

**ALASKA STATE LEGISLATURE**  
**HOUSE LABOR AND COMMERCE STANDING COMMITTEE**

April 2, 2025

3:16 p.m.

**MEMBERS PRESENT**

Representative Zack Fields, Co-Chair  
Representative Carolyn Hall, Co-Chair  
Representative Ashley Carrick  
Representative Robyn Niayuq Burke  
Representative Dan Saddler  
Representative Julie Coulombe  
Representative David Nelson

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

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. 50

"An Act relating to snow classics."

- BILL HEARING CANCELED

COMMITTEE SUBSTITUTE FOR SENATE BILL NO. 80 (FIN)

"An Act extending the termination date of the Big Game Commercial Services Board; extending the termination date of the Board of Massage Therapists; extending the termination date of the Alaska Commission on Aging; extending the termination date of the Marijuana Control Board; and providing for an effective date."

- BILL HEARING CANCELED

HOUSE BILL NO. 148

"An Act relating to insurance; and providing for an effective date."

- BILL HEARING CANCELED

**PREVIOUS COMMITTEE ACTION**

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
03/13/25	(H)	Heard & Held
03/13/25	(H)	MINUTE(HSS)
03/20/25	(H)	HSS AT 3:15 PM DAVIS 106
03/20/25	(H)	Moved CSHB 70(HSS) Out of Committee
03/20/25	(H)	MINUTE(HSS)
03/21/25	(H)	HSS RPT CS(HSS) 2DP 2DNP 2NR
03/21/25	(H)	DP: FIELDS, MEARS
03/21/25	(H)	DNP: PRAX, SCHWANKE
03/21/25	(H)	NR: RUFFRIDGE, MINA
03/31/25	(H)	L&C AT 3:15 PM BARNES 124
03/31/25	(H)	Heard & Held
03/31/25	(H)	MINUTE(L&C)
04/02/25	(H)	L&C AT 3:15 PM BARNES 124

**WITNESS REGISTER**

KERRY KIRKPATRICK, representing self

Juneau, Alaska

**POSITION STATEMENT:** Testified during the hearing on CSHB 70(HSS).

MELISSA EDWARDS, DVM

Diplomat for the American College of Veterinary Emergency & Critical Care

Juneau, Alaska

**POSITION STATEMENT:** Testified in support of CSHB 70(HSS).

AMANDA TAYLOR, Emergency & Critical Care Veterinarian, DVM

Pet Emergency Treatment

Anchorage, Alaska

**POSITION STATEMENT:** Testified in opposition to CSHB 70 (HSS).

MARY ANN HOLLICK, DVM, representing self  
Eagle River, Alaska

**POSITION STATEMENT:** Testified in opposition to CSHB 70 (HSS).

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

**POSITION STATEMENT:** Testified in opposition to CSHB 70 (HSS).

KATE ZIMMERMAN, representing self  
Yarmouth, Maine

**POSITION STATEMENT:** Testified in support of CSHB 70 (HSS).

SEAN MCPECK, DVM, representing self  
Palmer, Alaska

**POSITION STATEMENT:** Testified in support of CSHB 70 (HSS).

RACHEL BERNGARTT, DV, representing self  
Juneau, Alaska

**POSITION STATEMENT:** Testified in opposition to CSHB 70 (HSS).

JEREMY HOUSTON, Staff  
Representative Calvin Schrage  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions on behalf of  
Representative Schrage, prime sponsor of CSHB 70 (HSS).

#### **ACTION NARRATIVE**

[3:16:13 PM](#)

**CO-CHAIR ZACK FIELDS** called the House Labor and Commerce Standing Committee meeting to order at 3:16 p.m. Representatives Burke, Hall, Carrick, Nelson, Coulombe, Saddler, and Fields were present at the call to order.

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

[3:16:29 PM](#)

CO-CHAIR FIELDS announced that the only 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."  
[Before the committee was CSHB 70(HSS).]

3:17:00 PM

CO-CHAIR FIELDS opened public testimony on CSHB 70(HSS).

3:17:08 PM

KERRY KIRKPATRICK, representing self, testified in support of CSHB 70(HSS). She stated that she worked for Southeast Alaska Dogs Organized for Ground Search (SEADOGS) and noted that often they are deployed in remote areas of Alaska without immediate access to veterinary care. She stated that she would like to see any professionals she works with able to administer immediate care to her dogs without repercussions.

3:18:45 PM

REPRESENTATIVE SADDLER asked if insurance existed for pets.

MS. KIRKPATRICK noted that she has looked at insurance for her team but has chosen not to purchase group insurance. She noted that her dogs are self-insured. She stated that SEADOGS is a volunteer organization and receives pull-tab money, which goes towards training and veterinary care.

3:19:44 PM

MELISSA EDWARDS, DVM, Diplomat for the American College of Veterinary Emergency & Critical Care, testified in support of CSHB 70(HSS). She stated her credentials, noting that she is a licensed veterinarian in Alaska, a veterinary emergency and critical care specialist, and a founding member of the National Association of Veterinary EMS (NAVEMS). She stated that in remote environments, it is often the handler or person with medical knowledge that is the best resource until veterinary care is available. She asserted that point-of-injury care is invaluable in trauma cases. She remarked that fully trained animals are a valuable resource, often worth thousands of dollars. She acknowledged that there are obvious differences between dogs and people, but asserted that mammals are mammals, and the practical nuances could be trained appropriately.

DR. EDWARDS responded to Representative Saddler's questions regarding insurance, noting that with veterinary insurance, owners typically front the bill and are later reimbursed based

on their insurance policy. In response to Representative Saddler's query regarding dogs' abilities to return to work after injury, explained that that was dependent on the nature of the injury. She advised that there is both a veterinary registry and veterinary committee on trauma that looks at "survivability of injuries." She noted that there is more data available from the military. She further noted that there is a paper published recently that concluded that non-veterinary point-of-injury care provided to operational canines increases the likelihood of the animal's survival. She stated that many dogs can return to service, and dogs are exposed to the same risks as people, including stabbings, shootings, and blast injuries.

[3:24:53 PM](#)

AMANDA TAYLOR, DVM, Emergency & Critical Care Veterinarian, Pet Emergency Treatment, testified in opposition to CSHB 70(HSS). She noted that Pet Emergency Treatment is the only true 24-hour emergency facility in Alaska. She offered her appreciation for the intent of the proposed legislation but asserted that there are too many species variations in physiology, anatomy, pathology, drug metabolism, and disease process to allow CSHB 70(HSS) to be so open-ended. She asserted that CSHB 70(HSS) should allow for only "basic stabilization and transport" and should act only in collaboration with veterinarians beyond basic stabilization and transport. She explained that emergency medicine is dynamic and asserted that the knowledge, experience, and education necessary to make rapid critical decisions could not be taught in a three-day training course and could not "be looked up in a procedural manual." She echoed other speakers, stating that operational canines are extremely valuable and stated that the ultimate goal of everyone is the health of the patient.

DR. TAYLOR noted that she regularly fields calls in her position at Pet Emergency Treatment from medical providers that treat humans, as well as those who treat animals, in the field. She stated that the [Alaska] Board of Veterinary Examiners worked hard to allow Pet Emergency Treatment a non-traditional, veterinary client/patient relationship (VCPR), which allows them to take responsibility and liability for patients telephonically. She clarified that the aforementioned was true only in case of emergencies where a veterinarian was not immediately available and the patient would be transported "to a veterinarian as soon as reasonably feasible." She explained that Alaska is the only state with this sort of protection

because Alaska is so large and geographically challenging. She concluded by stating that she can talk a provider through what medicines and dosages to give animal patients through the non-traditional VCPR, and she asserted this was an amazing practice already in play through the State Practice Act for veterinarians [under AS 08.98].

[3:28:51 PM](#)

MARY ANN HOLLICK, DVM, representing self, testified in opposition to CSHB 70(HSS). She stated that she has been practicing veterinary medicine for over 30 years. She stated that veterinarians' guiding principle is "first, do no harm" [primum non nocere]. She asserted that CSHB 70(HSS) has the potential for inadvertent harm and consequences. She argued that the claim that should CSHB 70(HSS) not come to pass, animals would not receive care is not true. She noted that the Alaska Veterinary Medical Association (AKVMA) opposed CSHB 70(HSS), as well as the Alaska Board of Veterinary Examiners. She asserted that the proposed legislation was "a solution in search of a problem" and "the best bill was no bill."

[3:30:15 PM](#)

KATRINA BACKUS, DVM, Medical Director, North Pole Veterinary Hospital, testified in opposition to CSHB 70(HSS). She stated that she is a member of AKVMA. She explained that North Pole Veterinary Hospital is a 10-doctor practice that provides a lot of urgent and emergency care. She asserted that CSHB 70(HSS) was vague, with no mention of protocols and no discussion with veterinarians in providing medical care to operational canines. She shared concerns about liability should a medical operation or service in the field go awry, echoing prior testimony that the operational canines are expensive. She shared additional concerns about lack of protection for emergency medical technicians (EMTs) and questioned how quality of medicine would be assured and standardized for operational canines.

[3:31:55 PM](#)

REPRESENTATIVE COULOMBE questioned what would make the proposed legislation more acceptable, noting that Dr. Backus had called CSHB 70(HSS) too "open-ended."

[3:32:08 PM](#)

DR. BACKUS explained that in cases of emergency, there are always standards of operation and typically there are multiple people present who are experts in their field. She opined that the proposed legislation would be more palatable if it involved a board of professionals who are experts in standards of operation, as well as veterinarians. She observed that there was no indication of oversight in the proposed legislation.

[3:33:04 PM](#)

REPRESENTATIVE SADDLER asked for confirmation that AKVMA opposed CSHB 70(HSS).

DR. BACKUS explained that she is the legislative liaison for AKVMA and confirmed that AKVMA opposed CSHB 70(HSS) in its current form.

[3:33:42 PM](#)

KATE ZIMMERMAN, representing self, testified during the hearing on CSHB 70(HSS). She stated that she is a board-certified emergency medicine and EMS physician, the state medical director for Maine Emergency Medical Services, the EMS medical director for NAVEMS, and serves as the medical director for the Special Weapons and Tactics (SWAT) team of Portland, Maine, and works closely with operational canines. She noted that she was the primary author for operational canine protocols for Maine and stated that Maine has successfully rolled out protocols for operational canines, which are co-authored with veterinarians in the state, as well as Dr. Lee Palmer, who is the national veterinary medical director for NAVEMS.

MS. ZIMMERMAN stated that she had formerly worked as an EMT and a paramedic and had been practicing emergency medicine on humans for over 20 years. She stated that EMTs receive rigorous training and asserted that they can occasionally help bridge the gap for operational canines. She provided an anecdote about an operational canine that was shot in the line of duty in a remote part of Maine, who later died during an operation at a primary care veterinary clinic. She noted that the canine did not receive any care prior to arrival at the veterinary clinic. She asserted that there are gaps to fill and further asserted that with appropriate training and collaboration with veterinary colleagues, the proposed legislation could be successful.

[3:36:33 PM](#)

CO-CHAIR FIELDS, on behalf of Representative Saddler, questioned whether CSHB 70(HSS) was good as written or required further refinement.

MS. ZIMMERMAN responded that in Maine, the Board of Veterinarians assigned an emergency and critical care veterinary specialist to help write the protocols and noted that the protocols do not go outside of the clinicians' scope of care. She further noted that there are areas of protocol where EMTs are required to call a veterinarian. She stated that rules are currently being written in Maine regarding grading recommendations and continuing education requirements for EMTs.

[3:37:43 PM](#)

REPRESENTATIVE SADDLER asked for clarification whether Ms. Zimmerman was in support of the legislation.

MS. ZIMMERMAN clarified that she was in support of CSHB 70(HSS). She stated that she did not know the Alaska-specific EMS protocols, noting that the protocols differ state to state. She noted that in Maine, the protocol was specialized, and only qualified individuals who were deemed necessary were allowed to use protocols and receive training.

[3:38:41 PM](#)

SEAN MCPECK, DVM, representing self, testified in support of CSHB 70(HSS). He stated that he is the owner of Tier I Medical Center and has been a practicing veterinarian since 2010. He noted that his first six years as a veterinarian were in the U.S. Army where he was first exposed to the value of having providers for operational canines, regardless of background in human healthcare. He stated that he helped with the launch of Canine Tactical Combat Casualty Care (CTCCC), which he said was "hugely successful." He stressed that the proposed legislation referred to point of care for active bleeding, blunt-force trauma, heat illness, et cetera, not long-term medical care or advanced surgical techniques. He emphasized that the goal was to transport the canine to a veterinarian alive. He asserted that there was a need for CSHB 70(HSS) in Alaska, echoing an earlier speaker in saying that Pet Emergency Treatment, located in Anchorage, was the only true emergency facility in the state. He further stated that veterinarians "have a very, very small footprint" in Alaska.

DR. MCPECK recalled two cases in the past 10 years in which an operational canine could have been saved were medical care allowed on the route to a veterinary clinic. He asserted that EMTs were valuable resources that could be used to provide life-saving interventions to working dogs being transported to veterinary facilities. He echoed the previous speakers in saying that the operational canines were extremely valuable, noting that they are not easily replaced. He stated that Alaska has few veterinary resources that are spread throughout the "massive state" and there are operational canines working throughout Alaska in "remote and austere conditions." He concluded by offering his support for CSHB 70(HSS).

[3:45:03 PM](#)

RACHEL BERNGARTT, DVM, representing self, noted that she was a former chair of the Alaska Board of Veterinary Examiners and is opposed to CSHB 70(HSS), as currently written. She described a scenario in which veterinarians were allowed to practice on human patients when human doctors were not available and asserted that would shift the argument. She asserted that the comparison made by the previous speaker between humans and dogs was "blurred." She stated that no one wants to see a dog die. She offered her appreciation for the proposed legislation but believed that it was unnecessary. She asserted that the bill would allow for broad, unqualified care of animals. She cautioned committee members to think about what precedent the proposed legislation may set for future legislatures.

DR. BERNGARTT spoke to the Prescription Drug Monitoring Program (PDMP) and explained that veterinarians were involuntarily written into it and further, that it took years of legislative lobbying to take veterinarians out of PDMP. She stated that the PDMP was not suited for veterinarians. She said she had not heard how drugs under the Controlled Substances Program (CSP) would be accounted for in the PDMP. She further stated that she had not heard about liability resolutions for owners. She noted that dogs owned by SEADOGS were privately-owned. She stated that EMTs were not qualified to perform the same or similar roles as veterinarians. She questioned the legitimacy of liability or informed consent under CSHB 70(HSS). She echoed that the Board of Veterinary Examiners voted to oppose the proposed legislation and noted their role is "to protect the health, safety, and welfare of Alaskans and Alaskan pets." She encouraged committee members to think about the potential ramifications under CSHB 70(HSS) and stated that, as a private individual, she opposed the proposed legislation.

[3:49:34 PM](#)

REPRESENTATIVE CARRICK asked whether veterinarians could perform basic life-saving care on human patients in remote emergency situations.

[3:49:56 PM](#)

DR. BERNGARTT replied that veterinarians cannot perform life-saving care on human patients and asserted that veterinarians should not perform medical interventions on human patients. She opined that she would not want untrained individuals to provide care on operational canines. She noted that operational canines deserve care from licensed veterinarians and further emphasized the veterinarians can remotely direct life-saving care. She stressed that "there is no need for this bill."

[3:51:32 PM](#)

REPRESENTATIVE SADDLER noted that good Samaritan laws for liability exist for those trying to help others in good faith. He asked whether good Samaritan laws were applicable to EMTs attempting to provide life-saving care for operational canines.

DR. BERNGARTT asserted that there is a difference between good Samaritan versus legislation that "purports to give powers, responsibilities, authority, and duties to someone who doesn't hold said license." She provided two different scenarios to illustrate her point, asserting that an EMT who sees a car wreck and tries to help a dog is different from a bill that authorizes an EMT to provide medical care to a dog.

[3:53:21 PM](#)]

CO-CHAIR HALL asked what Dr. Bergartt would do in a scenario where she was in a remote area with an individual who was critically injured with no other resources available. She asked whether Dr. Bergartt would choose to support said individual medically as a trained veterinarian.

DR. BERNGARTT replied that the choice to support said individual medically would be personal, not a licensure or statutory choice. She stated that as a human being, depending on the situation, she might try to offer support but that she "wouldn't hold [herself] ... as a licensed professional to treat humans." She repeated her concern over liability, noting that a subtle

but important distinction exists between someone saying that they are licensed to treat versus someone who happens upon an emergency and does their best to offer support.

[3:55:40 PM](#)

CO-CHAIR FIELDS, after ascertaining that there was no one else who wished to testify, closed public testimony on CSHB 70(HSS).

[3:55:55 PM](#)

REPRESENTATIVE COULOMBE referred to Section 7, [subsection] (c) of CSHB 70(HSS), citing an "emergency medical technician or mobile intensive care paramedic provides the emergency medical service in accordance with a written protocol developed and approved by a veterinarian". She asked what the referred protocol might look like and referenced public testimony asking for protocols.

[3:56:41 PM](#)

JEREMY HOUSTON, Staff, Representative Calvin Schrage, on behalf of Representative Schrage, prime sponsor of CSHB 70(HSS), replied that all protocols of engagement would need to be written and approved in consultation with a licensed veterinarian and through the Department of Health (DOH).

[3:57:00 PM](#)

REPRESENTATIVE COULOMBE referred to a paramedic calling a veterinarian for instructions on treatment. She asked if that scenario was considered treatment, and if that scenario is allowed.

MR. HOUSTON responded that he did not know the specific statute, but based on public testimony, surmised that that scenario is legal.

[3:57:55 PM](#)

REPRESENTATIVE SADDLER requested details of canine technical casualty care.

MR. HOUSTON deferred to Dr. Edwards.

[3:58:32 PM](#)

DR. EDWARDS responded that the canine technical, emergency, and casualty care is based on the U.S. Military's Canine Tactical Combat Casualty Care (K9 TCCC) guidelines. She explained that most courses are around eight hours, noting that what was taught was very limited. She explained that courses primarily consist of survivable injuries and major life threats. She stated that courses include thoracic trauma, needle decompression, the nuances of why tourniquets do not work on dogs, oxygenation and airway issues, major hemorrhage, and circulation injuries.

[3:59:35 PM](#)

REPRESENTATIVE CARRICK thanked all of the testifiers. She noted that in Section 7 of CSHB 70(HSS), the proposed legislation states that operational canines would receive care until transferred to a licensed veterinarian at the "earliest practicable opportunity." She acknowledged that, while there is a distinction between a good Samaritan and acting in a professional capacity, the proposed legislation would be limited to situations that are "temporary and time-limited where there's nothing else available."

REPRESENTATIVE CARRICK further offered her desire to see reverse legislation, where veterinarians could treat human patients. She stated that in an ideal situation, all canines would go to veterinarians and all people would go to human doctors. She offered her belief that the proposed legislation did not overstep and offered her strong support for the legislation as written.

[4:01:42 PM](#)

REPRESENTATIVE SADDLER asked for confirmation that currently, EMTs shall not treat operational dogs without the threat of prosecution.

MR. HOUSTON responded yes.

REPRESENTATIVE SADDLER asked whether good Samaritan laws protect EMTs that might treat an operational dog.

MR. HOUSTON responded that the good Samaritan laws do not cover EMTs and paramedics when they are on staff time.

REPRESENTATIVE SADDLER asked who would be treated first in triage: humans or dogs.

[4:02:59 PM](#)

DR. EDWARDS responded that in other states where similar legislation has been implemented, there is specific language stating that human life always takes precedent over animal life. She provided an anecdote about a car accident, noting that human patients would always come first before animal patients.

[4:03:37 PM](#)

REPRESENTATIVE SADDLER asked whether modification of good Samaritan laws would be sufficient to accomplish the intent of the proposed legislation.

[4:04:07 PM](#)

MR. HOUSTON responded that he would get back to Representative Saddler with an answer.

[4:04:25 PM](#)

REPRESENTATIVE BURKE noted that there has not been a regular veterinarian on the North Slope in a long time, stating that the area occasionally receives a traveling veterinarian for routine procedures. She stated that she had personally used the 24/7 call line through Pet Emergency Treatment and ultimately had to transport the pet to an emergency facility. She stressed that in Utqiagvik, the nearest veterinary clinic was over 700 miles away and there are operational canines working on the North Slope. She stated that she would like to see legislation that allowed EMS responders to treat non-operational canines in places that do not have veterinary clinics. She offered her support for the proposed legislation, as is.

[4:06:25 PM](#)

CO-CHAIR FIELDS discussed the amendment deadline for CSHB 70 (HSS).

[CSHB 70 (HSS) was held over.]

[4:06:27 PM](#)

**ADJOURNMENT**

There being no further business before the committee, the House Labor and Commerce Standing Committee meeting was adjourned at [4:06] p.m.