

SB

128

<TARGET><BILL>SB 128</BILL><SUBJECT>SB
128</SUBJECT><COMM>SHSS30</COMM></TARGET>

ALASKA STATE LEGISLATURE

1500 W Benson Boulevard
Anchorage AK 99503
907-269-0181



State Capitol
Juneau AK 99801-1182
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North to the Future

Senator Cathy Giessel

Senate District N

Sponsor Statement Senate Bill 128 **Marijuana Education and Treatment Fund**

SB 128 would establish a Marijuana Education & Treatment Fund in the state of Alaska. This fund would be administered by the Division of Public Health and be modeled after the Tobacco Use Education and Cessation Fund that was established in 2001.

The newly organized and commercialized marijuana industry is Alaska's newest tax payer and is projected to supply the state approximately \$9 million per year in taxes. This legislation would direct 25% of those tax proceeds to the fund annually.

The marijuana education and treatment fund will be an account within the general fund to which the legislature may appropriate money, the amount of which would be guided by a request provided by the Department of Health and Social Services to fund the components of the program.

The fund would allow DHSS to use the tax proceeds in the following ways:

- Create a community-based misuse prevention program
- Promote public education to discourage youth initiation to marijuana, educate about the effects of marijuana and inform the public on marijuana laws
- Survey/track population for knowledge, awareness, and attitudes re: marijuana use
- Monitor use and its effect on the health of the populace in general
- Create substance abuse screening, intervention, referral and treatment programs

So why establish this fund? We need a way to monitor use of this drug statewide, respond with targeted public education and provide resources for poison control and the treatment programs associated with the misuse of marijuana. If we do not, Alaska will be unable to adequately address this emerging public health issue. Currently it is reported that more Alaska youth are now smoking marijuana than tobacco cigarettes; early and prolonged usage can lead to abnormal brain development, addiction, mental health and cognitive disabilities. And use during pregnancy is very much a concern for the developing baby.

In Colorado, pediatric hospital visits relating to marijuana doubled after legalization, and their poison center evaluations increased 5-fold as well. Oregon, Colorado and Washington have all funded programs in their states to aid in public education re: marijuana use/misuse as well as funding for screening and treatment programs. We can learn from their experiences, and creating a funding mechanism via SB 128 will get us started.

Chair Senate Resources Committee
Senator.Cathy.Giessel@akleg.gov

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Senate District N

SB 128 Marijuana Education and Treatment Fund Sectional Analysis

Section 1 AS 43.61.010(d) is **technical and conforming language** that clarifies which fund is being referenced in this section that is about the recidivism reduction fund. Since we are establishing another fund, the Marijuana Education and Treatment Fund in another subsection to follow, Legislative Legal wanted to correctly name which fund is being addressed to prevent any confusion.

Section 2 AS 43.61.010 is a **new subsection** that creates the Marijuana Education and Treatment Fund within the general fund. After receiving tax collected from marijuana sales, the Dept. of Administration shall separately account for and deposit 25% of those proceeds into the Fund, and the legislature may appropriate those monies for the purpose of funding DHSS programs for marijuana use education and treatment. This section specifies that the money in this fund does not lapse.

Section 3 AS 44.29.020(a) contains two minor fixes from Leg Legal that adds the word "the" to (11) of this section, and also the word "to" to item (14). It also **adds to this section** that DHSS will administer the marijuana education and treatment program by grant or contract out this program to other organizations in Alaska. This section outlines 5 components of the program that must be included:

1. A community-based marijuana misuse prevention component
2. Marijuana public education geared toward prevention of youth initiation of marijuana use, education re: the effects of marijuana use and education re: marijuana laws
3. Survey of youth and adults concerning knowledge, awareness, attitude and use of marijuana products
4. Monitoring of the public's health relating to consequences of marijuana use
5. Provide for substance abuse screening, brief intervention, referral and treatment

Chair Senate Resources Committee
Senator.Cathy.Giessel@akleg.gov

SENATE COMMITTEE REPORT

First Committee of Referral

DATE: 1/16/18

FURTHER: Finance

DATE TURNED
IN TO OFFICE: 2/2/18

Health and Social Services Committee considered SENATE BILL NO. 128

SB 128 MARIJUANA EDU/TREATMENT FUND/PROGRAM

"An Act establishing the marijuana education and treatment fund; and relating to the duties of the Department of Health and Social Services to administer a comprehensive marijuana use education and treatment program."

and recommends:

- be replaced with CS _____ (_____) Same Title New Title
- adopt previous CS _____ (_____) Same Title New Title
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

Dept Abbr.	
ADM	LWF
CED	LAW
COR	LEG
EED	MVA
DEC	DNR
DFG	DPS
GOV	REV
DHS	DOT
AJS	UA

NEW FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #
DHS	✓			1
DHS	✓			2

PREVIOUS FISCAL NOTE(S)				
Dept.	Fiscal	Indet.	Zero	FN #

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
	VanImhof	✓			
	Micciche	✓			
	Giessel	✓			
CHAIR:	Wilson	✓			

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version: SB 128
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB128-DHSS-BHTRG-1-26-18
Title: MARIJUANA EDU/TREATMENT
FUND/PROGRAM
Sponsor: GIESSEL
Requester: Senate HSS

Department: Department of Health and Social Services
Appropriation: Behavioral Health
Allocation: Behavioral Health Treatment and Recovery
Grants
OMB Component Number: 3099

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
OPERATING EXPENDITURES	FY 2019	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Personal Services	13.0		26.0	26.0	26.0	26.0	26.0
Travel	15.0		179.0	179.0	179.0	179.0	179.0
Services	85.0		100.0	100.0	100.0	100.0	100.0
Commodities	12.0		70.0	70.0	70.0	70.0	70.0
Capital Outlay							
Grants & Benefits							
Miscellaneous							
Total Operating	125.0	0.0	375.0	375.0	375.0	375.0	375.0

Fund Source (Operating Only)

1178 temp code (UGF)	125.0		375.0	375.0	375.0	375.0	375.0
Total	125.0	0.0	375.0	375.0	375.0	375.0	375.0

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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? n/a

Why this fiscal note differs from previous version/comments:

Not applicable; initial version.

Prepared By: <u>Randall Burns, Director</u>	Phone: (907)269-9548
Division: <u>Behavioral Health</u>	Date: 01/26/2018
Approved By: <u>Shawnda O'Brien, Asst Commissioner</u>	Date: 01/26/18
Agency: <u>Health and Social Services</u>	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. SB128

Analysis

SB128 version A would create a new Marijuana Education & Treatment Fund ("Fund") as an account within the general fund. The bill directs 25% of the marijuana excise tax proceeds levied under AS 43.61.010 to the fund. The remaining proceeds will be distributed 50% to the recidivism reduction fund (AS 43.61.010(c)) and 25% to the general fund. Currently 50% is distributed to the recidivism reduction fund and 50% to the general fund. This fiscal note assumes \$10 million in marijuana excise tax revenue per year based on monthly taxes collected for September to November 2017 (Department of Revenue <http://tax.alaska.gov/programs/programs/reports/index.aspx?60000>), and appropriations to DHSS of 25% or \$2.5 million annually.

The Department of Health and Social Services would administer a marijuana use education treatment program and the Division of Behavioral Health will be responsible for component (E), substance abuse screening, brief intervention, referral, and treatment while the Division of Public Health would be responsible for components enumerated in a separate fiscal note. Currently, the department does not have any funds to direct to these efforts.

The Division of Behavioral Health would promote health and behavioral health care provider awareness of substance use screening and increase provider capabilities through the use of Screening Brief Intervention, and Referral to Treatment (SBIRT) services. SBIRT aligns with prevention efforts in clinical settings for opioid and alcohol misuse by identifying clients who are engaging in risky substance use behaviors—even if their use does not meet criteria for a substance use disorder. SBIRT is a tool for clinicians and other service providers to identify at-risk clients and give immediate feedback and coaching regarding strategies to lower their risk behaviors. Effective use of SBIRT can offer healthcare providers an opportunity to efficiently intervene and curb high-risk substance use behaviors before they progress to substance use disorders.

Year 1 reflects costs associated with startup activities. Subsequent years' costs reflect training, fully implementing SBIRT services across the state, and evaluation. These are on-going costs as new professionals will continually enter into primary and behavioral health care services.

The Division will provide education of community behavioral health providers, pediatricians and primary care providers through in-person live trainings, teleconferences and webinars. The training may be integrated into child, adolescent and family behavioral health conferences. Training materials and trainers will be necessary costs to ensure proper skills-building of primary health and behavioral health care providers prior to SBIRT services being implemented. Travel will be needed to allow trainers and providers to fully participate in educational opportunities. Evaluation to ensure fidelity of the program and monitor outcomes will be included in the project.

The Division has two people on staff expert in SBIRT who will be available for the development and implementation of the training. In year 1, a Health Program Manager IV and Mental Health Clinician III will each contribute 5% level of effort towards SBIRT. In year 2 and beyond the two positions will each contribute 10% level of effort.

Personal Services

FY 2019

PCN 06-0644, JNU/GP range 23 Health Program Manager IV, 5% level of effort towards SBIRT: \$6,828.00

PCN 06-5128, JNU/GP range 21 Mental Health Clinician III, 5% level of effort towards SBIRT: \$6,119.00

FY 2020-2024

PCN 06-0644, JNU/GP range 23 Health Program Manager IV, 10% level of effort towards SBIRT: \$13,656.00

PCN 06-5128, JNU/GP range 21 Mental Health Clinician III, 10% level of effort towards SBIRT: \$12,238.00

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. SB128

Analysis

Travel

Year 1 : \$15,000 – 6 roundtrips by 2 staff from Juneau to various parts of the state to meet with stakeholders; evaluators and start SBIRT training(\$1,200 X 2 X 6= \$15,000)

Years 2-5: \$179,000 annually

Travel for out years will be determined during the first year startup planning. Funds are intended to

- *travel two DBH staff from Juneau to regional areas of the state to provide individualized SBIRT training for primary and behavioral health care practitioners;
- * travel non-state employees to in-state child, adolescent and family behavioral health conferences allowing professionals to join in those training opportunities, enhancing reach of the training;
- * travel educators to regional sites;
- * travel potential trainers to face-to-face skills building opportunities and
- *travel non-state employee trainers to communities within their regions to train practitioners.

Services

Year 1: \$85,000

Years 2-5: \$100,000

Service spending for out years will be determined during the first year startup planning.

The Division anticipates entering into contracts

- * for qualitative/quantitative evaluation of the five year project
- * to develop and film training videos
- * to develop web-based training materials
- * for translation services

There will also be opportunities for SBIRT experts outside of the state to provide consultation services when a population is unique or calls for a special set of skills (i.e. sex offenders, severely mentally ill).

Commodities

Year 1: \$12,000

Years 2-5: \$70,000

Startup expenditures will include a limited number of training manuals, handouts, and supplies (such as digital audio recorders, compact discs, thumb drives)

Out year expenses will include alcohol and drug screening tools, training manuals, videos, compact discs, paper handouts

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version: SB 128
Fiscal Note Number: _____
() Publish Date: _____

Identifier: SB128 -DHSS-PHAS-1-25-18
Title: MARIJUANA EDU/TREATMENT
FUND/PROGRAM
Sponsor: GIESSEL
Requester: Senate HSS

Department: Department of Health and Social Services
Appropriation: Public Health
Allocation: Public Health Administrative Services
OMB Component Number: 292

Expenditures/Revenues

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

	FY2019 Appropriation Requested	Included in Governor's FY2019 Request	Out-Year Cost Estimates					
			FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
OPERATING EXPENDITURES								
Personal Services	100.9		100.9	100.9	100.9	100.9	100.9	100.9
Travel	5.0		5.0	5.0	5.0	5.0	5.0	5.0
Services	597.4		1,231.6	1,231.6	1,231.6	1,231.6	1,231.6	1,231.6
Commodities								
Capital Outlay								
Grants & Benefits			787.5	787.5	787.5	787.5	787.5	787.5
Miscellaneous								
Total Operating	703.3	0.0	2,125.0	2,125.0	2,125.0	2,125.0	2,125.0	2,125.0

Fund Source (Operating Only)

1178 temp code (UGF)	703.3		2,125.0	2,125.0	2,125.0	2,125.0	2,125.0
Total	703.3	0.0	2,125.0	2,125.0	2,125.0	2,125.0	2,125.0

Positions

Full-time	1.0		1.0	1.0	1.0	1.0	1.0
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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? n/a

Why this fiscal note differs from previous version/comments:

Not applicable; initial version.

Prepared By: Jay C. Butler, MD, Chief Medical Officer/Director	Phone: (907)269-6680
Division: Public Health	Date: 01/25/2018
Approved By: Shawnda O'Brien, Asst. Commissioner	Date: 01/25/18
Agency: Health and Social Services	

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. SB128

Analysis

SB128 version A would create a new Marijuana Education & Treatment Fund ("Fund") as an account within the general fund. The bill directs 25% of the marijuana excise tax proceeds levied under AS 43.61.010 to the Fund. The remaining proceeds will be distributed 50% to the recidivism reduction fund (AS 43.61.010(c)) and 25% to the general fund. Currently 50% is distributed to the recidivism reduction fund and 50% to the general fund. This fiscal note assumes \$10 million in marijuana excise tax revenue per year based on monthly taxes collected for September to November 2017 (Department of Revenue <http://tax.alaska.gov/programs/programs/reports/index.aspx?60000>), and appropriations to DHSS of 25% or \$2.5 million annually.

The Department of Health and Social Services would administer a marijuana use education treatment program that must include:

- (A) a community-based marijuana misuse prevention component;
- (B) marijuana public education designed to communicate messages to help prevent youth initiation of marijuana use, educate the public about the effects of marijuana use, educate the public about marijuana laws;
- (C) surveys of youth and adult populations concerning knowledge, awareness, attitude, and use of marijuana products;
- (D) monitoring of population health status related to consequences of marijuana use; and,
- (E) substance abuse screening, brief intervention, referral, and treatment.

The Division of Public Health would be responsible for components (A)-(D), while the treatment component (E) will be appropriated to the Division of Behavioral Health in a separate fiscal note. Currently, the department does not have any funds to direct to these efforts.

The Division of Public Health would enhance existing, related grant programs for public health, behavioral health, children's services, juvenile justice, and education (e.g. suicide prevention, tobacco prevention, etc.) to expand their current activities to include evidence-based, substance misuse prevention programming; create education materials including webinars, print materials, Internet resources, and parent and teacher toolkits that focus on preventing youth initiation of marijuana and unsafe marijuana uses in adult populations (e.g. prevent drugged driving, promote safe storage); support existing surveys of youth, pregnant women, and adult risk factors and behaviors by including marijuana-specific questions; track trends in health outcomes related to marijuana use; and provide resources for poison control.

The division would hire a new public health specialist (Range 18, ANC/GP) to serve as consultant and subject matter expert in planning and implementing programmatic evaluations, health surveys and assessments, health education materials, and delivery of the community program services. Travel will be needed to bring stakeholders and partners to Anchorage to gather input on program goals and objectives. Services would provide technical assistance to grantees on marijuana prevention programming, production of educational materials, health surveys and assessments, program evaluation, and support for the poison control hotline. Grant funds would support marijuana programming efforts in existing grant programs targeted at youth (tobacco prevention, suicide prevention, etc.). The program will leverage these existing grants to minimize the need for additional staffing and administrative expenses. Year 1 reflects the start up and implementation activities needed so that the program would be fully implemented in year 2.

Jim Sampson
PO Box 670347
Chugiak, AK 99567

January 5, 2017

Dear Cathy Giessel, Senator:

I was delighted to see SB 128, establishing the marijuana education and treatment fund. Working in this direction is long overdue.

I worked 31 years (1973 – 2004) with the Anchorage School District, almost all of that time at the High School level and witnessed first hand the debilitating effects of marijuana on our youth. I realized early in my career that marijuana caused significant deficits in ability often requiring special program to try and remediate. I eventually could identify marijuana users by their seeming inability to achieve any their stated goals from one semester to the next. I became familiar with a few students who began using marijuana in upper elementary school, more who became chronic users in middle school and a larger group who did not use until high school.

During the past two years I began reviewing research on marijuana and the undeveloped brain. I read the study begun in 1972-73 in Dunedin, New Zealand led by Terrie Moffitt and Avshalom Caspi, psychologists who hold dual appointments at Duke, NC and at King's College London and was disheartened to find the debilitating effect of marijuana in the lives of young users is far worse than I suspected. The research indicates many of those students permanently lost an average of 8 IQ points (<https://www.sciencedaily.com/releases/2012/08/120827152039.htm>).

More research out of the University of Montreal indicates our youth who use marijuana increase psychotic-like experiences by 159% (<https://neurosciencenews.com/psychosis-teen-marijuana-7034/>). And more research is coming out indicating our youth must be taught to avoid marijuana.

Thank you for pre-filing SB128 and I hope to support its progress through the legislative process.

Sincerely,


James E. Sampson
(sampsons@mtaonline.net)



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of
Health and Social Services**

OFFICE OF THE COMMISSIONER

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January 22, 2018

The Honorable Cathy Giessel
Alaska Senate, Room 427
Alaska State Capitol
Juneau, AK 99801

Dear Senator Giessel:

Thank you for sponsoring Senate Bill 128 to establish a marijuana prevention, education and treatment fund. The Department of Health and Social Services is pleased to support this legislation and stands ready to assist you in facilitating its passage into law.

As you are aware, several states that legalized marijuana have recognized the importance of having a concurrent effort to keep the public informed about the potential health impacts of legalization. Oregon, Colorado, Washington, California, and Massachusetts all have established funds for education, abuse prevention and treatment purposes. Alaska needs to be counted among these states. Without this funding, our state lacks the capacity to create evidence-based public health education, prevention, and treatment programming. Without this effort, we would be concerned that the messages the public, particularly young people, receive about marijuana are only that it is legal and represents a potential economic boon to the state—ignoring the significant health and safety concerns expected to arise from the increased availability of marijuana products.

It is especially critical that Alaska monitor use and knowledge about marijuana during these first years of legalized use--to inform the public of the specifics of the law and potential health effects as they begin to use these new products, and to provide resources to prevent and treat potentially harmful exposures. Use of marijuana at an early age and for long periods of time may lead to serious problems related to brain development, addiction, mental health, learning challenges, and

January 22, 2018
Senator Cathy Giessel
Letter Re: SB 128
Page 2

dropping out of school. Marijuana use during pregnancy and breastfeeding is also a concern. How is usage changing with legalization? The Department's Division of Public Health, with its resources and experience in analyzing such trends, will bring important information to bear on the public policies needed under legalization. Our Division of Behavioral Health and Office of Substance Misuse and Addiction Prevention will also be valuable resources in this effort.

The Department is eager to work with you to pass this important legislation.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Valerie Nurr'araaluk Davidson', written in a cursive style.

Valerie Nurr'araaluk Davidson



NAACP

National Association for the Advancement of Colored People

Anchorage, Alaska Branch – Kevin D. McGee, President

January 27, 2018

The Honorable Senator Cathy Giessel
State of Alaska Legislature
1500 W. Benson Blvd
Anchorage, Alaska 99503

Subject: Statement of Support
Senate Bill 128
Marijuana Education and Treatment Fund

Dear Senator Giessel,

The NAACP, Anchorage, Alaska Branch #1000 wishes to inform you and members of the Alaska State Legislature that we are in strong support of the above identified proposed legislation.

We agree with the concept and purpose of SB 128 that would establish a Marijuana Education and Treatment Fund in the State of Alaska.

We support the purpose of establishing this fund effort as outlined for the identified purposes:

- Create a community-based misuse prevention program
- Promote public education to discourage youth initiation to marijuana, educate about the effects of marijuana and inform the public on marijuana laws
- Survey/track population for knowledge, awareness, and attitudes re: marijuana use
- Monitor use and its effect on the health of the populace in general
- Create substance abuse screening, intervention, referral and treatment programs

We understand that the use of marijuana for personal use has become legal in the State of Alaska for adult Alaskans. But we strongly support the efforts in the proposed legislation to address the use by our Alaska youth. Currently, it is reported that more Alaska youth are smoking marijuana than tobacco cigarettes. We support the belief that prolonged usage can lead to potential abnormal brain development, addiction, mental health/cognitive disabilities, and use during pregnancy is a concern for a developing baby.

For the reasons stated, we ask that the Alaska Senate strongly support and pass this very important piece of good legislation.

Sincerely,



Kevin D. McGee

324 E. 5th Avenue, Anchorage, Alaska 99501

Mailing Address: P.O. Box 200089, Anchorage, Alaska 99520-0089

Phone (907) 272-8717 – Fax (907) 222-0907

Email: naacpanchorage@gmail.com; Website: naacpanchorage.weebly.com

the struggle continues ...

Marijuana Use in Alaska

Personal recreational marijuana has been legal for use by adults in Alaska since 2015. Retail sales began in late 2016. Here's what we know about its impact on public health and safety.



Who's using?

15.4%

of Alaskan adults reported marijuana use in the past 30 days.¹

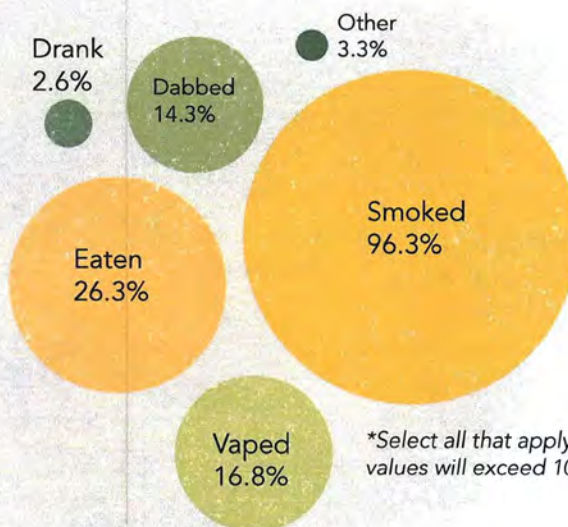
24%

among Alaska Native people.¹

25 to 34

Marijuana use in Alaska has been **highest among 25-to-34-year-olds**¹.

Smoking marijuana was the most commonly reported method of consumption among all Alaskans (96.3%) and Alaska Native people (99.3%).¹



**Select all that apply. Total values will exceed 100%.*

1 IN 10

reported using marijuana for medical purposes in past 30 days.¹



Adults who identified as gay, lesbian, or bisexual reported higher prevalence of current marijuana usage at **28.9%** compared to **14.9%** among those who identify as heterosexual.¹



Total marijuana tax revenue FY17: \$1,748,848
 Total marijuana tax revenue FY18 (first 5 months): \$3,784,599
 Total marijuana tax as of November 2017:² **\$5,533,447**

78%

of Alaska traditional high school students do not use marijuana.³

11%

of those who tried marijuana tried before age 13.³

Marijuana is the second most used substance.

Percent of traditional high school students who have used substances at least once in their lifetime.³

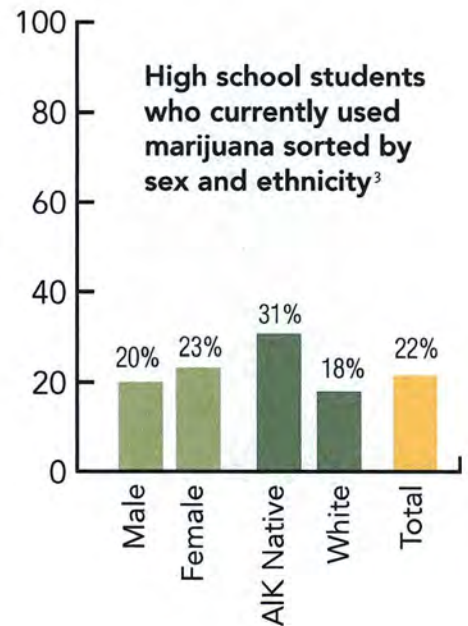
- Alcohol 57%
- Marijuana 42%
- Cigarettes 34%

Alaska youth profile

Other than alcohol, marijuana is the drug most commonly used by high school students who use drugs. The percentage of high school students who have ever used marijuana significantly declined between 2007 (45%) and 2017 (42%).³

However disparities do exist: In 2017, Alaska Native high school students were significantly more likely to have ever used marijuana than white high school students (56% vs. 39%). The percentage of female high school students who ever used marijuana increased significantly between 2015 (35%) and 2017 (44%).³

In 2017, about 22% of Alaska students report having used marijuana in the past 30 days.³ Young people who use marijuana regularly may have a harder time learning and remembering things, and marijuana use has been associated with poorer academic performance, which may lead to a higher risk of dropping out of school.^{4,5,6}



Risk factors correlated to youth marijuana use, compared to youth who have not used marijuana in the past month, include:

- **Depression:** Youth who have used marijuana in the past month are 2 times as likely to have felt so sad or hopeless that they stopped doing usual activities during the past year
- **Suicide Ideation:** Youth who have used marijuana in the past month are 3 times as likely to have seriously considered attempting suicide and made a plan about how they would attempt suicide during the past year
- **Suicide Attempt:** Youth who have used marijuana in the past month are 4 times as likely to have attempted suicide one or more times during the past year³

16% of students have driven a car or vehicle while high³



Adults can help reduce youth marijuana use:

- **Supportive Teachers:** Youth who agree that teachers care and encourage them are less likely to have used marijuana in the past month.
- **Talking With Parents:** Youth whose parents talk with them about what they are doing in school every day are less likely to have used marijuana in past month.
- **Community Connections:** Youth who feel connected to their community are less likely to have used marijuana in the past month.
- **After-school Programs:** Youth who take part in after-school activities are less likely to have used marijuana in the past month.³



Marijuana use and pregnancy

In 2015 in Alaska, about 15% of pregnant women reported smoking marijuana in the 12 months before getting pregnant, about **6% reported smoking marijuana during pregnancy**, and about 8% reported smoking marijuana since their baby was born.⁷

6%

Marijuana during pregnancy

There is no known safe amount of marijuana to use while pregnant. That's because no matter how it's used (smoked, eaten etc.), THC gets passed to your baby and may have a long-term impact on your child's ability to learn.⁸

Marijuana while breastfeeding

Breastfeeding is the optimal feeding choice for most infants. However, any THC consumed enters your breast milk and can be passed to your baby. Talk to your healthcare provider about how to reduce the amount of marijuana consumed during breastfeeding.⁹

Among Alaska adults ages 18 and older during 2008–2009 to 2013–2014, there was a statistically **significant decrease in the perception of great risk of monthly marijuana use.**¹⁰



Number of marijuana-related calls to the Alaska poison center

2013 = 10
2014 = 8
2015 = 10
2016 = 22

Poison Control Center receives over 6,000 calls each year.



Response

Establishing a sustainable public health program aimed at preventing marijuana misuse and addiction is vital to keeping all Alaskans healthy and safe. It's important to keep the public informed of the potential health effects of marijuana products and trends in use.

PUBLIC HEALTH PRACTICE PARADIGMS



A Conceptual Framework of Public Health Approaches to Preventing Substance Misuse and Addictions (See Text for Details)
Abbreviations: ACEs, adverse childhood experiences. 2017 ASTHO President's Challenge: Public Health Approaches to Preventing Substance Misuse and Addiction. Butler, Jay C. MD. Journal of Public Health Management and Practice: September/October 2017 - Volume 23 - Issue 5 - p 531-536.

1. Alaska Behavioral Risk Factor Surveillance System (BRFSS), 2016
2. Alaska Department of Revenue - Tax Division
3. Youth Risk Behavior Survey (YRBS), 2017
4. National Institute on Drug Abuse. Drug Facts: Marijuana; 2012.
5. Partnership for a Drug-Free Kids
6. Volkow, ND, et al. Adverse Health Effects of Marijuana. Use. N Engl J Med 2014 Jun; 370:2219-2227
7. Pregnancy Risk Assessment Monitoring System (PRAMS), 2015
8. Fried PA, Smith AM. A literature review of the consequences of prenatal marijuana exposure. An emerging theme of a deficiency in aspects of executive function. Neurotoxicol Teratol. 2001;23(1):1-11
9. Reece-Stremtan S, Marinelli KA. ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015. Breastfeeding Medicine. 2015;10(3):135-141.
10. National Survey on Drug Use and Health (NSDUH), 2015



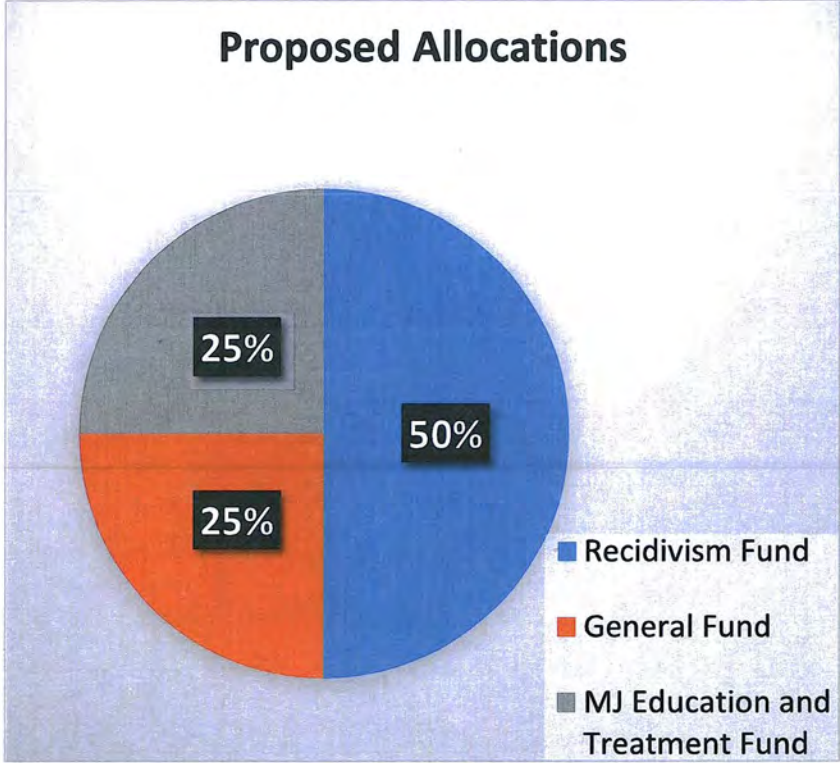
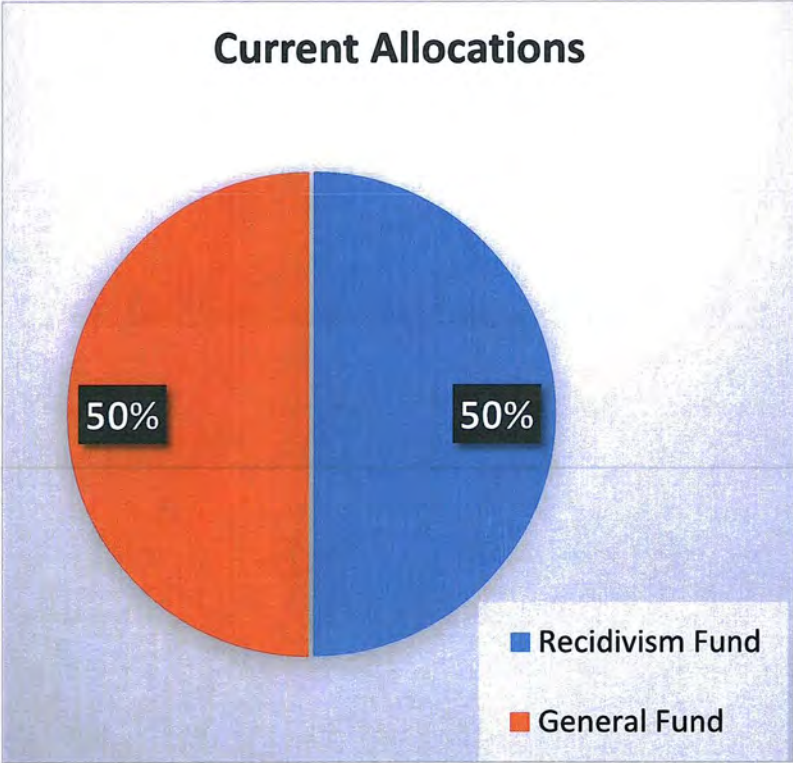
Marijuana Education and Treatment Fund

Alaska Department of Health and Social Services, 2018

Marijuana Education and Treatment Fund ("Fund")

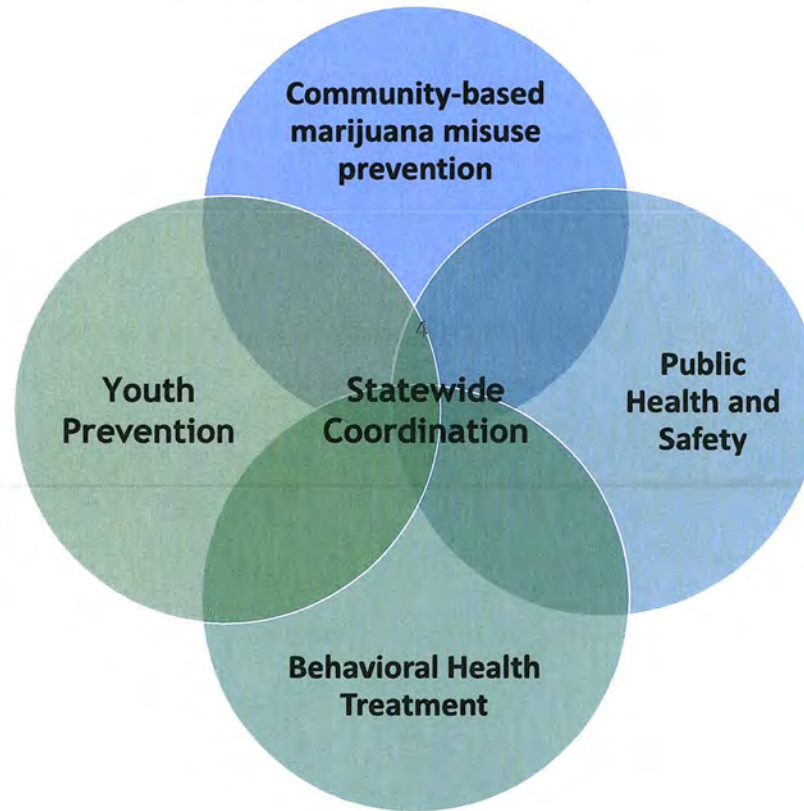
- This bill establishes a Marijuana Education and Treatment Fund ("Fund")
- The Fund is similar to the Tobacco Use Education and Cessation Fund and the Alcohol and Drug Treatment Fund

This bill would direct 25% of the marijuana excise tax levied under AS 43.61.010 to the Marijuana Education and Treatment Fund



Marijuana Education and Treatment Fund

Overarching Goals



DHSS – Marijuana Misuse Prevention, Education, and Treatment Program

Statewide Coordination

Comprehensive program:

- Community-based marijuana misuse prevention, with a focus on youth prevention
- Assessment of knowledge and awareness of laws, and use of marijuana products
- Monitoring of population health impact related to marijuana use and legalization
- Marijuana education
- Substance abuse screening, brief intervention, referral, and treatment

Community-based marijuana misuse prevention

Local efforts to prevent misuse before it starts:

- Mitigating risk factors
- Strengthening protective factors

Enhance existing programs for public health and education to address substance misuse prevention

- Alaska Adolescent Health Program
- Department of Education and Early Development
- Community-based programs such as Alaska Afterschool Network, Boys and Girls Clubs, others



Assessment and Monitoring



Assessment of trends in *knowledge, awareness, attitudes, and behaviors* to address misperceptions and knowledge gaps

Monitoring health status and use trends to identify any health or health system effects of legalization

Some questions that require answers:

- *Do youth perceive marijuana as a less harmful substance due to legalization?*
- *Do youth and adults see driving under the influence of marijuana as dangerous?*
- *How has marijuana legalization affected Alaskans' health and safety?*

Marijuana education

Will be used to improve the public's knowledge, attitudes, and awareness about marijuana and educate the public about healthy behavior choices in their lives. Materials will be designed to communicate messages to

- 1) help prevent youth initiation of marijuana use
- 2) educate the public about the health effects of marijuana use
- 3) educate the public about marijuana laws



Treatment

Provider education and awareness of substance use screening.

Substance abuse screening, brief intervention, referral, and treatment (SBIRT)

- Assesses for the presence of substance use behaviors
- Tools for clinicians and other service providers to identify at-risk clients and give immediate feedback and coaching regarding strategies to lower their risk behaviors



Why does this matter?

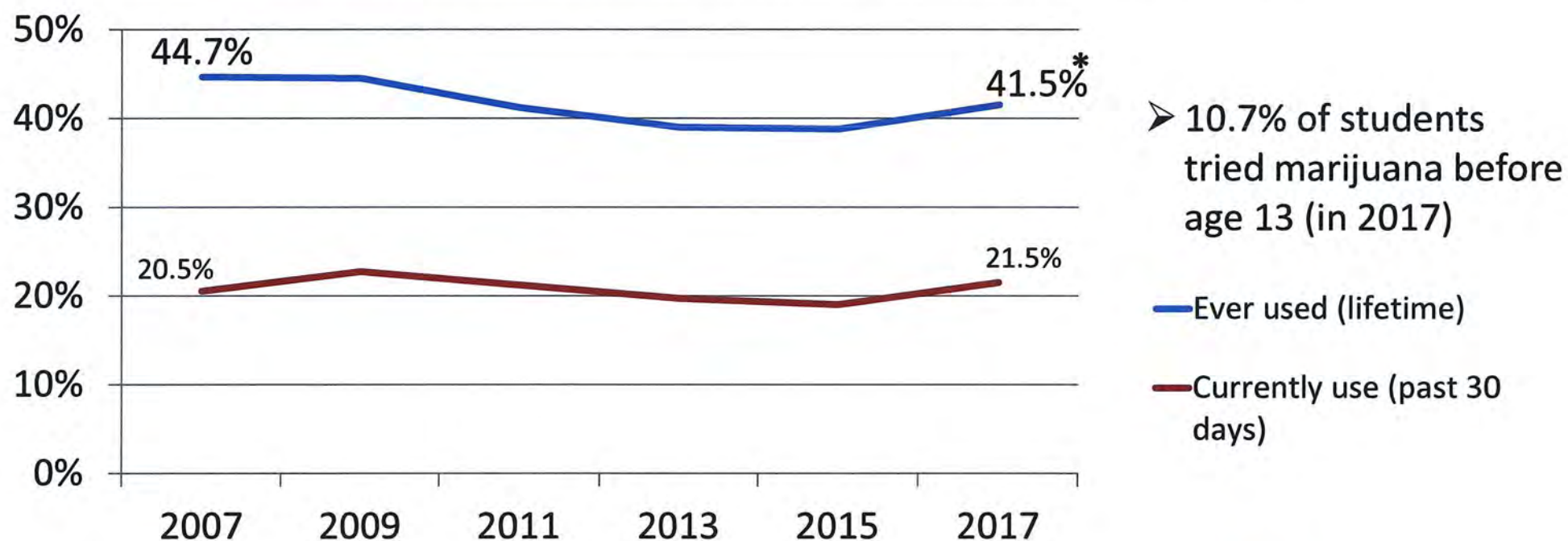
Public health and safety:

- Adolescent health
- Reproductive/maternal/child health
- Chronic disease
- Injury prevention and control (*drugged driving, accidental consumption/ingestion*)
- Environmental health (*pesticides, lab testing, food safety, secondhand smoke exposure*)
- Mental health and other substance abuse
- Occupational health
- Health equity/Disparities



Adolescent Health: A closer look

Percentage of Alaska traditional high school students who use marijuana



(Alaska Youth Risk Behavior Survey, 2017)

* $p < 0.05$ for 10-year trend

Adults can help reduce youth marijuana use

Supportive Teachers: Youth who agree that teachers care and encourage them are 52% less likely to have used marijuana in the past month.

Talking with Parents: Youth whose parents talk with them about what they are doing in school every day are 29% less likely to have used marijuana in past month.

Community Connections: Youth who feel connected to their community are 38% less likely to have used marijuana in the past month.

Afterschool Programs: Youth who take part in afterschool activities are 29% less likely to have used marijuana in the past month.

Prevalence of Current Marijuana Use*

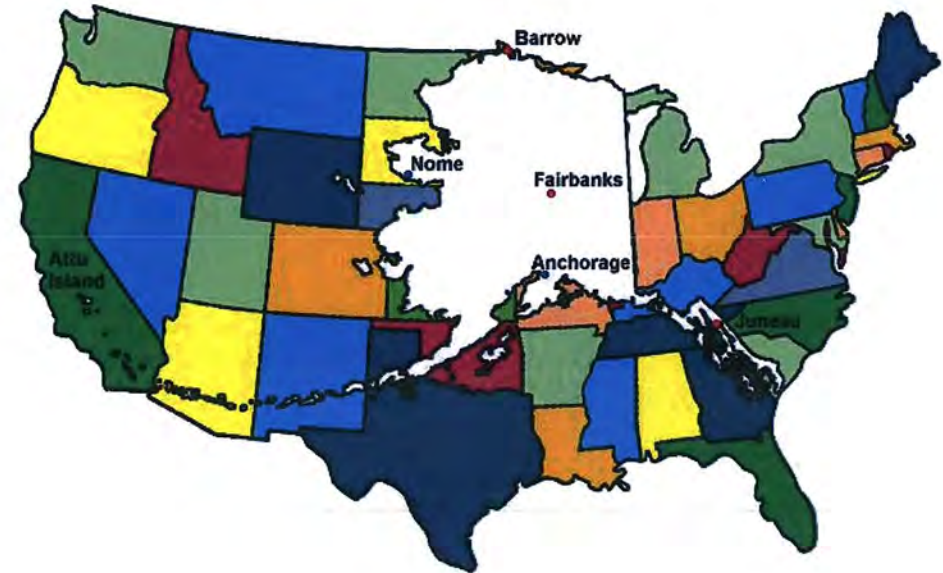
OR, WA, CO, and AK, 2016

State	Year Legalized	Adult (18+) current use
Oregon	2014	16%
Washington	2012	14%
Colorado	2012	14%
Alaska	2014	15%

* Any use in the 30 days prior to interview

Oregon, Colorado, Washington, California have all funded programs in their states to aid in

- public education
- monitoring health status
- community-based programming
- screening and treatment



Source: National Council of State Legislatures

HOUSE BILL NO. 296

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTIETH LEGISLATURE - SECOND SESSION

BY REPRESENTATIVE CLAMAN

Introduced: 1/19/18

Referred: Health and Social Services, Finance

A BILL

FOR AN ACT ENTITLED

1 "An Act creating the Alaska marijuana use prevention youth services grant program;
2 creating the Alaska marijuana use prevention, education, and treatment fund; relating
3 to the duties of the Alaska Children's Trust Board; creating the marijuana use
4 education and treatment program; and relating to the duties of the Department of
5 Health and Social Services."

6 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

7 * **Section 1.** AS 17.38 is amended by adding new sections to read:

8 **Sec. 17.38.400. Alaska marijuana use prevention youth services grant**
9 **program.** (a) The Alaska marijuana use prevention youth services grant program is
10 created to provide funding, training, and technical assistance for community-based and
11 statewide prevention programs that reduce initiation of marijuana use by minors,
12 promote cessation of marijuana use among minors, reduce access of minors to
13 marijuana products, and reduce exposure of minors to impaired driving dangers from

1 marijuana use.

2 (b) The Alaska Children's Trust Board established under AS 37.14.225 shall

3 (1) administer the Alaska marijuana use prevention youth services
4 grant program;

5 (2) subject to appropriation, make grant awards from the fund
6 established under AS 17.38.410; and

7 (3) survey the need for trained professionals working in entities
8 described in (c)(1) - (3) of this section, develop a plan to address the need for trained
9 professionals, and assist in implementing training for the plan.

10 (c) The board may award grants to eligible entities, specifying the amount and
11 duration of each grant. The board may only award grants that have a duration of three
12 years or less. The board shall award grants with equitable consideration for urban and
13 rural entities. To be eligible for a grant, an entity must

14 (1) be exempt from federal taxation under 26 U.S.C. 501(c)(3)
15 (Internal Revenue Code), a federally recognized tribe or tribal organization, a
16 municipal or state government, or a school;

17 (2) provide recreational, educational, and character-building programs
18 for children during out-of-school time; and

19 (3) address the following three development areas:

20 (A) marijuana use prevention through outcome-based curricula;

21 (B) adult and peer mentoring; and

22 (C) opportunities for positive, pro-social leisure and
23 recreational activities.

24 (d) The board shall adopt regulations necessary to carry out the program. At a
25 minimum, the regulations must include

26 (1) the procedures and timeline to apply for a grant;

27 (2) the application contents;

28 (3) the criteria for selecting grant recipients and the maximum amount
29 a recipient may receive; and

30 (4) reporting requirements for entities that receive grants.

31 (e) Notwithstanding the definition of "board" in AS 17.38.900, in this section,

1 "board" means the Alaska Children's Trust Board established in AS 37.14.225.

2 **Sec. 17.38.410. Alaska marijuana use prevention, education, and**
 3 **treatment fund.** (a) The Alaska marijuana use prevention, education, and treatment
 4 fund is created as an account in the general fund. The fund consists of appropriations
 5 and donations to the fund. The legislature may appropriate 50 percent of the total tax
 6 revenue received under AS 43.61.010, or any other revenue, to the fund.
 7 Appropriations to the account do not lapse.

8 (b) The legislature may make equal appropriations from the fund for the

9 (1) Alaska marijuana use prevention youth services grant program
 10 established in AS 17.38.400; and

11 (2) marijuana use education and treatment program established in
 12 AS 44.29.020(a).

13 (c) The legislature may make appropriations from the fund for the cost of
 14 administering the grant program established in AS 17.38.400. The administrative costs
 15 may not exceed 10 percent of the total value of the fund in a fiscal year.

16 (d) Nothing in this section creates a dedicated fund.

17 * **Sec. 2.** AS 37.14.230(a) is amended to read:

18 (a) The board shall

19 (1) hold regular and special meetings it considers necessary; the board
 20 may hold meetings by teleconference;

21 (2) award grants from the grant account to community-based programs
 22 that the board finds will aid in the prevention of child abuse and neglect;

23 (3) monitor approved programs for compliance with AS 37.14.200 -
 24 37.14.270 and specified grant conditions;

25 (4) maintain records for all donations to the trust and the grant account;
 26 the records must reflect the amount of the donation, the date of the donation, the
 27 donor's intent, if any, with respect to how the donation is to be used, the account into
 28 which the donation was deposited, and the manner in which the donation was
 29 expended;

30 (5) apply for and use funds from the grant account to obtain private
 31 and federal grants for the prevention of child abuse and neglect;

1 (6) solicit contributions, gifts, and bequests to the trust and the grant
2 account;

3 (7) keep electronic recordings of each meeting of the board to be made
4 available on request;

5 (8) submit to the governor and make available to the legislature by
6 February 1 each year a report describing

7 (A) the child abuse and neglect prevention services that were
8 provided by the programs to which the board awarded grants; and

9 (B) the annual level of contributions, income, and expenses of
10 the trust and the grant account;

11 (9) make arrangements with the commissioner or a financial
12 depository to manage private restricted-use donations that are not fully expended and
13 account for any interest earned on the donations; **and**

14 **(10) administer the Alaska marijuana use prevention youth**
15 **services grant program established in AS 17.38.400.**

16 * **Sec. 3.** AS 43.61.010(c) is amended to read:

17 (c) The recidivism reduction fund is established in the general fund. The
18 Department of Administration shall separately account for 50 percent of the tax
19 collected under this section and deposit it into the recidivism reduction fund. **The**
20 **legislature may appropriate the remaining 50 percent of the tax collected under**
21 **this section to the Alaska marijuana use prevention, education, and treatment**
22 **fund established in AS 17.38.410.**

23 * **Sec. 4.** AS 43.61.010(d) is amended to read:

24 (d) The legislature may use the annual estimated balance in the **recidivism**
25 **reduction** fund to make appropriations to the Department of Corrections, the
26 Department of Health and Social Services, or the Department of Public Safety for
27 recidivism reduction programs.

28 * **Sec. 5.** AS 44.29.020(a) is amended to read:

29 (a) The Department of Health and Social Services shall administer the state
30 programs of public health and social services, including

31 (1) maternal and child health services;

- 1 (2) preventive medical services;
 2 (3) public health nursing services;
 3 (4) nutrition services;
 4 (5) health education;
 5 (6) laboratories;
 6 (7) mental health treatment and diagnosis;
 7 (8) management of state institutions, except for adult penal institutions;
 8 (9) medical facilities;
 9 (10) adult public assistance;
 10 (11) Alaska temporary assistance program;
 11 (12) child welfare services;
 12 (13) general relief;
 13 (14) a comprehensive smoking education, tobacco use prevention, and
 14 tobacco control program; to the maximum extent possible, the department shall
 15 administer the program required under this paragraph by grant or contract with one or
 16 more organizations in the state; the department's program must include
- 17 (A) a community-based tobacco use prevention and cessation
 18 component addressing the needs of youth and adults that includes use of
 19 cessation aids such as a nicotine patch or a nicotine gum tobacco substitute;
- 20 (B) youth-based efforts that involve youth in the design and
 21 implementation of tobacco control efforts;
- 22 (C) anti-tobacco counter-marketing targeting both youth and
 23 adult populations designed to communicate messages to help prevent youth
 24 initiation of tobacco use, promote cessation among tobacco users, and educate
 25 the public about the lethal effects of exposure to secondhand smoke;
- 26 (D) tobacco use surveys of youth and adult populations
 27 concerning knowledge, awareness, attitude, and use of tobacco products; and
- 28 (E) an enforcement component;
- 29 (15) the Alaska Pioneers' Home and the Alaska Veterans' Home;
 30 (16) licensure and regulation of child care facilities;
 31 **(17) a comprehensive marijuana use education and treatment**

1 program; to the maximum extent possible, the department shall administer the
2 program by grant or contract with one or more organizations in the state; the
3 program must include

4 (A) a community-based marijuana misuse prevention
5 component;

6 (B) marijuana public education designed to
7 (i) communicate messages to prevent youth initiation
8 of marijuana use;

9 (ii) educate the public on the effects of marijuana
10 use; and

11 (iii) educate the public on marijuana laws;

12 (C) surveying of youth and adult populations concerning
13 knowledge, awareness, attitude, and use of marijuana products;

14 (D) monitoring of public health status related to
15 consequences of marijuana use; and

16 (E) substance abuse screening, brief intervention, referral,
17 and treatment.

Some pregnant women are OK with using pot, but at whose risk?

Author: Catherine Saint Louis, The New York Times

Updated: February 2, 2017

Published February 2, 2017



Stacey, who used marijuana for pain and nausea during her pregnancy, changes the diaper of her son at their home in Deltona, Fla., Jan. 9. (Jennifer Sens/The New York Times)

Stacey, who used marijuana for pain and nausea during her pregnancy, changes the diaper of her son at their home in Deltona, Fla., Jan. 9. (Jennifer Sens/The New York Times)

During her pregnancy, she never drank alcohol or had a cigarette. But nearly every day, Stacey, then 24, smoked marijuana.

With her fiancé's blessing, she began taking a few puffs in her first trimester to quell morning sickness before going to work at a sandwich shop. When sciatica made it unbearable to stand during her 12-hour shifts, she discreetly vaped marijuana oil on her lunch break.

"I wouldn't necessarily say, 'Go smoke a pound of pot when you're pregnant,'" said Stacey, now a stay-at-home mother in Deltona, Florida, who asked that her full name be withheld because street-bought marijuana is illegal in Florida. "In moderation, it's OK."

Many pregnant women, particularly younger ones, seem to agree, a recent federal survey shows. As states legalize marijuana or its medical use, expectant mothers are taking it up in increasing numbers — another example of the many ways in which acceptance of marijuana has outstripped scientific understanding of its effects on human health.

[New weed sellers want you to swap coffee and tea for cannabis]

Often pregnant women presume that cannabis has no consequences for developing infants. But preliminary research suggests otherwise: Marijuana's main psychoactive ingredient — tetrahydrocannabinol, or THC — can cross the placenta to reach the fetus, experts say, potentially harming brain development, cognition and birth weight. THC can also be present in breast milk.

"There is an increased perception of the safety of cannabis use, even in pregnancy, without data to say it's actually safe," said Dr. Torri Metz, an obstetrician at Denver Health Medical Center who specializes in high-risk pregnancies. Ten percent of her patients acknowledge recent marijuana use.

In the federal survey, published online in December, almost 4 percent of mothers-to-be said they had used marijuana in the past month in 2014, compared with 2.4 percent in 2002. (By comparison, roughly 9 percent of pregnant women ages 18 to 44 acknowledge using alcohol in the previous month.)

Young mothers-to-be were particularly likely to turn to marijuana: Roughly 7.5 percent of 18- to 25-year-olds said they had used pot in the past month in 2014, compared with 2 percent of women ages 26 to 44.

Evidence on the effects of prenatal marijuana use is still limited and sometimes contradictory. Some of the most extensive data come from two sets of researchers, in Pittsburgh and in Ottawa, who have long studied children exposed to THC in the womb.

In Pittsburgh, 6-year-olds born to mothers who had smoked one joint or more daily in the first trimester showed a decreased ability to understand concepts in listening and reading. At age 10, children exposed to THC in utero were more impulsive than other children and less able to focus their attention.

Most troubling, children of mothers who used marijuana heavily in the first trimester had lower scores in reading, math and spelling at age 14 than their peers.

"Prenatal exposure can affect the adolescent pretty significantly," said Dr. Lauren M. Jansson, the director of pediatrics at the Center for Addiction and Pregnancy at the Johns Hopkins University School of Medicine.

Several studies have found changes in the brains of fetuses, 18 to 22 weeks old, linked to maternal marijuana use. In male fetuses who were exposed, for instance, researchers have noted abnormal function of the amygdala, the part of the brain that regulates emotion.

"Even early in development, marijuana is changing critical circuits and neurotransmitting receptors," said Dr. Yasmin Hurd, a neuroscientist and the director of the addiction center at Icahn School of Medicine at Mount Sinai in Manhattan. "Those are important for regulation of emotions and reward, even motor function and cognition."

[A powerful new form of medical marijuana, without the high]

It is already well documented that the developing brains of teenagers can be altered with regular marijuana use, even eventually reducing IQ.

"The effects are not dramatic, but that doesn't mean they are not important," said Jodi Gilman, an assistant professor of psychiatry at Harvard Medical School who studies adolescent users of cannabis. "It could make the difference between getting an A and getting a B."

"You could imagine that a similar subtle effect may be present in those who were exposed prenatally to marijuana," she added.

The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists both advise against prenatal cannabis use because of its links to cognitive impairment and academic underachievement. But many state and federal agencies avoid the topic.

Of five federal agencies, only the National Institute on Drug Abuse had any information about prenatal marijuana use on its website as of last February, according to a study published online in December in the journal Substance Abuse. Only 10 state health departments did.

Until recently, the Centers for Disease Control and Prevention offered nothing.

"I don't think public health officials should be alarming people," said Marian Jarlenski, the study's lead author and an assistant professor at the University of Pittsburgh Graduate School of Public Health. "They just have to say, 'There have been studies done, and there is some risk.'"

In a statement, CDC officials expressed concern about memory and attention problems among children exposed to THC in utero.

"While current evidence on health consequences is inconsistent, some studies have found risks associated with marijuana use during pregnancy, such as low birth weight or preterm birth," the agency said.

Dr. Marie McCormick, a pediatrician and the chairwoman of a new report on cannabis from the National Academies of Sciences, Engineering and Medicine, said smoking cannabis "does confer, in terms of birth weight, the same risk as cigarettes."

Some of the gathering evidence is reassuring. So far, prenatal cannabis exposure does not appear to be linked to obvious birth defects.

"That's why some providers and lay people alike think there's no effect," said Dr. Erica Wymore, a neonatologist at Children's Hospital Colorado. But she warned, "Just because they don't have a major birth defect or overt withdrawal symptoms doesn't mean the baby's neurological development is not impacted."

[Alaska's December marijuana tax revenue tops \$145K]

Most research in this area was done when the drug was far less potent. Marijuana had 12 percent THC in 2014, while in 1995 it was just 4 percent, according to the National Institute on Drug Abuse.

"All those really good earlier studies on marijuana effects aren't telling us what we need to know now about higher concentration levels," said Therese Grant, an epidemiologist and director of the University of Washington's fetal alcohol and drug unit. "We need to do a whole lot more research now."

There are two additional problems with studies of maternal cannabis use. Research is often based on reports by pregnant women — instead of, say, tests of urine or the umbilical cord — and they consistently underreport their use. (Researchers know of underreporting because samples reveal discrepancies.)

And pregnant women who roll joints also tend to smoke tobacco or drink alcohol; it can be hard to tease out the risks of cannabis itself.

Few realize that THC is stored in fat and therefore can linger in a mother's body for weeks, if not months. It's not known whether the fetus's exposure is limited to the hours a woman feels high.

The American College of Obstetricians and Gynecologists advises clinicians to ask pregnant women about marijuana use and to urge them to quit.

To find out whether that's happening, Dr. Judy Chang, an obstetrician-gynecologist at the University of Pittsburgh, and her colleagues recorded more than 450 first visits with pregnant patients.

Medical staff were more likely to warn patients that child protective services might be called if they used marijuana, the researchers found, than to advise them of potential health risks. When mothers-to-be admitted to marijuana use, almost half of obstetric clinicians did not respond at all.

Pregnant women aren't eager to discuss it, either, because they are afraid of legal repercussions or a lecture.

Depression, anxiety, stress, pain, nausea and vomiting were the most common reasons women reported using marijuana in a 2014 survey of low-income mothers getting federal nutrition help in Colorado. Roughly 6 percent were pot users; a third were pregnant.

"Women are thinking of this as medical marijuana in that they are treating some condition," said Elizabeth Nash, a policy analyst at the Guttmacher Institute who researches substance abuse in pregnancy.

"If you're going to consider it like medicine," she said, "then treat it like medicine and talk to your doctor about it."

Stacey's son just had his first birthday. He's walking, talking and breast-feeding, and she isn't worried about his development.

She still smokes pot — indeed, her son plays on a rug emblazoned with a marijuana leaf. But the severe cramps that plagued her before pregnancy are easing now.

"I don't have to smoke as much anymore," she said.

A M E N D M E N T

OFFERED IN THE HOUSE
TO: HB 162

BY REPRESENTATIVE SPOHNHOLZ

1 Page 1, line 1, following "history":

2 Insert "record checks and"

3

4 Page 1, following line 4:

5 Insert a new bill section to read:

6 **** Section 1.** AS 12.62.400(a) is amended by adding a new paragraph to read:

7 (19) licensure, license renewal, certification, certification renewal, or
8 payment from the Department of Health and Social Services of an individual and an
9 entity subject to the requirements for a criminal history check under AS 47.05.310,
10 including

11 (A) a public home care provider described in AS 47.05.017;

12 (B) a provider of home and community-based waiver services
13 financed under AS 47.07.030(c);

14 (C) a case manager to coordinate community mental health
15 services under AS 47.30.530;

16 (D) an entity listed in AS 47.32.010(b), including an owner,
17 officer, director, member, or partner of an entity; or

18 (E) an individual service provider or entity not described in (A)
19 - (D) of this paragraph that is required by statute or regulation to be licensed or
20 certified by the Department of Health and Social Services or that is eligible to
21 receive payments, in whole or in part, from the Department of Health and
22 Social Services to provide for the health, safety, and welfare of persons who
23 are served by the programs administered by the Department of Health and

1 Social Services."

2

3 Page 1, line 5:

4 Delete "**Section 1**"

5 Insert "**Sec. 2**"

6

7 Rename the following bill sections accordingly.