

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

April 2, 2024

3:04 p.m.

**MEMBERS PRESENT**

Representative Mike Prax, Chair  
Representative Justin Ruffridge, Vice Chair  
Representative CJ McCormick  
Representative Dan Saddler  
Representative Jesse Sumner  
Representative Zack Fields  
Representative Genevieve Mina

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

CONFIRMATION HEARING(S)

Board of Chiropractic Examiners

John Lloyd - Anchorage

- CONFIRMATION(S) ADVANCED

Board of Pharmacy

Ashley Schaber - Anchorage

- CONFIRMATION(S) ADVANCED

Board of Psychologists and Psychological Associate Examiners

Bradley McConnel - Anchorage

Lorin Bradbury - Bethel

- CONFIRMATION(S) ADVANCED

HOUSE BILL NO. 191

"An Act relating to medical care for major emergencies."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 191

SHORT TITLE: MEDICAL MAJOR EMERGENCIES

SPONSOR(S): REPRESENTATIVE(S) MINA

05/03/23	(H)	READ THE FIRST TIME - REFERRALS
05/03/23	(H)	HSS, FIN
04/02/24	(H)	HSS AT 3:00 PM DAVIS 106

**WITNESS REGISTER**

JOHN LLOYD, Appointee

Board of Chiropractic Examiners

Anchorage, Alaska

**POSITION STATEMENT:** Testified as appointee to the Board of Chiropractic Examiners.

ASHLEY SCHABER, Appointee

Board of Pharmacy

Anchorage, Alaska

**POSITION STATEMENT:** Testified as appointee to the Board of Pharmacy.

BRANDY SEIGNEMARTIN, Executive Director

Alaska Pharmacy Association

Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of Ms. Schaber's appointment.

BRADLEY MCCONNEL, Appointee

Board of Psychologists and Psychological Associate Examiners

Anchorage, Alaska

**POSITION STATEMENT:** Testified as appointee to the Board of Psychologists and Psychological Associate Examiners.

LORIN BRADBURY, Appointee

Board of Psychologists and Psychological Associate Examiners

Bethel, Alaska

**POSITION STATEMENT:** Testified as appointee to the Board of Psychologists and Psychological Associate Examiners.

REPRESENTATIVE GENEVIEVE MINA

Alaska State Representative

Juneau, Alaska

**POSITION STATEMENT:** As prime sponsor, presented HB 191.

KATY GIORGIO, Staff  
Representative Genevieve Mina  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented the sectional analysis for HB 191, on behalf of Representative Mina, prime sponsor.

MIKE LEVY, MD, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Gave invited testimony in support of HB 191.

EUGENE "GENE" WISEMAN, Chief  
Section of Rural and Community Health Systems  
Division of Public Health  
Department of Health  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on HB 191.

#### **ACTION NARRATIVE**

[3:04:56 PM](#)

CHAIR PRAX called the House Health and Social Services Standing Committee meeting to order at 3:04 p.m. Representatives McCormick, Ruffridge, Saddler, Mina, and Prax were present at the call to order. Representatives Sumner and Fields arrived as the meeting was in progress.

**CONFIRMATION HEARING(S)**  
**Board of Chiropractic Examiners**  
**Board of Pharmacy**

**Board of Psychologists and Psychological Associate Examiners**

[3:07:02 PM](#)

CHAIR PRAX announced that the first order of business would be confirmation hearings on the governor's appointees to various boards.

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JOHN LLOYD, Appointee, Board of Chiropractic Examiners, informed the committee that he has been a chiropractor for 26 years with his own practice in Anchorage. He said serving the board has

been a wonderful experience and he would like to go "one more round."

[3:08:33 PM](#)

REPRESENTATIVE SADDLER asked whether chiropractors in Alaska practice to the full extent of their practice.

MR. LLOYD acknowledged that chiropractic care in Alaska has a wide scope and encompasses almost all of what is taught in chiropractic school. He listed acupuncture and animal chiropractic adjustments as areas that are not allowed in Alaska.

REPRESENTATIVE SADDLER asked what issues the board would be facing in the next several years.

MR. LLOYD answered scientifically backed techniques to treat "long covid," such as infusions and ozone therapy. In addition, he referenced downturns in insurance reimbursements.

[3:11:35 PM](#)

REPRESENTATIVE FIELDS sought further information on best practices and treatments for long covid and how that information is disseminated to providers and patients.

MR. LLOYD said a number of weekend seminars focus on treatment strategies for long covid. Communities of providers in Alaska also share successful treatment outcomes via Facebook messaging groups.

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CHAIR PRAX opened public testimony on Mr. Lloyd's appointment; after ascertaining that no one wished to testify, he closed public testimony.

[3:14:25 PM](#)

ASHLEY SCHABER, Appointee, Board of Pharmacy, informed the committee that her service on board started in July 2021, and she has served as chair since December 2022. She said she has been a licensed pharmacist in Alaska for over 16 years and expounded on her personal and professional background. Currently, she said the board is focused on HB 226, which improves access to safe pharmacy services. During her time as

chair, efficiency has been a priority, advocating for online license applications and subcommittees to complete work between quarterly meetings. Overall, she said she's looking for ways to use her background in leadership to improve safety and welfare for all Alaskans.

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REPRESENTATIVE FIELDS asked how the state could better support aspiring pharmacists and their training.

MS. SCHABER responded that the board has supported apprenticeship programs to foster workforce development by passing a regulation that allows pharmacy technicians to become licensed as young as 16 if they are in an approved apprenticeship program.

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REPRESENTATIVE SADDLER asked for Ms. Schaber's general thoughts on the state of pharmacy in Alaska.

MS. SCHABER characterized it as fragile due to the limited infrastructure.

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REPRESENTATIVE RUFFRIDGE asked how the board has managed its own bills with a balanced budget while reducing license fees. In addition, he asked Ms. Schaber to speak to her restoration of regulatory oversight with regard to investigations and onsite visits.

MS. SCHABER acknowledged that the board typically ends the year with a surplus with the goal of keeping license fees as low as possible. She emphasized the importance of state-specific investigators to routinely inspect Alaska pharmacies and said the board works closely with the investigation team on these issues.

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CHAIR PRAX opened public testimony on Ms. Schaber's appointment.

[3:25:44 PM](#)

BRANDY SEIGNEMARTIN, Executive Director, Alaska Pharmacy Association, shared the Alaska Pharmacy Association's unwavering support for Ms. Schaber's continued service. She said Ms. Schaber has done excellent work in leading the board and is highly regarded across the state and the pharmacy profession.

[3:26:55 PM](#)

BRADLEY MCCONNEL, Appointee, Board of Psychologists and Psychological Associate Examiners, informed the committee that he began his service on the board in February 2020, during which time, in the midst of the COVID-19 Pandemic, they provided emergency courtesy licenses for out-of-state psychologists whose patients returned to Alaska. Since his time on the board, he has expanded cross cultural education requirements so individuals are better prepared to serve Alaskans in response to the influx of telehealth service provisions from individuals in the Lower 48 who may not be aware of Alaska's unique needs. He concluded by further detailing his professional background.

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REPRESENTATIVE SADDLER asked what issues the board would be facing in the upcoming term.

MR. MCCONNEL listed two significant issues: the attraction of Alaska to psychologists and the need for telehealth supervision.

REPRESENTATIVE SADDLER asked whether the general state of mental health in Alaska tends to be an attractant or repellant to the practice of psychology.

MR. MCCONNEL responded that pay is an issue for attracting psychologists to serve in the public sector in Alaska.

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REPRESENTATIVE MINA asked about Mr. McConnell's experience as the chief forensic psychologist at the Alaska Psychiatric Institute (API) and asked him to comment on the state of forensic psychology and competency restoration.

MR. MCCONNEL recounted his experience running a jail-based competency restoration program in California, which had a 76-86 percent success rate and saved the state approximately \$365,000 per person. He said API lacked programming while he was there, so many individuals were deemed incompetent and released after

charges were dropped only to come back through later. He reported that Alaska's rate of competency restoration is 36-44 percent at best. He advocated for the legislature implementing a jail-based competency restoration program due to its high success rate.

CHAIR PRAX asked whether [competency restoration programming] is done via telehealth.

MR. MCCONNEL indicated that specialists would come up and establish a program in the jail, which would save the state an exorbitant amount of money. He explained that the programming would allow incarcerated individuals to be evaluated every day to see whether they might be ready to be assessed by a psychologist for competency to stand trial.

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CHAIR PRAX opened public testimony on Mr. McConnel's appointment; after ascertaining that no one wished to testify, he closed public testimony.

[3:41:32 PM](#)

LORIN BRADBURY, Appointee, Board of Psychologists and Psychological Associate Examiners, informed the committee that he previously served on the board for seven years starting in 2012. He said he had lived most of his life in rural Alaska and expounded on his personal and professional life. He described his time on the board as a valuable lesson in ethics.

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REPRESENTATIVE FIELDS asked how many other psychologists serve in Bethel.

MR. BRADBURY responded that he is the only licensed psychologist in Bethel. In response to a follow-up question, he said he does not condone or offer conversion therapy.

REPRESENTATIVE FIELDS asked how Mr. Bradbury approaches LGBTQ clients given his sermons.

MR. BRADBURY answered that he explains his core beliefs and will refer clients elsewhere if he is unable to help.

CHAIR PRAX asked Mr. Bradbury to explain what forensic psychology entails in Bethel.

MR. BRADBURY said the majority of his work involves deciphering an individual's competency to waive Miranda rights, continue with legal proceedings, or grant civil guardianship.

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CHAIR PRAX opened public testimony on Mr. Bradbury's appointment; after ascertaining that no one wished to testify, he closed public testimony.

[The confirmations of John Lloyd to the Board of Chiropractic Examiners, Ashley Schaber to the Board of Pharmacy, and Bradley McConnel and Lorin Bradbury to the Board of Psychologists and Psychological Associate Examiners were advanced for consideration in the joint session of the House and Senate. Signing the reports regarding appointments to boards and commissions in no way reflects individual members' approval or disapproval of the appointees, and the nominations are merely forwarded to the full legislature for confirmation or rejection.]

[3:52:01 PM](#)

The committee took a brief at-ease at 3:52 p.m.

### **HB 191-MEDICAL MAJOR EMERGENCIES**

[3:52:50 PM](#)

CHAIR PRAX announced that the final order of business would be HOUSE BILL NO. 191, "An Act relating to medical care for major emergencies."

[3:53:12 PM](#)

REPRESENTATIVE MINA, as prime sponsor, presented HB 191. She paraphrased the sponsor statement [included in the committee packet], which read as follows [original punctuation provided]:

A coordinated statewide system of care enhances the chance of survival in life-threatening, time-critical emergencies in adults and children. Trauma and specific medical emergencies addressed within this

system ensure that Alaskans receive care from the "right person, at the right place, at the right time."

Trauma, strokes, and heart attacks represent the leading causes of death in Alaska. In 2022 alone, 744 Alaskans died from trauma, 217 died from strokes, and 510 died from died from cardiovascular disease such as a heart attack. By enabling a statewide systems of care approach for major emergencies, death rates caused by these "time-sensitive emergencies" can improve. Importantly, these are conditions for which interventions exist that can markedly alter their otherwise dismal prognoses.

HB 191 seeks to expand the scope of the Office of Emergency Medical Services within the Department of Health (DOH) to include strokes and severe heart attacks in:

- Developing training programs for ambulance and first responder services on a standardized protocol.
- Communicating the urgency of the patient's condition to the local receiving hospital or clinic.
- Assist in establishing statewide guidelines, helping physicians and advanced practice practitioners determine if local treatment is appropriate or to expedite transport to the suitable treatment facility.

This legislation also focuses on expanding AS 18.08.010 and AS 18.08.200, allowing the Department of Health (DOH) to replicate those systems and processes that have improved trauma care and apply those principles to stroke and severe heart attacks.

With the success of the Trauma Center program, HB 191 will ensure that the receiving specialty hospitals meet DOH-adopted national criteria for being a voluntary stroke or heart attack center. It also establishes a registry specific to these major emergencies, a means to measure outcomes, and guide changes that will inevitably be needed.

The overall goal of HB 191 is that a trauma, cardiac, or stroke patient returns home as a functional member

of the community and embraces life changes that will improve their future health.

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KATY GIORGIO, Staff, Representative Genevieve Mina, Alaska State Legislature, on behalf of Representative Mina, prime sponsor, presented the sectional analysis for HB 191 [included in the committee packet], which read as follows [original punctuation provided]:

Section 1. Amends AS 18.08.010

Section 1, subsections 1-3 adds "major medical emergencies" to the existing emergency medical services (EMS) system. Currently, only trauma care appears in statute, and the addition of "major medical emergencies" will allow the Department of Health (DOH) to include timesensitive emergencies such as heart attacks and strokes to their EMS review system.

Section 1, subsection 4, addresses the trauma center designation status for hospitals and clinics and gives the statutory authority for DOH to adopt criteria for those health centers to represent themselves as being capable of treating major emergencies.

Section 2. Amends AS 18.08.200 by adding a new paragraph:

This is the definition section for the chapter, and "major emergency" is added and defined as heart attack and stroke.

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MIKE LEVY, MD, representing self, informed the committee that he is the chief medical officer for the Anchorage Areawide Emergency Medical Services (EMS) and the medical director for agencies including the Anchorage Fire Department. He stated his support for HB 191, which seeks to ensure that Alaskans suffering from medical crises receive care by the right person, at the right place, at the right time. Trauma, strokes, and heart attaches are a major cause of death and disability in Alaska, but at present there are no coordinated systems of care for these emergencies. He said the bill would expand the

success of 2010 trauma legislation and lay the foundation for similar care of strokes and heart attacks. It would allow DOH to replicate those systems and processes that have improved trauma care and apply those principles to strokes, sepsis, and heart attacks, as well as define major emergencies as inclusive of heart attacks and strokes. Furthermore, the proposed legislation would ensure that receiving specialty hospitals remain in compliance and that their processes meet national criteria for stroke and heart attack centers. Lastly, the bill would establish a registry to allow these practices to be measured and improved.

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REPRESENTATIVE FIELDS cited a New York Times article that said states have been slow to roll out an effective intervention for heart attacks and extracorporeal cardiopulmonary resuscitation (ECPR). He asked whether Dr. Levy had observed that in Alaska.

DR. LEVY pointed out that Alaska lacks any type of ECPR program for acute emergencies. He was unsure whether it would be included in the scope of HB 191 but said it would certainly be aspirational in terms of elevating the level of care for critical emergencies.

REPRESENTATIVE FIELDS shared his understanding that HB 191 would enable the state to seek grants and aid for heart attack treatments.

REPRESENTATIVE MINA deferred to Mr. Wiseman.

EUGENE "GENE" WISEMAN, Chief, Section of Rural and Community Health Systems, Division of Public Health, Department of Health (DOH), responded that the Office of EMS facilitates grant delivery when available; however, he was not familiar with any grants focused on strokes at present.

REPRESENTATIVE SADDLER said he did not understand the reason for the bill. He asked whether emergency rooms are incapable of treating major emergencies.

REPRESENTATIVE MINA explained that the goal of the bill is to improve the statewide system of care. It focuses on the coordination between hospitals and clinics, especially in relation to the sharing of data and screenings.

DR. LEVY gave an example of strokes centers and the difficulty of coordinating time-sensitive, critical emergencies between facilities in Alaska's remote geographic communities that lack certain technological capabilities.

REPRESENTATIVE SADDLER asked whether each hospital has a list of designations or whether stroke and heart attack designations need to be added.

DR. LEVY said designation should come from the state. He detailed the trauma system in Alaska, which involves 4 levels of trauma designation based on national standards that's assigned to each facility. This allows patients to be better triaged based on their needs.

REPRESENTATIVE SADDLER asked how state designation provides additional value to the healthcare system.

DR. LEVY answered that the added value comes from better identifying criteria that would otherwise be housed internally and providing guidance which facilities would better treat stroke patients. In response to a series of follow-up questions, he confirmed that there are national levels of care for heart attacks centers.

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REPRESENTATIVE RUFFRIDGE asked whether there is a level 1 stroke center in Alaska.

DR. LEVY answered yes, there is a comprehensive stroke center, which is the highest level that's recognized. In response to a follow up question, he described the process of treating a stroke patient in the stroke centers.

REPRESENTATIVE RUFFRIDGE shared his understanding that a care fund was created to promote increased care designations in Alaska. He asked whether the intention is to increase the number of high-capacity care organizations in the state and whether a funding element is included to promote these care centers.

DR. LEVY explained that comprehensive stroke centers require sophisticated and expensive equipment, as well as neurointerventionists, who are in short supply, so the likelihood of placing numerous centers throughout the state is low. Nonetheless, he said this type of legislation would help

implement better policy, procedure, education, and training for processing patients and helping to keep them in their communities. In response to a follow up question, he confirmed that telehealth is a large component of triaging patients and highlighted the opportunity to leverage technology going forward.

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REPRESENTATIVE SADDLER asked how many Alaska hospitals would likely be designated as major emergency centers.

DR. LEVY did not know the answer. He shared an anecdotal analogy involving the trauma centers.

REPRESENTATIVE SADDLER repeated his question, asking how many Alaska hospitals would likely be designated as major emergency centers.

DR. LEVY surmised that each hospital would receive separate designations for stroke, heart attack, or trauma care rather than one, all-encompassing "major emergency" designation.

REPRESENTATIVE MINA, in response to Representative Saddler, said she did not know how many hospitals would receive each designation.

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MR. WISEMAN reported that there are currently 14 trauma centers in Alaska; two of which are level 2 in Anchorage, with additional level 4 centers in hub communities. He added that two more facilities, [the Wrangell Medical Center] and Kuskokwim Health Corporation, are looking to be re-designated as trauma centers, putting the total number at 16. He imagined that depending on the level of care, the additional designations would be similar in number. In response to a follow up question, he said the stroke and heart attack centers would be state designations and applied for voluntarily.

CHAIR PRAX asked how the system would be built.

MR. WISEMAN said the process would parallel that of the trauma centers. In response to a follow up question, he confirmed that hospitals would be certified as the point of definitive care.

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CHAIR PRAX asked whether thought had been given to the efficient utilization of resources in terms of trauma center designations and the overall problem of EMS in Alaska.

MR. WISEMAN answered yes, along with designations, there is a focus on training and tying systems of care to help patients meet the windows of intervention that come with system development as it pertains to EMS. He added that protocols for triaging patients and rapid recognition would come secondarily. In response to a follow up question, he explained that he oversees the Trauma Systems Unit that works with each facility in coordinating the accreditation process. In addition, the Office of EMS supports these services through curriculum, licensure, and system design and development.

CHAIR PRAX said he was unclear on the benefit of this program given the current state of Alaska's EMS system. He estimated that implementing such a program would cost the state tens of millions of dollars and questioned whether it would make more sense to increase the level of care in hub cities or increase the level of response in rural areas. He asked Mr. Wiseman to share a cost estimate.

MR. WISEMAN said the current cost estimate accounts for one additional staff member within the Trauma Systems Unit to measure, monitor, and facilitate the conversation with partners and help design the system. He shared a hypothetical example of triaging a patient in Nuiqsut, Alaska.

DR. LEVY explained that currently, Alaska has no criteria for assessing the standard of EMS care at various facilities, which the bill would provide. He further described the benefits of having a defined system and oversight for triaging patients in rural areas.

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REPRESENTATIVE SADDLER referred to page 1, lines 7-9, and asked whether the term "emergency medical services" includes trauma and major emergencies.

DR. LEVY answered yes.

REPRESENTATIVE SADDLER asked how many designations other than trauma are offered by the state for healthcare facilities.

DR. LEVY said he is only aware of trauma designations.

MR. WISEMAN agreed, as the inclusion of trauma in statute gives DOH the authority to build trauma designations specifically.

REPRESENTATIVE SADDLER asked whether anything prohibits trauma and major medical care from being included in the state's medical services system.

MR. WISEMAN offered to follow up with the requested information.

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REPRESENTATIVE MINA, in response to prior questions and comments from members and testifiers, said creating a fund similar to the trauma fund is not within the scope of the bill; the bill aims to reduce the burden on providers to improve workflow; the bill is intended to expand the scope of Alaska's EMS system; the fiscal note reflects one [full-time position] in addition to the existing unit of \$148,500; and she encouraged Alaska's hospitals that are already providing good care for strokes and heart attacks to coordinate with each other and share knowledge and education to improve the system of care, especially in rural areas. She said she wants to ensure that the department can continue to progress and have the authority to work on heart attacks and strokes, in addition to trauma.

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CHAIR PRAX announced that HB 191 was held over.

[4:58:10 PM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:58 p.m.