

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 16, 2021

1:31 p.m.

MEMBERS PRESENT

Senator David Wilson, Chair
Senator Shelley Hughes, Vice Chair
Senator Mia Costello
Senator Lora Reinbold
Senator Tom Begich

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

SENATE BILL NO. 65

"An Act relating to immunity for consulting physicians, podiatrists, osteopaths, advanced practice registered nurses, physician assistants, dentists, optometrists, and pharmacists."

- HEARD & HELD

SENATE BILL NO. 70

"An Act relating to opioid overdose drugs; and providing for an effective date."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: SB 65

SHORT TITLE: LIABILITY CONSULTING HEALTH CARE PROVIDER

SPONSOR(s): SENATOR(s) KIEHL

02/03/21	(S)	READ THE FIRST TIME - REFERRALS
02/03/21	(S)	HSS, JUD
02/16/21	(S)	HSS AT 1:30 PM BUTROVICH 205

BILL: SB 70

SHORT TITLE: OPIOID OVERDOSE DRUGS

SPONSOR(s): SENATOR(s) WILSON

02/05/21 (S) READ THE FIRST TIME - REFERRALS
02/05/21 (S) HSS
02/16/21 (S) HSS AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

SENATOR JESSE KIEHL
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Sponsor of SB 65.

CJ HARRELL, Intern
Senator Jesse Kiehl
Alaska State Legislature
POSITION STATEMENT: Introduced SB 65 for the bill sponsor.

JACOB KELLY, M.D.
Alaska Heart and Vascular Institute
Anchorage, Alaska
POSITION STATEMENT: Testified by invitation in support of SB 65.

ROBERT CRAIG, CEO
Alaska Heart and Vascular Institute
Anchorage, Alaska
POSITION STATEMENT: Testified in support of SB 65.

STEVEN COMPTON, M.D., Secretary/Treasurer Elect
Alaska State Medical Association
Anchorage, Alaska
POSITION STATEMENT: Testified in support of SB 65.

JASMINE MARTIN, Staff
Senator David Wilson
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Presented the sectional analysis for SB 70 on behalf of the sponsor.

THERESA WELTON, Section Chief
Office of Substance Misuse and Addiction Prevention (OSMAP)
Division Public Health
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Testified on the importance of continuing the standing medical order to allow distribution of naloxone, during the hearing on SB 70

KAREN MALCOM-SMITH, founder
David Dylan Foundation
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 70.

KATIE BOTZ, representing self
Juneau, Alaska

POSITION STATEMENT: Testified in support of SB 70.

ACTION NARRATIVE

[1:31:00 PM](#)

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 1:31 p.m. Present at the call to order were Senators Costello, Hughes, Begich, and Chair Wilson. Senator Reinbold arrived shortly thereafter.

SB 65-LIABILITY CONSULTING HEALTH CARE PROVIDER

[1:31:39 PM](#)

CHAIR WILSON announced the consideration of SENATE BILL NO. 65 "An Act relating to immunity for consulting physicians, podiatrists, osteopaths, advanced practice registered nurses, physician assistants, dentists, optometrists, and pharmacists." He stated his intent to hear an overview of the bill and take testimony and hold the bill for further consideration. He invited sponsor Senator Kiehl and his staff to the table.

[1:32:13 PM](#)

SENATOR JESSE KIEHL, Alaska State Legislature, Juneau, Alaska, Sponsor of SB 65, introduced himself.

[1:32:29 PM](#)

CJ HARRELL, Intern, Senator Jesse Kiehl, Alaska State Legislature, Juneau, Alaska, stated that in Alaska and other states, healthcare providers will seek the knowledge and expertise of fellow medical professionals to help them understand how to help their patients in an effective and timely manner. These conversations can be an official consultation, but more often than not, medical professionals will have what are called curbside consultations. This is when a patient's healthcare provider has an uncompensated, informal consultation with another medical professional. These consulting medical professionals are often specialists and do not have any relationship with the patient under discussion. It is a fast and effective way of sharing knowledge and expertise and is the

backbone of medical care. Two years ago in Minnesota a healthcare provider who had no relationship to a patient was forced to defend themselves against a civil liability case. The fear is that by not protecting those who have no relationship to a patient and are sharing their expertise through a curbside consultation providers will no longer feel comfortable aiding fellow healthcare providers in that way. SB 65 will allow curbside consultations to continue, but without the potential to become subject to civil liability for a patient with whom they have no actual relationship.

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SENATOR BEGICH commented that there had been good conversations last year about a similar bill. He sees that most of the changes were incorporated in this version of the bill. He noted he spoke to Senator Kiehl a bit about the telehealth issues. Now that the emergency order which extended telehealth is gone, he asked Senator Kiehl if the bill has any relationship to telehealth that could be explored.

SENATOR KIEHL replied he doesn't see a hook to telehealth, which is generally direct patient care and if not face-to-face, camera-to-camera, which does establish a doctor patient relationship. There is a duty of care. Curbside consults frequently involve doctors on the phone, but the consulting doctor is not seeing the patient.

SENATOR BEGICH clarified that in a three-person scenario, there is a curbside consult, the doctor who is dealing with the patient, and the patient.

SENATOR KIEHL responded that in that scenario, the treating healthcare professional may seek a curbside consult with a colleague. This bill protects that curbside consult as long as the consulting physician is not laying hands on the patient, even virtually. Therefore, they would not be liable.

SENATOR BEGICH asked what the estimated cost is to Alaskans if this bill did not pass, in terms of things like liability insurance. He asked if that is what is driving the bill.

SENATOR KIEHL answered that cost of liability is one of the key drivers. The financial cost would be difficult to figure out. The potential for increased medical malpractice costs is significant, although he doesn't have a number for that. The potential cost to the healthcare system as a whole is much greater. The potential is the effect on a doctor who might

previously have called a specialist about a transport or a referral for a workup. When the answer can safely be no, a lot of money is saved compared to the specialist not being available for a free consult and saying the patient must be sent. That is a risk the state needs to avoid.

[1:38:03 PM](#)

SENATOR REINBOLD asked if the bill has any protection in regard to administering the mRNA vaccines.

SENATOR KIEHL replied not directly, but he could see the potential implication. If a healthcare provider had a patient who is medically fragile or has complicating medical conditions and wanted to call a specialist to see if those contraindicated giving the shot, the state would want them to be able to make that call and SB 65 would help make that a safe call.

SENATOR REINBOLD asked if the bill protects the person administering the shot.

SENATOR KIEHL answered that that person lays hands on the patient and would retain whatever liability that person would otherwise have if there was a bad reaction that might cause liability.

SENATOR REINBOLD advised that safety with vaccines will be a top issue with her. She wanted to make sure there were zero protections regarding vaccinations. The Judiciary Committee has talked about informed consent required with emergency use authorization of vaccines. She hopes the long-term effects are fine, but no one knows what they are. She is happy to know there is zero protection for those people involved with vaccines in this bill.

[1:41:05 PM](#)

SENATOR HUGHES asked about a scenario in which someone in a coffee line asks a provider who has not treated or done an exam of that person for advice and that person takes that advice, but the person has an adverse reaction when following that advice. She asked if this bill could relieve that provider of liability.

SENATOR KIEHL replied SB 65 would not apply to that scenario. SB 65 covers consultations between healthcare providers.

SENATOR HUGHES asked him to point that out in the bill.

SENATOR KIEHL responded that page 1, line 7, provides immunity to a consulting healthcare provider. Page 2, line 20, defines the consulting healthcare provider, someone who provides advice to another healthcare provider and then there is a list of licensed healthcare providers.

SENATOR HUGHES referred to page 2, line 14, beginning with number 9, a written report is not created as a result of the consultation. She asked again about a coffee line conversation in which one provider speaks to another provider and a report is written and patient treated accordingly. If the patient sues, she asked if that would be considered a written report or should the bill specify the written report must be prepared by the consulting provider.

SENATOR KIEHL replied that he doesn't know if that clarification would be in any way harmful. It matches the intent because the liability shield is provided to the consulting provider. It is not strictly necessary. If he understands her scenario correctly, the treating provider writes the report. Their liability rests with the treatment they provided, irrespective of the report, but he sees no harm in that clarification.

SENATOR HUGHES said that she did not want to imply that healthcare providers are nefarious, but she could see that if someone took some informal advice in the coffee line and then there was an adverse result and the patient sued, that provider may try to create a report saying they received that advice from another physician in order to spread the burden of liability. She could see the need for clarification that the written report would be by the consulting provider to prevent that type of situation, even though it would be rather unlikely. She asked if Senator Kiehl would entertain that as a friendly amendment.

SENATOR KIEHL responded that he had no objection to that clarification.

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CHAIR WILSON called on invited testimony.

[1:46:11 PM](#)

JACOB KELLY, M.D., Alaska Heart and Vascular Institute, Anchorage, Alaska, said SB 65 allows physicians to provide unencumbered clinical expertise to help patients across Alaska. Alaska's value and mission is to take care of all Alaskans regardless of location and ability to pay. This allows better local care and leads to decreased inappropriate transfers. It

allows patients to be cared for where they are safer. It would ultimately reduce cost. He receives from 2 to 10 calls a night from various cities from nurse practitioners, emergency room physicians, family physicians, and other specialists. It is nice to be able to support them in their decision-making without concern about litigation when he has no access to the patient, their records or data. As a heart failure specialist, people have questions for him about how to titrate medications. It can be difficult to transfer a patient to Anchorage for an expensive visit when a slight titration of medications would lead to improved survival and quality of life.

SENATOR HUGHES commented that it is important to share knowledge among experts in the field. Now that there is a precedence of a consulting provider being sued in another state, she is concerned that it might inhibit good conversations and knowledge sharing between providers. She asked if it could inhibit knowledge sharing if SB 65 does not pass.

DR. KELLY agreed that it would make providers more reticent in answering specific questions. He would be more likely have a patient transported to Anchorage to one of the larger hospitals to provide care that could have been delivered locally.

SENATOR REINBOLD asked if SB 65 could reduce his malpractice insurance.

DR. KELLY deferred the question to Robert Craig. He said physicians see this as allowing better quality of care with fewer restrictors. It is about feeling comfortable providing care and allowing people to get the best care they can.

1:50:58 PM

ROBERT CRAIG, CEO, Alaska Heart and Vascular Institute, Anchorage, Alaska, said he doesn't anticipate any change to malpractice premiums. That is not part of the motivation for support of the bill. The institute's cardiologists are on call and available for the state 24/7. That coverage is not part of a telehealth obligation; these are not their patients and the institute is not reimbursed for the call. The institute's cardiologist in Anchorage can take a call any time day or night from a treating physician. The cardiologist has no patient record or relationship, which places a special burden on their doctors to be open to potential civil liability. They are primarily interested in giving timely and accurate information to another treating physician. The option is to advise the treating physician to send the patient to Anchorage or request a

formal consultation, which delays care and/or increases cost. The goal of the institute's doctors is to continue to provide a high level of cardiology service to the state's providers in a high-quality and low-cost manner.

SENATOR REINBOLD commented on her intentions when the bill is heard in the next committee of referral, and expressed a desire to see malpractice premiums to go down.

1:54:39 PM

STEVEN COMPTON, M.D., Secretary/Treasurer Elect, Alaska State Medical Association, Anchorage, Alaska, said he is another cardiologist at Alaska Heart and Vascular Institute but he is there representing the Alaska State Medical Association (ASMA). The institute estimates it is doing 10-20 curbside consults a day across the state. Some are urgent and some are not so bad. Sometimes the referring doctor is overly worried and the cardiologists can calm them down. Sometimes it is the reverse and a patient needs to come in right away. Many times the problem can be managed locally. Alaska has a greater need for this sort of referral network and informal consultation than any other state because of its size. Because it is so large, there are healthcare inequities. Someone who lives in a village in the Yukon does not have access to the same care as someone who lives in a big city. Alaska has excellent telecommunications and expert opinions can be provided to every corner of the state. He has been practicing in Alaska for 20 years. The consults are done for free as part of their duty to citizens of the state. About a year and a half ago their insurer asked to speak at a partner meeting. The insurer reviewed the Minnesota case that Senator Kiehl alluded to and a few others pending at the time and said this will be a problem if it is not nipped in the bud. The insurer anticipated a potential increase in rates, and said he needed to talk there needs to be a discussion about curbside consults.

DR. COMPTON said the insurer said the institute could give very general ideas about how to manage a case, but if there is anything specific, the doctors could potentially be liable for anything that happens with a case. The institute's insurers are saying they should either not do this or transport everyone to Anchorage or address this legislatively. That is why they are here. This is not just a cardiology issue. Every specialty gets these calls from around the state. All providers do this and think this is an important service. He had not appreciated that until the conversation with the insurer. This is the lubrication for this whole machine and help avoid inappropriate costs and

help provide excellent care in remote places. The ASMA supports SB 65.

SENATOR REINBOLD thanked Dr. Compton for his work and powerful testimony.

SENATOR BEGICH agreed that his testimony makes a big difference.

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CHAIR WILSON opened public testimony on SB 65; finding none, he closed public testimony.

He held SB 65 in committee.

[2:00:45 PM](#)

At ease

SB 70-OPIOID OVERDOSE DRUGS

[2:02:56 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of SENATE BILL NO. 70 "An Act relating to opioid overdose drugs; and providing for an effective date."

Speaking as sponsor, he explained that the bill started as a disaster declaration by former Governor Bill Walker in Senate Bill 91, which passed in 2017. The intent was to allow the medical officer at that time, Dr. Jay Butler, to permit naloxone to be administered under a four year federal grant. This committee amended the bill to extend the declaration for four years to allow for the federal funding.

CHAIR WILSON said the medical office still has funding to administer this program. Naloxone is not a controlled substance. It has no potential for abuse. This legislation benefits Alaskans by saving lives. It translates to direct savings for emergency services and law enforcement and gives those who overdose a greater chance of living and an opportunity to get into treatment.

[2:05:09 PM](#)

JASMINE MARTIN, Staff, Senator David Wilson, Alaska State Legislature, Juneau, Alaska, presented the sectional analysis for SB 70 on behalf of the sponsor.

Section 1: Repeals language regarding the sunset of the original authorization.

MS. MARTIN noted that Section 1 is conforming to Section 3.

Section 2: Repeals reporting requirement associated with Substance Abuse and Mental Health Services Administration grants and the opioid epidemic.

MS. MARTIN said this was a reporting requirement for the Department of Health and Social Services (DHSS) related to the opioid epidemic and these grants.

Section 3: Repeals the sunset date of the original authorization.

Section 4: Immediate effective date.

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SENATOR BEGICH questioned the reasoning to repeal the reporting requirement since part of the value of the report process was for the legislature to know the status of the opioid epidemic.

MS. MARTIN answered that reports take a lot of the department's time, and the information is still available to the legislature if requested. The report made sense when this was a pilot program but as it is continuing into perpetuity the idea is not to make the department continue to report.

CHAIR WILSON said that he put the reporting requirement in the initial bill and neglected to put an end date. If the program were to end in June, the department by law still would have to report to the legislature. He didn't want to have the department continue to do a report if the federal funds end. The report was just on the federal funding of the program.

SENATOR BEGICH commented that the bill also repeals the sunset clause, which implies the program will be continuous. He asked the reason for repealing the reporting requirement if the program is going to continue.

CHAIR WILSON replied the department has many reports for programs that are no longer relevant and he did not want to add to that for a program that may eventually sunset. He said he was willing to amend the bill to reinsert the reporting requirement.

SENATOR BEGICH suggested keeping the reporting requirement until the state is no longer getting federal resources. Otherwise, it would be difficult for the legislature to keep track on a

regular basis. He offered his view that Section 2 is not necessary because of Section 3. If the sunset clause is eliminated, there should be reports.

MS. MARTIN explained that the bill doesn't create a program. It allows the chief medical officer to issue a standing order, but it doesn't require it.

SENATOR BEGICH said the legislature wanted a report so it would know when that authority was exercised. He said he will support the bill, but he wants to do the right thing with the structure of the bill.

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SENATOR REINBOLD commented on the Opioid crisis, and said the question of why the report is no longer necessary, needs to be answered.

CHAIR WILSON explained that he threw in the report requirement just to follow the federal funding of the new program. If the committee wants the reports continued into perpetuity, then he is open to that. The department can speak about the effort involved with the report.

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SENATOR COSTELLO asked if the report is online or printed.

CHAIR WILSON called on Ms. Welton to answer.

[2:14:11 PM](#)

THERESA WELTON, Section Chief, Office of Substance Misuse and Addiction Prevention (OSMAP), Division Public Health, Department of Health and Social Services (DHSS), Juneau, Alaska, answered that the reports are available online on the website of her office and are provided to the legislature by October 1 every year.

SENATOR COSTELLO asked if the report to the legislature is printed or online electronically.

MS. WELTON replied both.

SENATOR COSTELLO said if the committee wants to keep the reporting requirement, the committee could ask for it to be online.

SENATOR REINBOLD noted that there is no fiscal impact, so she is leaning toward keeping the report. She agrees with Senator Costello that an online report is fine. Hiland Mountain Correctional Center is in her district, and she knows that this medication is important and has saved lives.

CHAIR WILSON asked Ms. Welton to give her presentation.

2:16:48 PM

MS. WELTON said she would be testifying on the importance of removing the June 30, 2021 sunset clause to allow for perpetual authorization of the standing medical order for distribution and administration of naloxone, an opiate overdose reversal drug, by any Alaskan.

MS. WELTON said an overdose only takes minutes. If naloxone is not randomly available to the individual or individuals around the person who overdosed, that person might have to wait for 20 minutes for EMS (Emergency Management Services) to arrive with naloxone, which could be too late.

MS. WELTON displayed a graph on slide 3 showing the national trends of opioid overdoses. Overdoses are increasing significantly, especially for synthetic opioids, such as tramadol and fentanyl.

MS. WELTON said too many Alaskans have lost their lives to overdoses, even though that is preventable with timely administration of naloxone. In Alaska overdoses were one of the top 10 causes of death in 2017. Overdoses can cause a significant medical impact in a person who does not receive timely administration of naloxone. It takes just three minutes for someone who overdoses to experience brain damage, a costly and life-long diagnosis. It takes three-to-four minutes for paramedics to arrive at a scene in Anchorage. At times people die within eight minutes of an overdose. In rural areas, it can take 10-20 minutes and generally much longer for first responders to appear on the scene. People who survive overdose with brain damage may also have resulting kidney failure, heart complications, neurological consequences, and more.

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MS. WELTON said that in the U.S. and in Alaska synthetic opiates, primarily illicitly manufactured fentanyl, appear to be the primary driver of the increases in overdose deaths. They have increased 38.4 percent from the 12 months leading up to June 2019 compared to the 12 months leading up to May 2020.

Overdoses from May 2020 to September appear to outnumber 2019, marking the highest overdose death rate in over a decade in Alaska, next to 2017.

SENATOR BEGICH asked why there is an asterisk after 2019 on slide 5.

MS. WELTON answered there is a lack of data for the final quarter of 2019.

SENATOR BEGICH asked if the numbers could be even higher.

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MS. WELTON replied that is correct. Continuing with the presentation, she said 42 states and the District of Columbia have enacted naloxone standing orders. The World Health Organization, the U.S. Surgeon General, and the American Society of Addiction Medicine have officially recommended that naloxone be accessible to those who are closest to the person using opiates.

MS. WELTON said the standing medical order currently allows naloxone to be dispensed to any individuals who are not prescribers, a practice that would be prohibited. Naloxone is not a controlled substance, has no potential for abuse, and is safe to use. By removing the sunset date, local and regional overdose response programs, first responders, the Department of Public Safety, the Department of Corrections, and the general public will continue to have the ability to directly distribute and use the life-saving drug naloxone.

MS. WELTON said with the foundation of the standing order in 2017, the department was able to start the program Project HOPE, Harm-reduction Overdose Prevention and Education. Project HOPE works with community organizations to distribute or administer NARCAN, otherwise known as naloxone, in Alaska. Since inception, 127 community partners have distributed over 41,000 federally funded NARCAN kits. Of the 320 documented NARCAN administrations originating from Project HOPE, overdoses have been reversed at least 309 times. Alaskan subject-matter experts believe that when there was a 28 percent decrease in overdose deaths in 2018 compared to 2017, it was largely the result of a maximum distribution of naloxone by Project HOPE for lay persons to use across Alaska.

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MS. WELTON said that timely administration of naloxone provides opportunity for recovery, and saving lives saves costs. According to the Society of Actuaries, 40 percent of the economic burden of the opioid crisis is driven by lost lifetime earnings for those who died prematurely. Nearly 33 percent is for excess healthcare spending, another 15 percent is from lost productivity in the workforce, and 6 percent is from costs associated with criminal justice. An estimated 29 percent of the economic burden is borne by federal, state, and local governments.

MS. WELTON said the current standing medical order allows naloxone to be dispensed by any individuals who are not prescribers. By removing the sunset date, local and regional overdose response programs, first responders, the Departments of Public Safety and Corrections, and the general public will continue to have the ability to directly distribute the life-saving drug naloxone. Without passage of SB 70, naloxone would only be available to those with a prescription or by EMS. This is why it is imperative to continue to make naloxone widely available to save many lives that otherwise would be lost from overdose.

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SENATOR REINBOLD commented that the bill sounds like a good idea. She asked how much each kit cost and who picks up the cost.

MS. WELTON replied the cost for the naloxone kits are borne entirely by federally-funded grants. The approximate cost of a kit, which contains two doses of naloxone, additional education and harm reduction efforts and information for treatment, cost less than \$4. There is no cost to the user or the distributors. Project HOPE is fully funded for both the substance naloxone and the coordinator position. The state has full funding for the next two years for Project HOPE. There are no state funds used for the kits. The Office of Substance Misuse and Addiction Prevention (OSMAP) is applying for another federal grant that will provide complete funding it for five years.

SENATOR REINBOLD commented that at some point she would like the program to be user paid and not government paid. She suggested the program needs to be evaluated and perhaps restructured.

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SENATOR COSTELLO expressed appreciation for the program and those who administer it. She said the report is helpful, but it

does not replace a hearing and public testimony and the learning that happens for the public when legislation that sunsets is before the committee.

SENATOR BEGICH asked Ms. Welton to describe the experience of receiving naloxone, as he was sure that it was not pleasant.

MS. WELTON replied it is not a pleasant experience when someone is administered naloxone in an overdose state. Its biochemistry blocks the opiate receptors, the "high," and the subsequent medical event of the cascade of an overdose is stopped in its tracks. People have a tendency to wake up angry and confused with an intense headache and potential other medical conditions, but they are alive. That gives them an opportunity to get into recovery.

SENATOR BEGICH said her response underscores what the committee heard from Dr. Butler on the subject. It is very unpleasant experience. To Senator Reinbold's point, he said he recognizes and acknowledges that at some point people have to pay the price for their actions. He offered his belief that the report does not need to be so lengthy. He noted that the committee heard an executive order related to the departmental split. He asked if that split will have any impact on SB 70.

CHAIR WILSON asked if OSMAP would stay in the Department of Health or be in the Department of Child Services.

MS. WELTON responded that OSMAP would be in the new Department of Health. The split would not impact OSMAP or Project HOPE.

SENATOR BEGICH wondered whether the chief medical officer would be in a supervisory role.

SENATOR REINBOLD commented further on the importance of personal responsibility related to the opioid crisis. She segued to the covid crisis and the impact that had on all sectors of the population She asked if there has been an increase in overdoses and naloxone use since March 2020.

[2:34:25 PM](#)

MS. WELTON answered that the state has seen an uptick in overdose deaths in the first three quarters of 2020 compared to 2019 and definitely to 2018. Due to COVID circumstances, getting the kits built this past year has been challenging because OSMAP relies on volunteer groups to put them together and OSMAP has had to adjust to social distancing. The distribution of NARCAN

kits by partners has also been affected. It could be that not as much naloxone has been distributed in 2020 or it could be the circumstance of increased mental health complications as well as substance misuse. Those numbers are being reviewed and causation studied.

SENATOR REINBOLD explained that she is trying to look at the difference between lockdowns and non-lockdowns on regional, state, and national levels. She has heard suicide is up but she did not have numbers. She asked how significant the increased number of deaths is and what type of numbers she had for various years.

MS. WELTON replied she was using approximate numbers as represented by the bar graph. For the first three quarters of 2018, there were about 70 overdose deaths and about 100 for the first three quarters of 2019, a little over 100 for the first three quarters of 2020. She declined to comment on causation.

SENATOR REINBOLD said she is looking for actual numbers for overdoses and how much naloxone saved lives. She wants information from March 2020 when it is available, not just the first quarter, because she wants to know the impact of the covid lockdowns.

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CHAIR WILSON opened public testimony on SB 70.

[2:39:22 PM](#)

KAREN MALCOM-SMITH, founder, David Dylan Foundation, Anchorage, Alaska, said she is a self-funded advocate for the vast arena of issues surrounding stigma, including healthcare, education, and law enforcement. She is a member of the Alaska Mental Health Advisory Board. Her testimony is strictly personal and does not represent the board. In June of 2017, just one month short of NARCAN accessibility to the public without a prescription, her 25-year-old son, Dylan, passed away from an overdose. His dependency followed a near-fatal ATV accident when he was irresponsibly cut off without a taper after three months of morphine and oxycodone. At 25 he relapsed and had just returned from treatment when he passed away. The man who was with him called 911 immediately. The first responders were there right away but did not carry NARCAN. They could possibly have saved him. In addition to the statistics the committee heard, she wants to add that nationally, the overdose rate is up almost 38 percent for the first three quarters of 2020.

MS. MALCOM-SMITH said that in her work, she has come into close contact with families who are experiencing the same loss. She represents other mothers who have experienced first responders not carrying NARCAN. Lisa Sauder who runs Bean's Café is one of them. They strongly support SB 70 and strongly encourage that in the future, it should be mandatory for first responders to carry NARCAN. She knows eight people whose children's lives would have been saved. Her son was a stellar human being and citizen who had a warrior's heart. Police officers and emergency responders should carry NARCAN.

[2:44:37 PM](#)

KATIE BOTZ, representing self, Juneau, Alaska, recalled sitting in one of the legislative rooms testifying for NARCAN. She lost a friend around 2017 due to an opioid overdose. He hid his use of drugs very well. It is important to her that NARCAN get in the hands of healthcare providers and the police department to help in cases of opioid overdoses. It is discouraging to hear cases of police and responders not having it on hand. She asked the legislature to make it mandatory for healthcare providers and police officers to have NARCAN on hand.

[2:47:35 PM](#)

CHAIR WILSON closed public testimony on SB 70.

SENATOR REINBOLD thanked Ms. Malcom-Smith for her testimony and for serving on the board of the Alaska Mental Health Advisory Board and expressed sorrow for her loss. She asked her to send any numbers that she has about overdoses and the use of NARCAN or anything about the impact since March to the chair.

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CHAIR WILSON said he heard the committee's concerns and he would offer a committee substitute (CS) that leaves in the reporting requirement.

CHAIR WILSON held SB 70 in committee for further consideration

[2:50:44 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 2:50 p.m.