

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 6, 2020

1:30 p.m.

MEMBERS PRESENT

Senator David Wilson, Chair
Senator Cathy Giessel
Senator Mike Shower

MEMBERS ABSENT

Senator Natasha von Imhof, Vice Chair
Senator Tom Begich

COMMITTEE CALENDAR

SENATE BILL NO. 120

"An Act relating to administration of psychotropic medication to a patient without the patient's informed consent; and providing for an effective date."

- MOVED CSSB 120(HSS) OUT OF COMMITTEE

SENATE BILL NO. 179

"An Act relating to the licensure of nursing professionals; relating to a multistate nurse licensure compact; and providing for an effective date."

- HEARD & HELD

SENATE JOINT RESOLUTION NO. 13

Proposing an amendment to the Constitution of the State of Alaska relating to abortion.

- MOVED SJR 13 OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: SB 120

SHORT TITLE: ADMINISTRATION OF PSYCHOTROPIC MEDICATION

SPONSOR(S): SENATOR(S) GIESEL BY REQUEST

05/06/19	(S)	READ THE FIRST TIME - REFERRALS
05/06/19	(S)	HSS

02/28/20 (S) HSS AT 1:30 PM BUTROVICH 205
02/28/20 (S) Heard & Held
02/28/20 (S) MINUTE(HSS)
03/06/20 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 179

SHORT TITLE: NURSING: LICENSURE; MULTISTATE COMPACT
SPONSOR(s): RULES BY REQUEST OF THE GOVERNOR

02/05/20 (S) READ THE FIRST TIME - REFERRALS
02/05/20 (S) HSS, L&C, FIN
02/24/20 (S) HSS AT 1:30 PM BUTROVICH 205
02/24/20 (S) -- MEETING CANCELED --
02/28/20 (S) HSS AT 1:30 PM BUTROVICH 205
02/28/20 (S) Heard & Held
02/28/20 (S) MINUTE(HSS)
03/06/20 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SJR 13

SHORT TITLE: CONST. AM: PROHIBIT ABORTION/FUNDING
SPONSOR(s): HUGHES

01/21/20 (S) READ THE FIRST TIME - REFERRALS
01/21/20 (S) HSS, JUD, FIN
02/26/20 (S) HSS AT 1:30 PM BUTROVICH 205
02/26/20 (S) Heard & Held
02/26/20 (S) MINUTE(HSS)
03/06/20 (S) HSS AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

ROSE LAWHORNE, Chief Nursing Officer
Bartlett Regional Hospital
Juneau, Alaska

POSITION STATEMENT: Testified in support of SB 179.

JIM REINEKE, Chief Nurse Executive
Providence Alaska Medical Center
Regional Chief Nursing Officer
Providence Health and Services Alaska
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 179.

BETH FARNSTROM, Director at Large
Alaska Nurses Association
Anchorage, Alaska

POSITION STATEMENT: Testified in opposition to SB 179.

JANE ERICKSON, President
Alaska Nurses Association
Anchorage, Alaska

POSITION STATEMENT: Testified in opposition to SB 179.

SARA MASSMANN, Legislative Co-Chair
Alaska Nurses Association
Ketchikan, Alaska

POSITION STATEMENT: Testified in opposition to SB 179.

LYNDA MCCARTY, Health Care Representative
Anchorage Laborer's Local 341
Anchorage, Alaska

POSITION STATEMENT: Testified in opposition to SB 179.

NICOLE LIVANOS, Senior Associate
State Advocacy and Legislative Affairs
National Council of State Boards of Nursing
Chicago, Illinois

POSITION STATEMENT: Testified in support of SB 179.

DANETTE SCHLOEDER, Chair
Alaska Board of Nursing
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 179.

JARED KOSIN, President and CEO
Alaska State Hospital and Nursing Home Association
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 179.

WENDY SCHRAG, Director of Advocacy and State Government Affairs
Fresenius Medical Care
Wichita, Kansas

POSITION STATEMENT: Testified in support of SB 179.

BRIAN NORTON, Registered Nurse and Clinic Manager
Fresenius Medical Care
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 179.

TAMMIE PERRAULT, Northwest Regional Liaison
Department of Defense (DOD)
Joint Base Lewis-McChord, Washington

POSITION STATEMENT: Testified in support of SB 179.

KRISTY O'LAUGHLIN, representing self
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of SB 179.

MINDY HURT, representing self
Wasilla, Alaska

POSITION STATEMENT: Testified in support of SB 179.

AMANDA ROEDL, representing self
Solano County, California

POSITION STATEMENT: Testified in support of SB 179.

KAREN LYON, representing self
Baton Rouge, Louisiana

POSITION STATEMENT: Testified in support of SB 179.

SARA CHAMBERS, Division Director
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community and Economic Development
Juneau, Alaska

POSITION STATEMENT: Provided information about SB 179.

KARINA KOWALSKI, representing self
Fairbanks, Alaska

POSITION STATEMENT: Testified in opposition to SJR 13.

JUSTINE COOKE, representing self
Bethel and St. Mary's, Alaska

POSITION STATEMENT: Testified in opposition to SJR 13.

PHILLIP MORIN, representing self
Kenai, Alaska

POSITION STATEMENT: Expressed concerns about SJR 13.

CATHLEEN ROLPH, representing self
Soldotna, Alaska

POSITION STATEMENT: Testified in opposition to SJR 13.

KATHLEEN TAYLOR YOKEL, representing self
Fairbanks, Alaska

POSITION STATEMENT: Testified in opposition to SJR 13.

JEAN JAMES, representing self
Fairbanks, Alaska

POSITION STATEMENT: Testified in opposition to SJR 13.

KAREN LEWIS, Alaska Right to Life

Mat-Su, Alaska

POSITION STATEMENT: Testified in support of SJR 13.

KAREN CRANDALL, Alaska Right to Life

Wasilla, Alaska

POSITION STATEMENT: Testified in support of SJR 13.

MARY ANNE BISHOP, representing self

Cordova, Alaska

POSITION STATEMENT: Testified in opposition to SJR 13.

CARL HEDMAN, representing self

Valdez, Alaska

POSITION STATEMENT: Testified in support of SJR 13.

GREGG MARXMILLER, representing self

Dillingham, Alaska

POSITION STATEMENT: Testified in opposition to SJR 13.

NOAH WILLIAMS, representing self

Juneau, Alaska

POSITION STATEMENT: Testified in opposition to SJR 13.

CHERYL LOVEGREEN, representing self

Anchorage, Alaska

POSITION STATEMENT: Testified in opposition to SJR 13.

DIANE PENDERGRAST, representing self

Anchorage, Alaska

POSITION STATEMENT: Testified in opposition to SJR 13.

PATRICK MARTIN, Alaska Right to Life

Wasilla, Alaska

POSITION STATEMENT: Expressed concern that SJR 13 does not go far enough to protect unborn babies.

ACTION NARRATIVE

[1:30:12 PM](#)

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 1:30 p.m. Present at the call to order were Senators Giessel, Shower, and Chair Wilson.

SB 120-ADMINISTRATION OF PSYCHOTROPIC MEDICATION

[1:30:55 PM](#)

CHAIR WILSON announced the consideration of SENATE BILL NO. 120, "An Act relating to administration of psychotropic medication to a patient without the patient's informed consent; and providing for an effective date."

He noted that the committee heard an overview of the bill on February 28.

[1:31:28 PM](#)

CHAIR WILSON solicited a motion.

[1:31:32 PM](#)

SENATOR GIESSEL moved to report SB 120, version 31-LS0866\S as amended, from committee with individual recommendations and attached fiscal note.

CHAIR WILSON found no objection and the CSSB 120(HSS) was reported from the Senate Health and Social Services Standing Committee.

[1:32:04 PM](#)

At ease

SB 179-NURSING: LICENSURE; MULTISTATE COMPACT

[1:33:08 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of SENATE BILL NO. 179, "An Act relating to the licensure of nursing professionals; relating to a multistate nurse licensure compact; and providing for an effective date."

He noted the committee first heard the bill on February 28, 2020. He stated his intention to hear both invited and public testimony.

[1:33:43 PM](#)

ROSE LAWHORNE, Chief Nursing Officer, Bartlett Regional Hospital, Juneau, Alaska, said she has been in health care for nearly 30 years. In the last decade, she has been in a management role. Health care facilities, especially in remote or isolated locations, would benefit from the state joining the Nurse Licensure Compact. She described an instance last December when Bartlett Regional Hospital experienced a loss of staff and an increase in the number of influenza patients. The hospital struggled with skeleton crews and needed nursing help immediately. Patient flow, safety, and capacity are negatively affected when licensure processing time is delayed, sometimes up

to four months. She acknowledged that temporary licensing offers one strategy, but it does not eliminate screening delays and adds duplicative costs and processes.

She said the increased cost of an interstate license via the compact would offer a permanent multistate license. Licensure issues can reduce the hospital's ability to provide uninterrupted care to patients without overloading existing staff. Maintaining multiple licenses is cumbersome and costly and is a deterrent to nurses selecting work destinations.

MS. LAWHORNE said the Nurse Licensure Compact supports a healthy workforce and offers a broad resource pool for recruitment of nurses. Specialty areas such as the operating room, recovery room, infusion therapy, and oncology experience recruitment challenges. During disasters or typical influenza outbreaks, such as with the coronavirus, rapid mobilization of qualified nursing staff is essential for continuity of operations. Shared resources must be facilitated in whatever manner possible.

MS. LAWHORNE said the Nurse Licensure Compact will help fill existing gaps in nursing resources and serve as a recruitment tool. It is not uncommon for traveling nurses to come to Juneau and decide to stay, which will keep dollars in Alaska that would otherwise filter out to contract workers.

MS. LAWHORNE said that in the growing world of telemedicine, licensure compacts facilitate effective and efficient use of nursing resources, provide interstate educational opportunities and collaboration for hospitals.

MS. LAWHORNE said demand for nurses is expected to grow. She expressed concern that the nursing workforce deficit will grow and jeopardize patient care unless the state acts. She asked members to support SB 179.

1:38:10 PM

JIM REINEKE, Chief Nurse Executive, Providence Alaska Medical Center, Regional Chief Nursing Officer, Providence Health and Services Alaska, Anchorage, Alaska, said the mission of the Alaska Board of Nursing is to actively promote and protect the health of the citizens of Alaska through the safe and effective practice of nursing as defined by law. Alaska's participation in the Nurse Licensure Compact supports that mission in a manner that provides greater opportunity for nurses considering Alaska. A recent poll showed that over 600 nursing positions are open. This number cannot be realistically filled with the current

registered nurse workforce or by Alaska's projected number of nursing program graduates.

MR. REINEKE said Providence Medical Center, the state's largest health care facility, has experienced 180 vacancies in specialty areas, such as critical care, emergency service, and cardiovascular care. He expressed concern for patients in Kodiak, Seward, and Valdez for acute care, long-term care, and home health care services. He offered his view that participating in the compact would remove a barrier to recruitment for nurses for short-term assignments and for long-term, permanent employment, which is good for nurses and for Alaskans.

MR. REINEKE said having a larger pool of nurses who can join the workforce in a rapid manner will provide a more flexible and sustainable nursing workforce in Alaska. This does not adversely impact Alaskan nursing graduates from becoming licensed or finding work in Alaska. It would also provide a more attractive option for nurses during the tourism season.

MR. REINEKE said he would like to eliminate the need for traveling nurses. He currently has 85 traveling nurses across his system. Although traveling nurses do not impact the wage scale for Providence nurses, the cost of agency staffing does impact the overall labor cost of care. He said waiting for nurses coming to Alaska to gain their licenses jeopardizes care. He said the NLC is attractive to novice and experienced nurses who to come to Alaska. There is a need for more seasoned, experienced nurses, particularly in specialty areas.

MR. REINEKE said inclusion in the compact also provides a recruiting opportunity for those experienced nurses who decide to become faculty members or consider an advanced practice opportunity in the state's changing health care atmosphere. There are additional opportunities for Advanced Practice Registered Nurses (APRNs) as Alaska moves outside of facility-based care.

MR. REINEKE said prior to joining Providence Alaska Medical Center, he was an active duty military nurse for 30 years. His final assignment was as chief nurse at Joint Base Elmendorf-Richardson. In that role, he has seen barriers to military members and their spouses. A separate, Alaska-only license delays individuals who are stationed in Alaska from rapid employment despite clear, unrestricted licenses in other states. Nurses who come to Alaska for a single assignment are often

reluctant to obtain a single-state license for one stay, especially if these nurses are seeking part-time or registry positions. The need for an Alaska license for clinical care in those sites not covered by federal supremacy negatively impacts collaboration for training for military nurses.

MR. REINEKE said inclusion in the compact does not negate the appropriate review of applications. Rather, it provides a consistent, timely process that is accepted by the majority of Boards of Nursing nationwide. The responsibility of nurses to be aware of and accountable to Alaska's Nurse Practice Act will continue, as does the need of facilities to ensure, safe appropriate practice by nurses under their employ. As a member of the compact, Alaska's administrator can vote on rules and bylaws as a member state. This national collaboration provides a venue for action and discussion on the current practice of nursing in a broader forum and ensures Alaska is a partner for national impact. It will allow Alaskan nurses to provide their expertise on rules and policies on rural and frontier nursing issues. He asked the committee to support SB 179, which will support nurse, nursing, and access to care for Alaskans.

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CHAIR WILSON opened public testimony on SB 179.

[1:45:58 PM](#)

BETH FARNSTROM, Director at Large, Alaska Nurses Association, Anchorage, Alaska, said she has been an RN for 40 years. She served on the state Board of Nursing for eight years. Since 2007, she has been familiar with the nurse compact. The Nurse Licensure Compact was started so nurses in states with connecting borders could drive a short distance and work in another state. A license to practice in multiple states sounds great, but it is not that simple. She did not find the NLC comparable to the driver license compact. Anyone who makes this comparison is not aware of Alaska nursing statutes and regulations and the complex profession of nursing. Historically, employers have said it takes too long for some nurses to get licensed in Alaska. As of July 2019, nursing applications are submitted electronically, which gives applicants immediate knowledge of any deficiencies in the application that could cause a delay. Alaska has a diligent Board of Nursing and staff. At the February 2020 Board of Nursing meeting, the board stated that licensing can be done in a few weeks if an applicant has properly completed the online application.

MS. FARNSTROM said the governor's letter of support for the nurse compact said the multistate requirements are rigorous, exceeding those of Alaska's. After comparing the uniform licensure requirements that compact states must adopt, the Alaska Nurses Association disagrees with this statement. Many compact states do not require continuing education. Alaska values current nursing education and requires 30 contact hours every two years for license renewal. SB 179 is not needed in Alaska, she said.

[1:48:41 PM](#)

JANE ERICKSON, President, Alaska Nurses Association, Anchorage, Alaska, said she has been a nurse over 32 years and works in adult critical care at Providence Alaska Medical Center. She did not believe that any state using the NLC can show data that joining the compact has eliminated or reduced their nursing shortages. Alaska nursing regulations can address health emergencies and the board can expedite licensure for nurses. In February and March 2007, there was a severe respiratory infection in the northern villages that required more nurses. The Board of Nursing successfully met the licensing needs by using the regulation of courtesy licensing, under 12 AAC 44.318. Alaska is part of the Emergency Management Assistance Compact that allows full transferability of professional licensing for disaster response.

MS. ERICKSON said military spouses have time to apply for their Alaska license. If a nurse moves to Alaska and declares Alaska as the primary address, the compact requires that the licensee must apply for an Alaska compact license. Often military spouses are employed on bases or in the Veterans Administration system and can begin working using their out-of-state licenses. Alaska licensing protects its citizens and the Board of Nursing staff does an exceptional job. Employers, such as dialysis clinics, are interested in the compact licensure because these clinics do not want to pay for another state's licensure, which is an employer business expense. The mission of the Board of Nursing is to keep the public safe. If Alaska joined the NLC, nurses may leave the state to work in another compact state, which would increase the Alaska nursing shortage. Joining the compact will increase the \$200 [biennial] nurse license fees. She offered her view that Alaska already has one of the highest license renewal fees. She estimated that the additional license fees under the compact were estimated at \$60. In closing, she said the compact will not bring more nurses to Alaska.

[1:51:29 PM](#)

SARA MASSMANN, Legislative Co-Chair, Alaska Nurses Association, Ketchikan, Alaska, said she works fulltime as a permanent nurse in the Intensive Care Unit at the PeaceHealth Medical Center in Ketchikan. The committee heard testimony in opposition to the compact from some Alaska Nurses Association members. Ketchikan has never had an issue employing enough traveling nurses who are already licensed in Alaska nor have nurses needed to delay their start date awaiting licensure in Alaska. PeaceHealth permanently employs U.S. Coast Guard spouses as registered nurses. These nurses have given her sufficient notice upon receiving orders for new destinations and had plenty of time to obtain their nursing license in the new state. She has not heard of any problems nurses had transitioning to Alaska.

[1:53:35 PM](#)

LYNDA MCCARTY, Health Care Representative, Anchorage Laborer's Local 341, Anchorage, Alaska, said the Laborers' Union opposes SB 179. She offered her opposition to SB 179 as a registered nurse. She expressed a number of concerns, including a loss of state sovereignty by ceding to the compact's regulations, a decrease in revenue from license applications, difficulty monitoring nurses who come to Alaska to practice nursing, and safety concerns. Under current guidelines from the Board of Nursing, she must complete 30 hours of continuing education each renewal period to keep up to date with changes in health care. She graduated from nursing school four years ago and the practices she learned are no longer considered best practices. Some compact states do not require any continuing education for nurses for license renewal. Eight states, plus one pending legislation, require zero continuing education for renewal, and five, plus one pending legislation, require 15 hours or less in a two-year period. This falls far short of Alaska's continuing education requirements. Becoming a compact state would not inspire a culture of safety in hospitals, long-term care facilities, or clinics. Alaska needs competent nurses to fill critical positions. She offered her belief that the board needs an overhaul. Joining the compact would dilute Alaska's strong workforce and lower safety standards.

[1:56:15 PM](#)

NICOLE LIVANOS, Senior Associate, State Advocacy and Legislative Affairs, National Council of State Boards of Nursing, Chicago, Illinois, said she wanted to focus on the basics of the Nurse Licensure Compact (NLC). The NLC was created in the late 1990s and has been operational for almost 20 years. It is safe, proven, and successful in addressing licensure mobility issues in its 34-member states. About five years ago, other health care

professionals viewed the NLC as a model for building their compacts. Today, there are six health care licensing compacts at different stages of enactment. State lawmakers are considering compacts for various health care professions to update the nearly 100-year old licensure system that does not provide flexibility for practitioners or patients demanded by today's health care landscape.

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Ms. LIVANOS said the specifics of the NLC are best considered in relation to the 29 other compacts in Alaska. The governing structure for the NLC is an interstate commission. It is a nongovernmental agency charged with administration of the compact. The commission is comprised of one administrator from each participating state who vote on commission business. The commission's ability to make rules is limited to rules needed to facilitate and coordinate implementation and administration of the compact. Just as under Alaska's other compacts, these rules are binding and have the force of law. The commission's meetings are public, with notice, comment, and opportunity for public hearings. The NLC has almost 20 years of proven safe mobility of licensure and the NLC helps facilitate access to care across states.

[1:58:57 PM](#)

DANETTE SCHLOEDER, Chair, Alaska Board of Nursing, Anchorage, Alaska, said people are privileged to live in a country of borderless health care. Any Alaskan can get care in Alaska or can seek care outside of Alaska. Alaska does not offer every innovation in health care. The Board of Nursing is committed to find ways to advance the practice of nursing and allow nurses to work safely across borders and protect the health and safety of residents by ensuring that Alaska has the nurses to meet health care needs.

[2:00:23 PM](#)

JARED KOSIN, President and CEO, Alaska State Hospital and Nursing Home Association, Anchorage, Alaska, said SB 179 will help avoid delays during the licensing process and allow nurses to get to work quickly and more efficiently. Based on a survey conducted in November, the state has over 670 nursing vacancies in hospitals and nursing homes across the state. This bill will provide a tool to help address shortages, which could be especially useful for emergency preparedness and disaster relief. It is good for military families because it allows military spouses who are nurses to continue working each time the family relocates.

[2:01:34 PM](#)

WENDY SCHRAG, Director of Advocacy and State Government Affairs, Fresenius Medical Care, Wichita, Kansas, said several weeks' time to get a temporary license is not fast enough for dialysis because patients need treatment three times a week. Fresenius is supportive of the compact because there may be times when it needs to bring nurses in quickly. If the coronavirus gets worse and staff is impacted, it will be important to bring people in quickly. When the enhanced version of the NLC was issued, all member states rejoined. Since then, about eight more states have joined the NLC, which shows that states that participate in the compact find that it is working.

[2:03:03 PM](#)

BRIAN NORTON, Registered Nurse and Clinic Manager, Fresenius Medical Care, Anchorage, Alaska, said his company provides dialysis and kidney care to 334 patients in Anchorage, Fairbanks, Juneau, Soldotna, and Wasilla. He came to Alaska as a traveling nurse but had ample time to gain licensure before coming to Alaska because there was no crisis. Currently, his company employs 36 nurses and has 12 openings that it struggles to fill. Medicaid regulations require that nurses have six months of experience with dialysis before the nurses can independently care for patients and newly graduated nurses must have 12 months of dialysis experience.

He recalled at the last hearing questions arose about wages. The compact would not change his company's hiring methods, but nurses holding a compact license would have an advantage because of the ease in locating them and their ability to start working quickly, minimizing negative impacts to patient care. Currently, his company acquires staff through three different methods: external travel nurses, Alaska-based permanent employees, and an internal traveler program. All nurses receive competitive wages. External traveling nurses are paid through their agency. Dialysis nurses receive overtime after an eight-hour shift. The company completes background checks on all new employees. According to a recent study by 2030, Alaska will be the state with the highest percentage of nursing vacancies at 23 percent.

[2:05:46 PM](#)

TAMMIE PERRAULT, Northwest Regional Liaison, Department of Defense (DOD), Joint Base Lewis-McChord, Washington, said military families are an important community that provides additional health care resources for Alaska. One goal of the Department of Defense (DOD) is to remove barriers for military

spouses. The DOD wants to ensure additional capacity for the professional careers and mobile lifestyles that military spouses must endure for military service to country. Accordingly, the DOD has encouraged state policymakers to engage in interstate compacts to improve licensure portability options. In the case of the nursing profession, 34 states have joined the enhanced NLC. Thirty-four percent of military spouses are required to maintain occupational licensure. It is a readiness issue for the DOD because military spouses help to determine whether someone will decide to stay in the military. A high percentage of military spouses need occupational licensure in health care. In a letter from DOD Secretary Mark Esper to the Council of State Governors, he called on the governors to assist with ensuring that that military spouses have access to special provisions from states for licensure. He asked states to implement policies that limit state-specific requirements for a wide range of professions. He asked states to approve occupational interstate compacts that allow licensure reciprocity for military spouses.

[2:09:04 PM](#)

KRISTY O'LAUGHLIN, representing self, Fairbanks, Alaska, said she has worked for two of her 17 years as a registered nurse in Alaska. She had had a compact license her entire career before moving to Alaska. She said having a compact license means that she can be in place to work in less than a week.

She said that when she came to Alaska, she paid nearly \$500 and waited several weeks to get her RN license by endorsement. She fell in love with Alaska and is currently an Alaskan resident and homeowner. Once she was hired, she was partly responsible for hiring nurses. She reached out to a friend who is an excellent nurse with a compact license. Due to the licensing requirements, he found it was not worth his time to come to Alaska. In November 2018, she had two traveling nurses lined up to start. One nurse could start on time, but the other nurse's license was delayed several months because of a backlog caused by the earthquake, so her center was short staffed during the holiday season. Concerns were raised at the hearing last week about safety issues and criminal history issues. Every hospital she has worked in has performed their own background checks. Many nurses in Alaska are not licensed in Alaska because federal facilities do not require a specific-state license. She urged members to pass SB 179 because it is important that Alaska join the compact. If the state has a disaster and needs nurses, these nurses could be on the next flight to Alaska.

[2:11:49 PM](#)

MINDY HURT, representing self, Wasilla, Alaska, stated agreement with the Mr. Norton's testimony. She is the nurse manager of an outpatient dialysis unit in Wasilla and dialysis patients would greatly benefit from the Nurse Licensure Compact (NLC).

[2:12:17 PM](#)

AMANDA ROEDL, representing self, Solano County, California, said she is a registered nurse with an active license in California and inactive licenses in Alaska and Hawaii. She is a military spouse whose husband is in the U.S. Coast Guard so her family moves every two to three years. She works while her husband is deployed, although it is difficult when licensure is state-specific. SB 179 will allow military spouses to seamlessly continue working without having to obtain a new license when relocating. Each of her nursing licenses has a different expiration date. Military families who are moving face many obstacles. She is currently working in Solano County, which had the first case of community-acquired Covid-19. She acknowledged the demands that increase with each shift. She offered her belief that Alaska can do something now to prepare for what is coming. She offered her support for the NLC.

[2:14:19 PM](#)

KAREN LYON, representing self, Baton Rouge, Louisiana, said she is the NLC commissioner for Louisiana and the executive director and CEO of the Louisiana Board of Nursing. In July 2019, Louisiana joined the NLC, which has been a positive experience for nurses and employers. Louisiana has 65,000 active nurses. The Louisiana Board of Nursing only regulates registered nurses (RNs) and Advanced Practice Registered Nurses (APRNs). She acknowledged Louisiana experienced some initial expenses to implement the NLC, but the costs have not been problematic. Louisiana is on target for 95 percent of its revenue with four months left in the fiscal year. In Louisiana, she was the first of 3,500 nurses who converted to the multistate license and she found the transition seamless. Louisiana has not had any safety issues and 350 nurses from Mississippi and 250 from Alabama who had their multistate licenses are currently working in Louisiana under the compact.

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CHAIR WILSON found no further testimony on SB 179.

[2:16:53 PM](#)

SARA CHAMBERS, Division Director, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community and Economic Development, Juneau, Alaska, said the

compact is a critical piece of the large and complex health care system in Alaska. The pressure of recent events, including Covid-19, has highlighted this issue. Military spouses have been requesting this change for the last several years. It is a priority in basing decisions with the DOD. The Alaska State Hospital and Nursing Home Association have urged the Board of Nursing and the DCCED to move licensure forward as quickly as possible. Although Ketchikan reported that it has no problems hiring nurses, her division has received letters in the last five years from Ketchikan PeaceHealth Medical Center stating it was so desperate for nurses it might need to shut down its emergency room. She characterized the NLC in SB 179 as an important tool to lower costs, to give nurses more opportunities, and above everything else, to improve patient health in Alaska.

[2:19:25 PM](#)

SENATOR SHOWER said his wife is a nurse. He spent decades in the military, so his family has experienced this firsthand. As an operations officer and commander, he received feedback that this is an issue for the military throughout the nation. It helps spouses to get jobs when spouses are deployed. He understands the bill quite well from the military perspective. He asked if the bill would adversely impact Alaskans seeking jobs.

MS. CHAMBERS said this bill would increase job opportunities for nurses in Alaska, not decrease them.

SENATOR SHOWER related his understanding that the consensus is that nurses prefer to join the compact.

MS. CHAMBERS answered that an overwhelming majority of Alaska-based nurses and union nurses support the compact.

[2:21:25 PM](#)

SENATOR GIESSEL asked how many nurses participated in the [Board of Nursing] survey.

MS. CHAMBERS replied that more than 3,000 nurses participated.

SENATOR GIESSEL asked which licenses the participating nurses held.

MS. CHAMBERS responded that the RNs and LPNs who would be eligible to join the compact responded.

SENATOR GIESSEL observed that according to the last Board of Nursing audit, at least 14,000 nurses were in that category. She offered her belief that the survey was a small sample.

MS. CHAMBERS replied that it was well above statistical sampling norms.

SENATOR GIESSEL noted that Ms. Chambers stated this would increase nursing jobs, not decrease them, but the question was whether this bill would decrease jobs for Alaskans.

MS. CHAMBERS responded that it will increase jobs for Alaskans. Many nurses in Alaska would like to participate in telehealth or telemedicine to augment their professional work. This bill will increase nurses' ability to teach as nurse educators. It would also give them an opportunity to work seasonally outside of Alaska and still maintain their Alaskan nursing license. There are many ways that this bill will assist Alaska nurses. New nurses would like to join a compact state to lessen their cost burden and some are leaving Alaska because it is not a compact state. She offered her view that nurses would stay if Alaska were a compact state.

SENATOR GIESSEL responded that the reason may be so that these nurse can get jobs in other states.

MS. CHAMBERS said nurses want options.

SENATOR GIESSEL said Washington rejected the compact legislation last week, which is of interest since Washington is the closest state to Alaska. It has been pointed out that the compact would be logical if Alaska were Iowa or Colorado and someone could drive 30 minutes to be in another state. She said that after reviewing the National Licensure Commission and the language in the bill, she found that many legal questions have not been addressed. She would like to explore the legal implications of joining a compact. Although Alaska's executive director would have a vote on the National Licensure Commission, it would only be one vote so as the compact expands to other states, that vote would be diluted. The National Licensure Commission is actually a private entity in Illinois. She asked what it would cost to join the commission.

MS. CHAMBERS answered that it would cost the state \$6,000 a year.

SENATOR GIESSEL pointed out that state money would be used to fund a private, nongovernmental entity outside of Alaska that would have jurisdiction and make decisions related to this compact. She expressed concern that the legislature would not have any jurisdiction over the NLC.

CHAIR WILSON said the committee should try to get their questions answered by Legislative Legal Services.

SENATOR SHOWER asked if the Alaska Board of Nursing would lose its ability to check on nurses.

MS. CHAMBERS replied the board would retain all of its existing authority.

[CHAIR WILSON held SB 179 in committee.]

SJR 13-CONST. AM: PROHIBIT ABORTION/FUNDING

[2:26:33 PM](#)

CHAIR WILSON announced the consideration of SENATE JOINT RESOLUTION NO. 13, "Proposing an amendment to the Constitution of the State of Alaska relating to abortion."

CHAIR WILSON noted that the committee heard an overview of the resolution, took invited testimony, and began public testimony. Today the committee will continue public testimony.

[2:27:18 PM](#)

KARINA KOWALSKI, representing self, Fairbanks, Alaska, said that when she was 19, she had two children, was on state assistance, and got pregnant after her birth control failed. She was terrified about the future for her children. Almost all her paycheck went to childcare and all three of them were sleeping on her grandma's futon. She had an abortion at 10 weeks and had an IUD inserted and has not had any unplanned pregnancies since then. A few years later she was able to get off state assistance. She said she does not regret her decision because she does not know where she would be today if her third pregnancy had continued. She said she is grateful for Planned Parenthood and that the state does not force women to give birth.

[2:29:33 PM](#)

JUSTINE COOKE, representing self, Bethel and St. Mary's, Alaska, said she understands that it is unethical to order medical professionals to perform abortions. She offered her belief that

this resolution does not favor the people in Alaska but would be a show of power and control by extremists over individuals. She expressed concern that it would remove pathways for families in poverty. It would show the dominance of colonization by taking away choice from the less-dominant group. Learned helplessness is the term describing people who have little control over their lives. She had the choice of abortion during her pregnancy, but she did not choose it. However, she believes pregnancy should be a choice. She asked the committee to make a choice in favor of the less fortunate groups in Alaska.

2:32:03 PM

PHILLIP MORIN, representing self, Kenai, Alaska, said he would read a letter written by Bob Bird, a retired schoolteacher and former president of Alaska Right to Life. Mr. Bird is currently a radio talk show host for KSRM. He read:

Abortion is a crime against humanity. The legalization of abortion by Alaska in 1970 will stand as a blight and a disgrace in the eyes of history. By enacting a constitutional amendment that states abortion is not recognized as a right, the state would be playing into the hands of leftists to favor legal abortion. The amendment would recognize things that are not constitutional. The courts have no authority to grant new rights. That is for the legislature and the people. The legislature already has the constitutional authority to halt the court's creation of abortion as a fundamental, constitutional right. Through ignorance and cowardice, the legislature has not called the judiciary's bluff. It is arguably another impeachable offense for the courts to mandate public funding of abortion. This violates the power of the purse reserved to the legislature.

2:34:37 PM

CATHLEEN ROLPH, representing self, Soldotna, Alaska, said abortion is an emotional decision that should be left up to a woman and her doctor, not the state. There are differing philosophies about when a fetus is a person. There are many moral traditions. The U.S. Constitution bestowed the freedom of religion on citizens. The government has no right to force one religious tradition on all women. Thanks to Roe v. Wade, abortion is legal. Women are free to decide not to get an abortion. The lack of access to abortion does not reduce abortion and at least eight percent of maternal deaths worldwide are from unsafe abortions.

[2:37:16 PM](#)

KATHLEEN TAYLOR YOKEL, representing self, Fairbanks, Alaska, said as a woman, it is unconscionable, arrogant, and overreaching that anyone could believe he or she has the right to interfere with any decision between herself and her physician. She related her mother's experience with two unplanned pregnancies while she was on birth control, after her doctor had warned her not to have any more children for medical reasons. It was more prudent for her mother to have two abortions to live and care for her three children. Those who try to control women's reproductive freedom by interfering with their medical care must be stopped.

[2:39:37 PM](#)

JEAN JAMES, representing self, Fairbanks, Alaska, said she is a mother and grandmother who is urging the committee not to move SJR 13 out of committee. She asked members to focus on important issues facing Alaska, including the fiscal crisis, mental health issues, permanent fund dividend issues, and increasing Alaska's revenue. Medical decisions should be left to doctors and their patients. Women and doctors should not be criminalized or jailed for seeking essential health care. Restricting abortions or making them illegal does not prevent them. She said it is ironic that people who do not want government in their lives support this. The best way to reduce the number of abortions is to increase access to birth control and sex education that goes beyond abstinence. Countries that have legal abortion, easy access to birth control, and excellent sex education have the lowest abortion rates, she said.

[2:41:37 PM](#)

KAREN LEWIS, Alaska Right to Life, Mat-Su, Alaska, said SJR 13 is a good amendment. It is simple and to the point. It protects human life. Previous testifiers discussed babies as if these babies were nothing to be considered. People have become callous because of Roe v. Wade. It was estimated that 5,000 women got abortions before that decision, but since then at least a million have been performed. SJR 13 enforces what the Declaration of Independence states, that people are endowed with certain inalienable rights, among these are life, liberty, and the pursuit of happiness. She offered her belief that Planned Parenthood kills babies for a hefty fee and sells baby body parts.

[2:44:04 PM](#)

KAREN CRANDALL, Alaska Right to Life, Wasilla, Alaska, said SJR 13 is a great amendment, one that is simple and to the point, to protect human life. The Bible says, "You knit me together in my mother's womb. I thank you because I am awesomely made. Your works are wonders." She said she made a decision to not abort her baby when she was 20. A fetus is a person. People should keep in mind the 14th amendment, which was made for the protection of human life. She hopes that Americans can stop aborting what is made in the image of God.

[2:46:26 PM](#)

MARY ANNE BISHOP, representing self, Cordova, Alaska, said she is a single mother with a special-needs child. She is surprised that there is a move to amend the Constitution of the State of Alaska in a way that would take away a woman's right to privacy and reproductive control. Women have a moral right to decide what to do with their bodies. The right to abortion is vital for gender equality. Women have a right to legal and safe abortions. Banning abortions puts women at risk by forcing them to use illegal abortionists.

[2:47:40 PM](#)

CARL HEDMAN, representing self, Valdez, Alaska, said SJR 13 is an important issue that should be put on the ballot for citizens of the state to decide, just as for the protection of natural resources and marijuana. The citizens of the state should be heard on the important issue of protecting life itself.

[2:49:04 PM](#)

GREGG MARXMILLER, representing self, Dillingham, Alaska, said SJR 13 is political issue that seeks to divide rather than bring people together. It is not the role of the state to make moral laws, but to make laws that are best for it citizens. Let people make their own decisions about how to live their lives. He said there are many social and economic ramifications to passing something irresponsible like this considering the amount of rape and sexual assault in the state.

[2:51:02 PM](#)

NOAH WILLIAMS, representing self, Juneau, Alaska, said others have made the moral arguments why the resolution is preposterous. He expressed surprise that people who favor small government seek more power over women's bodies and he does not agree with such laws. He suggested that something should be done to reduce the highest rates of sexual assault in the nation. Even though the legislature and the governor take a tough-on-crime stance, sexual assault crimes have only worsened in the

past year. He raised other issues, such that shelves are empty and communities are starving because the Alaska Marine Highway is in dire need of repair, and preparation for Covid-19 has been dangerously sparse. If the legislature wants to save lives, it should increase funding for teen dating violence prevention and sex education, stand up for the ferries and figure out how Alaska will deal with the new [COVID-19] disease.

[2:52:42 PM](#)

CHERYL LOVEGREEN, representing self, Anchorage, Alaska, said SJR 13 is a terrible bill that would permanently amend the Constitution of the State of Alaska to restrict the right to privacy, ban safe and legal abortion, even for pregnancies resulting from rape and incest. She expressed concern that Alaska has high domestic violence and sexual assault rates. She expressed further concern that banning abortions would lead to illegal abortions that can injure and kill both mother. Alaska needs better health care for teen girls and women, she said. Almost 80 percent of Alaskan voters have doubts about a law that bans abortions. This is a bad bill trying to fill a nonexistent mandate, she said.

[2:53:46 PM](#)

DIANE PENDERGRAST, representing self, Anchorage, Alaska, said no restrictions should be placed on funding for abortions. No woman should be restricted from abortion services, especially in Alaska with its high rate of sexual abuse and sexual exploitation of women. No one wants abortion, but people should not blame or restrict women during one of the hardest times of their lives. She suggested that the legislature should increase funding for abortions to assist women to gain access to providers and support Planned Parenthood, an organization that has helped her. "Could we please just support women," she said.

[2:56:10 PM](#)

PATRICK MARTIN, Alaska Right to Life, Wasilla, Alaska, said Alaska Right to Life has mild concerns with SJR 13. It follows the examples of Tennessee, West Virginia, and Alabama and renders the constitution neutral on abortion, but abortion proponents are anything but neutral. Babies waiting to be born deserve the same legal protections that others enjoy, legal protections that begin at conception and remain through natural end of life. He expressed concern that SJR 13 is silent on the right to life and neutral about killing babies before birth. He offered his belief that God's design for government requires the protection of innocent human life and the punishment of those who take it. He expressed concern that SJR 13 is silent on the

fact that abortion is murder. He asked members to proactively protect babies from the moment of conception. He urged them to look into the merits of passing the Life at Conception Act in addition to SJR 13.

[2:58:34 PM](#)

CHAIR WILSON closed public testimony. He noted that SJR 13 has about 200 pages of written testimony that is part of the public record. It has two other committees of referral, so there should be opportunity for further testimony.

[2:59:07 PM](#)

CHAIR WILSON solicited a motion.

[2:59:12 PM](#)

SENATOR GIESSEL moved to report SJR 13, version 31-LS1398\A, from committee with individual recommendations and attached zero fiscal note(s). There being no objection, SJR 13 was reported from the Senate Health and Social Services Standing Committee.

[2:59:55 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee at 2:59 p.m.