

**SB**

**204**

<TARGET><BILL>SB 204</BILL><SUBJECT>SB  
204</SUBJECT><COMM>HSTA30</COMM></TARGET>



SENATOR DENNIS EGAN

## Senate Bill 204

### Sponsor Statement

#### *Disability Plates: Chiropractors certify*

SB 204 lets Alaska chiropractors sign Division of Motor Vehicles (DMV) forms proving disability for special registration license plates and for disability parking permits.

For years, DMV allowed chiropractors to sign disability applications, but in 2016 the Department of Law advised DMV that the statute as it then read was not broad enough to allow them to do so. SB 204 authorizes and restores the system that served Alaskans well in previous years.

# Fiscal Note

State of Alaska  
2018 Legislative Session

|                     |           |
|---------------------|-----------|
| Bill Version:       | SB 204    |
| Fiscal Note Number: | 1         |
| (S) Publish Date:   | 2/28/2018 |

Identifier: SB204-DOA-DMV-2-23-18  
 Title: DISABLED VET PLATES:CHIROPRACTORS  
 CERTIFY  
 Sponsor: EGAN  
 Requester: (S) STA

Department: Department of Administration  
 Appropriation: Motor Vehicles  
 Allocation: Motor Vehicles  
 OMB Component Number: 2348

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

|                               | FY2019                  | Included in               | Out-Year Cost Estimates |            |            |            |            |
|-------------------------------|-------------------------|---------------------------|-------------------------|------------|------------|------------|------------|
|                               | Appropriation Requested | Governor's FY2019 Request | FY 2020                 | FY 2021    | FY 2022    | FY 2023    | FY 2024    |
| <b>OPERATING EXPENDITURES</b> | <b>FY 2019</b>          | <b>FY 2019</b>            |                         |            |            |            |            |
| Personal Services             |                         |                           |                         |            |            |            |            |
| Travel                        |                         |                           |                         |            |            |            |            |
| Services                      |                         |                           |                         |            |            |            |            |
| Commodities                   |                         |                           |                         |            |            |            |            |
| Capital Outlay                |                         |                           |                         |            |            |            |            |
| Grants & Benefits             |                         |                           |                         |            |            |            |            |
| Miscellaneous                 |                         |                           |                         |            |            |            |            |
| <b>Total Operating</b>        | <b>0.0</b>              | <b>0.0</b>                | <b>0.0</b>              | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

**Fund Source (Operating Only)**

|              |            |            |            |            |            |            |            |
|--------------|------------|------------|------------|------------|------------|------------|------------|
| None         |            |            |            |            |            |            |            |
| <b>Total</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

**Positions**

|           |  |  |  |  |  |  |  |
|-----------|--|--|--|--|--|--|--|
| Full-time |  |  |  |  |  |  |  |
| Part-time |  |  |  |  |  |  |  |
| Temporary |  |  |  |  |  |  |  |

**Change in Revenues**

|              |            |            |            |            |            |            |            |
|--------------|------------|------------|------------|------------|------------|------------|------------|
| None         |            |            |            |            |            |            |            |
| <b>Total</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

**Estimated SUPPLEMENTAL (FY2018) cost:** 0.0 *(separate supplemental appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**Estimated CAPITAL (FY2019) cost:** 0.0 *(separate capital appropriation required)*  
*(discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? no  
 If yes, by what date are the regulations to be adopted, amended or repealed?

**Why this fiscal note differs from previous version/comments:**

Not applicable; initial version.

|              |                              |        |               |
|--------------|------------------------------|--------|---------------|
| Prepared By: | Marla Thompson, Director     | Phone: | (907)269-5574 |
| Division:    | Motor Vehicles               | Date:  | 02/23/2018    |
| Approved By: | Leslie Ridle, Commissioner   | Date:  | 02/23/18      |
| Agency:      | Department of Administration |        |               |

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2018 LEGISLATIVE SESSION**Analysis**

SB 204 amends AS 28.10.181(d) to allow a licensed chiropractor to provide proof of disability so that a disabled veteran license plate may be issued. DMV currently accepts proof of disability from licensed physicians, physician assistants, or advanced practice registered nurses under AS 08.68.

The acceptance of proof from a chiropractor will not require any additional programming; therefore DMV is submitting a zero fiscal note.

To whom it may concern:

My name is Darlene Warren and I live in Anchorage, Alaska. I have physical limitations that make it hard for me to walk long distances. In order to maintain my independence, I applied to DMV for a special license to allow me to park in the designated disabled spaces. My primary health care provider of choice is my chiropractor, Dr. Edward J. Barrington, DC he was able to sign my application so I did not have to incur the cost of going to another office.

I am very thankful my chiropractor was able to sign this application. I support SB 204 and my chiropractor being able to complete this form for me in the future.

Thank you for sponsoring SB 204.

Darlene Warren  
Signature

2-26-2018  
Date

Darlene Warren  
Name (Printed)

937 West 7<sup>th</sup> Ave Anchorage 99518  
Address City Zip

Email to: [Senator.Dennis.Egan@akleg.gov](mailto:Senator.Dennis.Egan@akleg.gov)

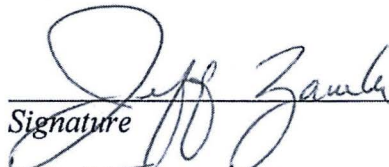
Mailing address:  
**Senator Dennis Egan**  
**Alaska State Senate**  
**Room 9, State Capitol Building**  
**Juneau AK, 99801**

To whom it may concern:

My name is JEFF ZAVALA and I live in Anchorage, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, my primary health care provider of choice is my chiropractor, Dr. Edward J. Barrington, DC previously he was able to sign my application so I did not have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit.

I support SB 204 and my chiropractor being able to complete this form for me in the future.

Thank you for sponsoring SB 204.

  
Signature  
JEFF ZAVALA  
Name (Printed)

02-26-18  
Date

2100 E. 75th Ave Anchorage AK 99507  
Address City State Zip

Email to: [Senator.Dennis.Egan@akleg.gov](mailto:Senator.Dennis.Egan@akleg.gov)

Mailing address:  
**Senator Dennis Egan**  
**Alaska State Senate**  
**Room 9, State Capitol Building**  
**Juneau AK, 99801**

To whom it may concern:

My name is Susan Adkison and I live in Anchorage, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, my primary health care provider of choice is my chiropractor, Dr. Edward J. Barrington, DC previously he was able to sign my application so I did not have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit.

I support SB 204 and my chiropractor being able to complete this form for me in the future.

Thank you for sponsoring SB 204.



Signature

2/23/18  
Date

Susan Adkison

Name (Printed)

853 Westbury Dr. Anch., AK 99503

Address

City

State

Zip

Email to: [Senator.Dennis.Egan@akleg.gov](mailto:Senator.Dennis.Egan@akleg.gov)

Mailing address:

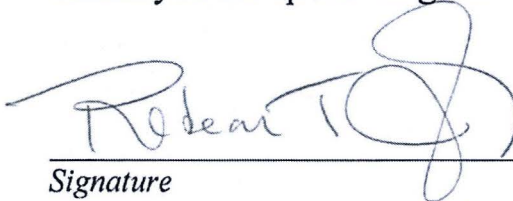
Senator Dennis Egan  
Alaska State Senate  
Room 9, State Capitol Building  
Juneau AK, 99801

To whom it may concern:

My name is Rebecca T Javelle and I live in Anchorage, AK, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, my primary health care provider of choice is my chiropractor, Dr. Edward J. Barrington, DC previously he was able to sign my application so I did not have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit.

I support SB 204 and my chiropractor being able to complete this form for me in the future.

Thank you for sponsoring SB 204.

  
\_\_\_\_\_  
*Signature*

2-23-18  
\_\_\_\_\_  
*Date*

Rebecca T Javelle  
\_\_\_\_\_  
*Name (Printed)*

9520 Governor Drive Anchorage AK 99507  
\_\_\_\_\_  
*Address City State Zip*  
907-346-4108  
weach34@gmail.com

Email to: [Senator.Dennis.Egan@akleg.gov](mailto:Senator.Dennis.Egan@akleg.gov)

Mailing address:  
**Senator Dennis Egan**  
**Alaska State Senate**  
**Room 9, State Capitol Building**  
**Juneau AK, 99801**

To whom it may concern:

My name is Kirsten Lane and I live in Anchorage, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, my primary health care provider of choice is my chiropractor, Dr. Edward J. Barrington, DC previously he was able to sign my application so I did not have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit.

I support SB 204 and my chiropractor being able to complete this form for me in the future.

Thank you for sponsoring SB 204.

Kirsten Lane  
Signature

2/23/18  
Date

Kirsten Lane  
Name (Printed)

2051 Steeple Dr., Anch, AK 99514  
Address City State Zip

Email to: [Senator.Dennis.Egan@akleg.gov](mailto:Senator.Dennis.Egan@akleg.gov)

Mailing address:  
**Senator Dennis Egan**  
**Alaska State Senate**  
**Room 9, State Capitol Building**  
**Juneau AK, 99801**



To whom it may concern:

My name is Katherine Karabelnikoff and I live in Anchorage, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, my primary health care provider of choice is my chiropractor, Dr. Edward J. Barrington, DC previously he was able to sign my application so I did not have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit.

I support SB 204 and my chiropractor being able to complete this form for me in the future.

Thank you for sponsoring SB 204.

Katherine Karabelnikoff  
Signature

2/23/18  
Date

Katherine Karabelnikoff  
Name (Printed)

9601 Copper Dr. Anchorage Ak 99507  
Address City Zip

Email to: [Senator.Dennis.Egan@akleg.gov](mailto:Senator.Dennis.Egan@akleg.gov)

Mailing address:

**Senator Dennis Egan**  
**Alaska State Senate**  
**Room 9, State Capitol Building**  
**Juneau AK, 99801**

To whom it may concern:

My name is Margaret Wilson and I live in Anchorage, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, my primary health care provider of choice is my chiropractor, Dr. Edward J. Barrington, DC previously he was able to sign my application so I did not have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit.

I support SB 204 and my chiropractor being able to complete this form for me in the future.

Thank you for sponsoring SB 204.

Margaret Wilson  
Signature

2/23/18  
Date

Margaret Wilson  
Name (Printed)

62147 Cheigany St. Anch. Ak 99502  
Address City Zip

Email to: [Senator.Dennis.Egan@akleg.gov](mailto:Senator.Dennis.Egan@akleg.gov)

Mailing address:  
**Senator Dennis Egan**  
**Alaska State Senate**  
**Room 9, State Capitol Building**  
**Juneau AK, 99801**

To whom it may concern:

My name is Krista Marie Kurka and I live in Anchorage, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, my primary health care provider of choice is my chiropractor, Dr. Edward J. Barrington, DC previously he was able to sign my application so I did not have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit.

I support SB 204 and my chiropractor being able to complete this form for me in the future.

Thank you for sponsoring SB 204.

Krista M. Kurka  
Signature

2/23/18  
Date

Krista M. Kurka  
Name (Printed)

3398 Otto Place Anchorage, AK 99517  
Address City State Zip

Email to: [Senator.Dennis.Egan@akleg.gov](mailto:Senator.Dennis.Egan@akleg.gov)

Mailing address:  
**Senator Dennis Egan**  
**Alaska State Senate**  
**Room 9, State Capitol Building**  
**Juneau AK, 99801**

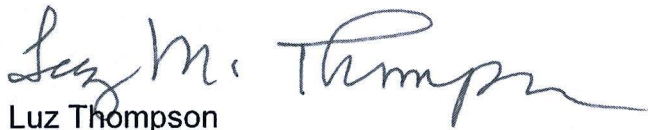
February 26, 2018

RE: SB 204

To Whom It May Concern:

My name is Luz Thompson and I live in Eagle River, Alaska. I have physical limitations that make it hard for me to walk long distances. In order to maintain my independence, I applied to DMV for a special license to allow me to park in the designated disabled spaces. My primary health care provider of choice is my chiropractor, Gregory M.Culbert, D.C., F.A.C.O. he was able to sign my application so I didn't have to incur the cost of going to another office. I am very thankful my chiropractor was able to sign this application. I support SB 204 and my chiropractor being able to complete this form for me in the future. Thank you for sponsoring SB 204.

Sincerely,

A handwritten signature in black ink that reads "Luz M. Thompson". The signature is written in a cursive style with a large, sweeping flourish at the end.

Luz Thompson

19060 Talarik Dr.

Eagle River, AK 99577

February 26, 2018

RE: SB 204

To Whom It May Concern:

My name is Keiko Torgersen and I live in Chugiak, Alaska. I have physical limitations that make it hard for me to walk long distances. In order to maintain my independence, I applied to DMV for a special license to allow me to park in the designated disabled spaces. My primary health care provider of choice is my chiropractor, Gregory M.Culbert, D.C., F.A.C.O. he was able to sign my application so I didn't have to incur the cost of going to another office. I am very thankful my chiropractor was able to sign this application. I support SB 204 and my chiropractor being able to complete this form for me in the future. Thank you for sponsoring SB 204.

Sincerely,

A handwritten signature in cursive script that reads "Keiko Torgersen". The signature is written in black ink and is positioned to the right of the typed name.

Keiko Torgersen  
P.O. BOX 672018  
Chugiak, AK 99567

February 22, 2018

RE: SB 204

To Whom It May Concern:

My name is Karen Burns and I live in Eagle River, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, I would see my primary health care provider of choice, my chiropractor, Gregory M. Culbert, D.C., F.A.C.O. to sign my application so I didn't have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit. I support SB 204 and the changes that would allow my chiropractor to complete this form for me in the future. Thank you for sponsoring SB 204.

Sincerely,

A handwritten signature in cursive script that reads "Karen Burns".

Karen Burns

7138 Waterfall Dr.

Eagle River, AK 99577

February 22, 2018

RE: SB 204

To Whom It May Concern:

My name is William (Bill) Paulson and I live in Eagle River, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, I would see my primary health care provider of choice, my chiropractor, Gregory M. Culbert, D.C., F.A.C.O. to sign my application so I didn't have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit. I support SB 204 and the changes that would allow my chiropractor to complete this form for me in the future. Thank you for sponsoring SB 204.

Sincerely,

A handwritten signature in black ink, appearing to read "William Paulson". The signature is written in a cursive style with a long horizontal stroke at the end.

William (Bill) Paulson  
17815 Pioneer Dr.  
Eagle River, AK 99577

February 22, 2018

RE: SB 204

To Whom It May Concern:

My name is Michael Burns and I live in Eagle River, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, I would see my primary health care provider of choice, my chiropractor, Gregory M. Culbert, D.C., F.A.C.O. to sign my application so I didn't have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit. I support SB 204 and the changes that would allow my chiropractor to complete this form for me in the future. Thank you for sponsoring SB 204.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Burns", with a long, sweeping horizontal line extending to the right.

Michael Burns

7138 Waterfall Dr.

Eagle River, AK 99577

February 26, 2018

RE: SB 204

To Whom It May Concern:

My name is Raymond Torgersen and I live in Chugiak, Alaska. If I had physical limitations or an orthopedic condition that made it hard for me to walk long distances, I would see my primary health care provider of choice, my chiropractor, Gregory M. Culbert, D.C., F.A.C.O. to sign my application so I didn't have to incur the cost of going to another office. I am very concerned that at this time, my chiropractor would not be able to assist me in applying for a disabled parking permit. I support SB 204 and the changes that would allow my chiropractor to complete this form for me in the future. Thank you for sponsoring SB 204.

Sincerely,

A handwritten signature in cursive script that reads "Raymond A. Torgersen". The signature is written in black ink and is positioned above the typed name.

Raymond Torgersen  
P.O. BOX 672018  
Chugiak, AK 99567

AMENDMENT

OFFERED IN THE HOUSE  
TO: SB 204

BY REPRESENTATIVE LEDOUX

1 Page 1, line 1, following "Act":

2 Insert "relating to a veteran's designation on an identification card or a driver's  
3 license for Hmong veterans and Lao veterans; and"

4  
5 Page 1, following line 3:

6 Insert a new bill section to read:

7 **\*\* Section 1.** AS 18.65.310(*l*) is amended to read:

8 (*l*) At the request of the person, the department shall provide a veteran  
9 designation and United States flag replica on an identification card identifying the  
10 person as a retired veteran, [OR] a veteran of the armed forces of the United States  
11 discharged under honorable conditions, or a Hmong veteran or Lao veteran who  
12 served in military operations in support of the United States in the Kingdom of  
13 Laos between February 28, 1961, and May 15, 1975. The department may not  
14 charge a fee solely for the designation. To receive a veteran designation, the person  
15 shall provide proof of veteran status that shows the person is retired, was [OR]  
16 discharged under honorable conditions, or is a Hmong veteran or Lao veteran. The  
17 department shall consult with the Department of Military and Veterans' Affairs  
18 to determine the proof necessary to show that a person is a Hmong veteran or  
19 Lao veteran. With the approval of the person, the department shall make available to  
20 the Department of Military and Veterans' Affairs the name and address of a person  
21 receiving a veteran designation under this subsection. Notwithstanding (a) of this  
22 section, the department may charge a fee of \$5 for replacement of a valid  
23 identification card with a new identification card with a veteran designation."

1  
2 Renumber the following bill section accordingly.

3

4 Page 2, following line 16:

5 Insert a new bill section to read:

6 **"\* Sec. 3.** AS 28.15.111(c) is amended to read:

7 (c) At the request of an applicant, the department shall provide a veteran  
8 designation and United States flag replica on a license identifying the driver as a  
9 retired veteran, [OR] a veteran of the armed forces of the United States discharged  
10 under honorable conditions, **or a Hmong veteran or Lao veteran who served in**  
11 **military operations in support of the United States in the Kingdom of Laos**  
12 **between February 28, 1961, and May 15, 1975.** The department may not charge a  
13 fee solely for the designation. To receive a veteran designation, the driver shall make  
14 available proof of veteran status that shows that the person is retired, **was** [OR]  
15 discharged under honorable conditions, **or is a Hmong veteran or Lao veteran. The**  
16 **department shall consult with the Department of Military and Veterans' Affairs**  
17 **to determine the proof necessary to show that a person is a Hmong veteran or**  
18 **Lao veteran.** With the approval of the applicant, the department shall make available  
19 to the Department of Military and Veterans' Affairs the name and address of a driver  
20 receiving a veteran designation under this subsection. The department may charge a  
21 fee of \$5 for replacement of a valid driver's license with a new license with a veteran  
22 designation. A replacement license with a veteran designation issued for \$5 under this  
23 subsection shall retain the expiration date of the license it replaces."

**A M E N D M E N T**

OFFERED IN THE HOUSE  
TO: SB 204

BY REPRESENTATIVE KREISS-TOMKINS

1 Page 1, line 1, following "Act":

2 Insert "relating to registration plates celebrating the arts; and"

3

4 Page 1, following line 3:

5 Insert a new bill section to read:

6 **\*\* Section 1.** AS 28.10.161(b) is amended to read:

7 (b) Every passenger vehicle registration plate, except as specifically provided  
8 in AS 28.10.181, shall have displayed on [UPON] it

9 (1) **one of the following designs:** [EITHER]

10 (A) the Alaska flag design, consisting of the Alaska flag, the  
11 traditional colors of yellow-gold and blue, and the slogan "The Last Frontier";

12 [OR]

13 (B) the bear design, consisting of a standing grizzly bear in the  
14 center of the plate; the bear design shall be modeled after the 1976 bicentennial  
15 plate without the bicentennial symbol; or

16 **(C) the design celebrating the arts chosen by the**  
17 **commissioner through consultation with the Alaska State Council on the**  
18 **Arts; the commissioner shall choose a new design for the plates**  
19 **celebrating the arts every four years and discontinue issuance of the**  
20 **previous design;**

21 (2) the registration number assigned to the vehicle for which it is  
22 issued;

23 (3) the name of this state, which may be abbreviated; and

1 (4) the registration year number or expiration date for which time it is  
2 validated; the registration year number or expiration date may be part of the license  
3 plate or contained on a suitable sticker or tab device issued by the department;  
4 however, only one sticker or tab device may be issued for each pair of plates, and the  
5 sticker or tab device must be affixed to the rear plate."  
6

7 Renumber the following bill section accordingly.

8  
9 Page 2, following line 16:

10 Insert new bill sections to read:

11 **\*\* Sec. 3.** AS 44.27.080(a) is amended to read:

12 (a) The council shall hold a competition every four years to select a design for  
13 the **vehicle registration** [SPECIAL REQUEST] plate celebrating the arts under  
14 **AS 28.10.161(b)(1)(C)** [AS 28.10.181(u)]. The council shall select a panel of judges  
15 to judge the submissions for the contest and shall include the previous design winner  
16 on the panel. The panel shall select the top submissions, and the council shall conduct  
17 a public vote to determine the winner of the competition. The council shall use the  
18 winning design when consulting with the commissioner of administration under  
19 **AS 28.10.161(b)(1)(C)** [AS 28.10.181(u)].

20 **\* Sec. 4.** AS 28.10.181(u), 28.10.421(d)(15), and AS 44.27.080(b) are repealed."