

HOUSE FINANCE COMMITTEE

April 7, 2025

1:33 p.m.

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CALL TO ORDER

Co-Chair Foster called the House Finance Committee meeting to order at 1:33 p.m.

MEMBERS PRESENT

Representative Neal Foster, Co-Chair
Representative Andy Josephson, Co-Chair
Representative Calvin Schrage, Co-Chair
Representative Jamie Allard
Representative Jeremy Bynum
Representative Alyse Galvin
Representative Sara Hannan
Representative Nellie Unangiq Jimmie
Representative DeLena Johnson
Representative Will Stapp
Representative Frank Tomaszewski

MEMBERS ABSENT

None

ALSO PRESENT

Hunter Meachum, Staff, Representative Sara Hannan; Nancy Meade, General Counsel, Alaska Court System, Judiciary; Representative George Rausher, Sponsor; Craig Valdez, Staff, Representative George Rausher; Representative Genevieve Mina, Sponsor; Brian Webb, Self, Anchorage; Lucy He, Neurosurgeon, Providence and Alaska Regional Hospitals, Anchorage; Gene Wiseman, Section Chief, Rural and Community Health, Department of Public Health, Anchorage;

PRESENT VIA TELECONFERENCE

Maggie Humm, Executive Director, Alaska Legal Services Corporation.

SUMMARY

HB 17 DISABLED VETERANS: RETIREMENT BENEFITS

HB 17 was REPORTED out of committee with ten "do pass" recommendations, and one "no recommendation" recommendation and one previously published indeterminate fiscal note: FN1 (DOA).

HB 27 MEDICAL MAJOR EMERGENCIES

HB 27 was HEARD and HELD in committee for further consideration.

HB 48 CIVIL LEGAL SERVICES FUND

HB 48 was REPORTED out of committee with six "do pass" recommendations, two "do not pass" recommendations, two "no recommendation" recommendations and with one previously published fiscal impact note: FN2 (DCCED), and one previously published zero fiscal impact note: FN1 (JUD).

Co-Chair Foster reviewed the meeting agenda.

#hb48

HOUSE BILL NO. 48

"An Act relating to appropriations to the civil legal services fund."

1:34:30 PM

Co-Chair Foster reminded the committee that the bill had two prior hearings, the fiscal notes had been reviewed, and no amendments were submitted.

Representative Hannan reviewed the bill briefly. She characterized the bill as straightforward. She summarized that the bill statutorily changed the percentage from the Alaska Civil Legal Services Fund (ALSF) that was appropriated to the Alaska Legal Services Corporation (ALSC).

Representative Johnson asked why more money was being added to the fund subsequent to higher funding being appropriated in the "last couple years."

Representative Hannan responded that the ALSC had been funded up to \$1.2 million in prior appropriations. The current appropriation using the Alaska Civil Legal Services Fund was to provide more stability and funding. She asserted that the importance of the ALSC was helping keep the Court System from "extraordinary costs" and kept Alaskans housed, employed, and helped victims of sexual violence, etc. She emphasized in funding the corporations to the level that provided the services Alaskans needed.

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Representative Allard voiced that there were almost 56,000 nonprofits and felt that they needed to raise funds on their own. She reported that the state was in a deficit. She encouraged nonprofits to raise their own funds. She knew of many non-profit individuals making \$100 thousand to \$250 thousand and were depleting the non-profit. She did not think taxpayers should be forced to pay for non-profits that were not favored by all. She believed non-profits should be forced to pay their own way.

Representative Bynum related that the fiscal note showed it decrementing Undesignated General Fund (UGF) and incrementing Designated General Funds (DGF). He noted that aside from the base in the current budget, the bill did not take away the authority of the legislature to appropriate any amount for this item. He asked if the bill would be adding money to the fund or merely identifying the fund source. Representative Hannan asked for clarification on the question. Representative Bynum restated his question. He asked if the bill was adopted would it create an increment in the overall budget. Representative Hannan was unable to answer the question.

Co-Chair Foster pointed out that the bill was reducing UGF but adding to DGF. He thought that the question was whether the bill was growing government.

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Representative Stapp responded that the bill would take out funds that would normally go to GF and designating them to legal services for court fees.

Co-Chair Foster deduced that the question was when funds were taken out of UGF would GF funds need to be backfilled for something else.

Representative Johnson read from the sponsor statement, " ... court system filing fees can be appropriated by the Legislature to the existing Alaska Civil Legal Services Fund each year to provide access to civil legal aid for low-income Alaskans." She determined that the money was decreasing GF because the fees paid for services, and they almost never covered the entire expense.

Representative Bynum was trying to get a better understanding if they would be incrementing or growing the budget by passing the bill or whether it supplanted UGF money and designated it for the specific purpose of the bill.

Co-Chair Foster commented that he was pointing out there were multiple possible answers and was not directing comments at anyone.

Co-Chair Josephson relayed a comment by Representative Allard. He countered that he favored the bill because he wanted to involve government in the business of people like those that committed domestic violence. He cited the ALSC website that listed their services. He cited elder advocacy and listed the specific service provided: income maintenance for social security and supplemental security income, adult public assistance, and food stamps, etc. He ascertained that the assistance kept the elderly in their homes. He furthered that ALSC also dealt with housing issues, healthcare issues, advanced directives, and consumer issues. He commented that ALSC's legal assistance in these matters theoretically, could reduce state expenses. He provided an example of elderly people that were scammed by criminals in a credit card fraud scheme. He referenced the statement about nonprofits Chief Executive Officer (CEO) salaries. He relayed that a first year ALSC attorney made \$64 thousand per year. He shared that his sister who was a managing partner of a major law firm in Anchorage paid \$115,000 per year for lawyers who had just passed the BAR [Uniform Bar Exam (UBE)]. He noted that ALSC's next pay increase was \$74 thousand and in year's 11 to 15 of work the pay increases to \$84 thousand. He emphasized that the ALSC attorneys do the work because they

care about the population ALSC served. He supported the bill.

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Representative Galvin shared why she would support the bill. She had heard from the Governor's Council on Disabilities and Special Education (GCDSE), which was very supportive of the bill because of ALSC's ability to address basic human rights and needs of the population. She commented that veterans and military families relied on legal assistance for evictions, foreclosures, and child support and were the highest unmet needs for homeless veterans. Finally, she had heard moving testimony about the importance of protective orders for survivors of domestic violence and sexual assault, which was provided by ALSC.

Representative Jimmie asked how many cases were turned away because ALSC was underfunded. She supported the bill because it offered a lifeline to the most vulnerable people in her district.

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MAGGIE HUMM, EXECUTIVE DIRECTOR, ALASKA LEGAL SERVICES CORPORATION (via teleconference), answered that on average they turned away one applicant for every applicant the corporation served.

Representative Jimmie asked how many cases were handled in one year. Ms. Humm responded that in 2024 it handled 6,200 cases and roughly 40 to 50 percent of the people seeking assistance were turned away.

Representative Allard had a series of questions. She reported that ALSC collected money from federal, state, and private funds. She asked what the total budget was. Ms. Humm responded that it totaled \$10.3 million with federal funds amounting to between 40 to 50 percent. Representative Allard asked for the amount of private funds ALSC received. Ms. Humm needed time to find the answer. Representative Allard asked for a breakdown of federal, state, and private funds and the source of the private funds. She clarified that she favored the program, but she was concerned that the taxpayers were paying for it. She was concerned that those turned away made just enough money that they could

not access the program but had to pay tax dollars to support the program.

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Representative Allard asked if there was an accountability mechanism in place and how much funding went to their overhead.

Representative Hannan wondered what she meant by accountability. She indicated that the bill changed nothing in statute apart from the percentage of funding from the dedicated revenue stream.

Ms. Humm replied regarding the question of accountability. She offered that the corporation had rigorous audits every year to ensure good stewardship of the funds. She would need to report back about private funding. She shared that its Partners in Justice campaign for its private partners raised between \$250 thousand and \$300 thousand annually. In addition, it received private foundation funding and tribal funding. The corporation had dozens of funding sources and she was unsure how to define private funding. It was difficult to determine private versus public funding and she needed more time. Representative Allard asked what the income level was for services and whether there was an income criteria cutoff. Ms. Humm responded that the federal government dictated income eligibility guidelines and every applicant was screened for income and asset eligibility. She relayed that the criteria were 125 percent of the federal poverty guidelines or lower; for a household of one it was \$24 thousand, for a house household of 8 it was \$84 thousand as examples. There was some flexibility to increase the level up to 200 percent of the federal poverty level, but the exceptions were specific like for seniors most in need. At times, grant funding, private contracts, etc. were utilized to serve individuals over 200 percent of the level but were exceptions.

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Representative Allard commented that some people were caught in the middle yet were paying taxes to help fund the program. She asserted that Nongovernmental Organizations (NGOs) needed to raise their own money. She felt bad for people who could not get help from ALSC but helped pay for it.

Representative Johnson had previously been supportive of ALSC. She was concerned regarding the number and costs of the increases and believed that the bill represented a "third ask" in consecutive years. She deemed that the bill was taking money away from the ability for the Court System to keep its courts open. She cautioned that the oil prices and stock market were alarming. She reiterated that the legislation took money away from GF.

Representative Hannan asked for a representative from Judiciary to speak to the funding.

Representative Johnson understood that the money did not go directly to the court system and knew that court fees were deposited into GF. She clarified that the ALSC funding was not taking money from the Court System. She clarified that GF was what funded the governmental system and just the basic services were necessary. She thought that the state would need to cut back services due to the budget situation and it was not the time to reduce GF funding.

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Co-Chair Josephson believed that the funding did not directly hurt or hinder the Court System. He offered that there was no taxpayer burden in Alaska other than severance and corporate taxes. He supposed that certain state fee increases could subsidize the funding, but he emphasized that Alaskans did not pay taxes in the state for general government, and it was a "problem."

Representative Bynum recounted that his initial question was if the passage of the bill increased spending. He discovered that if HB 48 was adopted, it would double the current increment. He determined it was an addition to the base by about \$380 thousand.

Representative Stapp indicated that he did not intend to hold the bill from moving forward but felt the funding was problematic and agreed with Representative Johnson's assessment that the bill was redirecting GF to ALSC reducing available GF revenue for other services. He would likely not support the bill but favored ALSC's work.

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Representative Jimmie asked Ms. Humm who paid for public defenders that committed crimes against victims. Ms. Humm responded that the state paid for public defenders as required by state and federal constitutions. She added that the individuals the corporation served in civil court did not have a right to court appointed counsel, necessitating the need for legal aid organizations assistance. Some victims were entitled to some representation through the Office of victims Rights. The corporation represented crime victims in civil matters in situations like protective orders. Representative Jimmie understood the program allowed victims to have representation in court to face their perpetrator if they did not qualify. Ms. Humm responded in the affirmative and added that in a civil matter if one did not qualify for ALSC services they would have to find a private attorney. Representative Jimmie deduced that there was no guarantee that a victim would have representation. Ms. Humm replied in the affirmative and added that in a civil matter there was no guarantee a victim would have representation.

Representative Tomaszewski wondered if there any thought to increasing the fees to increase the amount of money collected overall.

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HUNTER MEACHUM, STAFF, REPRESENTATIVE SARA HANNAN, responded that the Alaska Supreme Court established the filing fee rate. She deferred the answer to Judiciary.

NANCY MEADE, GENERAL COUNSEL, ALASKA COURT SYSTEM, JUDICIARY answered that the Supreme Court was the entity that set filing fees for the courts through an administrative rule.

Representative Tomaszewski asked when the last time was the fees were increased. Ms. Meade responded that it was in approximately 2018 or 2019. Representative Tomaszewski asked if any of the money given to the fund was used for the filing fees. Ms. Meade responded that ALSC served the indigent population who were excluded from paying court filing fees. She did not see any connection. Representative Tomaszewski understood that the fees would be waived depending on income. Ms. Meade replied that those filing could seek a waiver that was granted when a person established that she/he was indigent.

Representative Bynum asked about the ALSC and how the caseload was prioritized.

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Ms. Humm answered that ALSC tried to help as many people as possible. She elaborated that one way to accomplish that was by providing different levels of service. She exemplified a person getting evicted that received assistance merely by dispensing some advice depending on the circumstances while other situations needed more help. However, they did not keep a wait list because they did not want to disrupt the flow of applications. The amount of assistance depended on the capacity of the local office. The corporation had a wide range of resources to assist people. She summarized that there were a variety of ways to help people while being the most effective with the resources they had. The decisions were made on a daily basis.

Co-Chair Foster asked if it was the will of the committee to report out the bill.

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Co-Chair Schrage MOVED to REPORT HB 48 out of committee with individual recommendations and the accompanying fiscal notes.

There being NO OBJECTION, it was so ordered.

HB 48 was REPORTED out of committee with six "do pass" recommendations, two "do not pass" recommendations, two "no recommendation" recommendations and with one previously published fiscal impact note: FN2 (DCCED), and one previously published zero fiscal impact note: FN1 (JUD).

[Representative Johnson was absent during the moving of the bill]

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Co-Chair Foster relayed that HB 17 was heard twice in committee, the fiscal notes were reviewed, and no amendments were received.

#hb17

HOUSE BILL NO. 17

"An Act relating to retirement benefits and military service."

Co-Chair Foster requested a brief recap of the bill.

REPRESENTATIVE GEORGE RAUSHER, SPONSOR, provided a brief recap of the bill. He explained that the bill was focused on a very specific group of veterans who were totally and permanently disabled. It allowed the veterans to access their accrued Public Employee Retirement System (PERS) retirement benefits without penalty regardless of age with 5 years of credited service. The legislation also allowed military service, which had been purchased in accordance with the PERS standards, to count towards the credited service requirements for normal retirement. The legislation did not create new benefits but removed structural barriers. He respectfully asked for the committee's support.

Co-Chair Foster noted that Representative Eischied was in the audience.

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Representative Stapp related that the committee received a letter (copy on file) back from Department of Administration (DOA) regarding the bill. He believed that it contained pertinent information and read parts into the record:

In claiming military service under Alaska Statute (AS) 39.35.340, the member would become indebted to the plan and the member is provided options for how to address their indebtedness. Members have the option to pay their indebtedness in full by personal check, a pre-tax transfer from an eligible account (i.e. supplemental annuity plan or deferred compensation plan) or enter into a salary reduction program in which a portion of their pay is directed to their indebtedness every payroll. Another option is to accept an actuarial reduction at retirement for claiming the service.

Representative Stapp noted that the committee's main concern regarded the stress on the PERS plan, and the

letter offered a good explanation of the mechanics of the bill.

Representative Johnson was trying to figure out the cost to the state. She asked for any additional information other than the fiscal note.

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CRAIG VALDEZ, STAFF, REPRESENTATIVE GEORGE RAUSHER, answered that there was no additional information regarding exact costs.

Representative Bynum MOVED to REPORT HB 17 out of committee with individual recommendations and the accompanying fiscal notes.

HB 17 was REPORTED out of committee with ten "do pass" recommendations, and one "no recommendation" recommendation and one previously published indeterminate fiscal note: FN1 (DOA).

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Co-Chair Foster turned to the next bill on the agenda.

#hb27

HOUSE BILL NO. 27

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

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REPRESENTATIVE GENEVIEVE MINA, SPONSOR, introduced the bill by reading from prepared remarks:

Thank you for hearing HB 27, Major Medical Emergencies
The goal of HB 27 is to modernize Alaska's system for
Emergency Medical Services (EMS) by including strokes
and heart attacks.

Why bring the bill forward?

I introduced this in the last legislature after convos with physicians and EMS providers who identified a gap in Alaska's EMS system.

Background

In the 1960s, with high rates of injuries and deaths from car accidents, public health leaders and policymakers developed America's EMS system to focus on pre-hospital care.

A strong EMS system, rather than just the ER care, is important for preventing lives through the "Golden Hour," a crucial amount of time to ensure that someone after a traumatic injury could avoid death by getting to the "right person, to the right place, at the right time." As part of this movement, the state created the Alaska Office of EMS. The office developed Alaska's trauma system of care in the 90s by coordinating public and private agencies, funding agencies through pass-through grants, and developing training and protocols.

What is a system of care?

It is creating a network for phases of stroke care between prehospital care, transport, treatment to home, and supporting hospitals and clinics. They also designate certified trauma centers, ensuring that hospitals meet state and national standards for different levels of trauma. Modern EMS and the focus on the "golden hour" has evolved beyond trauma.

Issue: We have no system of care for other time-sensitive, medical emergencies, specifically strokes and heart attacks.

In 2022, 744 Alaskans died from trauma, 217 died from strokes, and 510 died from cardiovascular disease (such as a heart attack). Alaska has unique challenges in meeting "Golden Hour" due to rural Alaska and transportation issues, and standardizing best practices between clinics, hospitals, and EMS providers. There are now best practices and improved technology for STEMIs and strokes, as well as stroke centers and STEMI centers - but no one is coordinating Alaska's hospitals, provider organizations, and communities on improving their care.

What does HB 27 do?

HB 27 is very straightforward: it expands the Office of EMS' powers to replicate Alaska's trauma system of care, allowing the office to create a system of care

for strokes and for heart attacks. Additionally, it allows EMS to replicate trauma designation process for strokes and STEMIs. At least 41 states have (or are finalizing) regional or statewide protocols that ensure patients experiencing a critical stroke such as ELVO are transported directly to Level 1 stroke centers.

Impacts:

The improvements in the trauma system of care reduced transfer time to meet the "Golden Hour." It improved outcomes where every single minute meant the difference between walking out of the hospital the next day or requiring 24 hour 7 day a week 24/7 care. Other improvements on outcomes focused on data collection and improving technology to transmit screenings and other technology between clinics and hospital. In addition, it will result in cost savings for the state by ensuring people receive the right care at the right time and preventing more drastic health outcomes.

In Closing we cannot change when a patient arrives to a hospital. But we can improve the workflow to diagnose a case and make the decision-making process more efficient. b. HB 27 updates Alaska's EMS system and ensures that our state reflects modern EMS standards so that Alaskans experiencing a stroke or heart attack get to the "right person, to the right place, at the right time."

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Co-Chair Foster wanted the committee to hear from invited testimony.

BRIAN WEBB, SELF, ANCHORAGE, shared that he was a paramedic for over 47 years. He related that minutes mattered for trauma and medical emergencies and Emergency Medical Services (EMS) must quickly respond and determine the correct facility to transport the patient. He pointed out that a statewide system was lacking for medical emergencies. There were no data registries, few facility designations, nor standardized protocols. The bill provided the structure necessary for better prevention, decisions, and outcomes. Since the passage of HB-168 [Trauma Care

Centers/Fund, Chapter 98 SLA 10, 06/21/2010] in 2010, which established trauma centers and a trauma care fund, Alaska EMS had been better equipped to make critical transport decisions. The results enhanced our training and skills and enabled us to deliver trauma patients to the most appropriate facility and saved lives. The legislation addressed a critical gap in the treatment of major medical emergencies, particularly heart attacks and strokes, by offering a system of registry, standards, and voluntary facility registration. In addition, the legislation identified resource gaps, improved transport planning, and opened doors for planning partnerships improving the delivery of care by EMS. The voluntary facility designation not only benefitted hospitals it resulted in better outcomes and lowers death rates and disabilities. The bill's costs were minimal compared to the long term costs of disability and preventable deaths, which created significant saving "downstream."

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LUCY HE, NEUROSURGEON, PROVIDENCE AND ALASKA REGIONAL HOSPITALS, ANCHORAGE, offered her testimony. She explained that Alaska was one of the few remaining states lacking any funding for time sensitive emergencies. The success of such programs elsewhere in the United States (US) with limitations such as that existed in Alaska had been demonstrated. The incidence of stroke in Alaska was the same as in the Southeastern US but Alaska had very limited resources. The resources for stroke recovery and prevention remained significantly underfunded and the main limitation was identifying the patients as early as possible in the field and creating a coordinated and efficient system of transfer. She continued that without guidance from the Department of Health (DOH) and the resources to track the data the state could not improve its response. She observed that the Alaska native population was prone to aneurism ruptures. However, there was no data regarding patient care remaining in or leaving the state in those instances. The state's most recent report on stroke care in Alaska was published in 2019 referencing 2016 data. She reported that DOH acknowledged that there was a significant gap in data.

She continued that DOH along with the Alaska Stroke Coalition collaborated on acquiring Coverdell Grants [Paul Coverdell Forensic Science Improvement Grants Program (the Coverdell program)]. The grants were denied because the

state lacked a formalized system for tracking stroke care. The state needed additional resources and funding in order to evolve a program. She emphasized the importance of rapid correct diagnosis and intervention due to insufficient recovery, outpatient, and therapy resources. She offered a statistic that by 2030 the global economic impact of strokes would reach \$1 trillion. She stressed the importance of treatment, prevention, and decreasing stroke risk. She urged support for the bill.

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Representative Johnson thought that the bill was a good idea. She encouraged DOH to look to vacant positions to reduce the cost of the bill versus adding a position. She noted that the fiscal note added a range 20 position.

GENE WISEMAN, SECTION CHIEF, RURAL AND COMMUNITY HEALTH, DEPARTMENT OF PUBLIC HEALTH, ANCHORAGE, asked for Representative Johnson to repeat the question. Representative Johnson obliged and reiterated the question. Mr. Wiseman deferred the answer to a colleague in DOH.

Representative Mina answered that it was a good question. She communicated that in discussions with the department, she discovered that there was a gap in statute concerning the state's system of care. She determined that there was a need from the state's health professionals. She wanted to help address filling the one position through a vacancy.

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Representative Bynum wanted a better understanding how the bill would improve care in the state. He noted that in many communities there were limited places where emergency victims could go. In those instances where there was one regional hospital, the patient would be evaluated and flown out to another facility if necessary. He wondered how adding a position at the state level would accomplish the goal of the bill and inquired about the position's workload.

Representative Mina responded that the legislation was about improving the EMS system overall and especially for rural communities that would benefit the most. She deferred further answer to Mr. Webb who had worked closely with Alaska's EMS system. She also suggested that Dr. He address

the specific gaps in stroke care and how a system of care would benefit responders and providers. Representative Bynum repeated the question. He was trying to understand how creating the position would create benefits to remote communities who were trained at the local level on addressing strokes and heart attacks that he believed received a "high focus" with rural responders. In addition, was the bill focused on places with large populations in the state.

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Mr. Wiseman replied that the position would replicate DOH's trauma systems. He elaborated that under Rural Community Health Systems the office of EMS and the trauma unit were paired together. The Trauma systems unit had two employees; one managed the Trauma Registry data base. The data base manager convened committees of hospital subject matter experts and from the EMS system to build the coordinated care approach. The hospitals voluntarily entered their data into the registry to create a statewide overview and track patients and outcomes better. The trauma systems unit only had two employees who were extremely busy and one additional employee to track additional data would be necessary. Additionally, coordinating the committees and site visits for certification was time consuming. The objective was to analyze the data for care coordination at a systems of care state level approach. He emphasized the amount of work necessary to produce a systemic change.

Representative Galvin referenced that 41 other states had the same proposed coordinated approach. She asked how other states approached implementing the system. She wondered whether hospitals had a coordinated approach or if it was truly best accomplished through the state. Representative Mina deferred to Dr. He who had experience in setting up the coordinated approach.

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Dr. He responded that Hawaii was the best example of an EMS statewide system that utilized both via a Hawaii Statewide Stroke coalition that brought together most hospital clinicians. The state tracked stroke data in coordination with the stroke coalition. She described why both was necessary. She indicated that as a clinician, she and other clinicians reviewed cases of transfers which helped to

determine the outcomes and what worked best or did not work at one facility or another and decided who provided better interventions for specific issues. She relayed an example from Hawaii of coordinated state and hospital data and how it determined the best interventions to help shorten transport time to the right facility. She offered that the data helped Hawaii EMS in recognizing how long transport times were and how to shorten it. She elucidated that it was outside Alaska's hospital purview to mandate they examine the efficiency of patient transport and would be unable to manifest changes unless statewide protocols were in place. She emphasized that coordination between the state and hospitals was essential. She shared that in states with successful EMS systems they had both a DOH tracking system and the clinical providers that worked together to integrate what was happening in the field and identifying the gaps. She discussed issues with sharing stroke imaging statewide and believed that state involvement could help find a better solution. The success in improving stroke care with the proposed paradigm was dependent on the state and clinicians working together to improve patient care and outcomes.

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Co-Chair Josephson wanted to understand the "Golden Hour" concept better. He understood that time was of the essence for stroke victims for the administration of reverse clotting agents for a successful recovery. He wondered whether part of the bill was to try to get reverse clotting agents to people in the field in small rural areas. He asked whether the bill only entailed coordination or would there be a component for training and providing new medical treatment opportunities in smaller hospitals.

Representative Mina replied that supplying clot busting drugs and medical services was different than coordination and providing training. She deferred the answer to Mr. Webb.

Co-Chair Foster noted that Mr. Webb was no longer online.

Representative Mina requested hearing from Mr. Wiseman.

Mr. Wiseman asked for clarification on the question. Co-Chair Josephson understood elements of the bill. He asked if another element of the legislation was to get treatment

modalities in rural areas for rapid response and better outcomes for the patient. Mr. Wiseman answered that the golden hour timeframes were different for stroke and heart attacks. He spoke to enhanced training for pre-hospital providers for heart attack recognition and mitigation. He elaborated that it was not the same for stroke, which needed imaging to determine the cause. The statewide coordinated training would be developed for heart attacks and strokes to ensure the right determination under protocol for where a patient should be sent for trauma care and treatment. He provided an example regarding a stroke victim in a rural community where pre-hospital providers would determine the right hospital to medivac the patient to.

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Co-Chair Josephson asked if the training and coordination would be with sub-regional clinics and clinics in villages. Mr. Wiseman responded in the affirmative. The coordinating committees would set baseline protocols and there would be associated training to support austere clinics in rural settings to respond appropriately. However, he was unsure whether a stroke patient could be handled in a community like Dutch Harbor. He deferred further answer to Dr. He.

Dr. He relayed that she agreed with Mr. Wiseman. She shared from personal experience that in the prior summer there were several patients that experienced massive strokes on cruise ships. She focused on one patient where the cruise ship responders identified the problem and wanted to get the patient to the closest hospital for administration of clot busting drugs. The medication must be administered within four and one half hours after the event. The EMS providers on the scene recognized that the patient might need additional intervention known as a clot retrieval, which was only done in Anchorage. The patient was transferred to a hospital in Southeast Alaska and received imaging and clot busting medication in time. However, the imaging also showed the patient was a candidate for clot intervention. The patient had to wait for yet another flight crew to be transferred, which led to a significant delay. She concluded that coordinating and improving efficient transfers and consistency of care mattered the most utilizing the most efficient process by which to triage and determine the appropriate facility. She noted that the situation was a classic example and the tracked

data, if in place, could provide solutions by looking at it in a larger context and identifying patterns. She suggested that one solution could utilize "on hold" medivac services. She exemplified another case where a stroke patient needing clot intervention was transferred 3 times over 13 hours. The delay was significant because 2 million brain cells die per minute. Even cutting the time in half could produce a better outcome for the patient. She emphasized that for patients in rural areas coordination mattered much more than in urban areas.

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Representative Stapp hypothesized a scenario where someone had a heart attack in Unakleet and was not transferred to Norton Sound Health Corporation in Nome but was transported directly to Anchorage. He could not understand why someone would be diverted to a rural health clinic prior to going to Anchorage regarding a major medical emergency. He shared from personal experience working with a dozen Alaska Native health corporations that major emergencies were always transferred directly to Anchorage due to the corporations' lacking the necessary trauma level care. He was not opposed to the bill, but he was confused how it would achieve the outcome because it was a voluntary program. He asked how the program would be effective.

Representative Mina answered that it would need to be determined which hospital to send a patient directly to Anchorage to. If there was not a standard protocol, there would be a great reliance on the provider in the rural community where the emergency happened, they and might not have the same training as a licensed EMS professional. The standard of care helped provide more direction for rural areas where there was no coordination to know which specific Anchorage hospital was appropriate. Representative Mina addressed his concerns regarding the voluntary element of the bill. She communicated that there was difference between each provider having its own internal protocols versus having the providers working with each other on where to transfer patients. She deferred to Mr. Wiseman to speak to creating a standard system of care versus none at all.

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Mr. Wiseman responded that the statute was set up for the trauma system in a way "the voluntary nature spoke to the hospitals themselves." He expounded that whether they wanted to participate and become certified as a Level IV to Level II trauma center was a voluntary program in the state. The department determined that carrying the same voluntary nature to a stroke or heart attack center would replicate for the EMS program as well. The vast majority of hospitals had become trauma centers over the years on a voluntary basis. The hospitals increased their in-house training and capabilities to meet the trauma center standard.

Representative Stapp asked Dr. He whether regional Native Health corporations could currently treat a heart attack or stroke. Dr. He answered that it depended. She related that they had the diagnostic imaging capabilities and clot busting medicines, but for higher level intervention the patient had to be transported to Anchorage. An EKG could be tested or sent easily but stroke imaging could not be transferred quickly. She elaborated that the EMS crew determined whether the patient had to transfer directly to Anchorage, and it was not necessary for every "shore" patient. Even if a facility had clot busting medications, the patient needed to be at an ICU level of nursing care according to current standards and had to transfer somewhere else after they were administered the clot busting drugs. Most of the small clinics do not have the ability. She described further complications with strokes and clot busting drugs and pointed to the varied issues that arise. Representative Stapp asked who would make the decision as to where victims were transferred. He wondered who would have the standardized information to decide. He experienced that currently responders erred on the side of caution and sent the patient directly to a major hospital. Dr. He responded that the EMS first responder would be the most appropriate person to make the call. She furthered that other symptoms make it difficult to delineate a stroke in the field, like hallucinations making appear it was substance issues. Therefore, training and resources for pre-hospital staff would be very helpful. Lacking the tracking data regarding patients with strokes, gaps could be identified and more efficient decisions regarding care could be made.

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Representative Stapp asked if the data would be available after the fact through the Health Information Exchange (HIE) after the fact. DR. He responded in the negative.

Mr. Wiseman reviewed the published fiscal impact note from DOH (FN 1(DOH) appropriated to Public Health for Emergency Response. He reported that the \$240.6 thousand was to accomplish the objectives of the bill that would require one additional full time position in the trauma systems unit within the Division of Public Health. The position would support coordination of multiple stakeholder committees to build a process. Additionally, funding for (Information Technology) IT systems enhancements will be required to implement tracking and reporting of heart attack and stroke.

Co-Chair Foster interjected that the fund sources were; Federal Receipts at \$28.9 thousand and G/F match in UGF was \$211.7 totaling \$240.6 thousand.

Representative Bynum described that in Southeast Alaska a patient requiring major medical care was automatically flown out. He voiced that there were already systems in place that accomplished getting someone to care. He asked what the reach of regulatory components would be given the fact that the healthcare institutions were already heavily regulated. He cited AS 18.08.200 (14) and noted that it currently read, "immediate medical surgical intervention or treatment to prevent death or permanent disability." He inquired how the current definition did not meet the requirement for heart attack or stroke.

Representative Mina replied that there was a difference between regulations and creating guidance and protocols for the best standards of care for the state's EMS system. She voiced that the authority for DOH to create the standard of care would not exist without the inclusion of heart attack or stroke in the definition in statute. She deferred to Mr. Wiseman to speak to the current authority of the Office of EMS and how it related to regulations for healthcare facilities and why the current statute did not include heart attack or stroke.

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Mr. Wiseman answered that in the current statute AS 18.08 related to EMS and trauma care. He indicated that trauma care was added in 2010, because a system of care needed to

be developed and focus on a system of care. It gave the department a higher level of authority to focus on the issue of trauma care systems. He spoke to the importance of data and how the system was built on the data viewed from a high level and the provider committee process to establish the standards. The current set of EMS standards focused on the pre-hospital level of care. He announced that DOH's authority to establish the EMS systems of care approach was currently non-existent as the original statute was not sufficient to develop a trauma system prior to its inclusion in 2010. He spoke to coordination regarding cruise ship passengers. He offered that the Coast Guard had to lift approximately 219 patients off the ships to transfer them to care and they needed to be involved as well as private providers. He voiced that currently there was no statewide approach.

Representative Johnson commented that she would like to see some letters of support from stakeholders other than from paramedics, LifeMed Alaska, LLC or EMS providers who would be directly impacted. She guessed that there might be a protocol in place already. She thought it might become a mandatory system for providers. She was not sure how it would impact insurance companies. She voiced that she wanted to hear from someone in the other body who had medical experience. She hoped for more information in general.

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Representative Jimmie described how medical emergencies were handled in the remote part of Alaska she lived in. Ultimately, some were evacuated through LifeMed. She was aware from experience that the LifeMed responders made the treatment decisions.

Representative Tomaszewski asked how many specialty hospitals were in Alaska.

Mr. Wiseman replied that there were 15 level 4 trauma centers, 1 level 3 trauma center, and 2 level 2 trauma centers in the state. He was unable to answer what level of specialty care was available in receiving centers.

Representative Tomaszewski pointed to the sponsor statement and wondered whether the hospital had adopted the national criteria for EMS system of care. He read from the sponsor

statement: "HB 27 will ensure that the receiving specialty hospitals meet DOH-adopted national criteria for being a voluntary stroke or heart attack center." He asked whether DOH had adopted the national criteria. Mr. Wiseman replied that the national criteria DOH had adopted was from the American College of Surgeons, which established the current system of care and provided credential for facilities. He elucidated that there were other national accrediting bodies that a hospital could participate in. Representative Tomaszewski stated that the objective of the bill was to establish criterion that all hospitals in the state follow so everyone was "on the same page." Mr. Wiseman responded in the affirmative and added that it depended on if the hospital voluntarily wanted the certification to become a stroke or heart attack center. The department would identify the national entity that would be used to establish the standards. Representative Tomaszewski inquired what the outcome of volunteering to be a specialty hospital would mean for the facility. Mr. Wiseman replied that he was unsure what the financial impact on the hospital to obtain the certification was. The certification would help the patient be directed to the right provider for care. Representative Tomaszewski asked if there were any hospitals in the state that had adopted the national criteria to be a heart attack or stroke center. Mr. Wiseman deferred the answer to Dr. He. The department did not currently track the information.

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Representative Bynum noted that the current statute required trauma care. He inquired whether DOH was already doing all it wanted for stroke and heart attack and was doing all it wanted for all other traumas except for stroke and heart attack.

Representative Mina replied that the state did have a robust system of trauma care but lacked a robust system of care for heart attacks and strokes. She asked Mr. Wiseman to confirm her statement.

Mr. Wiseman asked for the question to be repeated. Representative Bynum complied. Mr. Wiseman responded in the affirmative. He elaborated that in the trauma system there was a statewide trauma registry that almost every hospital participated in and entered its data so outcomes could be tracked. The trauma systems review committee had published

several guidelines for certain types of trauma and protocols were produced statewide.

HB 27 was HEARD and HELD in committee for further consideration.

Co-Chair Foster discussed future meetings.

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ADJOURNMENT

3:33:56 PM

The meeting was adjourned at 3:33 p.m.