

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 29, 2025

3:36 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. 195

"An Act relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 52

"An Act relating to the rights of minors undergoing evaluation or inpatient treatment at psychiatric hospitals; relating to the use of seclusion or restraint of minors at psychiatric hospitals; relating to a report published by the Department of Health; relating to inspections by the Department of Health of certain psychiatric hospitals; and providing for an effective date."

- MOVED CSHB 52 (HSS) OUT OF COMMITTEE

HOUSE CONCURRENT RESOLUTION NO. 4

Proclaiming May 2025 as Myositis Awareness Month.

- MOVED HCR 4 OUT OF COMMITTEE

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 195

SHORT TITLE: PHARMACIST PRESCRIPTION AUTHORITY

SPONSOR(s): REPRESENTATIVE(s) MINA

04/15/25 (H) READ THE FIRST TIME - REFERRALS
04/15/25 (H) HSS, FIN
04/29/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: HB 52

SHORT TITLE: MINORS & PSYCHIATRIC HOSPITALS

SPONSOR(s): REPRESENTATIVE(s) DIBERT

01/22/25 (H) READ THE FIRST TIME - REFERRALS
01/22/25 (H) HSS, L&C
03/25/25 (H) HSS AT 3:15 PM DAVIS 106
03/25/25 (H) Heard & Held
03/25/25 (H) MINUTE(HSS)
04/03/25 (H) HSS AT 3:15 PM DAVIS 106
04/03/25 (H) Heard & Held
04/03/25 (H) MINUTE(HSS)
04/22/25 (H) HSS AT 3:15 PM DAVIS 106
04/22/25 (H) Heard & Held
04/22/25 (H) MINUTE(HSS)
04/24/25 (H) HSS AT 3:15 PM DAVIS 106
04/24/25 (H) Heard & Held
04/24/25 (H) MINUTE(HSS)
04/29/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: HCR 4

SHORT TITLE: MYOSITIS AWARENESS MONTH

SPONSOR(s): REPRESENTATIVE(s) SADDLER

03/24/25 (H) READ THE FIRST TIME - REFERRALS
03/24/25 (H) HSS
04/29/25 (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
03/13/25 (H) Heard & Held
03/13/25 (H) MINUTE (HSS)
04/29/25 (H) HSS AT 3:15 PM DAVIS 106

WITNESS REGISTER

KATY GIORGIO, Staff
Representative Genevieve Mina
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Mina, prime sponsor, offered the sectional analysis for HB 195.

ASHLEY SCHABER, PharmD, Chair
Alaska Board of Pharmacy
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony during the hearing on HB 195.

BRANDY SEIGNEMARTIN, PharmD, Executive Director
Alaska Pharmacy Association
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony during the hearing on HB 195.

JEN ADAMS, PharmD, Associate Dean of Academic Programs
Idaho State University
Boise, Idaho

POSITION STATEMENT: Gave invited testimony during the hearing on HB 195.

KIM GUAY, Director
Office of Children's Services
Department of Family and Community Services
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 52.

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

POSITION STATEMENT: On behalf of Representative Dibert, prime sponsor, answered questions during the hearing on HB 52.

MATTIE HULL, Staff

Representative Maxine Dibert
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 52.

REPRESENTATIVE MAXINE DIBERT
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, answered questions during the hearing on HB 52.

REPRESENTATIVE DAN SADDLER
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HCR 4.

LAURA BOLDEN, representing self
Chugiak, Alaska

POSITION STATEMENT: Testified in support of HCR 4.

DOMINIQUE JOHNSON, representing self
Juneau, Alaska

POSITION STATEMENT: Testified in support of HCR 4.

CHRISTINE JOHNSON, representing self
Juneau, Alaska

POSITION STATEMENT: Testified in support of HCR 4.

ADDI JOHNSON, representing self
Juneau, Alaska

POSITION STATEMENT: Testified in support of HCR 4.

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

POSITION STATEMENT: On behalf of Representative Tomaszewski, prime sponsor, answered questions during the hearing on HB 64.

REPRESENTATIVE FRANK TOMASZEWSKI
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, answered questions during the hearing on HB 64.

VALERIE THERRIEN, Member
Fairbanks City Council

Fairbanks, Alaska

POSITION STATEMENT: Testified in support of HB 64.

LONNY MARNEY, Member
Fairbanks City Council
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of HB 64.

FRANCES ROBINSON, Dispatcher
Anchorage Fire Department
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 64.

JULIE CONDELL, Lead Dispatcher
Anchorage Fire Department
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 64.

ACTION NARRATIVE

[3:36:52 PM](#)

CHAIR GENEVIEVE MINA called the House Health and Social Services Standing Committee meeting to order at 3:36 p.m. Representatives Schwanke, Ruffridge, Mears, Gray, Fields, Prax, and Mina were present at the call to order.

HB 195-PHARMACIST PRESCRIPTION AUTHORITY

[3:37:42 PM](#)

CHAIR MINA announced that the first order of business would be HOUSE BILL NO. 195, "An Act relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."

[3:38:08 PM](#)

CHAIR MINA, as prime sponsor, presented HB 195. She stated that HB 195 would be a collaborative effort between the Alaska Board of Pharmacy and the Alaska Pharmacy Association, and would clarify pharmacists' right to independent prescribing, allowing them to practice at the top of the training, education, and experience. She emphasizes the limited access to healthcare in Alaska, and the fact that pharmacists are prepared to help fill gaps in access. She described the education and training

required by pharmacists, and the rights that other states have provided pharmacists to prescribe independently.

[3:40:38 PM](#)

KATY GIORGIO, Staff, Representative Genevieve Mina, offered the sectional analysis for HB 195 [hard copy included in the committee file].

Section 1. Amends AS 08.80.030(b) **Powers and duties of the board.**

to require that a licensed pharmacist who prescribes, administers, or dispenses a controlled substance under state law or federal law to a person in the state register with the controlled substance prescription database (PDMP).

Section 2. Amends AS 08.80.110 **Qualifications for licensure by examination.**

to require that a pharmacist who holds a Drug Enforcement Agency (DEA) number applying for licensure (via examination) receive education in pain management and opioid use and addiction, in alignment with other practitioners in Alaska who hold DEA numbers.

Section 3. Amends AS 08.80.145 **Reciprocity; license transfer.**

to require that a pharmacist who holds a DEA number applying for licensure (via reciprocity) receive education in pain management and opioid use and addiction, in alignment with other practitioners in Alaska who hold DEA numbers and pay the associated fees.

Section 4. Amends AS 08.80.165 **Continuing education requirements.**

to require a pharmacist who holds a DEA number and renews licensure in Alaska meet continuing education requirements including at least two hours of education in pain management and opioid use and addiction in the two years preceding license renewal, in alignment with other practitioners in Alaska who hold DEA numbers. A pharmacist whose practice does not include pain

management and opioid prescription, or administration is exempt from this requirement.

Section 5. Amends AS 08.80.337 **Other patient care services.**

(a) to clarify that a pharmacist may not provide patient care services under a collaborative agreement with another pharmacist.

Section 6. Amends AS 08.80.337 **Other patient care services.**

(d) to clarify that "patient care services" mean medical care services that include the prescription or administration of a drug or device to a patient for the purposes of curing or preventing a disease, reduction of patient symptoms or for slowing the disease progression.

Section 7. Amends and adds a new subsection to AS 08.80.337 **Other patient care services.**

(e) requiring that a pharmacist prescribing or administering a drug or device under this section recognize the limits of the pharmacist's education, training, and experience and consult with and refer to other practitioners as appropriate. This aligns with standard of care and pharmacy regulation.

Section 8. Amends AS 08.80.480 **Definitions.**

(30) to clarify that the "practice of pharmacy" includes providing patient care services in accordance with AS 08.80.337. This includes patient care services provided independently or under collaborative practice.

Section 9. Amends and adds a new paragraph to AS 08.80.480 **Definitions.**

(40) adds to the definition of opioid to include opium and opiate substances and opium and opiate derivatives

Section 10. Repeals AS 08.80.337 **Other patient care services (c)** to align with clarifications in Section 6.

Section 11. Provides for an effective date of January 1, 2026.

[3:43:48 PM](#)

CHAIR MINA announced the committee would hear invited testimony.

[3:44:04 PM](#)

ASHLEY SCHABER, PharmD, Chair, Alaska Board of Pharmacy, stated that HB 195 would align with the Alaska Board of Pharmacy's strategic plan to promote community health and safety. She said that HB 195 would be the result of work over several years, spanning multiple Board of Pharmacy chairs, with its ultimate goal being to increase access to care. She described House Bill 145, which passed during the Thirty-Second Alaska State Legislature and expanded the scope of practice of pharmacists. She added that the board has deemed it necessary to clarify the expansion of statutory authorities given to pharmacists under HB 145. Dr. Schaber stated that HB 195 would encourage engagement between pharmacists and other healthcare professionals and would help maintain patient safety. She asked the committee to support HB 195.

[3:48:02 PM](#)

BRANDY SEIGNEMARTIN, PharmD, Executive Director, Alaska Pharmacy Association, testified in support of HB 195. She described how pharmacists are deeply embedded in patient care, especially in Alaska. She said that HB 195 would allow pharmacists to provide a limited set of additional patient care services, including prescribing and services within the bounds of their education, training, and experience. She said that HB 195 would not be new to pharmacists but would be following in the footsteps of federal pharmacists' authorities, who have been allowed to provide these same patient care services since 1979. She emphasized that HB 195 would not allow pharmacists to practice any services outside of their competency levels. She added that closing the gap between pharmacists' education and their scope of practice would help fight burnout. Dr. Seignemartin said that HB 195 would prevent more patients from delaying care or ending up in emergency rooms. She then listed the patient care services that pharmacists would be allowed to practice under HB 195. She described the economic value of pharmacist-provided care, explaining how it saves patients money without sacrificing quality of care. She urged the committee to support HB 195.

[3:55:58 PM](#)

JEN ADAMS, PharmD, Associate Dean of Academic Programs, Idaho State University, described her role within the Doctor of Pharmacy program at Idaho State University. She described the education requirements regarding prescribing practices for Doctors of Pharmacy. She stated that pharmacy students across the country are trained and qualified to provide the services that would be authorized under HB 195. She described the benefits seen by patients in Idaho, where pharmacists' scope of practice has been expanded already. She shared an anecdote from a patient who received care for a substance abuse disorder from a pharmacist in Idaho. She said that authorizing pharmacists to provide timely, evidence-based, patient care services would increase access to healthcare, reduce the burden on emergency departments, and improve health outcomes across Alaska. She urged the committee to support HB 195.

[4:03:04 PM](#)

REPRESENTATIVE GRAY asked why it has taken 46 years longer for Alaska to expand pharmacists' practicing authorities than the federal government.

CHAIR MINA directed the question to Dr. Schaber.

[4:03:44 PM](#)

DR. SCHABER explained that pharmacists within the federal system are not bound by individual states' statutes. She said that the goal of HB 195 would be to align Alaskan pharmacists' scope of practice more closely with those in the federal system.

REPRESENTATIVE GRAY asked about what circumstances a pharmacist would prescribe schedule IA substances.

[4:05:07 PM](#)

CHAIR MINA read from page 2, lines 28-30, in Section 1 of HB 195, the section to which Representative Gray had referred.

REPRESENTATIVE GRAY stated that in his experience, there is no circumstance where a pharmacist would prescribe a schedule IA substance.

DR. SEIGNEMARTIN agreed and presumed that this language was taken from some other statute.

DR. SCHABER responded that the drugs identified in this section are controlled substances under state law and that she has not seen anything scheduled under these circumstances.

REPRESENTATIVE GRAY asked about the collaborative practices that were mentioned in the sectional analysis.

DR. SCHABER responded that collaborative practice refers to the practice between a pharmacist and another practitioner to prescribe services.

[4:08:42 PM](#)

REPRESENTATIVE RUFFRIDGE said that HB 145 was a bill he did a lot of work on prior to being a legislator. He said that collaborative practice could still occur under HB 195, in addition to independent prescribing. He added that if a pharmacist has prescribing authority, then they cannot be a collaborating provider for another pharmacist that provides those services.

REPRESENTATIVE GRAY asked why another pharmacist cannot be the collaborating provider for another pharmacist.

REPRESENTATIVE RUFFRIDGE explained that the collaborative provider agreement under HB 145 references the pharmacist with some other kind of provider, to expand their collaborative scope of practice.

[4:10:53 PM](#)

REPRESENTATIVE PRAX asked if pharmacists are trained on schedule IA substances.

[4:11:40 PM](#)

DR. ADAMS said that medications classified under schedule IA do not have a medicinal purpose.

REPRESENTATIVE GRAY added that federal and state schedule classifications are different.

REPRESENTATIVE PRAX asked if HB 195 would need to be amended to address this.

REPRESENTATIVE GRAY [shook his head no].

[4:13:12 PM](#)

REPRESENTATIVE SCHWANKE asked what the scope of required education would be under HB 195.

DR. SCHABER responded that the required education would be in alignment with other providers that prescribe opioids so as not to have any discrepancies there.

DR. ADAMS added that a Doctor of Pharmacy education would include the training necessary to prescribe independently and would be consistent with federal law standards.

REPRESENTATIVE SCHWANKE asked if a Doctor of Pharmacy degree would meet the education requirement under HB 195.

DR. ADAMS said that that is correct.

[4:16:31 PM](#)

CHAIR MINA announced that HB 195 was held over.

HB 52-MINORS & PSYCHIATRIC HOSPITALS

[4:16:37 PM](#)

CHAIR MINA announced that the next order of business would be HOUSE BILL NO. 52, "An Act relating to the rights of minors undergoing evaluation or inpatient treatment at psychiatric hospitals; relating to the use of seclusion or restraint of minors at psychiatric hospitals; relating to a report published by the Department of Health; relating to inspections by the Department of Health of certain psychiatric hospitals; and providing for an effective date." [Before the committee was the proposed committee substitute (CS) for HB 52, Version 34-LS0399\ I, A. Radford, 4/12/25, adopted as a working draft on 4/22/25; left pending on 4/24/25 was a motion by Representative Fields to adopt Amendment 1, with a pending objection for discussion by Representative Schwanke.]

[4:17:44 PM](#)

REPRESENTATIVE FIELDS provided a brief recap of Amendment 1, which would increase the floor of required communication per week from one to two hours.

[4:18:34 PM](#)

REPRESENTATIVE SCHWANKE withdrew her objection. There being no further objection, Amendment 1 was adopted.

[4:18:51 PM](#)

EPRESENTATIVE FIELDS stated that after receiving additional information, he would not be offering Amendment 2.

[4:19:14 PM](#)

REPRESENTATIVE SCHWANKE moved to adopt Amendment 3 to HB 52, Version I, as amended, labeled 34-LS0399\I.3, A. Radford, 4/23/25, which read as follows:

Page 2, lines 7 - 8:

Delete "publish the report on the department's Internet website,"

Page 2, line 9:

Delete ", "

CHAIR MINA objected for the purpose of discussion.

REPRESENTATIVE SCHWANKE explained Amendment 3. She expressed concern regarding the mandatory report under HB 52 being published on the Department of Health (DOH) website.

CHAIR MINA expressed concern with Amendment 3, explaining that the published report under HB 52 would increase transparency by psychiatric facilities. She maintained her objection.

[4:20:42 PM](#)

REPRESENTATIVE PRAX asked if publishing the report would assist the public or provide unnecessary, inappropriate information.

[4:21:23 PM](#)

KIM GUAY, Director, Office of Children's Services, Department of Family and Community Services, deferred to DOH.

[4:21:49 PM](#)

MATTHEW THOMAS, Nurse Consultant II, Health Facilities Licensing & Certification, Division of Health Care Services, Department of Health, deferred to the bill sponsor, regarding intent.

[4:22:24 PM](#)

MATTIE HULL, Staff, Representative Maxine Dibert, stated that the intent of publishing the report on DOH website would be to make it more accessible to the public, including different advocacy groups. He added that the goal of this information to for these groups to ensure that the rates of chemical restraint usage is not rising.

[4:23:52 PM](#)

REPRESENTATIVE GRAY stated that public transparency is good because DOH will not highlight issues it does not want to highlight when giving a presentation to the legislature. He emphasized that this is information that everyone needs to know.

[4:25:09 PM](#)

REPRESENTATIVE RUFFRIDGE stated that he struggles with Amendment 3, expressing concern regarding unintentional consequences of publishing this report publicly, especially when this report would include usage of restraints even as medication. He agreed with Representative Gray that "if it was my child," he would want the history of a facility's abusive practices to be made public.

REPRESENTATIVE RUFFRIDGE [objected] to Amendment 3.

[4:27:32 PM](#)

CHAIR MINA discussed the Crisis Now framework on psychiatric rights, including the cases of involuntary medications, seclusion, and restraint.

CHAIR MINA maintained her objection to Amendment 3.

[4:29:20 PM](#)

REPRESENTATIVE SCHWANKE said that using "exponential" to describe the increase in use of restraints, seclusion, and psychotropic drugs on minors, is a very significant comment, and that she has not seen data that shows an exponential increase.

She added that publishing this data for the public may have unintended consequences, and people will make assumptions.

[4:31:38 PM](#)

A roll call vote was taken. Representative Schwanke voted in favor of Amendment 3. Representatives Prax, Ruffridge, Mears, Fields, Gray, and Chair Mina voted against it. Therefore, Amendment 3 failed by a vote of 1-6.

[4:32:21 PM](#)

REPRESENTATIVE GRAY moved to adopt Amendment 4 to HB 52, Version I, as amended, labeled 34-LS0399\I.4, A. Radford, 4/23/25, which read as follows:

Page 3, line 25, following "that":
Insert "(A)"

Page 3, line 26, following "symptom":
Insert "; or
(B) is used to treat a patient's medical symptom, but is given to the patient in a higher dose than is needed to treat the patient's medical symptom"

CHAIR MINA objected for the purpose of discussion.

REPRESENTATIVE GRAY explained Amendment 4. He said that Amendment 4 would amend the definition of restraint under HB 52, to address the case where physicians might administer a higher dosage of a patient's prescribed medication to create a restraint. He said that Amendment 4 would avoid the creation of a loophole for physicians to not report under this scenario.

CHAIR MINA removed her objection.

[4:33:51 PM](#)

REPRESENTATIVE RUFFRIDGE objected for the purpose of discussion. Referring to the case where a patient might need medication as they experience a psychotic episode, he asked how Representative Gray would define "medical symptom".

REPRESENTATIVE GRAY said that he thinks the intent of Amendment 4 is clear.

REPRESENTATIVE RUFFRIDGE said that the goal of HB 52 would not be to avoid using medication, but to avoid using medication as discipline. He said that sometimes patients do require restraint, whether it be physical or chemical restraint. He expressed concern in defining all restraint as bad.

[4:37:10 PM](#)

REPRESENTATIVE MAXINE DIBERT, Alaska State Legislature, deferred to the committee to decide on Amendment 4.

REPRESENTATIVE GRAY said that the purpose of HB 52 would be to increase transparency and Amendment 4 would increase that transparency.

[4:38:44 PM](#)

The committee took an at-ease from 4:38 p.m. to 4:41 p.m.

[4:41:49 PM](#)

REPRESENTATIVE RUFFRIDGE referred to AS 47.30.838, which provides guidelines for using psychotropic drugs in crisis scenarios already.

[4:43:10 PM](#)

CHAIR MINA invited Mr. Thomas to comment on AS 47.30.838.

[4:44:53 PM](#)

MR. THOMAS responded that he would like to follow up with the committee.

[4:45:17 PM](#)

REPRESENTATIVE GRAY said that he thinks HB 52 would be adding a definition of chemical restraint, and Amendment 4 would help to clarify that definition.

MR. THOMAS said that he thinks there is some confusion about what is in statute and what would be amended in Amendment 4.

CHAIR MINA thanked Mr. Thomas for the clarification.

[4:47:37 PM](#)

REPRESENTATIVE RUFFRIDGE maintained his objection.

[4:47:43 PM](#)

A roll call vote was taken. Representatives Gray, Schwanke, Mears, Fields, and Mina voted in favor of Amendment 4. Representatives Prax and Ruffridge voted against it. Therefore, Amendment 4 passed by a vote of 5-2.

[4:48:56 PM](#)

REPRESENTATIVE DIBERT thanked committee members for their hard work to improve HB 52.

[4:49:20 PM](#)

REPRESENTATIVE MEARS moved to report CSHB 52, Version 34-LS0399\I, A. Radford, 4/12/25, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 52 (HSS) was reported out of the House Health and Social Services Standing Committee.

[4:49:43 PM](#)

The committee took an at-ease from 4:49 p.m. to 4:52 p.m.

HCR 4-MYOSITIS AWARENESS MONTH

[4:52:25 PM](#)

CHAIR MINA announced that the next order of business would be HOUSE CONCURRENT RESOLUTION NO. 4, Proclaiming May 2025 as Myositis Awareness Month.

[4:52:52 PM](#)

REPRESENTATIVE DAN SADDLER, Alaska State Legislature, as prime sponsor, presented HCR 4. He described the opportunity that legislators have to raise public awareness and bend the arc of public health toward good. He said that HCR 4 would establish May 2025 as Myositis Awareness Month. He added that HCR 4 would increase public awareness of the disease, encourage more knowledge in medical professions, encourage people to receive treatment sooner, and bring hope to many patients.

[4:54:49 PM](#)

CHAIR MINA announced invited testimony on HCR 4.

[4:55:16 PM](#)

LAURA BOLDEN, representing self, testified in support of HCR 4. She described her personal experience with Myositis, as well as the variety of ways this disease can affect different people. She listed some of the early symptoms of Myositis, many of which are mistaken for aging. She emphasized that diagnosing Myositis is difficult because it is rare and doctors do not have much knowledge or experience of the disease. She added that her diagnosis resulted after 3 years of initial appointments. She stated that there is no cure but there are ways to make her life easier. She urged the committee to support HCR 4.

[4:59:04 PM](#)

CHAIR MINA opened public testimony on HCR 4.

[4:59:12 PM](#)

DOMINIQUE JOHNSON, representing self, testified in support of HCR 4. He began by describing his family's experience with Myositis, as their daughter was diagnosed with the disease at four years old. He said that Juvenile Myositis (JM) is a rare autoimmune disease which affects about 1 in 5,000 children.

[5:00:09 PM](#)

CHRISTINE JOHNSON, representing self, testified in support of HCR 4. She described the extensive medical tests and treatments that her daughter has received since her diagnosis. She said that her daughter has experienced more days of fatigue and discomfort than any child should. She emphasized that education and awareness are essential.

MR. JOHNSON continued reading testimony. He said that his family found hope with the JM Foundation, which has brought together people affected by the disease. He said that with more awareness, there can be more understanding and help for families like his. He emphasized the good that establishing a Myositis Awareness Month would do, including sending the message to children and families that they are not alone with this disease.

[5:03:07 PM](#)

ADDI JOHNSON, representing self, testified in support of HCR 4. She described the physical symptoms of her JM and the treatment she receives. She asked the committee to support HCR 4.

[5:03:47 PM](#)

REPRESENTATIVE FIELDS asked the Johnson family to share information regarding their experience with insurance coverage and Myositis.

[5:04:48 PM](#)

CHAIR MINA, after ascertaining there was no one else who wished to testify, closed public testimony on HCR 4.

[5:04:52 PM](#)

The committee took an at-ease from 5:04 p.m. to 5:05 p.m.

[5:05:44 PM](#)

REPRESENTATIVE PRAX said that he wants to ensure that this information gets out to those in medical communities.

[5:06:39 PM](#)

REPRESENTATIVE MEARS moved to report HCR 4 out of committee with individual recommendations and the accompanying zero fiscal note. There being no objection, HCR 4 was reported out of the House Health and Social Services Standing Committee.

HB 64-SURRENDER OF INFANTS; INF. SAFETY DEVICE

[5:07:11 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."

[5:08:28 PM](#)

REPRESENTATIVE GRAY asked what HB 64 would do.

DAVID GOFF, Staff, Representative Frank Tomaszewski, Alaska State Legislature, on behalf of Representative Tomaszewski, prime sponsor, responded that HB 64 would provide a means for safe surrendering of infants through a device installed at fire

departments, emergency rooms, and police stations. He said that the devices would be monitored by those facilities.

[5:09:18 PM](#)

REPRESENTATIVE FRANK TOMASZEWSKI, Alaska State Legislature, as prime sponsor, thanked the committee for the opportunity to have HB 64 heard again.

[5:09:26 PM](#)

CHAIR MINA opened public testimony on HB 64.

[5:09:38 PM](#)

VALERIE THERRIEN, Member, Fairbanks City Council, testified in support of HB 64. She said that the mayor sent a letter of support for HB 64 to the committee. She stated that the City Council had been worried about who would monitor the baby boxes, but now believes Fairbanks has enough paramedics and other medical personnel who could monitor those boxes. She added that less than 10 babies in the last 15 years have been in situations like this and described the Office of Children's Services (OCS) response in the past. She emphasized that the entire city council supports HB 64 and that a fiscal note would not be necessary.

[5:13:17 PM](#)

LONNY MARNEY, Member, Fairbanks City Council, testified in support of HB 64. He stated that the purpose of the infant safety device is to reach the parent that needs it, to prevent harm to the baby. He said that mothers and their infants deserves this opportunity when in crisis.

[5:14:21 PM](#)

FRANCES ROBINSON, Dispatcher, Anchorage Fire Department, testified in support of HB 64. He described her response to a 911 in 2013 call for a baby who had been abandoned in a park. She said that HB 64 would have been able to save that baby, as well as other babies that have been left behind by their mothers. She added that HB 64 would help mothers safely surrender their babies because it would offer anonymity. She emphasized that infant safety devices are voluntary, cost nothing to the state, and save infants' lives.

[5:16:44 PM](#)

JULIE CONDELL, Lead Dispatcher, Anchorage Fire Department, testified in support of HB 64. She said that finding a dead baby is the most traumatic experience that the fire department has seen. She said that HB 64 would expand the Safe Haven Law by offering anonymity, in addition to confidentiality, which has proven to not be enough for some mothers. She emphasized that these devices would have saved many lives already. She stated that these devices have proven successful in other states and encouraged the committee to support HB 64.

[5:19:28 PM](#)

REPRESENTATIVE GRAY asked about the possibility of some women who not only want to surrender their child anonymously but also want to deliver them anonymously under "Jane Doe" at a hospital.

[5:20:45 PM](#)

CHAIR MINA, after ascertaining there was no one else who wished to testify, closed public testimony on HB 64.

[5:20:53 PM](#)

REPRESENTATIVE TOMASZEWSKI responded that he had not heard about this situation before, but believes it is a completely reasonable idea.

[5:21:44 PM](#)

CHAIR MINA announced that HB 64 was held over.

[5:22:29 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:22 p.m.