

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

May 5, 2022

1:35 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. 191

"An Act repealing emergency powers of the commissioner of health and social services and certain provisions related to the response to the novel coronavirus disease; and providing for an effective date."

- MOVED CSSB 191(HSS) OUT OF COMMITTEE

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 392(HSS) AM

"An Act relating to advanced practice registered nurses and physician assistants; and relating to death certificates, do not resuscitate orders, and life sustaining treatment."

- MOVED SCS CSHB 392(HSS) OUT OF COMMITTEE

SENATE BILL NO. 242

"An Act relating to exemptions for the purchase and sale of certain food products for home consumption under the Alaska Food Freedom Act."

- BILL HEARING CANCELED

PREVIOUS COMMITTEE ACTION

BILL: SB 191

SHORT TITLE: REPEAL COVID 19 DISASTER EMERGENCY

SPONSOR(S): SENATOR(S) REINBOLD

02/15/22 (S) READ THE FIRST TIME - REFERRALS
02/15/22 (S) HSS, FIN
05/03/22 (S) HSS AT 1:30 PM BUTROVICH 205
05/03/22 (S) Heard & Held
05/03/22 (S) MINUTE(HSS)
05/05/22 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: HB 392

SHORT TITLE: EXPAND ADV PRC REG NURSE, PHYS ASSIS AUTH
SPONSOR(S): REPRESENTATIVE(S) SNYDER

02/22/22 (H) READ THE FIRST TIME - REFERRALS
02/22/22 (H) HSS, L&C
03/24/22 (H) HSS AT 3:00 PM DAVIS 106
03/24/22 (H) -- MEETING CANCELED --
03/29/22 (H) HSS AT 3:00 PM DAVIS 106
03/29/22 (H) Heard & Held
03/29/22 (H) MINUTE(HSS)
03/31/22 (H) HSS AT 3:00 PM DAVIS 106
03/31/22 (H) -- MEETING CANCELED --
04/14/22 (H) HSS AT 3:00 PM DAVIS 106
04/14/22 (H) Moved CSHB 392(HSS) Out of Committee
04/14/22 (H) MINUTE(HSS)
04/20/22 (H) HSS RPT CS(HSS) NEW TITLE 4DP
04/20/22 (H) DP: FIELDS, SPOHNHOLZ, SNYDER, ZULKOSKY
04/20/22 (H) L&C AT 3:15 PM BARNES 124
04/20/22 (H) Heard & Held
04/20/22 (H) MINUTE(L&C)
04/22/22 (H) L&C AT 9:00 AM BARNES 124
04/22/22 (H) Moved CSHB 392(HSS) Out of Committee
04/22/22 (H) MINUTE(L&C)
04/25/22 (H) L&C RPT CS(HSS) NEW TITLE 3DP 1NR
04/25/22 (H) DP: SNYDER, FIELDS, SPOHNHOLZ
04/25/22 (H) NR: SCHRAGE
05/02/22 (H) TRANSMITTED TO (S)
05/02/22 (H) VERSION: CSHB 392(HSS) AM
05/03/22 (S) READ THE FIRST TIME - REFERRALS
05/03/22 (S) HSS
05/03/22 (S) HSS AT 1:30 PM BUTROVICH 205
05/03/22 (S) Heard & Held
05/03/22 (S) MINUTE(HSS)
05/05/22 (S) HSS AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

MATT DAVIDSON, Special Assistant to the Commissioner

Office of the Commissioner
Department of Health and Social Services (DHSS)
Juneau, Alaska
POSITION STATEMENT: Answered questions on SB 191.

REPRESENTATIVE LIZ SNYDER
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Sponsor of HB 392.

ACTION NARRATIVE

[1:35:24 PM](#)

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 1:35 p.m. Present at the call to order were Senators Reinbold, Hughes, Costello, Begich and Chair Wilson.

SB 191-REPEAL COVID 19 DISASTER EMERGENCY

[1:36:11 PM](#)

CHAIR WILSON announced the consideration of SENATE BILL NO. 191 "An Act repealing emergency powers of the commissioner of health and social services and certain provisions related to the response to the novel coronavirus disease; and providing for an effective date."

[1:36:25 PM](#)

SENATOR BEGICH asked what the impact would be to the state with regard to SNAP benefits if SB 191 were to pass.

[1:36:59 PM](#)

MATT DAVIDSON, Special Assistant to the Commissioner, Office of the Commissioner, Department of Health and Social Services (DHSS), Juneau, Alaska, offered his understanding that due to the state's public health emergency (PHE) declaration, the SNAP program receives an additional \$7.6 million dollars a month in supplemental benefits to Alaskans.

SENATOR BEGICH asked what triggers the extra benefits and whether a concomitant declaration is required to receive those federal funds.

MR. DAVIDSON confirmed that was his understanding; the state must be under a public health emergency for the supplemental benefits to be implemented.

[1:38:15 PM](#)

SENATOR REINBOLD questioned why the state should have to be in a public health emergency to receive the enhanced benefits. She asked how many people this affects.

MR. DAVIDSON said he would have to follow up with the number, but his understanding is that a PHE is necessary to qualify because these are supplemental benefits.

[1:38:59 PM](#)

SENATOR HUGHES asked him to repeat the amount the state receives each month in supplemental SNAP benefits.

MR. DAVIDSON replied it's approximately \$7.6 million per month.

SENATOR HUGHES asked if there have been any adjustments recently based on rising inflation.

MR. DAVIDSON said he was not aware of any adjustments to SNAP due to inflation. The supplement benefits were an enhancement due to the federal disaster.

SENATOR REINBOLD asked if he could say with certainty that the state has to be in a state of emergency to receive the supplemental SNAP benefits.

MR. DAVIDSON stated that he would provide a written response to the committee.

[1:40:56 PM](#)

CHAIR WILSON solicited a motion.

[1:40:59 PM](#)

SENATOR BEGICH moved to adopt Amendment 1, work order 32-LS1497\I.1.

32-LS1497\I.1
Ambrose/Foote
5/4/22

AMENDMENT 1

OFFERED IN THE SENATE
TO: SB 191

BY SENATOR BEGICH

Page 1, line 5:

Delete "9, 10,"

Delete "21(b)-(e)"

Insert "21(c) and (e)"

[1:41:01 PM](#)

CHAIR WILSON objected for purposes of discussion.

[1:41:03 PM](#)

SENATOR BEGICH explain that the amendment removes the references in the bill to Sections 9 and 10 [ch. 2, SLA 2021] that deal with charitable gaming and school operating funds respectively. Legislation on these issues has yet to pass so they could unnecessarily be affected if they are included in SB 191. The reference to "21(b) - (e), ch. 2, SLA 2021," is also changed to "21(c) and (e)" to reflect the removal of Sections 9 and 10.

[1:42:43 PM](#)

SENATOR REINBOLD stated that she would support Amendment 1 out of comradery and to ensure that minority voices are heard.

[1:43:22 PM](#)

CHAIR WILSON removed his objection; he found no further objection and Amendment 1 was adopted.

SENATOR REINBOLD stated her belief that the local, state, and federal mandates have created a larger disaster than COVID-19 itself. SB 191 responds by stripping what she sees as illegitimate, illegal constitutional powers from public health Commissioner Adam Crum. She emphasized that there was no justification for the continued emergency and the department had failed to provide data in response to her questions for the past two years. She thanked the chair for scheduling the hearings on the bill and asked the members for their support.

CHAIR WILSON solicited the will of the committee.

[1:45:10 PM](#)

SENATOR HUGHES moved to report SB 191, work order 32-LS1497\I, as amended, from committee with individual recommendations and attached fiscal note(s).

[1:45:21 PM](#)

CHAIR WILSON found no objection and CSSB 191(HSS) was reported from the Senate Health and Social Services Standing Committee.

1:45:30 PM

At ease.

HB 392-EXPAND ADV PRC REG NURSE, PHYS ASSIS AUTH

1:49:24 PM

CHAIR WILSON reconvened the meeting and announced the consideration of CS FOR HOUSE BILL NO. 392(HSS) am "An Act relating to advanced practice registered nurses and physician assistants; and relating to death certificates, do not resuscitate orders, and life sustaining treatment."

CHAIR WILSON asked the sponsor if she had any comments before the committee considered amendments.

1:50:03 PM

REPRESENTATIVE LIZ SNYDER, Alaska State Legislature, Juneau, Alaska, sponsor of HB 392, stated that during the initial hearing the committee focused on the DNR order in Section 5 that requires written consent of the patient or the parent or guardian of a minor patient. Section 10 did not receive much attention but it explicitly states that a patient that is capable has the right to make their own health decisions, including revoking a DNR order that may be made by a physician. If the bill were to pass, this would also include an advanced practice registered nurse (APRN) or physician's assistant (PA). She noted that the health care professional who testified during the first hearing was referencing this protection that is already in statute.

REPRESENTATIVE SNYDER explained that AS 13.52.065(b) directs the department to adopt a protocol for DNR orders, which is subject to approval by the State Medical Board. That protocol is laid out in 7 AAC 16.010. When an individual comes in to a health care facility, the first step is for the health care provider to determine the patient's identity by one of the following means: the patient could communicate their identity; the patient's hospital or institutional arm band; the patient is known to the health care provider; the patient's driver's license; another person identified the patient; or with a medical necklace, bracelet, or information card the patient is wearing. Once the identity has been determined, the provider must examine the patient, review patient records, and look to see if there is a medical bracelet, necklace, or card that identifies the individual's DNR status. The patient can provide their DNR status if they're awake, and the provider could look to see if a

Physician Orders for Life Sustaining Treatment (POLST) form is on file. This is a form that is filled out in consultation between the patient and health care provider documenting what the individual wants to do if a DNR is in question. She confirmed that the patient's signature on the POLST form is voluntary and that there was good reason. Some people are physically unable to sign, but the form is filled out in consultation with their physician. She acknowledged that absent a POLST or any clear direction from the patient about their DNR wishes, an attending physician can assess the patient and make a determination about whether a DNR order is appropriate.

REPRESENTATIVE SNYDER highlighted that that according to the DNR protocol that is in regulation, CPR must be administered until items 1 and 2 have been worked through and confirmed. That is the current issue. As currently written, Section 5, requires the written consent no matter what. This ensures the patient, their surrogate, or guardian is making an informed decision on a DNR order, but it's made it impossible for medical professionals to respond in other acute instances where the consent process is not possible. Medical professionals have voiced concern that physicians in an emergency department would have to perform CPR in situations where it was not in the best interest of the patient.

REPRESENTATIVE SNYDER urged the committee to find a way to ensure that consent when possible is obtained and documented, and when it's not possible to rely on the DNR protocol that's in regulation.

[1:57:38 PM](#)

SENATOR HUGHES asked what items 1 and 2 are in the protocol for an attending physician to assess the patient and make a determination about whether issuing a DNR order is appropriate.

REPRESENTATIVE SNYDER answered that those are the steps to first identify the patient and second to determine whether there is or is not a documented DNR order or completed POLST form. In the absence of these things, regulation authorizes a physician to make the determination about whether issuing a DNR order is appropriate in the particular situation.

[1:58:45 PM](#)

SENATOR HUGHES expressed concern that just one physician could make this decision after going through steps 1 and 2 and assessing the immediate situation. Her preference would be to have several physicians in consultation come to agreement on

whether it was appropriate to issue a DNR order. She acknowledged that this was beyond the scope of the bill, but suggested that the issue probably needed to be revisited because it was too much power and responsibility to be vested in just one physician.

[2:00:18 PM](#)

SENATOR REINBOLD said it's an important point, particularly in light of the COVID-19 mandates that blocked patient advocacy.

CHAIR WILSON noted that Senator Costello had an amendment for the committee to consider.

[2:01:27 PM](#)

At ease.

[2:02:35 PM](#)

CHAIR WILSON reconvened the meeting and solicited a motion.

[2:02:38 PM](#)

SENATOR COSTELLO moved to adopt Amendment 1.

AMENDMENT 1

Page 3, line 5:
Delete "written"

[2:02:40 PM](#)

CHAIR WILSON objected for purposes of discussion.

[2:02:41 PM](#)

SENATOR COSTELLO stated that Amendment 1 removes the word "written" because the physician's order for life sustaining treatment (POLST) form, which is filled out in consultation with the patient and placed in a national database, does not require the patient's signature. The patient's signature is voluntary and it can be witnessed. As currently written, the bill negates all existing POLST forms that do not have a patient signature. The amendment does not remove the requirement in Section 5 for consent from the patient [or the parent or guardian of a minor patient]. The amendment only removes the requirement for the consent to be in writing.

[2:05:24 PM](#)

SENATOR HUGHES summarized her understanding that a POLST form would be filled out in consultation between an individual and their physician, it may or may not be signed, the form would be filed in a national database, and it would remain valid until the individual opted to change it. She asked if that was an accurate characterization.

2:06:16 PM

At ease.

2:10:00 PM

CHAIR WILSON reconvened the meeting.

2:10:03 PM

SENATOR BEGICH read the following about POLST forms, noting that 46 states have these forms:

Health care providers should complete this form only after a conversation with the patient or the patient's representative. A POLST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.

The POLST form is a medical order, which means that the POLST form is always signed by a medical professional and, depending upon the state, the person stated on the form can sign as well.

SENATOR BEGICH highlighted that in Alaska the patient's signature on the POLST form is optional. He continued to read:

A pragmatic rule for initiating a POLST can be if the clinician would not be surprised if the individual were to die within one year.

One difference between the POLST form and an advanced directive is that the POLST form is designated to be actionable throughout an entire community. It is immediately recognizable and can be used by doctors and first responders, including paramedics, fire departments, police, emergency rooms, hospitals and nursing homes.

2:11:37 PM

SENATOR COSTELLO summarized that a POLST is a medical order that allows the individual to convey their wishes about receiving CPR, including mechanical ventilation, defibrillation and cardioversion should they be incapacitated.

SENATOR HUGHES also pointed out that a POLST form allows for a patient to designate a representative if they so desire.

[2:12:39 PM](#)

CHAIR WILSON removed his objection; he found no further objection, and Amendment 1 was adopted.

SENATOR HUGHES commented that she was very impressed that both PAs and APRNs have assumed greater responsibility and helped to improve access to more affordable health care in the state. The training they receive has become more comparable to the training physicians receive so it makes sense to give them this added authority.

[2:13:58 PM](#)

SENATOR HUGHES moved to report HB 392, work order 32-LS1561\B.A, as amended, from committee with individual recommendations and attached fiscal note(s).

[2:14:14 PM](#)

CHAIR WILSON found no objection and SCS CSHB 392(HSS) was reported from the Senate Health and Social Services Standing Committee.

CHAIR WILSON thanked the committee and support staff for their work.

SENATOR REINBOLD thanked the chair for hiring good staff.

SENATOR BEGICH thanked Chair Wilson for running the committee for the last six years.

SENATOR HUGHES commented that she avoided sitting on this committee initially, but she enjoyed it.

[2:16:29 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 2:16 p.m.