting Medicaid or eliminating expansion - the cost shift becomes totally a GF cost shift.

MS. HULTBERG summarized by saying that Medicaid is a significant part of the hospital payer mix; it is a significant part of the healthcare infrastructure; and when you start eliminating parts of the infrastructure, there are consequences. She urged the committee to clearly articulate and provide context for the choices it makes.

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CO-CHAIR FIELDS mentioned a previous presentation on cost and impacts of expansion on the state. He recalled from the presentation that the data demonstrated that Medicaid expansion to date has been net revenue positive for the State of Alaska because of positive cost shifts from fifty-fifty match programs to ninety-ten or even 100 percent match programs. He declared that it is a remarkable achievement that the state brought health insurance to 47,000 Alaskans at zero net cost in terms of GF, as well as \$1 billion in federal revenue and thousands of jobs. He offered to provide the committee with the study on Medicaid cost impacts to GF.

CO-CHAIR FIELDS asked, "How many Alaskans are on Medicaid and what portion of that is the [Medicaid] expansion population?"

MS. HULTBERG responded that approximately 210,000 Alaskans are on Medicaid. She added that she did not know the percentage covered through Medicaid expansion but would provide that information.

CO-CHAIR FIELDS asked whether Medicaid was one of the larger health insurance programs in the state.

MS. HULTBERG expressed her belief that Medicaid is the largest payer; the only program that could rival it is Medicare. She maintained that Medicare and Medicaid are 60-70 percent of the revenue to a hospital. She stated that the country is moving from commercial insurance, which used to insure about 40 percent of the population, to public insurance programs - Medicare and Medicaid. She added that due to an aging population the Medicare share of patients is growing quickly in Alaska.

CO-CHAIR FIELDS relayed that one of the underreported aspects of Medicaid in Alaska throughout the last few years is that there has been incredible progress in cost containment and efficiencies. He credited previous administrations and bipartisan legislative work. He requested that Ms. Hultberg speak to the achievement of lower per capita costs in the Medicaid program.

MS. HULTBERG responded that the state is spending about the same in GF dollars today as in 2015. She said that essentially the program has not grown from a fiscal standpoint, even though 47,000 more Alaskans have insurance coverage. She said that there are a few reasons for that: One contributing factor is that through the good work of the last administration, more federal funds can be claimed for Indian Health Service (IHS) beneficiaries receiving care outside of the IHS system. The federal matching percentage (FMAP) for those claims is now 100 percent, whereas before it was only 50 percent. The second contributing factor is that the Medicaid expansion match - which started out at 100 percent and declined to 90 percent - will always be greater than 90 percent for Alaska, because of the number of Alaska beneficiaries under IHS and, thus, covered at 100 percent. She stated that because of those two factors, Alaska's match is about 93 percent.

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REPRESENTATIVE SHAW offered, "Our best defense as legislators, and especially in this committee, to benefit Medicaid and Medicare is to visualize or give thought to uncompensated care. Would you agree?"

MS. HULTBERG reiterated that there is an assumption that hospitals pay for uncompensated care, because it is the hospital

that treats patients who cannot pay; however, the reality is that everyone pays for uncompensated care, and by foregoing Medicaid dollars, they will pay more for it. If Medicaid is cut significantly or if expansion is eliminated, Alaska loses a tremendous amount of federal dollars in the system. The money will have to come from somewhere to support the infrastructure of the system or the system will change dramatically.

[3:25:31 PM](#)

REPRESENTATIVE LEDOUX asked whether all hospitals have an ED.

MS. HULTBERG replied that under Centers for Medicare and Medicaid Services (CMS) rules, to be a hospital, a facility must have an ED staffed 24/7. She said that clinics do not have to have an ED; the best example of that is the clinic in Unalaska, where the ED is not staffed 24 hours per day. She added that there are challenges for rural hospitals; the rural hospital financial model is not working well anywhere. She said that at the national level and the state level, there are ongoing discussions about the future of rural healthcare and the need for EDs.

REPRESENTATIVE STORY relayed that the concern she hears most often is that of the federal payment for Medicaid being eliminated. She asked Ms. Hultberg to speak to the possibility of a reduction of the 90 percent federal match.

MS. HULTBERG answered that the match rate is currently in federal law. She added that she doubts that the U.S. Congress would attempt to reduce that match rate; it would be a significant "lift" for Congress; it's more likely that Congress would look for other changes. She acknowledged that some states have instituted clauses in their Medicaid statutes calling for some action should the match rate go below 90 percent.

CO-CHAIR FIELDS offered that Alaska has received a 97 percent match to date resulting partially from the changing ratios over time and from a larger tribal population. He recalled from a previous hearing that Medicaid expansion has enabled tribal providers to enroll more participants with 100 percent federal match, now totaling 21 percent of the Medicaid population. Even at a constant 90 percent rate, because the number of tribal beneficiaries will continue to increase, Alaska will exceed the 90 percent threshold.

CO-CHAIR FIELDS asked for confirmation that during the recession of the last few years and continuing, the only sector that has consistently created jobs is healthcare. He maintained that in Anchorage, some of the only development has been dental clinics and other development directly resulting from the [Medicaid] expansion population. He mentioned the legislature's role in making budgetary decisions associated with Medicaid funding and asked whether there are infrastructure and services that are at risk in Southcentral Alaska - either in Anchorage or the Matanuska-Susitna (Mat-Su) - as a result of the governor's budget.

MS. HULTBERG replied that like any other business sector, healthcare relies on a stable business climate in order to make investments. She acknowledged that Alaska's healthcare industry has made a great number of investments in healthcare infrastructure over 20 years: however, there are still areas of need. She cited that one area is behavioral health; the industry is experiencing a crisis involving the Alaska Psychiatric Institute (API) and the [overflow] of behavior health patients in the EDs. She stated that part of the long-term solution to that problem is more inpatient psychiatric beds.

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REPRESENTATIVE SHAW asked for confirmation of his understanding: Alaska is receiving \$9 in federal benefits to every \$1 in state cost for the Medicaid expansion population, and the governor is considering cutting a portion of the \$1.

CO-CHAIR FIELDS replied that it is a complicated question. He said that he asked for a Legislative Legal Services analysis on the following question: Could the governor unilaterally withdraw from Medicaid expansion? Legislative Legal Services said, "No"; when you have large unallocated cuts, they are going to be spread across populations; therefore, the losses would be on various match rates for different populations.

MS. HULTBERG explained that she has intentionally referred to the impacts as being associated with [Medicaid] expansion or being associated with budget cuts; the two result in different effects but have the same outcome from a dollar standpoint. The governor has not stated that he will eliminate expansion; however, he has not committed to retaining it. She expressed her belief that it remains an open question. Medicaid expansion does provide close to 93 cents for every 7 cents of state money.

One uncertainty for the healthcare system is not knowing if the governor will retain Medicaid expansion. The second uncertainty is the magnitude of the budget reduction; it is close to a one-third reduction in the overall Medicaid budget. She maintained that it is difficult for those in healthcare to "pencil out" how that reduction could be enacted without significant disruption to services and to populations. She said that \$225 million [of the state's Medicaid budget], which matches another \$465 million, is essentially unallocated; therefore, there is no current plan for how those [budget] cuts would be enacted. This creates a tremendous climate of uncertainty, because there is no clarity on how those cuts would be implemented and whether it is even possible to implement them in a short period of time. She asserted that implementing them in a short period is not possible because of the requirement for approval from CMS. She concluded that the unallocated nature [of the funds] and the size of the cuts is of tremendous concern to healthcare providers.

CO-CHAIR FIELDS expressed his understanding that the cuts are impossible to make because they either violate basic statutory requirements or up to 70,000 Alaskans would lose their health insurance plans - one-third of the Medicaid population. He maintained, "Either is crazy; somewhere in the middle is crazy; and the administration, because they have conducted no analysis, can't actually tell us where we are on that spectrum."

MS. HULTBERG added that when the budget was proposed, the Office of Management & Budget (OMB) mentioned for consideration "provider rate cuts." It cited Alaska Medicaid rates as being the highest in the nation. She stated that the claim is only partially true because the full picture of rates was not considered. She explained that Alaska's hospital rates are higher, because it pays 95 percent of the cost of services, whereas most states pay about 70 percent. Also, Alaska has made some intentional decisions to have higher Medicaid rates to promote healthcare infrastructure outside of Anchorage. She maintained that hospitals outside of Anchorage are not typically "high margin"; Fairbanks Memorial Hospital has an [operating] margin of less than three percent; Petersburg Medical Center's margin is about one percent; Juneau has no margin except under a federal program that could be sunseting in 2020. She concluded that if rate cuts are used as a strategy to get to \$700 million, it would not make much sense unless the expectation is that there be very little healthcare infrastructure outside of Anchorage. She said, "I'm not suggesting that's the plan, because ... we don't really know what it is. I'm just saying

when you start trying to draw connections to what's been said, it's difficult to get to that number."

[3:36:47 PM](#)

CO-CHAIR FIELDS maintained that it is hard to imagine wide swaths of the state not having hospitals; however, hundreds of hospitals have closed in areas of rural America lacking [Medicaid] expansion.

MS. HULTBERG concurred that a significant number of hospitals have closed since 2010 - about 90 hospitals - and the majority are in the southeast part of the U.S. where there was no Medicaid expansion. She maintained that Alaska's problem is not unique; rural hospitals across the country are struggling to stay open due to a lack of economic viability. She emphasized that there is value in having healthcare in rural America. She posed the question facing the country and the state: "How are we going to change the model to make it more sustainable in the long-term fiscally and to make sure that we are providing access in rural communities?" She mentioned that some of the rural communities subsidize their hospitals through taxes, such as South Peninsula Hospital (in Homer). She reiterated that the rural hospitals are increasingly at risk and their future viability is of great concern. The hospitals perform great work, are connected to their communities, know their patients, take good care of them, help them manage their chronic diseases, and provide tremendous value. She maintained that the [healthcare] financing model doesn't recognize that value.

CO-CHAIR FIELDS stated that the legislators have seen proposals to eliminate "optional" Medicaid services, such as dental. He asked, "What are the impacts of eliminating such optional services and does it actually just cost us more in the end when we don't treat basic medical needs like dental?"

MS. HULTBERG responded that there is much variability among Medicaid programs, both levels of service and payment. She said that for a state to have a Medicaid program, CMS requires certain services. In addition, there is a list of services that are optional. She offered that some of those services are not truly optional. She maintained that even though the federal government requires hospitals to provide ED care, it is on the optional services list. Also, on the list is pharmacy care, behavioral health, and many other services. She added that some of these optional services are essential health benefits under the Affordable Care Act (ACA), therefore, cannot be excluded.

3:40:08 PM

PHIL HOFSTETTER, Chief Executive Officer (CEO), Petersburg Medical Center (PMC), relayed that through his presentation, he will attempt to demonstrate the impact of Medicaid on a small critical care hospital. He mentioned that Petersburg is 100 miles south of Juneau; it is on a small island; and it has a population of about 3,200. He stated that Petersburg has a critical access hospital with 15 long-term care beds, 12 acute care beds, an ED, a primary care clinic, and some outpatient services.

MR. HOFSTETTER referred to slide 2 and relayed the following bullet points [original punctuation provided]:

- Petersburg Medical Center (PMC) has delivered healthcare to the community since 1917.
- PMC operates efficiently and independently as a component of the Borough with tight operating margins of less than 1%.
- Over 95% of our employees live in the community and a large number were born and raised in Petersburg. Employee turnover rate is less than 10% yet salaries are at the 10th percentile.
- 47% of Petersburg Medical Center's \$15M annual budget goes toward employees.

MR. HOFSTETTER continued by discussing the pie chart on slide 3, which illustrates the utilization of services at PMC. He pointed out that 90 percent of utilization is through the primary care clinic, which demonstrates the continuity of care at PMC. There are three long-time physicians at PMC. The Monday through Saturday clinics are available to patients that schedule appointments. He maintained that the clinics help manage patient care without accessing the ED, which helps to keep costs down. Visits to the ED constitute unmanaged care; conditions become worse and may require acute care or transfer to another hospital by medical evacuation (medevac); therefore, costs increase. He pointed out on the chart that utilization of services through the ED is on the low side of 7 percent.

MR. HOFSTETTER moved on to slide 4 and relayed that the payer mix for PMC is one-third Medicaid, one-third Medicare, and one-

third commercial; about 40 percent of its overall annual cash collections comes from Medicaid. He stated that PMC's uncompensated care after Medicaid expansion took place declined about 31 percent - about \$394,000 - since 2015.

MR. HOFSTETTER referred to the line graphs on slide 5, which demonstrate an upward trend in compensated care from 2014 to 2018 and a downward trend in uncompensated care from 2014 to 2018.

MR. HOFSTETTER reviewed the bullets on slide 6 to describe the health impacts [associated with Medicaid expansion] as follows:

- Compensated care (Medicaid) patients are 4 times more likely to come to primary clinic.
- Uncompensated care patients are less likely to come in to primary care clinic (4 times less).

MR. HOFSTETTER reiterated that uncompensated care patients don't utilize PMC much at all unless under emergency conditions; it constitutes unmanaged care; patients are usually in a crisis state; they may be admitted, transferred to a tertiary care facility, or medevaced out. He continued:

- Opioid and substance abuse are managed more with compensated care. Suboxone program reduces charges by 1/3 compared to patients not in suboxone treatment.
- During 2014 and 2015, 83% of uncompensated inpatient stays were attributable to mental health disorders or substance abuse. 100% of the charges for these stays were written off to bad debt.

MR. HOFSTETTER added that because compensated care patients come into the clinic more, their care is managed more, and many of the indirect health issues related to substance abuse is being managed more; therefore, overall health is better.

[3:46:50 PM](#)

MR. HOFSTETTER emphasized that the uncertainty [surrounding Medicaid funding and expansion] makes him nervous. He turned to slide 7 and reviewed the bullets describing the healthcare impacts as follows:

- Each 1% overall reduction in Medicaid would equal \$50,000.
- Uncovered patients would present at a higher level to ER.
- Unmanaged care would increase overall costs. Unmanaged patients more frequently present to ER, are admitted to Acute care, or are medevaced to tertiary care.
- Uninsured/undersinsured [sic] patients would increase uncompensated care.

MR. HOFSTETTER referred to slide 8 and reviewed the bullets related to community impacts as follows:

- Low operating margins
- Reduction in services.
- Workforce reductions.
- Negative economic impact to community.
- PMC is an at-risk facility.

[3:48:14 PM](#)

CO-CHAIR FIELDS suggested that since PMC is operated by the Borough of Petersburg, if it loses money, the costs would be passed on to local taxpayers or there would be dramatic reductions in services.

MR. HOFSTETTER replied affirmatively. He said that historically there has been very few times when the borough has had to subsidize care at PMC.

CO-CHAIR FIELDS complimented the quality of data presented - demonstrating the relationship between Medicaid expansion and expanding availability of treatment. He asked Mr. Hofstetter to expand on what he has seen in the community in terms of the greater availability of substance abuse treatment post Medicaid expansion.

MR. HOFSTETTER answered that he has shown the data to his physicians, who maintained that the positive effects [of Medicaid expansion] are even greater than the data demonstrates. Since substance abuse medications are extremely expensive, patients cannot receive treatment without the medications being reimbursed. Physicians have seen not only improvements regarding medication assisted treatment, but in other areas as well. He asserted that when patients are on medication assisted treatment in the treatment program, they do not present to the ED and the charges overall for the patient are one-third less than when they are off treatment. He emphasized that the reduction in costs are dramatic, which speaks to compensated coverage and managed healthcare.

[3:50:54 PM](#)

The committee took a brief at-ease at 3:51 p.m.

CO-CHAIR FIELDS passed the gavel to CO-CHAIR KREISS-TOMKINS.

HB 34-NAMING SCOTT JOHNSON MEMORIAL BRIDGE

[3:51:02 PM](#)

CO-CHAIR KREISS-TOMKINS announced that the next order of business would be HOUSE BILL NO. 34, "An Act naming the Scott Johnson Memorial Bridge."

[3:51:59 PM](#)

CO-CHAIR KREISS-TOMKINS opened public testimony during the hearing on HB 34.

[3:52:11 PM](#)

BUD JOHNSON, as the father of Scott Johnson, thanked the community for its support for HB 34. He mentioned that the Tok River has always been special to his family; he floated the river and hunted with Scott as a youngster.

[3:53:05 PM](#)

SUE STANCLIFF testified that she supports the naming of the bridge after Scott. She stated that she had the privilege of working with Scott in the Department of Public Safety (DPS) under [former] Commissioner [Joe] Masters; Scott was a special human being and an exceptional trooper.

[3:54:37 PM](#)

DAVE STANCLIFF testified that the bridge over the Tok River is an appropriate site to honor and remember Scott Johnson. Scott crossed the river many times in his life, and floated and boated the river as well. Mr. Stancliff maintained that the Tok River is synonymous with Scott's community; he spent many of his young years there. He said that a bridge spans an otherwise difficult feature to cross or pass through and Scott's life was one of crossing many challenges, cultures, and settings. He continued by saying that Scott was rural but learned to thrive in an urban environment; he was Caucasian but learned to love, appreciate, and respect the ways of his Athabascan neighbors and friends; he worked well with all people of all ages; and he also learned how to work, train, and admire his canine companions in law enforcement. Scott knew the dangers of his career choice but spanned that danger with emotion and courage. He maintained that Scott has been an inspiration to all young people who grow up in a tiny rural Alaska community and wonder if the larger world has a place for them. The bridge bearing his name in his beloved Tok is both fitting and truly a positive public act. He said that Scott believed in bridges and his life was a continuing example of how he built them. Many years from now someone pausing on the bridge over the Tok River will probably ask who Scott Johnson was; perhaps they will ask someone in the community or search the internet for the name and remark "Wow!" Mr. Stancliff maintained that because of Scott's dedication, his incredible contributions to life will live on, and the community that so loved him will smile and nod each time they cross the bridge.

[3:57:31 PM](#)

CO-CHAIR KREISS-TOMKINS closed public testimony.

[3:57:49 PM](#)

REPRESENTATIVE SHAW moved to report HB 34 out of committee with individual recommendations and zero fiscal note. There being no objection, HB 34 was reported from the House State Affairs Standing Committee.

HB 12-PROTECTIVE ORDERS

[3:58:36 PM](#)

CO-CHAIR KREISS-TOMKINS announced that the next order of business would be HOUSE BILL NO. 12, "An Act relating to protective orders."

[3:58:57 PM](#)

REPRESENTATIVE CHUCK KOPP, Alaska State Legislature, as the sponsor of HB 12, reminded the committee that HB 12 addresses the August 2018 Whalen v. Whalen ("Whalen") decision by the Alaska Supreme Court, which stated that it was not clear in statute that long-term protective orders can be extended, renewed, or otherwise reauthorized, unless there is another crime of domestic violence perpetrated against the victim. He said that the proposed legislation would make the needed statutory changes.

[3:59:36 PM](#)

CO-CHAIR KREISS-TOMKINS opened public testimony on HB 12.

[4:00:00 PM](#)

ROBIN MITCHELL testified that Judge Jennifer Wells made her homeless for two years; the judge denied Ms. Mitchell medical and dental care causing her to have three surgeries and six weeks of daily intravenous therapy (IV); she is still facing at least two more surgeries. She stated that she was denied employment because of what she considered to be a fraudulent domestic violence restraining order (DVRO) against her; the judge allowed an attorney to misappropriate \$32,000 of \$110,000 (indisc.) from his client, while admitting no domestic violence.

MS. MITCHELL cited another domestic violence case involving that same judge, which cost the City of Kenai \$35,000 due to the judge's abuse of a women in DVRO. She maintained that the system has no protection for falsely accused victims of the court system. She acknowledged that people need protection in domestic violence and stalking; however, there is no protection or standardized meaning of the preponderance of the evidence. She relayed that she started going to Anchorage almost daily to watch the DVRO court and maintained that Alaska has some great judges.

MS. MITCHELL requested that the committee not rush HB 12 and add some protections for victims.

[4:03:36 PM](#)

ADAM FLETCHER testified that there are legitimate protections put in place by judges and magistrates for victims; however, it is his belief that restraining order abuse is not being recognized or addressed. He offered that countless individuals are becoming the real victims through an abusive process; the current statutes do not offer recourse against the original petitioners who have illegally obtained false statements. He maintained that he is one of these victims - with multiple restraining orders against him through false information. When he takes evidence to court that would defend his position, the petitions are either withdrawn or dismissed, but the prejudicial effect is already there. He asserted that this happens repeatedly. He expressed the need in the proposed legislation to protect people, like himself, who are being abused by the process. He maintained that if HB 12 is "pushed through" too quickly, there will be greater abuse by individuals who take advantage of the system.

[4:06:15 PM](#)

TASHINA FLETCHER testified that HB 12 would infringe on the rights of children to have access to both parents. She has seen the judicial process be corrected in a way that has infringed on those rights; allowing a parent to maintain control of custody based on an unsubstantiated allegation is unfair. She asserted that a higher level of scrutiny should be applied; it becomes a quasi-criminal matter that needs to be addressed. She maintained that protective orders have been used to withhold a child from a parent; it is unfair; and the proposed legislation needs to address this matter fully, because it infringes on one's constitutional rights.

[4:07:32 PM](#)

CHERI SMITH, Executive Director, The LeeShore Center, testified that her agency provides emergency shelter, advocacy, and support to victims of domestic violence and sexual assault. Many of the victims receiving services from the center also seek help through the court system by filing for protective orders. Last year the center assisted 64 victims in court procedures. She stated that she cannot express strongly enough how important it is for a victim to be allowed to file for a protective order extension for the same incident if needed. She explained that often when a victim secures a protective order, the violence escalates, and the order can be violated by the perpetrator multiple times. The victim has good cause to fear ongoing

violence because the perpetrator often continues to pose a great risk to the victim. She asserted that arrests for violations of an order do not always occur. She gave the example: if the perpetrator is ordered to stay 500 feet away from the victim, the perpetrator will stay 510 feet away from the victim. She maintained that such actions continue to cause fear on an ongoing basis up to and after expiration of the order. A victim should not have to wait for another violent incident to occur after a protective order has expired to be safe from violence. She expressed her belief that HB 12 would better protect victims of domestic violence, sexual assault, and stalking.

4:09:33 PM

TERYN BIRD testified that she is an attorney who represents victims of domestic violence, sexual assault, and stalking in protective order and family law matters. She asserted that the Whalen decision issued by the Alaska Supreme Court interpreting protective order statutes has had a devastating effect on men, women, and children in the Interior seeking protection from extremely lethal perpetrators of domestic violence and sexual assault. She said that a victim, who has not been a victim of a new crime, could formerly seek protection through re-issuance of a protective order in the Fourth Judicial District in Fairbanks. That remedy has been removed, leaving victims of egregious and lethal crimes without protection unless re-victimized in a way that is recognized as a crime by the State of Alaska.

MS. BIRD maintained that the gap left in protecting victims must be remedied by legislative action for a variety of reasons. She mentioned two primary reasons: 1) protective orders prevent perpetrator escalation, which has been shown to lead to further harm, serious injury, or death; and 2) one year is not enough time for every perpetrator of domestic violence to either cool down enough to move on or to rehabilitate. She stated that she has countless clients who have been impacted by the Whalen decision. She described the case of a client, who suffered direct harm: The client, her 10-year-old son, and her 14-year-old daughter all had protective orders against her ex-husband - the children's father - due to physical assault, and sexual and physical abuse of the children. In January 2019, the protective order expired. Because their perpetrator had not committed a new crime, they were left exposed. The perpetrator was incensed over an ongoing custody case and began to send them correspondence. While not threatening a crime of domestic violence, he often alluded to such by attaching music videos containing content of murders over unrequited love. The

children received messages about their father appearing in places that they frequented and experienced the constant threat of being easily accessed and harmed. Each of the children were victims of serious crimes; they were provided a brief reprieve and the opportunity to heal during the time the protective order was in place. Because of the Whalen case, they were re-victimized and denied the opportunity to heal and feel protected.

[4:12:28 PM](#)

CHRISTINE PATE, Legal Program Director, Alaska Network on Domestic Violence and Sexual Assault (ANDVSA), paraphrased from her written statement as follows [original punctuation provided]:

Thank you Chairs and Members of the Committee. My name is Christine Pate and I am the Legal Program Director for ANDVSA. In this capacity I run a statewide legal services program for survivors of domestic violence, sexual assault and stalking. I also providing training to the advocates at our member programs around that state that go into court daily with survivors on civil protection orders.

Domestic violence, sexual assault and stalking are often part of a pattern of behavior that can escalate over time and separation is often the time of highest lethality for survivors. Because of this, survivors often need protection from abuse for more than 12 months yet that is all that they can get under current Alaska law.

Historically, courts interpreted the current protection order statutes differently: some found that the statutes allowed discretion to grant an extension of a long term order or grant a new order based on prior found acts of violence, others didn't. For example, in Fairbanks, courts routinely granted new orders based on past violence or extended them. In Anchorage and SE Alaska, some courts did and some didn't. This led to confusion for survivors and lack of predictability for them at a time when they were making difficult decisions to end the cycle of violence that they had experienced.

In Whalen v. Whalen, the Alaska Supreme Court, in a divided 3/2 opinion, ended this confusion by stating that the current protection order statute doesn't allow for extension or new orders based on past domestic violence, sexual assault or stalking.

The court was clear in its decision that it "is the legislature's role to establish Alaska's policy with respect to domestic violence protective orders, including the time limits for protective orders and the availability of extension or renewal.

We appreciate Representative's Kopp's efforts to establish policy now that makes it clear that new protection orders can be granted based on prior found DV, SA or stalking and that the court can extend already issued protection orders.

As a civil legal provider for survivors - have seen devastating effect that the Whalen decision has had on survivors - we have heard from numerous survivors who need protection after histories of terrible abuse but are unable to get it.

For example: a sexual assault victim lives in a small town in Alaska and gets a SA protection order after the assault. The survivor reports the SA and a criminal investigation begins but the DA doesn't have enough evidence to prosecute the case beyond a reasonable doubt and the charges are dismissed after five months. The survivor now has one more month of protection and cannot get further protection under current law and has to see her assailant in the grocery store, school or library.

Or a survivor who has endured a history of lethal domestic violence in the past including biting and strangulation gets a 12 month order. After that order expires there is an escalation of concerning behavior including excessive drinking, violent outbursts around children, and other limit pushing - behaviors that the survivor, who best understands the meaning of these behaviors, sees as red flags - has to wait like a sitting duck until there is a crime of DV for a new order.

Survivors who have endured terrible histories of DV including strangulation, sexual assault and stabbing, are currently forced to make impossible strategic decisions as to when to apply for a protection order so as to maximize their safety. If there is a criminal case, should they wait until it is resolved? What if the criminal contact provisions are not comprehensive enough? If there is no criminal case, should they wait until they file for divorce since that could be a dangerous point or should they get it at the time of immediate separation because they feel unsafe now?

When will they best use the 12 months of safety that current Alaska law allows for?

These aren't the types of decisions that survivors should have to make for themselves and their families. Protection orders, to be effective, must respond to the cyclical nature of crimes of intimate partner violence. Please approve this bill so that **courts have discretion** to continue protection for victims, after 6 or 12 months, if safety demands it.

MS. PATE expressed her belief that Alaska is one of the very few states that does not allow for an extension or renewal of protection orders; forty-eight other states do.

CO-CHAIR FIELDS suggested that the duration of the order is an additional issue and outside the Whalen problem. He asked whether the legislature should consider extending the length of protective orders in future legislation.

MS. PATE agreed that doing so could be a good remedy for survivors.

CO-CHAIR KREISS-TOMKINS asked for a recommended length of time for a protective order.

MS. PATE responded that she did not wish to speculate but wanted to do additional research. She suggested that a varying length might be appropriate in different situations. She maintained that HB 12 would be helpful because if one year is not long enough, the policy change would give the court discretion to look at the totality of the circumstances and decide whether the survivor needs more protection.

[4:18:40 PM](#)

CARMEN LOWRY, Executive Director, Alaska Network on Domestic Violence and Sexual Assault (ANDVSA), testified that the issue addressed by HB 12 has been discussed extensively among ANDVSA member organizations, and all are in support.

CO-CHAIR FIELDS asked whether Ms. Lowry agreed that protective order time periods should be lengthened.

MS. LOWRY answered affirmatively and added that the situation must be considered to determine the appropriate length of time. She relayed that it would be helpful to know the reasons that other states have longer term protective orders than does Alaska.

[4:20:01 PM](#)

REPRESENTATIVE VANCE referred to testimony regarding restraining order abuse and asked, "What recourse is there, if any, if someone feels that they have been wrongly accused ... if a protective order has been wrongly placed on them." She asked whether there is due process for those individuals.

MS. LOWRY responded that she did not have that information.

[4:21:13 PM](#)

CO-CHAIR KREISS-TOMKINS closed public testimony on HB 12.

[4:21:26 PM](#)

KEN TRUITT, Staff, REPRESENTATIVE CHUCK KOPP, Alaska State Legislature, replied that he did not have the answer and deferred to the representative from the Alaska Legal Services Corporation (ALSC).

[4:22:02 PM](#)

MAGGIE HUMM, Supervising Attorney, Alaska Legal Services Corporation (ALSC), testified that ALSC is the largest provider of civil legal services to victims of domestic violence statewide; it serves approximately 800 victims of domestic violence and their children every year. She asked if the question was, What protectives are in place for respondents in domestic violence protective order cases?

REPRESENTATIVE VANCE reiterated her question: Is there a due process for an individual named in a protective order for which the individual feels he/she has been wrongly accused?

MS. HUMM replied that there are several protections available to a respondent in protective order proceedings. The law requires that respondents receive notice of the protective order proceedings; and they have an opportunity to be heard in respect to the allegations being made. She added that respondents must be notified 10 days prior to the hearing; they may attend the hearing, present their own testimony, and present witnesses. If the protective order is issued against them, they can file a motion for reconsideration or file an appeal. She said that under the proposed legislation, in the case of someone wanting a protective order extension, there are again protections for notice and opportunity to be heard built into the proposed legislation; the order will not simply be granted at the petitioner's request.

[4:24:28 PM](#)

CO-CHAIR KREISS-TOMKINS cited a sentence from the Whalen decision, included in the committee packet, which read:

Even if amici are correct that the legislature believed in 2004 that domestic violence victims could receive a new protective order without showing a new incident of domestic violence, we will not rewrite the law to conform to a mistaken view of the law that the legislature had when it amended the statute.

CO-CHAIR KREISS-TOMKINS offered that the statement expresses the importance of paying attention to detail in legislative work; the courts won't provide cover.

[4:25:55 PM](#)

REPRESENTATIVE STORY moved to report CS for HB 12, Version 31-LS0103\S, out of committee with individual recommendations and the zero fiscal notes. There being no objection, CSHB 12(STA) was reported from the House State Affairs Standing Committee.

HB 14-ASSAULT; SEX OFFENSES; SENT. AGGRAVATOR

[4:26:21 PM](#)

CO-CHAIR KREISS-TOMKINS announced that the final order of business would be HOUSE BILL NO. 14, "An Act relating to assault in the first degree; relating to sex offenses; relating to the definition of 'dangerous instrument'; and providing for an aggravating factor at sentencing for strangulation that results in unconsciousness."

[4:26:49 PM](#)

CO-CHAIR KREISS-TOMKINS opened public testimony on HB 14.

[4:27:00 PM](#)

CHERI SMITH, Executive Director, The LeeShore Center, testified that through her 25 years of working in the field of domestic violence and sexual assault, she knows the devastating impact that the violence addressed in the proposed legislation has on victims. She relayed that research reveals that in a high percent of strangulation cases, there has been a history of domestic violence; it is the most lethal and ultimate form of control over a victim. It takes only 5-10 seconds to lose consciousness with only 11 pounds of pressure being applied; it takes 20 pounds of pressure to open a can of soda. Once unconscious, a death can occur in under two minutes; in over 50 percent of the cases, there will be no external physical evidence of it. She said that for every 10 victims of domestic violence or sexual assault who come into the center, at least half have been strangled. She maintained that HB 14 would be critical for victim safety and for holding offenders accountable.

[4:28:55 PM](#)

SHERRY MILLER testified that making strangulation a first-degree assault is not enough; it should have an automatic charge of attempted murder. She related the story of her daughter, Linda Bower: At age 19, Linda was in a manipulative and controlling relationship with her boyfriend, David Thomas. He strangled her to death on September 10, 2014. He is now serving time in prison for second degree murder and will be eligible for parole in a few short years. She said that Mr. Thomas had an extensive, extremely violent past and had strangled to the point of unconsciousness one other female while living in Montana several years prior to her daughter's death.

MS. MILLER declared that no parent should have to endure the pain that she lives with each day. She expressed her belief

that Alaska is extremely soft on crime. She said that she experienced firsthand a complete and total disregard for the value of her daughter's life and the life sentence that she and her family now face at the expense of Mr. Thomas, who received the best opportunity for a lighter sentence. She is offering her testimony to put a "name" with the terrifying statistics of teen dating violence, domestic violence, and sexual assault. She emphasized, "It is time to put aside all political agendas and hold each and every one of these criminals accountable to the highest extent of the law." She offered that offenders of this type are not remorseful; they hold no regard or respect for the dignity of human life. She beseeched the committee members to consider the sentence they would want to see placed on the offender if this happened to their loved ones. She maintained that HB 14 is a step in the right direction, but she asked, "Is it enough?" She asked the committee to consider Alaska safety as a top priority and to put Alaska on the map as a state that criminals fear.

[4:31:19 PM](#)

ISSAC WILLIAMS, No More Free Passes, testified that his organization was founded after the Justin Schneider case, in which Mr. Schneider strangled a young woman to the point of unconsciousness and ejaculated on her but received no jail time for it. He stated that his organization worked with Representative Lincoln on the proposed legislation to fix the loophole that allowed Mr. Schneider to receive no sentence. He maintained that HB 14 would go along way towards repairing the public trust in the criminal justice system; it would fix the policy that allows someone to commit such a horrific crime and escape jail time. He added that a non-fatal strangulation often happens before an escalation, which can lead to a fatal incident; it is important to escalate the penalties in these cases. He offered that HB 14 would send a strong message that these types of actions are not acceptable; strangling someone to the point of unconsciousness demonstrates reckless disregard; it is deserving of a much longer sentence than a zero- to two-year sentence.

[4:33:31 PM](#)

JAENELL MANCHESTER, 49th Rising, paraphrased from her written testimony as follows [original punctuation provided]:

49th Rising is a non-partisan organization working to make Alaska as safe as it is beautiful. Alaska has the

highest rate of reported sexual assault in the country. We have all heard this before. We have heard it so many times that this startling fact has lost its power. Yet, we just need to look at our friends, or sometimes in a mirror, to see the ocean of pain behind this reality. According to UAA's Justice Center, 1 in 3 Alaskan women has experienced sexual violence in their lifetime. Based on our firsthand experiences, we know that even those numbers are underestimates.

49th Rising endorses H.B. 14 as this bill will help address deficiencies in the current legislation, such as with regards to strangulation. Strangulation is often associated with sexual and domestic violence and is a form power and control which has a devastating physical and mental impact on victims. In fact, one study found that women who had been strangled by their partners were 7-times more likely to be victims of attempted homicide (Journal of Emergency Medicine, 2008). Strangulation blocks the flow of oxygen to the brain, and while victims may seem unharmed, they may have internal injuries and may die days or weeks later. Because of the psychological trauma resulting from strangulation, victims may also attempt suicide.

H.B. 14 also closes some loopholes in the current legislation with regards to non-consensual contact with ejaculate matter. As illustrated by the Schneider case, it is imperative for the safety of Alaskans that this loophole be closed. Non-consensual contact is traumatizing, even more so when it is unpunished by legislation.

[4:35:41 PM](#)

NATASHA GAMACHE testified that that she agrees with prior testimony suggesting that sentencing recommendations for strangulation in the proposed legislation should be more severe. She said that as a victim of sexual assault and domestic violence, she feels that given the statistics, cited it is imperative to do more to protect domestic violence and sexual assault victims in Alaska. She maintained that doing so would demonstrate to women and children that Alaska honors and values them and wants to protect them; women of Alaska are worthy of the protection.

[4:37:52 PM](#)

DESERIE BOND testified that she supports the bill because she feels it is important to hold perpetrators accountable, to demonstrate that survivors are being heard, and to ensure that charges will be made against perpetrators so that healing can begin for the victims. She stated that she is a survivor of strangulation; no charges were ever made; she suffered broken cartilage in her voice box. She expressed that even though it occurred four years ago, she still suffers. She maintained that this type of violence should not be tolerated.

[4:39:21 PM](#)

DOROTHY KOLEROK testified that she worked with men from different countries out on a tug and barge in remote Alaska; they had access to pharmaceuticals without a doctor's prescription. She stated that she was drugged and at the mercy of the men; to this day she doesn't know the drug; when she woke up her throat was extremely damaged; and there were no charges filed. She expressed that reporting the incident to the two authorities was worse than the offense itself; she is still jaded; and she believes that healing would have been easier had she not reported it.

[4:43:30 PM](#)

CARMEN LOWRY, Executive Director, Alaska Network on Domestic Violence and Sexual Assault (ANDVSA), expressed her appreciation to the committee for taking public testimony and providing the opportunity for people to tell their stories. She noted the two critical elements of the proposed legislation: 1) noticing and recognizing the extreme nature and lethality of strangulation; and 2) expanding sex crimes to include ejaculation on a person without consent, which also allows for someone convicted of the crime to register as a sex offender.

[4:45:29 PM](#)

CO-CHAIR KREISS-TOMKINS closed public testimony on HB 14.

[4:45:50 PM](#)

REPRESENTATIVE JOHN LINCOLN, Alaska State Legislature, expressed that he was deeply moved by the testimony and thanked the testifiers for coming forward. He stated that he was very sorry those things happened to the women who testified; and that the gratitude expressed to them for telling their stories seems

inadequate. He emphasized the importance of taking some sort of action that fits the experience of these women and that brings justice to them.

CO-CHAIR FIELDS thanked Representative Lincoln for the introduction of HB 14.

REPRESENTATIVE STORY thanked the women who testified, shared their stories, and advocated for a safer Alaska.

[4:47:42 PM](#)

REPRESENTATIVE VANCE moved to report CS for HB 14, Version 31-LS0182\E, out of committee with individual recommendations and zero fiscal notes. There being no objection, CSHB 14(STA) was reported from the House State Affairs Standing Committee.

[4:49:09 PM](#)

ADJOURNMENT

There being no further business before the committee, the House State Affairs Standing Committee meeting was adjourned at 4:49 p.m.