

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

March 13, 2025

3:18 p.m.

**MEMBERS PRESENT**

Representative Genevieve Mina, Chair  
Representative Andrew Gray  
Representative Zack Fields  
Representative Donna Mears  
Representative Mike Prax  
Representative Justin Ruffridge  
Representative Rebecca Schwanke

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

HOUSE BILL NO. 27

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

- MOVED CSHB 27(HSS) OUT OF COMMITTEE

HOUSE BILL NO. 70

"An Act relating to emergency medical services for operational canines; relating to the powers, duties, and liability of emergency medical technicians and mobile intensive care paramedics; relating to the practice of veterinary medicine; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 64

"An Act relating to the surrender of infants; and providing for an effective date."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 27

SHORT TITLE: MEDICAL MAJOR EMERGENCIES

SPONSOR(S): REPRESENTATIVE(S) MINA

01/22/25 (H) PREFILE RELEASED 1/10/25  
01/22/25 (H) READ THE FIRST TIME - REFERRALS  
01/22/25 (H) HSS, FIN  
02/18/25 (H) HSS AT 3:15 PM DAVIS 106  
02/18/25 (H) Heard & Held  
02/18/25 (H) MINUTE (HSS)  
03/13/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: HB 70

SHORT TITLE: EMERGENCY MED SVCS; OPERATIONAL CANINES  
SPONSOR (S): REPRESENTATIVE (S) SCHRAGE

01/27/25 (H) READ THE FIRST TIME - REFERRALS  
01/27/25 (H) HSS, L&C  
02/18/25 (H) HSS AT 3:15 PM DAVIS 106  
02/18/25 (H) Heard & Held  
02/18/25 (H) MINUTE (HSS)  
03/13/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: HB 64

SHORT TITLE: SURRENDER OF INFANTS; INF. SAFETY DEVICE  
SPONSOR (S): REPRESENTATIVE (S) TOMASZEWSKI

01/24/25 (H) READ THE FIRST TIME - REFERRALS  
01/24/25 (H) HSS, JUD  
03/13/25 (H) HSS AT 3:15 PM DAVIS 106

**WITNESS REGISTER**

MICHAEL LEVY, MD  
Eagle River, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on HB 27.

GENE WISEMAN, Section Chief  
Rural Community Health Systems  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on HB 27.

REPRESENTATIVE CALVIN SCHRAGE  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** As prime sponsor, presented HB 70.

BRIAN WEBB, Paramedic and EMS Educator  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 70.

RACHEL BERNGARTT, DVM, JD  
Board of Veterinary Examiners  
Juneau, Alaska

**POSITION STATEMENT:** Testified during the hearing on HB 70.

MCKAYLA DICK, DVM, Member at Large  
Alaska Veterinary Medical Association  
North Pole, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 70.

KATRINA BACKUS, DVM  
North Pole Veterinary Hospital  
North Pole, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 70.

SEAN MCPECK, DVM, CEO  
Tier 1 Veterinary Medical Center  
Palmer, Alaska

**POSITION STATEMENT:** Testified in support of HB 70.

MARY ANN HOLLICK, DVM  
Eagle River, Alaska

**POSITION STATEMENT:** Testified during the hearing on HB 70.

MARK STIGAR, Former President  
Alaska Search and Rescue Association  
Palmer, Alaska

**POSITION STATEMENT:** Testified during the hearing on HB 70.

MICHAEL LEVY, MD  
State of Alaska Emergency Medical Services  
Eagle River, Alaska

**POSITION STATEMENT:** Testified during the hearing on HB 70.

BRITTANY TURNER, representing self  
North Pole, Alaska

**POSITION STATEMENT:** Testified in opposition to HB 70.

SCOTT LUNA, Paramedic Firefighter  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 70.

PAMELA SAMASH, representing self  
Nenana, Alaska

**POSITION STATEMENT:** Testified in support of HB 70.

DAVID GOFF, Staff  
Representative Frank Tomaszewski  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented the sectional analysis for HB 64 on behalf of Representative Tomaszewski, prime sponsor, and answered questions regarding HB 64.

DOUGLAS SCHRAGE, Fire Chief  
Anchorage Fire Department  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 64.

JULIE LYNETTE CONDELL, Lead 911 Dispatcher  
Anchorage Fire Department  
Anchorage, Alaska

**POSITION STATEMENT:** Testified during the hearing on HB 64.

LONNY MARNEY, Council Member  
City of Fairbanks  
Fairbanks, Alaska

**POSITION STATEMENT:** Testified during the hearing on HB 64.

MATTHEW THOMAS, Nurse Consultant II  
Health Facilities Licensing & Certification  
Division of Healthcare Services  
Department of Health  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions regarding HB 64 as a subject matter expert.

CARLA ERICKSON, Chief Assistant Attorney General  
Child Protection Section  
Civil Division (Anchorage)  
Department of Law  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions regarding HB 64.

#### **ACTION NARRATIVE**

[3:18:49 PM](#)

**CHAIR GENEVIEVE MINA** called the House Health and Social Services Standing Committee meeting to order at 3:18 p.m. Representatives Ruffridge, Schwanke, Mears, Fields, and Gray

were present at the call to order. Representative Prax arrived as the meeting was in progress.

**HB 27-MEDICAL MAJOR EMERGENCIES**

[3:19:30 PM](#)

CHAIR MINA announced that the first order of business would be HOUSE BILL NO. 27 "An Act relating to medical care for major emergencies."

CHAIR MINA announced that subject experts are present on the line and prepared to answer committee questions on HB 27.

[3:20:19 PM](#)

REPRESENTATIVE GRAY asked what the stroke burden is in Alaska and how much that burden could be reduced if stroke response time were improved.

[3:20:46 PM](#)

MICHAEL LEVY, MD, responded that he does not have statistics on the stroke burden in Alaska and confirmed that the stroke burden could be avoided if timely care and state-of-the-art interventions were taken.

REPRESENTATIVE GRAY asked how many hospitals in Alaska can administer thrombolytic drugs within a few hours of someone having a stroke.

DR. LEVY responded that he does not know the number of hospitals prepared to provide "clot-busting drugs" for acute strokes. He said that he believes that a significant majority of the hospitals that have computerized axial tomography (CAT) scans can provide clot-busting drugs. He described the criteria needed to provide these drugs to a patient.

REPRESENTATIVE GRAY asked how many centers across Alaska can administer those thrombolytic drugs. He asked for clarity on how HB 27 could help reduce the stroke burden on Alaska.

DR. LEVY responded that currently Anchorage is the only location where certain stroke therapies are available. He said that HB 27 would hopefully ensure that other outlying facilities could receive the necessary education, training, and to provide that therapy to more patients.

[3:26:12 PM](#)

GENE WISEMAN, Section Chief, Rural Community Health Systems, added that Alaska has 13 level 4 trauma centers and he suspects that all of those centers have CAT scans, which are needed before administering fibrinolytic drugs.

REPRESENTATIVE GRAY referred to a study from the Journal of Stroke and Cerebrovascular Disease which showed that the more prescriptive legislation regarding this issue is, the better the outcomes. He said that if the state required thrombolytics at every center that has a CAT scan, that would ensure the right treatment is on hand at all the places where this treatment could be administered. He asked if there currently are thrombolytics at every center with a CAT scan.

[3:28:04 PM](#)

MR. WISEMAN responded that he believes most hospitals do carry thrombolytics. He also emphasized the importance of administering these drugs in a timely fashion.

[3:29:29 PM](#)

REPRESENTATIVE GRAY asked emphasized that preventing strokes is the best way to prevent deaths from strokes.

DR. LEVY responded that the financial and emotional burdens from strokes are immense. He said that any intervention to prevent such misery and financial burden would be a huge win.

[3:31:30 PM](#)

The committee took a brief at ease at 3:31 p.m.

[3:31:56 PM](#)

CHAIR MINA opened public testimony on HB 27. After ascertaining that there was no one who wished to testify, she closed public testimony.

[3:32:27 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 1 to HB 27, labeled 34-LS0277\A.2, A. Radford, 3/10/25, which read as follows:

Page 2, following line 5:

Insert a new bill section to read:

"\* **Sec. 2.** AS 18.08.082 is amended by adding a new subsection to read:

(d) The commissioner may establish special designations in regulation for varying levels of care for major emergencies provided by a medical facility certified under (a)(3) of this section. The designations shall be based on nationally recognized standards and procedures."

Renumber the following bill section accordingly.

CHAIR MINA objected for purposes of discussion.

REPRESENTATIVE RUFFRIDGE explained Amendment 1. He stated that the proposed amendment would align current statute to allow for special designations for facilities that offer heart attack and stroke care, like how that trauma care facilities are certified. He said that there is a need to be able to recognize the organizations that produce high-level care for heart attack and stroke patients and that want to take that designation on with a nationally recognized standard.

CHAIR MINA asked Mr. Wiseman how Amendment 1 would work functionally with the current operations in the Office of Emergency Medical Services (EMS).

MR. WISEMAN responded that Amendment 1 would require that the trauma systems unit within his section define and identify a nationally recognized credentialing body or bodies off which to base its criteria. He said there would be committees formed of subject matter experts that would validate that centers meet the criteria to be identified as a stroke or heart attack center.

[3:36:54 PM](#)

CHAIR MINA asked if "replicating" would mean continuing the current trauma systems unit or creating a new unit. She also asked if another position control number (PCN), in addition to the PCN included in the bill, would be needed to conduct the systems unit.

MR. WISEMAN responded that the trauma systems unit currently lacks the bandwidth, but an additional employee, described in HB 27, would be able to coordinate the additional workload created

by HB 27. He added that a database would be needed to track the data of patients that would be put into the registry system from varying hospitals.

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CHAIR MINA removed her objection. There being no further objection, Amendment 1 was adopted.

[3:38:38 PM](#)

REPRESENTATIVE MEARS moved to report HB 27, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 27(HSS) was reported out of the House Health and Social Services Standing Committee.

[3:39:04 PM](#)

The committee took a brief at-ease at 3:39 p.m.

**HB 70-EMERGENCY MED SVCS; OPERATIONAL CANINES**

[3:39:11 PM](#)

CHAIR MINA announced that the next order of business would be HOUSE BILL NO. 70 "An Act relating to emergency medical services for operational canines; relating to the powers, duties, and liability of emergency medical technicians and mobile intensive care paramedics; relating to the practice of veterinary medicine; and providing for an effective date."

[3:41:14 PM](#)

REPRESENTATIVE CALVIN SCHRAGE, Alaska State Legislature, as prime sponsor, provided a brief recap of HB 70.

[3:42:02 PM](#)

CHAIR MINA announced invited testimony.

[3:42:11 PM](#)

BRIAN WEBB, Paramedic and EMS Educator, testified in support of HB 70. He described his medical experience and his experience with canine care. He shared the story of a state trooper canine who was fatally shot in 2017, explaining that although emergency

medical service (EMS) personnel were available, they had no authority to assist. He emphasized the scarce veterinary resources available in Alaska. He also said that HB 70 would allow for training that would fit within continuing education requirements for EMS. He compared emergency medications for canines to pediatric patients. He said that HB 70 would address low frequency, high acuity canine trauma events.

[3:46:26 PM](#)

REPRESENTATIVE RUFFRIDGE asked if canine services that would be provided by EMS would need to be approved by the EMS medical director.

MR. WEBB confirmed that the EMS medical director would need to designate authority to provide canine services.

REPRESENTATIVE RUFFRIDGE asked if approval by the EMS medical director to provide services is implied as an EMT.

MR. WEBB responded that standing orders and protocol give EMS providers their authority to practice, which is mentioned in HB 70.

REPRESENTATIVE RUFFRIDGE asked about the need for a veterinarian to approve EMS canine services under HB 70.

MR. WEBB responded that the EMS medical director approves standing orders and protocols.

REPRESENTATIVE RUFFRIDGE asked if it is true that the "dosing and care for operational canines is virtually identical to pediatric patients." He said he believes that statement is mostly untrue.

MR. WEBB responded with an example of medication whose dosage and concentration is the same for pediatric and canine patients as an emergency medication.

REPRESENTATIVE RUFFRIDGE asked about the training required to provide emergency medical services to operational canines and what that training cost would be.

MR. WEBB responded that training is all based on the Canine Tactical Emergency Care Course, developed by the US Military. He described the program and said that the cost would depend on

the scope of practice of the services being provided in that training.

[3:55:12 PM](#)

REPRESENTATIVE MEARS asked if there is a continuing education requirement for EMS providers and if this course would help fulfill those requirements.

MR. WEBB responded that this course would be rolled into an annual training cycle within the services that opted in for canine services. He said there is not a recertification standard nationally.

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REPRESENTATIVE SCHWANKE asked how many service canines have been injured in recent years.

MR. WEBB responded that two operational canines have been injured in recent years in Alaska.

REPRESENTATIVE SCHWANKE asked about what the reporting requirements for administering Schedule II drugs would be under HB 70.

MR. WEBB responded that he reached out to the regional Drug Enforcement Administration (DEA) of Seattle to ask them a similar question regarding controlled substances. He said that the DEA responded that there would be no changes necessary to the existing processes for reporting controlled substances.

[4:00:45 PM](#)

CHAIR MINA opened public testimony on HB 70.

[4:01:12 PM](#)

RACHEL BERNGARTT, DVM, JD, Board of Veterinary Examiners, said the board does not have an official position statement on HB 70. She offered clarification on parts of Mr. Webb's testimony that she believed were misleading. She said that the committee should consider the potential liability for veterinarians regarding HB 70. She emphasized several issues she believes must be addressed regarding HB 70.

[4:05:58 PM](#)

MCKAYLA DICK, DVM, Member at Large, Alaska Veterinary Medical Association, testified in opposition to HB 70. She recommended the formation of an emergency veterinary advisory committee or a task force where veterinarians, emergency medical technicians (EMTs), and paramedics can collaborate on emergency canine protocol.

[4:08:36 PM](#)

KATRINA BACKUS, DVM, Medical Director, North Pole Veterinary Hospital, testified in opposition to HB 70. She said that she is concerned that HB 70 would allow untrained individuals to perform medical interventions without proper education or oversight. She emphasized the need to strengthen collaboration between veterinarians and first responders.

[4:11:02 PM](#)

CHAIR MINA announced invited testimony again.

[4:11:09 PM](#)

SEAN MCPECK, DVM, CEO, Tier 1 Veterinary Medical Center, testified in support of HB 70. He emphasized the low frequency of situations that HB 70 would apply to. He said that HB 70 would allow paramedics to try to save the life of an operational canine if it is injured in a very remote environment. He emphasized that the care provided by paramedics would be en route to a veterinarian, not in place of veterinary care. He also emphasized how few veterinarians practice in Alaska.

[4:15:50 PM](#)

CHAIR MINA continued with public testimony on HB 70.

[4:16:00 PM](#)

MARY ANN HOLLICK, DVM, said the idea that a non-veterinarian can be trained in a short term to perform advanced procedures is crazy. She said that any care beyond basic first aid must occur under the direct instructions of a veterinarian. She said HB 70 would need to include a waiver of liability for the licensed veterinarian taking over the referred cases of operational canines.

[4:18:59 PM](#)

MARK STIGAR, Former President, Alaska Search and Rescue Association, said there are between 20 and 25 canines with the Alaska Search and Rescue Association. He offered personal anecdotes of the help he would seek out from a paramedic if his dog were injured and there were no veterinarians nearby.

[4:21:48 PM](#)

MICHAEL LEVY, MD, Medical Director, State of Alaska Emergency Medical Services, said he believes giving his EMS clinicians the ability to transport injured operational canines to a higher level of care is important.

[4:23:17 PM](#)

REPRESENTATIVE RUFFRIDGE asked Dr. Levy to describe what the process for a medical director approving canine training under HB 70 would look like.

DR. LEVY responded that under HB 70, a medical director would need to establish when particular services would be provided to canines and what resources would be available to ensure adequate training for those services.

[4:26:10 PM](#)

BRITTANY TURNER, noting that she is a veterinarian assistant and member of the US Air Force, testified in opposition to HB 70. She said that HB 70 needs to define roles, regarding first aid and transportation, more clearly.

[4:26:55 PM](#)

SCOTT LUNA, Paramedic Firefighter, testified in support of HB 70. He said that operational canines are often the first line of defense in high-risk situations. He said that with proper training, EMS providers would have the ability to make significant impacts on these dogs and provide the opportunity to deliver a salvageable dog to the veterinarian clinic.

[4:29:27 PM](#)

PAMELA SAMASH, representing self, testified in support of HB 70. She said that she lives in a rural area 70 miles from a veterinarian. She explained that a veterinarian trained members of her community in emergency care for their pets because there

are no veterinarians in town. She emphasized that many rural areas do not have access to veterinary care.

[4:31:41 PM](#)

CHAIR MINA, after ascertaining that there was no one else who wished to testify, closed public testimony on HB 70.

**HB 64-SURRENDER OF INFANTS; INF. SAFETY DEVICE**

[4:31:54 PM](#)

CHAIR MINA announced that the final order of business would be HOUSE BILL NO. 64 "An Act relating to the surrender of infants; and providing for an effective date."

[4:32:10 PM](#)

DAVID GOFF, Staff, Representative Tomaszewski, Alaska State Legislature, on behalf of Representative Tomaszewski, prime sponsor, presented HB 64. He read the sponsor statement [included in the committee packet], which read as follows [original punctuation provided]:

In 2008 Alaska enacted its safe surrender law to ensure that surrendered infants receive immediate care for their safety and provide legal protection for the relinquishing parent, thereby reduce potential infant death due to illegal abandonment. Our current safe surrender law requires a parent to directly relinquish an infant to another individual.

Infant safety devices protect both relinquishing parents and infants. Infant safety devices allow a parent to surrender an infant anonymously through a climate-controlled device at a designated facility. Currently, twenty-two states authorize infant safety devices. House Bill 64 would authorize the use of infant safety devices as an additional method of infant relinquishment under the safe surrender laws. These devices would safely hold an infant with an automatic lock and constant video surveillance while immediately alerting appropriate personnel of the surrender. Infant safety devices would be placed in conspicuous areas with appropriate signage as determined by the Department of Family and Community Services (DFCS). An infant safety device may be

located at hospital, emergency department, freestanding birth center, office of a private physician, rural health clinic, municipal police department, state trooper post, fire department, or other facility designated by the DFCS commissioner.

The ability to relinquish an infant to a safe location rather than an individual allows additional anonymity for the relinquishing parent while still ensuring that surrendered infants receive immediate medical care.

MR. GOFF, on behalf of Representative Tomaszewski, prime sponsor, presented the sectional analysis for HB 64 [included in the committee packet], which read as follows [original punctuation provided]:

**Section 1**

Amends the child abandonment statute (AS 47.10.013(c)) to make a parent immune from prosecution if they safely leave the infant in a safety device that is fiscally affixed to allowable public agency facility.

**Section 2**

Amends the child abandonment statute (AS 47.10.013(d)) to conform to Section 1 abandonment for the person to whom an infant is safely surrendered.

**Section 3**

Amends the child abandonment statute (AS47.10.013(e)) to include designated facility as a receiver of a safely abandoned infant.

**Section 4**

Adds a new subsection to the child abandonment statute to require receiving facilities to immediately notify the nearest peace officer, community health aide, physician, or hospital employee.

Adds a new subsection to specify what an infant safety device must be equipped with and where it must be located.

**Section 5**

Provides an effective date of July 1, 2026.

[4:35:59 PM](#)

CHAIR MINA announced invited testimony.

[4:36:05 PM](#)

DOUGLAS SCHRAGE, Fire Chief, Anchorage Fire Department, testified in support of HB 64. He said that the face-to-face requirement of the current Safe Haven statute is an impediment to some individuals trying to safely surrender their infant without risking their anonymity. He said that HB 64 would provide a safe alternative to leaving infants unattended on the side of the road. He emphasized that infant safety devices would not be compulsory, and HB 64 would not require public funds.

[4:39:34 PM](#)

CHAIR MINA asked how often the Anchorage Fire Department deals with the surrendering of infants.

MR. SCHRAGE responded that these situations do not occur often. He said he only knows of one live hand-off of a child but explained that once every few years a child has been abandoned and died due to being left alone in the elements.

[4:40:59 PM](#)

JULIE LYNETTE CONDELL, Lead 911 Dispatcher, Anchorage Fire Department, emphasized the important difference between confidentiality and anonymity for parents surrendering their children. She said that these devices are located in 22 states now and have saved several infants' lives. She explained that these devices also contain materials for the mother using the device that can connect her to resources she may need.

[4:44:06 PM](#)

CHAIR MINA asked Ms. Condell how often she receives calls regarding the surrender of an infant.

MS. CONDELL responded said that she does not field many calls regarding the surrender of an infant. She explained that these situations most likely would not come through the 911 center because of the lack of anonymity.

[4:45:35 PM](#)

LONNY MARNEY, Council Member, City of Fairbanks, said that infant safety devices cost about \$22,000 with a yearly \$500 maintenance fee. He listed some of the organizations that may fund this cost. He said that these devices would save lives.

[4:49:36 PM](#)

CHAIR MINA asked about locations where individuals can surrender infants and if there are any disproportionate gaps in those areas.

MR. GOFF responded that these situations present themselves more in the downtown area of Anchorage.

MATTHEW THOMAS, Nurse Consultant II, Health Facilities Licensing & Certification, Division of Healthcare Services, Department of Health, responded that he is not able to speak to these gaps under his capacity.

[4:51:48 PM](#)

CHAIR MINA asked about the education provided by the state on the Safe Surrender Law.

[4:52:25 PM](#)

CARLA ERICKSON, Chief Assistant Attorney General, Child Protection Services, Civil Division (Anchorage), Department of Law, referred Chair Mina to the Office of Children's Services as she said she does not know enough about the training.

[4:52:47 PM](#)

REPRESENTATIVE FIELDS asked how the department assesses which moms are at risk of child neglect and what kind of pre-natal services can be offered. He asked how the state identifies or fails to identify people who lack the ability to care for a young child.

MR. THOMAS responded that his unit oversees the compliance of healthcare facilities and requires all patients receiving services be reviewed for possible abuse or other home-life issues. He said his division does not engage in community outreach.

[4:54:45 PM](#)

REPRESENTATIVE RUFFRIDGE raised concern regarding the unintended consequences of HB 64. He asked about ensuring that the person surrendering an infant knows what they are doing. He asked how HB 64 could prevent the ability for anybody to put the baby in the box.

MR. GOFF responded that he did not investigate the question of "coerced surrender" in his research.

[4:58:46 PM](#)

REPRESENTATIVE RUFFRIDGE asked about the maintenance and monitoring required for infant safety devices.

MR. GOFF responded that the company selling these devices performs the annual maintenance checks on them.

[5:02:02 PM](#)

REPRESENTATIVE SCHWANKE asked if HB 64 would be solely a liability opportunity.

MR. GOFF responded that currently it is required that an infant is surrendered to a live person. He said that infant safety devices would be another tool to provide a safe surrender.

REPRESENTATIVE SCHWANKE responded that HB 64 would provide a legal structure for organizations to not be held liable if something were to happen after purchasing an infant safety device.

[5:04:06 PM](#)

CHAIR MINA asked about the unintended consequence of coercive surrenders under HB 64. She referred to a similar law in New Mexico which requires the state to attempt to find indigenous relatives of any surrendered baby with indigenous heritage. She asked how Alaska's implementation of the Indian Child Welfare Act (ICWA) would pertain to HB 64.

[5:05:43 PM](#)

MS. ERICKSON responded that the state would indeed be required to look for any potential relatives, although a diligent search may look different for a child with no identifiers whatsoever.

[5:07:17 PM](#)

REPRESENTATIVE PRAX asked if DNA testing would negate the anonymity of the infant safety device.

MS. ERICKSON responded that she has not yet encountered a situation where the department did not already have some indication of the child that was surrendered.

REPRESENTATIVE PRAX asked for the history of the surrendering of infants.

[5:09:38 PM](#)

MR. GOFF responded that HB 64 would act as another tool for the surrendering of infants. He said that coercion could also occur with a live hand-off of an infant, although that may be more noticeable with an in-person situation.

REPRESENTATIVE PRAX asked for statistics on how widely infant safety devices are currently being deployed.

MR. GOFF responded that there are infant safety devices in 22 states, with Indiana having the largest number of them at 13 devices. He said there are 28 deployed in total throughout the country and in Indiana there have been 5 children surrendered in the last 2 years.

REPRESENTATIVE PRAX asked how long infant safety devices have been deployed.

MR. GOFF said that he does not have the date that the first one was installed but said that Indiana was the first state to utilize them.

[5:12:17 PM](#)

MS. CONDELL said that under current law, individuals are not required to answer questions when surrendering an infant to a live person. She explained the daily and weekly monitoring process of an infant safety device. She said not just anybody can purchase and install an infant safety device; there is a process that would be followed under HB 64. She also said that currently, when an infant is left alone in the elements there is also no identification of the individual who left them there, explaining that an infant safety device could provide a life-saving alternative in those situations.

5:15:34 PM

**ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:15 p.m.