

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 2, 2023

3:01 p.m.

MEMBERS PRESENT

Representative Mike Prax, Chair
Representative Justin Ruffridge, Vice Chair
Representative Dan Saddler
Representative Jesse Sumner
Representative Genevieve Mina

MEMBERS ABSENT

Representative CJ McCormick
Representative Zack Fields

COMMITTEE CALENDAR

HOUSE BILL NO. 52

"An Act relating to the right of patients and residents to have a support person in person during treatment and during stays at certain facilities; and relating to a requirement that health care facilities make certain information available to the public."

- HEARD & HELD

HOUSE BILL NO. 6

"An Act relating to the duties of the Department of Education and Early Development; relating to public education; relating to opioid abuse awareness and prevention; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 56

"An Act exempting controlled substances prescribed or dispensed by a veterinarian to treat an animal from the requirements of the controlled substance prescription database."

- HEARD & HELD

HOUSE BILL NO. 17

"An Act relating to insurance coverage for contraceptives and related services; relating to medical assistance coverage for

contraceptives and related services; and providing for an effective date."

- MOVED CSHB 17(HSS) OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: HB 52

SHORT TITLE: NO PATIENT LEFT ALONE ACT

SPONSOR(S): REPRESENTATIVE(S) VANCE

01/30/23 (H) READ THE FIRST TIME - REFERRALS
01/30/23 (H) HSS, STA
03/02/23 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 6

SHORT TITLE: PUBLIC SCHOOLS; OPIOID AWARENESS PROGRAM

SPONSOR(S): REPRESENTATIVE(S) RAUSCHER

01/19/23 (H) PREFILE RELEASED 1/9/23
01/19/23 (H) READ THE FIRST TIME - REFERRALS
01/19/23 (H) HSS, EDC, FIN
03/02/23 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 56

SHORT TITLE: CONTROLLED SUB. DATA: EXEMPT ANIMAL RX

SPONSOR(S): REPRESENTATIVE(S) RUFFRIDGE

02/03/23 (H) READ THE FIRST TIME - REFERRALS
02/03/23 (H) HSS, L&C
02/18/23 (H) HSS AT 3:00 PM DAVIS 106
02/18/23 (H) -- MEETING CANCELED --
03/02/23 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 17

SHORT TITLE: CONTRACEPTIVES COVERAGE:INSURE;MED ASSIST

SPONSOR(S): REPRESENTATIVE(S) CARRICK

01/19/23 (H) PREFILE RELEASED 1/9/23
01/19/23 (H) READ THE FIRST TIME - REFERRALS
01/19/23 (H) HSS, CRA, L&C, FIN
02/07/23 (H) HSS AT 3:00 PM DAVIS 106
02/07/23 (H) Heard & Held
02/07/23 (H) MINUTE(HSS)
02/18/23 (H) HSS AT 3:00 PM DAVIS 106
02/18/23 (H) -- MEETING CANCELED --
03/02/23 (H) HSS AT 3:00 PM DAVIS 106

WITNESS REGISTER

REPRESENTATIVE SARAH VANCE
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, introduced HB 52.

JANET OGAN, representing self
Palmer, Alaska

POSITION STATEMENT: Provided invited testimony in support of HB 52.

NATALIE BEYELER, DO
Internal Medicine Specialist
Dr. Natalie Beyeler and Associates
Palmer, Alaska

POSITION STATEMENT: Provided invited testimony in support of HB 52.

REPRESENTATIVE GEORGE RAUSCHER
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, introduced HB 6.

RYAN MCKEE, Staff
Representative George Rauscher
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Rauscher, prime sponsor, presented the sectional analysis on HB 6.

MICHAEL CARSON, Vice-President/Recovery Specialist
MyHouse Mat-Su Homeless Youth Shelter;
Chair
Mat-Su Opioid Task Force
Wasilla, Alaska

POSITION STATEMENT: Provided invited testimony in support of HB 6.

BUD SEXTON, Staff
Representative Justin Ruffridge
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Ruffridge, prime sponsor, presented the sectional analysis on HB 56.

TRACY WARD, DVM, Clinic Director/Veterinarian
Juneau Animal Rescue
Juneau, Alaska

POSITION STATEMENT: Provided invited testimony in support of HB 56.

REPRESENTATIVE ASHLEY CARRICK
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, offered a brief summary on HB 17.

BARBARA TYNDALL, representing self
North Pole, Alaska

POSITION STATEMENT: Testified in opposition to HB 17.

PAMELA SAMASH, President
Right to Life - Interior Alaska
Nenana, Alaska

POSITION STATEMENT: Testified in opposition to HB 17.

KATHERINE CHRISTENSON, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in opposition to HB 17.

MORGAN LIM, representing self
Juneau, Alaska

POSITION STATEMENT: Testified in opposition to HB 17.

ACTION NARRATIVE

[3:01:53 PM](#)

CHAIR MIKE PRAX called the House Health and Social Services Standing Committee meeting to order at 3:02 p.m. Representatives Ruffridge, Saddler, Sumner, Mina, and Prax were present at the call to order.

HB 52-NO PATIENT LEFT ALONE ACT

[3:03:06 PM](#)

CHAIR PRAX announced that the first order of business would be HOUSE BILL NO. 52, "An Act relating to the right of patients and residents to have a support person in person during treatment and during stays at certain facilities; and relating to a

requirement that health care facilities make certain information available to the public."

3:04:28 PM

REPRESENTATIVE SARAH VANCE, Alaska State Legislature, as prime sponsor, introduced HB 52. She paraphrased from the sponsor statement [copy included in the committee packet], which read as follows [original punctuation provided]:

HB 52 seeks to safeguard a patient's right to a support person receiving emergency medical services, or staying at hospital, nursing facility, assisted living home, or hospice care. This bill ensures no patient is left alone when they feel most medically vulnerable and may not be withheld a support person based on a state or federal declaration of disaster, allows for civil penalties and requires healthcare facilities to make visitation policies available to the public.

The pandemic has caused great uncertainty and anxiety across Alaska and has significantly affected the medical community. Many unintended consequences have happened to patients because of visitation policies that have prohibited them from having any visitors, including a spouse, parent, close family member, guardian, health care agent, chaplain, or caregiver; and as a result, many have been forced to be alone during their treatment for serious conditions, traumas, illnesses, heart attacks, and routine and emergency surgeries.

Some of these patients have been forced to be alone for the entire course of their treatment and in some cases have died alone; and many families have been unable to be physically present with their loved ones while in a hospital, nursing home, hospice care, adult care home, special care unit, or residential treatment setting for mental illness, developmental or intellectual disability, or substance use disorder.

Alaskans have been limited to electronic video communications, if any, with the patient; and the patients who have been affected have included adults, minors, and individuals with intellectual or developmental disabilities; however it is my belief

that it is our moral obligation that these patients be allowed at least one support person of their choice to be physically present at reasonable times throughout the period of hospitalization or residential treatment.

3:07:19 PM

REPRESENTATIVE VANCE shared a recent story which related that a father had resorted to camping on the lawn of a hospital in order to be near his daughter who had been admitted to the hospital with a severe asthma attack. She stated that the father offered to test for COVID-19 and wear protective gear at the hospital, as he believed his presence would improve his daughter's health. She stated that the hospital had refused access to the father. She related a story concerning a constituent's experience after he was admitted to the hospital with COVID-19. His wife was not allowed to be with him in the hospital, and this had been mentally and physically challenging for him. She said he had told her that he had not considered the importance of having a loved one present during recovery. She related that he had realized that this presence would improve the patient as much as drugs and treatment. She maintained that this is an issue of human dignity.

3:11:20 PM

REPRESENTATIVE VANCE presented a PowerPoint on HB 52, titled "No Patient Left Alone Act." As listed on slide 2, she addressed the main components of the bill: provide patients with a right to a support person; allow for civil liability; not allow for the rights of patients to be suspended; provide that facilities have written policies; and allow for an investigation by the Department of Health (DOH).

REPRESENTATIVE VANCE continued to slide 3, which addressed a patient's right to a support person. She stated that the proposed legislation would require health care facilities to allow a support person to be present at all times during the patient's stay. To eliminate the possibility of any loopholes, she stated that the proposed legislation specifies "in person" in reference to this. She continued that the support person's privileges would not be limited to the visitation hours of the facility, and the right to a support person could not be withheld based on a declaration of disaster. She addressed civil liability, as seen on slide 4. She explained this provision would allow a patient or the support person to bring a

civil complaint against a health care facility or health care professional.

[3:13:36 PM](#)

REPRESENTATIVE VANCE, continuing to slide 5, stated that the proposed legislation would prohibit a state or federal declaration of disaster to change a patient's rights. She continued that the proposed legislation would also require health care facilities to inform patients of the right to equal treatment concerning a support person. Connected to this is the requirement that the current version of a health care facility's visitation policies and procedures be made widely available to the public, as seen on slide 6. She moved to slide 7, stating that this would include investigations by DOH, and individuals would be able to file a complaint with DOH concerning any violation. Moving to slide 8, she stated that, unless required by federal law or regulation, a state agency may not take action against a health care facility for prohibiting a visitor from entering an operating room, isolation room, isolation unit, behavioral health setting, or other typically restricted areas.

[3:17:33 PM](#)

CHAIR PRAX announced the committee would hear invited testimony on HB 52.

[3:18:09 PM](#)

JANET OGAN, representing self, began her invited testimony in support for HB 52. She shared the story that in July 2022 her sister-in-law had been admitted to the Mat-Su Regional Medical Center for pneumonia and tested positive for COVID-19. She stated this became a nightmare for her family because the sister-in-law was terrified at being alone and put on a ventilator. Family members were unable to visit her, including her husband, until she died nine days later. She expressed the understanding that the hospital did not welcome the husband. She stressed that sickness can be frightening, and the process can be made easier by having a loved one present for comfort and as an advocate. She described the distressed situation as "helpless." The family had been notified that the sister-in-law was dying but were not allowed in the room until after she had passed away. She questioned, "What logic justified this deprivation of human dignity?" She added that her family had traditions around the death of family members, and that tradition was robbed when they were unable to comfort her

sister-in-law or grieve her death. She stated that others have suffered similar actions by health care institutions, emphasizing that a society is judged by its treatment toward the elderly, unborn, and sick. She stated that the COVID-19 pandemic had ushered in a "dark time" for the country, as patients were denied the right to have loved ones make decisions concerning care, and treatment protocols had been forced without allowing alternatives. She stated that HB 52 would be a step in the right direction.

3:25:08 PM

NATALIE BEYELER, DO, Internal Medicine Specialist, Dr. Natalie Beyeler and Associates, provided invited testimony in support of HB 52. She shared that she currently runs her own clinic, but for 16 years she had been the director of critical care and intensive care at Mat-Su Regional Medical Center, and for 25 years she had been the director of pulmonary care. She said that after the hospital began employing its own physicians, privately employed physicians, like herself, were relegated to "backseat drivers." She explained that this is why her testimony is important. She expressed the opinion that not recognizing the importance of family members for a patient's recovery process is "absolutely insane." She referenced a recovery-unit study which indicated patients recuperated 80 percent better when they had a view of a tree; however, she argued that a study is not needed to know that the presence of a familiar face or squeeze of a hand improves medical outcomes for patients. She stated that many times patients can be confused, over medicated, sedated, or experiencing intensive-care psychosis. She continued that, whether it is a tooth extraction or a brain surgery, there is no substitute for having a support person present. She voiced the opinion that this could improve medical outcomes for the patient.

3:29:26 PM

DR. BEYELER continued that not being able to take care of a family member in the hospital leaves those remaining with regret, remorse, long-lasting grief, anxiety, depression, and guilt. She stated that this is a terrible testimony on health care facilities and expressed shame over being a doctor. She pointed out that hospitals are currently overrun, and the nurse-to-patient ratio is "high," so having the presence of a loved one to rely on is important. She referenced the medical condition of "cryptic shock," which has no outward signs for nurses or other providers to notice, especially with

understaffing. She expressed the opinion that a loved one at the bedside would more readily notice this condition, and this could save the patient's life.

[3:32:41 PM](#)

DR. BEYELER stated there are many stories of patients who had improved outcomes because they were surrounded by loved ones. She shared a recent account of a husband who had contracted a very serious illness and was taken to the hospital. The wife had learned that his outcome would worsen if he were intubated. The wife was not allowed into the hospital room, but she could hear talk through the door concerning intubation. She described the wife as "banging on the intensive care doors" and "screaming" to stop her husband's intubation. She stated that the husband had relied on his wife to be his spokesperson, and when he heard her screaming, whether it was the adrenaline pump or her voice, he was shocked into survivor mode and his oxygen levels went up.

[3:35:14 PM](#)

DR. BEYELER stated she has researched hospital admissions, discharges, readmissions, and post-hospitalization mortality; however, she has not found one study addressing the presence of a support person. She expressed the opinion that depriving a parent from being present with a minor patient defies civility and should be "punishable by incarceration." She argued that individuals in the hospital would not have the capacity to answer for themselves, so someone must be present to stand in for them. She offered to follow up with any needed materials in support of the proposed legislation.

[3:38:33 PM](#)

REPRESENTATIVE SUMNER, concerning health care facility liability, pointed out language that would be added to statute as Section 18.20.630 [under Section 1 of HB 52, on page 4, beginning on line 24], which would preclude any state agency from taking any action against a facility. He expressed the understanding that most of the testimony concerned hospitalizations in COVID-19 isolation wards. He questioned whether the legislation would actually address this situation.

[3:39:31 PM](#)

REPRESENTATIVE VANCE expressed the understanding that not all patients during the pandemic were in isolation wards. She expressed appreciation for the comment; however, many constituents have informed her of situations in regular hospital rooms where they were not allowed a support person. She referred to seniors in assisted living homes who were not allowed to see loved ones. She referenced an example where a doctor prescribed anti-depressants to an individual who was quickly failing in a senior care facility because of the inability to see family. She commented that a variety of facilities limited the rights of patients.

[3:41:18 PM](#)

REPRESENTATIVE SUMNER expressed the understanding that isolation rooms would be needed in the case of extremely contagious outbreaks. He expressed agreement that in the case of COVID-19, [family support] should not have been restricted; however, he advised that there could be a potential need for isolating patients.

[3:42:42 PM](#)

REPRESENTATIVE SADDLER questioned Dr. Beyeler on the Mat-Su Medical Center's policies prior to the COVID-19 pandemic.

DR. BEYELER responded that there have always been visiting hours, and at least one family member could be with the patient in the critical care unit. She stated that every single room in the hospital has a bed available for a family member, and rarely does a patient explicitly ask to not have a support person. She stated that having a support person present makes providers' jobs easier in regard to bathing, feeding, monitoring medication, and more.

[3:44:49 PM](#)

REPRESENTATIVE SADDLER, with a follow-up question for clarification, asked whether hospitals currently have no limits on the presence of a support person, even in the emergency room, recovery room, or operating room.

DR. BEYELER responded that operating rooms are restricted because of distractions and the need for a sterile environment. In situations with the critically ill, she said, there may be limited space in the room for a support person. She stated that patients in the recovery room would always have at least one

support person, but not more than two in a post-operation area. She expressed the importance of having a support person present when a patient is given instructions or a diagnosis.

[3:47:10 PM](#)

REPRESENTATIVE MINA thanked the bill sponsor. She pointed out that the examples presented had been during the COVID-19 pandemic. She directed attention to the language on page 2, lines 2-3, which concerns a provider's ability to restrict access to patients during emergency-medical services. She continued that the language is repeated within the bill in relation to hospitals, mental health facilities, long-term care facilities, and hospice. She questioned whether the provider's ability to restrict access would apply to COVID-19 concerns.

REPRESENTATIVE VANCE, in regard to the intent of the legislation, responded that health care facilities would not restrict access to the patient, regardless of a pandemic or declared disaster, and medical center policies should reflect this intent. She stated that the term "reasonable" would apply, and this would mean detriment to the care of the patient. She expressed the opinion that it had been learned during the COVID-19 pandemic that withholding a support person is not "reasonable." She stated that health care facilities would need some flexibility to care for patients in a medically appropriate way, while clarifying the right of an individual to have a support person.

[3:50:36 PM](#)

REPRESENTATIVE MINA provided the example of a highly infectious pneumonic plague and questioned whether the proposed legislation would allow hospitals to apply restrictions, or whether the hospital would be sued based on the civil liability section.

REPRESENTATIVE VANCE expressed the belief that she would not be the best person to answer the question. She stated that, in regard to the intent of the legislation, the health care facility would have the ability to make the decision, as long as it is "reasonable" and every individual is treated equally. She suggested that this was not the case during the pandemic.

[3:52:40 PM](#)

REPRESENTATIVE RUFFRIDGE voiced the opinion that few people would dispute the necessity of having a loved one present in a

critical care situation; however, he concurred with Representative Mina. He expressed the concern that the current version of the proposed legislation may not accomplish its intent. He surmised that it does not clearly define a "reasonable restriction". He expressed the opinion that throughout the COVID-19 pandemic most of these issues came to light, and most health care facilities would have "driven pretty hard" on the "clinically necessary" component of the bill. He suggested that the language be clarified. He stated that the provisions in Section 18.20.610 and Section 18.26.620 already exist through DOH. He said that if HB 52 were to become law, then both of these would be redundant.

REPRESENTATIVE VANCE responded that she was not aware of the redundancy. She expressed the willingness to work with the committee on clarifying the language.

[3:55:33 PM](#)

REPRESENTATIVE MINA stated that emergency room physicians have brought forward situations where providers have had to separate the patient, who is a victim, from an abuser. She pointed out that the provision on page 4, line 3 of the proposed legislation would prohibit a health care facility from separating a minor from a support person, except in a case of suspected abuse. She questioned the reasoning for not including this language in other sections related to facilities and providers of emergency medical services.

REPRESENTATIVE VANCE responded that the section on page 5, line 7 addresses this, with the intent to make sure patients are safeguarded.

[3:57:41 PM](#)

REPRESENTATIVE MINA pointed out the provision on page 5, line 7, wherein restricted access could be requested by a patient, law enforcement agency, or court order. In other words, in the case of a dangerous situation, restricted access would have to be requested by the patient, agency, or court before the facility could restrict access. Referring back to page 4, line 3, she pointed out that this provision would not require a court order or a request from the patient before access could be restricted. She expressed the opinion that the language on page 4 should be mirrored fully in the other sections.

REPRESENTATIVE VANCE stated that this could be easily accommodated.

[3:59:19 PM](#)

CHAIR PRAX announced that HB 52 was held over.

HB 6-PUBLIC SCHOOLS; OPIOID AWARENESS PROGRAM

[3:59:54 PM](#)

CHAIR PRAX announced that the next order of business would be HOUSE BILL NO. 6, "An Act relating to the duties of the Department of Education and Early Development; relating to public education; relating to opioid abuse awareness and prevention; and providing for an effective date."

[4:00:30 PM](#)

REPRESENTATIVE GEORGE RAUSCHER, Alaska State Legislature, as prime sponsor, introduced HB 6. He paraphrased from the sponsor statement [copy included in the committee packet], which read as follows [original punctuation provided]:

House Bill 6 addresses the need to better educate the youth in Alaska on the dangers of opioid misuse. Many communities around Alaska are feeling the impacts of the rising misuse of opioids and an increase in fentanyl related deaths.

This legislation would instruct the Department of Education and Early Development to put in place a 60-minute curriculum that would cover opioid abuse awareness and prevention. This curriculum would be for students grades six through 12 and would cover information about the dangers of using opioids, awareness of opioids that target children, and early warning signs related to opioid addiction, among other things.

The department would also be directed to consult with other entities around the state that have experience in dealing with opioid related problems. Some of these groups would include The Department of Health, state and tribal entities, and family members of individuals who had an opioid overdose.

House Bill 6 will educate our kids on the dangers of opioid use and help prepare them to deal with this ever-growing danger in Alaska.

REPRESENTATIVE RAUSCHER stated that fentanyl is a problem in the state. He suggested that the drug can look like "Skittles" and tempt children. He suggested that children are being subtly taken over by the drug world, and the proposed legislation would deal with this aspect.

[4:03:34 PM](#)

RYAN MCKEE, Staff, Representative George Rauscher, Alaska State Legislature, on behalf of Representative Rauscher, prime sponsor, gave a sectional analysis on HB 6 [included in the committee packet], which read as follows [original punctuation provided]:

Section 1: AS 14.30

Adds a new section to explain the awareness and prevention curriculum for students in grades six through twelve. Details are provided on who will be consulted and how the curriculum will be developed.

Section 2:

The uncodified law of the State of Alaska is amended by adding a new section related to DEED regulations.

Section 3: AS 14.30.363(c)

Enacted by Section 1, the effective date is September 1, 2023.

Section 4:

With the exception of Section 3 of this Act, this Act takes effect immediately.

[4:04:36 PM](#)

MICHAEL CARSON, Vice-President/Recovery Specialist, MyHouse Mat-Su Homeless Youth Shelter; Chair, Mat-Su Opioid Task Force, shared that he also sits on the state's opioid steering committee. He thanked the committee for the invitation to testify in support of HB 6. Discussing the current data on the opioid epidemic, he stated the first phase involved pain pills, the second phase involved heroin, and the current phase involves

fentanyl. He stated that 15- to 44-year-olds have seen an increase in overdoses, with 25- to 34-year-olds seeing the greatest increase. He explained that all public school students would eventually be in the greatest risk age group. He added that in 2021 Alaska had the largest jump in drug overdoses in the nation, with one out of three Alaskans being affected by the opioid epidemic. He referenced the recent drug arrests at the airport in Juneau. He stated that 5,000 counterfeit oxycodone pills were seized, with a street value of \$150,000. He stated the U.S. Drug Enforcement Administration (DEA) released the lab results which said 6 out of 10 counterfeit pills have a potential lethal dose. He explained that 2 mg of fentanyl is fatal, with 1 gram having the potential to kill 500 people. He stressed the importance of educating youth, because now most illicit drugs are contaminated with fentanyl. He added that no drug is safe unless it comes from a doctor or pharmacist. He stated that because parents are a vital partner in the education of their children, they also need to learn this.

[4:08:24 PM](#)

MR. CARSON stated that there is no current health curriculum addressing opioids, much less fentanyl. He stated that the last time the health curriculum had been revised was before the COVID-19 pandemic, and then no mention of opioid tolerance, dependence, or addiction had been made. He stated that the Department of Education and Early Development's (DEED's) resources for teachers have no updated information on fentanyl, and the proposed legislation would be requesting curriculum development. He suggested that in the interim Kellsie's Lesson could be utilized. He explained this lesson helps students understand how opioids "hack and whack the brain," and it is aligned with the national health standards.

MR. CARSON, addressing his qualifications, shared that he taught school for 35 years in the Matanuska-Susitna Borough School District. He stated that he has also taught at Mat-Su College, done postgraduate work in addiction studies, and worked with the Division of Juvenile Justice. He stated that he has been a recovery specialist and currently sits on the Mat-Su Opioid Task Force. He stated that he would welcome any questions on any drug or Kellsie's Lesson.

[4:11:08 PM](#)

REPRESENTATIVE MINA questioned whether any statewide drug curriculum exists in the country.

MR. CARSON responded that Red Ribbon Week is the last week of October, and this is a national drug prevention campaign. He stated that during this week a 30-minute lesson is taught. However, this would be dependent on individual schools and districts. He stated this past year he did a presentation on fentanyl during Red Ribbon Week at Colony Middle School and Colony High School. He stated that fentanyl is 50 times more powerful than heroin and 100 times more powerful than morphine.

[4:13:42 PM](#)

REPRESENTATIVE MINA, with a follow up, questioned the rates of opioid abuse and overdoses among youth in Alaska compared with the national average.

MR. CARSON stated that in 2021 Alaska had the biggest jump in drug overdoses in the country, with 25- to 34-year-olds having the greatest increase. He stated that he could follow up with specific numbers but advised that there is a data lag. He explained that teenagers would eventually be in the high-risk group of 25- to 34-year-olds. He said, "I think it is imperative to move upstream. I am all about pulling people out of the river of addiction, getting them to detox and treatment, but there is something to say about moving upstream and cutting off the flow."

[4:15:49 PM](#)

REPRESENTATIVE SADDLER questioned whether a specific curriculum on opioid addiction should be created, and whether any current required drug-abuse curriculum exists for Alaska schools.

MR. CARSON expressed uncertainty concerning a mandated drug curriculum in Alaska. He added that Maryland would be the only state with this type of school curriculum.

[4:17:37 PM](#)

REPRESENTATIVE SADDLER requested that DEED be questioned on this point. He expressed surprise that mandated education on drug abuse does not exist and suggested the proposed legislation could be broadened to include more dangerous drugs.

[4:18:11 PM](#)

REPRESENTATIVE SUMNER commented that he remembered the Drug Abuse Resistance Education (D.A.R.E.) program. He expressed the understanding that the program was discontinued because of failure. He stated that while children were being educated about drug abuse, drug use had increased. He added that research on this topic would be useful. He expressed the opinion that something needs to be done; however, he expressed uncertainty about the proposed legislation. He voiced interest in learning about drug education programs which have had an impact.

[4:19:13 PM](#)

Representative Rauscher responded that he would research drug education and follow up with more information for the committee.

[4:19:40 PM](#)

REPRESENTATIVE MINA, referring to the proposed legislation, expressed the understanding that DEED would create the curriculum for the schools. She questioned the format and the frequency of the classes.

REPRESENTATIVE RAUSCHER responded that the legislature would not design the curriculum, timing, or presentation of the material. He stated that the schools and districts would decide this. He deferred to Mr. Carson.

MR. CARSON, addressing D.A.R.E., stated that the program did not produce its targeted benchmarks. Regarding the recommended frequency of [drug awareness classes], he expressed the opinion that, because of the ever-changing drug epidemic, classes should be taught once a year in an assembly or a health class format. He suggested that classes be taught during Red Ribbon Week. He concurred with the idea that HB 6 could be expanded to include other drugs. He stated that because of the ever-changing drug epidemic Kelsee's Lesson has to be updated every few weeks.

[4:23:55 PM](#)

Representative Rauscher pointed out a [CBS News](#) article from March 1, 2023, which described Alaska as fentanyl's "deadliest frontier."

[4:24:23 PM](#)

CHAIR PRAX announced HB 6 was held over.

[4:24:43 PM](#)

The committee took an at-ease from 4:24 p.m. to 4:26 p.m.

HB 56-CONTROLLED SUB. DATA: EXEMPT ANIMAL RX

[4:26:21 PM](#)

CHAIR PRAX announced that the next order of business would be HOUSE BILL NO. 56, "An Act exempting controlled substances prescribed or dispensed by a veterinarian to treat an animal from the requirements of the controlled substance prescription database."

[4:26:40 PM](#)

REPRESENTATIVE RUFFRIDGE, as prime sponsor, introduced HB 56 via a PowerPoint presentation [hard copy included in the committee packet]. He stated that HB 56 would exempt veterinarians from the Prescription Drug Monitoring Program (PDMP). Beginning on slide 2, he stated PDMP had been established in Alaska in 2008 to track the dispensing of controlled substance medications. He added that while every state has a similar program, 33 states have exempted veterinarians from participating. Currently in Alaska all prescribing-license types are required to register with PDMP. He continued that license holders are required to review PDMP prior to prescribing controlled substances and report daily on the dispensing of all controlled substances, even on days the business is closed.

[4:29:11 PM](#)

REPRESENTATIVE RUFFRIDGE, referring to slide 3, stated that PDMP was designed as a dispensing record to aid practitioners, especially in relation to [Schedule] II narcotics, which are highly abusable medications. He listed some of the other lower-class drugs, which also have to be reported. He said pharmacies have an automatic daily-reporting process, while veterinarians manually submit their daily reports. He stated that PDMP monitors prescriptions for legal drugs and would have no control over illicit-drug use. He stated that the purpose of PDMP is to help prevent doctor and pharmacy "shopping."

[4:32:21 PM](#)

REPRESENTATIVE RUFFRIDGE, moving to the next slide, addressed the reason for the legislation. He stated that veterinarians are aware of the importance of PDMP in preventing pharmaceutical drug abuse; however, they experience unique difficulties with the program requirements. He added that there are some serious concerns about the privacy of information in PDMP. On slide 5, he pointed out that the program is designed to track human prescriptions, not animal prescriptions. The data gathered by veterinarians is often not linked to the animal owner, and this would be required to accurately track data. Veterinarians are not guided by the Health Insurance Portability and Accountability Act (HIPAA), nor are they trained in human medicine. Before dispensing a controlled substance to an individual with a pet, the veterinarian is required to look up information on the individual to see if any previous drugs have been dispensed. He stated that many pet owners are not aware veterinarians would have access to personal medical information, and this could be a concern. Animal patients are not well tracked because they lack the unique PDMP identifiers, and individuals connected to the pet may not be consistent.

[4:35:12 PM](#)

REPRESENTATIVE RUFFRIDGE continued to slide 7 and stated that veterinarians rarely require the use of [Schedule] II narcotics. In a 2017 study, he said, veterinary clinics accounted for only 0.34 percent of all the opioids dispensed. He added that veterinary clinics would use opioids only during surgery, and typically opioid dispensing is reserved for pharmacies, not veterinarians. In summary, he stated that exempting veterinarians from PDMP would protect privacy and ensure PDMP data is clear, usable, and linked only to end users.

[4:36:21 PM](#)

BUD SEXTON, Staff, Representative Justin Ruffridge, Alaska State Legislature, on behalf of Representative Ruffridge, prime sponsor, provided the sectional analysis of HB 56 [copy included in the committee packet], which read as follows [original punctuation provided]:

Section 1. AS 17.30.200(o) is amended to remove "and the Board of Veterinary Examiners" from the notification requirement when a practitioner registers with the database under (n) of this section.

Sec. 2. AS 17.30.200 is amended by adding a new subsection to read: This section does not apply to a schedule II, III, or IV controlled substance prescribed or dispensed by a veterinarian licensed under AS 08.98 to treat an animal.

Sec. 3. AS 08.98.050(a)(10) is repealed which removes the requirement for Veterinarians under the controlled substance prescription database.

[4:37:42 PM](#)

TRACY WARD, DVM, Clinic Director/Veterinarian, Juneau Animal Rescue, provided invited testimony in support of HB 56. She shared that she recently had been the president of the Alaska State Veterinary Medical Association (AKVMA). She explained that Dr. Rachel Bergartt was scheduled to testify on behalf of the Alaska Board of Veterinary Examiners (BOVE); however, Dr. Bergartt was detained. She stated that she would be presenting and answering questions on behalf of both AKVMA and BOVE.

DR. WARD stated for the record that both AKVMA and BOVE strongly support HB 56. She stated that the Alaska Board of Pharmacy, which administers PDMP, has recently passed a motion to support the proposed legislation, as seen on slide 3. She stated that PDMP had been amended in 2017 to require mandatory participation by all federal permit holders. As seen in the photo on slide 4, she stated that representatives from the prescribing boards of other agencies had been consulted in drafting the amendment; however, veterinarians had not been consulted. In other words, advice was not sought from BOVE nor AKVMA, but both organizations were included in the requirements.

[4:40:02 PM](#)

DR. WARD, moving to slide 5, stated that PDMP is not a workable database for veterinarians because the system is designed for human data. She said this data is uninterpretable because veterinarians are not trained in human pharmacology and would not have the knowledge of appropriate doses, medication timeframes, and refill requirements. Moving to slide 6, she expressed the opinion that having access to this data is intrusive and an invasion of human privacy, because humans are not the patients - they are the clients. She added that veterinarians are not protected by HIPAA regulations. She suggested that committee members consider how personal medication history is being shared outside of client/patient

privilege. She maintained veterinarians are uncomfortable with this.

DR. WARD, moving to slide 7, stated, if veterinarians were not monitored through PDMP in regard to controlled substances, they would be monitored through record keeping with the DEA. She stated that every pill of oral medication dispensed and every drop of injectable medication administered has to be accounted for. Records would be maintained and made available to DEA or local law enforcement agencies upon request. She added that distributors of controlled substances are required to monitor any pattern in usage by the DEA's Suspicious Orders Report System, and the vast majority of drug diversions are caught through this process, not PDMP.

[4:44:30 PM](#)

DR. WARD reiterated that a very small amount of total opioid prescriptions would be dispensed by veterinarians. She stated that if every one of these prescriptions were misused, it would be "a tiny, tiny drop in the bucket of the total opioid abuse problems." She pointed out in the graph on slide 9 that, in general, veterinarians do not use the drugs of concern, and synthetic opioids are almost never used. She added that Vicodin or oxycontin are not used; however, fentanyl is used, but exclusively in the hospital and would not be sent home with the pet owner. She added that cocaine or methamphetamine is not used. She maintained that veterinarians would not be the source of the drugs of concern in the current drug epidemic.

DR. WARD, moving to slide 10, argued that veterinarians are pursuing the proposed legislation because of the hardship PDMP creates. She stated that investigations of veterinarians by the board of PDMP are mostly because of clerical mistakes. Moving to slide 11, she stated that since participation became mandatory, investigative costs have increased threefold. She explained that this is not because veterinarians are misusing drugs, but because they are required to use an unwieldy system. She explained that the board is not funded by the government, but by licensing fees, so the cost of investigating veterinarians is borne by the veterinarians. In other words, veterinarians are charged with investigating themselves. She added that Alaska already has the highest licensing fees in the country. Moving to slide 12, she stated that support of HB 56 would allow veterinarians to provide appropriate medical management, while increasing the efficiency of PDMP for its intended purpose.

[4:48:29 PM](#)

REPRESENTATIVE SADDLER questioned how exempting veterinarians from PDMP would improve efficiency.

REPRESENTATIVE RUFFRIDGE responded that PDMP was intended to stop doctor and pharmacy "shopping," which had been a common practice prior to the implementation of the program. He stated that the inability to track medications dispensed from multiple sources led to the overprescribing of controlled substances. He stated that exempting veterinarians would clean up the data. For example, a prescription for an animal can be in PDMP multiple times under different pet names or owners, so this data is difficult to accurately interpret. In turn the data cannot be trusted, and the purpose of PDMP is not supported.

REPRESENTATIVE SADDLER, with a follow-up question, requested additional comments on PDMP's intended use and its effectiveness.

REPRESENTATIVE RUFFRIDGE responded that the program is effective. He added that unfortunately the overdose deaths in Alaska are still increasing, and this causes criticism. He stated that PDMP is successfully adverting people from doctor and pharmacy "shopping," but abuse of illicit drugs, such as heroin, oxycodone, and fentanyl, has not been stopped.

[4:52:03 PM](#)

REPRESENTATIVE MINA commented that those in opposition of the proposed legislation have come to a position of neutrality. She questioned participation by veterinarians in addressing the drug epidemic.

DR. WARD expressed the opinion that the education of veterinarians is more worthwhile than requiring participation in PDMP. She pointed out that speakers from DEA have been invited to address [the drug epidemic] at the state veterinarians' conference. She stated that, even though veterinary clinic "shopping" is very rare, as part of the larger medical community, veterinarians should be educated. She stated that veterinarian clinics have been broken into, and security has been increased. Within the last five years clinics are more often calling in prescriptions to pharmacies, as opposed to dispensing controlled drugs on the premises.

DR. WARD, in response to a follow-up question, expressed the understanding that currently xylazine is in the process of becoming a federally controlled substance. She expressed the opinion that this drug would likely not be a problem in Alaska, because it is a tranquilizer used on large animals, such as horses, and Alaska has a small proportion of large animals.

[4:55:55 PM](#)

DR. WARD, in response to Representative Sumner, stated that veterinarians use two opioids. Hydrocodone would be of the primary concern, but it is used in minor amounts for chronic coughs in small dogs. She added that accessing enough of this drug from a clinic to cause a serious issue would be difficult. She stated that buprenorphine would be used in a clinic as a pain medication. She added that this drug is also used to treat fentanyl addiction.

[4:57:27 PM](#)

REPRESENTATIVE RUFFRIDGE asserted that more work would be done on HB 56. He stressed the importance of clean data in PDMP and allowing veterinarians to do their job.

[4:58:31 PM](#)

CHAIR PRAX announced that HB 56 was held over.

HB 17-CONTRACEPTIVES COVERAGE;INSURE;MED ASSIST

[4:58:56 PM](#)

CHAIR PRAX announced that the final order of business would be HOUSE BILL NO. 17, "An Act relating to insurance coverage for contraceptives and related services; relating to medical assistance coverage for contraceptives and related services; and providing for an effective date."

[4:59:36 PM](#)

REPRESENTATIVE ASHLEY CARRICK, Alaska State Legislature, as prime sponsor, offered a brief recap on HB 17. She stated that the proposed legislation would mandate insurance coverage for up to 12 months for a one-time dispensing of prescription contraceptives. She stated that the providers would have the prerogative, as they already can dispense up to a 12 months' supply of contraceptives. She stated that the proposed

legislation would not change the number of times a doctor is seen, rather it would change the number of times an individual would go to the pharmacist. She stated that the response to the questions from the hearing [on 2/07/23] were sent to the committee members on 2/14/23. She welcomed any further questions that members may have.

[5:01:37 PM](#)

CHAIR PRAX opened public testimony on HB 17.

[5:02:23 PM](#)

BARBARA TYNDALL, representing self, stated that she is in opposition to HB 17, unless there is an amendment excluding emergency contraceptives. She related that an article she had read described the difference between emergency contraception and the abortion pill. The article explained that in 1959 the American College of Obstetrics and Gynecologists changed the definition of pregnancy to the moment of implantation rather than the moment of fertilization. She expressed the belief that life begins at conception and a pill which prevents implantation is abortion. She pointed out the article had related that emergency contraception's primary function is to prevent ovulation. She said, "However, the manufacturer's insert for Plan B admits that the product may prevent the implantation of an already fertilized human embryo." She asserted that this possibility is "not acceptable and no insurance policy ... should be forced to pay for it." She requested that, before a vote is taken, the bill be amended to exclude emergency contraception.

[5:04:19 PM](#)

PAMELA SAMASH, President, Right to Life - Interior Alaska, provided testimony in opposition to HB 17. Addressing the first reason for her opposition, she expressed the opinion that the government's role should be to protect rights, not control private enterprises. She continued that insurance companies should be able to decide what to offer, while the public should be able to decide what to accept, as this is how capitalism works. Addressing the second reason for her opposition to the proposed legislation, she expressed the opinion that the morning after pill is "killing a child, and that's murder, and the government is supposed to protect lives, and not kill people." She continued that the third reason for opposing the bill is the workforce shortage. The food stamp program in the state has

been affected by this shortage and elderly people are hungry. She said, "If we keep killing our future generations, who is going to take care of us?" She expressed the opinion that anything to do with death or taking away private enterprise rights needs to be "out of this bill." She described the workforce shortage as extreme. She said, "We are in a crisis, and this is why, because we won't let people live beyond the womb." She requested the proposed legislation be stopped.

[5:07:45 PM](#)

MS. SAMASH, in response to Representative Saddler, stated that she is testifying on behalf of herself and the Right to Life - Interior Alaska. She stated that she is also a commissioner on the Alaska Commission on Aging; however, she is not speaking on behalf of the commission. She stated that the elderly population is exploding, and there are not enough care givers.

[5:09:10 PM](#)

KATHERINE CHRISTENSON, representing self, provided testimony in opposition to HB 17. She expressed the concern that mandating insurance companies would put people at risk for not getting the medical care they need. She shared that she knew some people who would not buy insurance from a company which covers contraception. She argued that choices should be available for individuals and making requirements on insurance companies would limit this choice.

[5:11:19 PM](#)

MS. CHRISTENSON, in response to Representative Ruffridge, stated her reference was an example of a friend who dropped her health insurance company because it had chosen to cover contraception.

[5:12:37 PM](#)

MORGAN LIM, representing self, expressed support for HB 17. He stated that the proposed legislation would require health insurance companies to cover a 12-month disbursement of oral contraceptives from one medical appointment. He stated that this coverage is extremely important for those who are off the road system or have limited access to pharmacies. He expressed hope that the committee would investigate some of the claims made by individuals and move the bill forward.

[5:14:00 PM](#)

CHAIR PRAX, after ascertaining there was no one else who wished to testify, closed public testimony on HB 17.

[5:14:54 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 1 to HB 17, labeled 33-LS0222\A.1, Marx, 2/21/23, which read:

Page 1, line 10, following "contraceptives;":
Insert "and"

Page 1, lines 11 - 14:
Delete all material.

Reletter the following subparagraph accordingly.

Page 7, line 2, following "dispensing;":
Insert "and"

Page 7, lines 3 - 6:
Delete all material.

Renumber the following paragraph accordingly.

[5:15:03 PM](#)

REPRESENTATIVE MINA objected. Speaking to her objection, she said that many insurance companies in Alaska cover Plan B, and Medicaid covers Plan B. She stated that extensive studies have shown the main course of action for the drug is to delay the release of an egg, and implantation is not impacted; thus, if an individual believes that implantation is conception, Plan B would not impact this.

[5:16:02 PM](#)

REPRESENTATIVE RUFFRIDGE stated that Amendment 1 would allow insurance to cover contraception, which is a valid component of medical care in the state; however, emergency contraception continues to be a controversial issue. He stated that emergency contraception would be available over the counter. He stated that the mandate of coverage would create an opportunity for a moral objection to the proposed legislation. He expressed the opinion that having emergency contraception as a portion of the bill would be ill advised, and the amendment would remove this.

[5:17:21 PM](#)

REPRESENTATIVE CARRICK voiced opposition to Amendment 1.

REPRESENTATIVE MINA removed her objection.

[5:17:38 PM](#)

A roll call vote was taken. Representatives Ruffridge, Saddler, Sumner, and Prax voted in favor of adopting Amendment 1 to HB 17. Representative Mina voted against it. Therefore, Amendment 1 was adopted by a vote of 4-1.

[5:18:46 PM](#)

REPRESENTATIVE RUFFRIDGE moved to report HB 17, as amended, out of committee with individual recommendations. [There was no mention of fiscal notes in the motion.]

[There was discussion as to whether the original bill version, as amended, should be considered "33-LS0222\A" or "33-LS0222\A.1," and another motion was made by Representative Ruffridge to include "A.1."]

[5:19:33 PM](#)

REPRESENTATIVE SADDLER called a point of order to specify the correct identifier to use to report HB 17, as amended, out of committee.

[5:19:45 PM](#)

The committee took a brief at-ease at 5:19 p.m.

[5:19:58 PM](#)

CHAIR PRAX clarified that the intent of the committee had been to report HB 17, as amended, out of committee.

[5:20:37 PM](#)

REPRESENTATIVE RUFFRIDGE surmised that one of his motions had been correct.

[5:20:48 PM](#)

CHAIR PRAX announced that there being no objection, CSHB 17(HHS) was reported out of the House Health and Social Services Standing Committee. [The committee addressed HB 17 again on 3/7/23 in order to move a fiscal note with the bill.]

[5:21:23 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:21 p.m.