

ALASKA LEGISLATURE COMMITTEE FILES

2007-2008

SHES

124



The Needle (Your Search) in the Haystack (the Web)

The Internet is like a vast uncataloged library. Whether you're using Hotbot, Lycos, Dogpile, Infoseek, or any one of a dozen other search or metasearch engines, you're not searching the entire Web. Sites often promise to search everything but they can't deliver. Moreover, what they do search is not updated daily, weekly, or even monthly, regardless of what's advertised. If a librarian told you, "Here are 10 articles on Native Americans. We have 40 others but we're not going to let you see them, not now, not yet, not until you've tried another search in another library," you'd throw a fit. The Internet does this routinely and no one seems to mind.



Quality Control Doesn't Exist

Yes, we need the Internet, but in addition to all the scientific, medical, and historical information (when accurate), there is also a cesspool of waste. When young people aren't getting their sex education off XXX-rated sites, they're learning politics from the Freeman Web page, or race relations from Klan sites. There is no quality control on the Web, and there isn't likely to be any. Unlike libraries where vanity press publications are rarely, if ever, collected, vanity is often what drives the Internet. Any fool can put up anything on the Web, and, to my accounting, all have.



What You Don't Know Really Does Hurt You

The great boon to libraries has been the digitization of journals. But full-text sites, while grand, aren't always full. What you don't know can hurt you:

1. articles on these sites are often missing, among other things, footnotes;
2. tables, graphs, and formulae do not often show up in a readable fashion (especially when printed); and
3. journal titles in a digitized package change regularly, often without warning.

A library may begin with X number of journals in September and end with Y number in May. Trouble is, those titles aren't the same from September to May. Although the library may have paid \$100,000 for the access, it's rarely notified of any changes. I would not trade access to digitized journals for anything in the world, but their use must be a judicious, planned, and measured one, not full, total, and exclusive reliance.



States Can Now Buy One Book and Distribute to Every Library on the Web—NOT!

Yes, and we could have one national high school, a national university, and a small cadre of faculty teaching everybody over streaming video. Let's take this one step further and have only digitized sports

Looking into the abyss of the Internet is like vertigo over a void. But the void has to do not only with what's there, but also with what isn't. Not much on the Internet is more than 15 years old. Vendors offering magazine access routinely add a new year while dropping an earlier one. Access to older material is very expensive. It'll be useful, in coming years, for students to know (and have access to) more than just the scholarly materials written in the last 10 to 15 years.



The Internet Is Ubiquitous but Books Are Portable

In a recent survey of those who buy electronic books, more than 80% said they like buying paper books over the Internet, not reading them on the Web. We have nearly 1,000 years of reading print in our bloodstream and that's not likely to change in the next 75. Granted, there will be changes in the delivery of electronic materials now, and those changes, most of them anyway, will be hugely beneficial. But humankind, being what it is, will always want to curl up with a good book—not a laptop—at least for the foreseeable future.



The Web is great; but it's a woefully poor substitute for a full-service library. It is mad idolatry to make it more than a tool. Libraries are icons of our cultural intellect, totems to the totality of knowledge. If we make them obsolete, we've signed the death warrant to our collective national conscience, not to mention sentencing what's left of our culture to the waste bin of history. No one knows better than librarians just how much it costs to run a library. We're always looking for ways to trim expenses while not contracting service. The Internet is marvelous, but to claim, as some now do, that it's making libraries obsolete is as silly as saying shoes have made feet unnecessary.

This article originally appeared in American Libraries, April 2001, p. 76-78.

SB 119, School Library Grants – People who will testify

All will have to call in as librarians cannot take time off during the day, except for a few minutes at a time.

Helen Clark, Fairbanks North Star Borough Schools, 452-2000

Roz Goodman, 850-3011 (representing bush librarians)

OK **Tiki Levinson**, Delta Junction School Library, 895-4696

OK **Kari Sagel**, Sitka, Blatchley Middle School Library, 966-1411

OK **Lynn McNamara**, Anchorage Scenic Park Elementary School, 742-1650

OK **Cathy Boutin**, Juneau, Auke Bay School,

OK **Barb Ryeon**, Valdez

One or both of these people will be available to answer questions:

Linda Thibodeau, Juneau, Deputy Director, Alaska State Library, 465-2912

Sue Sherif, Anchorage, Alaska State Library, 269-6569

SB

149

Alaska State Legislature

SENATOR
GENE THERRIAULT

Mailing Address:
1292 Sadler Way, Suite 308
Fairbanks, Alaska 99701
(907) 488-0857
Fax: (907) 488-4271



Senate

While in session
State Capitol
Juneau, Alaska
99801-1182
(907) 465-4797
Fax: (907) 465-3864
SENATE DISTRICT F

Memorandum

To: Senator Bettye Davis / Chair of Senate HESS

From: Senator Gene Therriault *Gene Therriault*

Date: March 3, 2008

Re: Senate Bill 149

.....

I have introduced Senate Bill 149 to expand the incredible work our Alaska Lion's Clubs members do to aid those who suffer from blindness or failing eye sight. Senate Bill 149 simply grants the authority for the Lions to recycle eyeglasses in state as well as abroad.

Your assistance in calendaring and helping to move this worthy piece of legislation on behalf of those who can not afford the eyewear they need would be most appreciated.

Thank you.

Alaska State Legislature

SENATOR
GENE THERRIAULT
Mailing Address:
1292 Sadler Way, Suite 308
Fairbanks, Alaska 99701
(907) 488-0857
Fax: (907) 488-4271



Senate

While in session
State Capitol
Juneau, Alaska
99801-1182
(907) 465-4797
Fax: (907) 465-3884
SENATE DISTRICT F

Sponsor Statement SB 149

Making Better Vision Affordable

Senate Bill 149 will allow the Lion's Clubs of Alaska (or other non-profits that might be qualified) to redistribute used eyeglasses within the State as well as abroad.

With this change in statute under rules and guidelines, an Alaskan with a written prescription from a licensed physician or optometrist may be fitted with used eyeglasses. The savings for those who otherwise could not afford eyewear can be substantial. In many cases these savings will make the difference between severely degraded and optimal vision.

Please join with me in expanding the outstanding efforts of the Lion's Clubs throughout Alaska by making it possible for our residents to receive their redistributed eyeglasses.

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSSB 149(L&C)
 (S) Publish Date: 2/27/08

Identifier (file name): SB149-CED-OL-02-18-08 Dept. Affected: DCCED
 Title: Redistribution of Used Eyeglasses RDU: Corp. Bus & Prof Licensing (117)
 Component: Corp. Bus & Prof Licensing
 Sponsor: Theriault
 Requester: Senate Labor and Commerce Component Number: 2380

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information					
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
OPERATING EXPENDITURES							
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES							
-----------------------------	--	--	--	--	--	--	--

CHANGE IN REVENUES ()							
-------------------------------	--	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
1156 Receipt Supported Services							
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2008) cost: 0.0

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

This legislation amends AS 08.71, Board of Dispensing Opticians, providing the Board authority to approve nonprofit organizations for the distribution and fitting of used eyeglasses.

It does not impact the operations of the division.

Prepared by: Chris Wyatt, Administrative Officer Phone (907) 465-2572
 Division: Corporations, Business, and Professional Licensing Date/Time 2/18/08 12:15 PM
 Approved by: Emil R. Notti, Commissioner Date 2/18/2008
 Agency: Commerce, Community, and Economic Development

SENATE COMMITTEE REPORT

DATE: 2/27/08

FURTHER:

DATE TURNED
IN TO OFFICE: 3/11/08

Health, Education and Social Services Committee considered

SENATE BILL NO. 149

SB 149 REDISTRIBUTION OF USED EYEGLASSES

"An Act relating to redistribution of used eyeglasses."

and recommends:

- be replaced with SCS or CS _____
- adopt previous SCS or CS SB 149 (L&C)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:	
<input checked="" type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

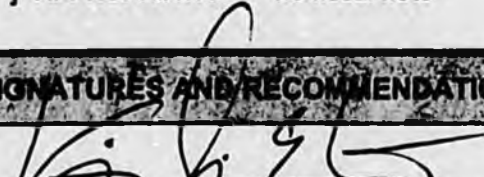

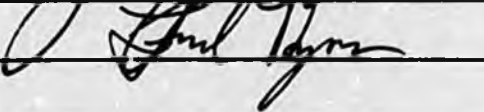
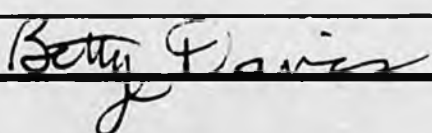
NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
Corp. Bus & Prof. Licensing (DCED)	2/18/08			<input checked="" type="checkbox"/>	1

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS:	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC.	AMEND
	Elton	<input checked="" type="checkbox"/>			
	Thomas	<input checked="" type="checkbox"/>			
	Dussou	<input checked="" type="checkbox"/>			
CHAIR: 	DAVIS	<input checked="" type="checkbox"/>			

25-LS0702\K
Bullard
3/7/08

CS FOR SENATE BILL NO. 107()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - SECOND SESSION

BY

Offered:
Referred:

Sponsor(s): SENATOR DAVIS BY REQUEST

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to naturopaths and to the practice of naturopathy; establishing an**
2 **Alaska Naturopathic Council; amending the duties of the State Medical Board and the**
3 **Board of Pharmacy relating to naturopathic practice; and providing for an effective**
4 **date."**

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

6 *** Section 1. AS 08.45.030 is amended to read:**

7 **Sec. 08.45.030. Issuance of license. The department shall issue a license to**
8 **practice naturopathy to an applicant who provides proof satisfactory to the department**
9 **that the applicant has received a degree from an accredited four-year college or**
10 **university, has paid the applicable fees, and**

11 **(1) on or before December 31, 1987, has graduated from a school of**
12 **naturopathy that required four years of attendance at the school and after graduation**
13 **has received a license in another state after passing an examination for licensure in**
14 **that state and is licensed by a state at the time of application; or**

1 (2) after December 31, 1987, has

2 (A) graduated from a school of naturopathy that required four
3 years of attendance at the school and at the time of graduation the school was
4 accredited or a candidate for accreditation by the Council on Naturopathic
5 Medical Education or a successor organization recognized by the United States
6 Department of Education; and

7 (B) passed the Naturopathic Physicians Licensing Examination.

8 * Sec. 2. AS 08.45 is amended by adding a new section to read:

9 **Sec. 08.45.045. Scope of practice as a naturopath.** (a) A naturopath may

10 (1) use physical examinations consistent with naturopathic medical
11 education and training for diagnostic purposes; and

12 (2) perform and administer therapies consistent with naturopathic
13 medical education and training.

14 (b) A naturopath who has practiced naturopathy for at least five years may

15 (1) order or conduct medical imaging and laboratory examinations
16 consistent with naturopathic medical education and training;

17 (2) under a prescription endorsement issued under AS 08.45.056,
18 administer and prescribe prescription drugs and medical devices as approved for use
19 by naturopaths by the Alaska Naturopathic Council; and

20 (3) subject to (c) of this section, perform minor surgery.

21 (c) Minor surgery may be performed by a naturopath licensed under this
22 chapter only if the naturopath has submitted proof satisfactory to the department that
23 the naturopath has completed at least 1,200 hours of training in minor surgery under
24 the supervision of a licensed physician, physician's assistant, or nurse practitioner.

25 * Sec. 3. AS 08.45.050 is amended to read:

26 **Sec. 08.45.050. Restrictions on practice of naturopathy.** A person who
27 practices naturopathy may not

28 (1) except as authorized under AS 08.45.056, give, prescribe, or
29 recommend in the practice

30 (A) a prescription drug;

31 (B) a controlled substance;

1 (C) a poison;

2 (2) engage in surgery, except minor surgery as authorized under
3 AS 08.45.045(b) and (c);

4 (3) use the word "physician" in the person's title;

5 (4) use general or spinal anesthetics; or

6 (5) administer ionizing radioactive substances for therapeutic
7 purposes.

8 * Sec. 4. AS 08.45 is amended by adding new sections to read:

9 **Sec. 08.45.052. Alaska Naturopathic Council.** (a) The Alaska Naturopathic
10 Council is established in the department. The council consists of seven members
11 appointed by the governor. Three members shall be naturopaths licensed under
12 AS 08.45.030 who have been engaged in the practice of naturopathic medicine in the
13 state for at least five years immediately preceding appointment, with at least one
14 naturopathic member that lives outside the third judicial district; one member shall be
15 a pharmacist, appointed under (e) of this section; one member shall be a physician
16 appointed under (e) of this section; and two members shall be public members with no
17 direct financial interest in a naturopathic practice or the health care industry.

18 (b) Members of the Alaska Naturopathic Council shall serve staggered terms
19 of three years unless removed for cause.

20 (c) Four members of the council constitute a quorum for the transaction of all
21 business properly before the council.

22 (d) When appointing naturopaths under (a) of this section, the governor may
23 consider licensed naturopaths who have been nominated by the Alaska Association of
24 Naturopathic Physicians.

25 (e) When appointing pharmacists and physicians under (a) of this section, the
26 governor may appoint a pharmacist from the list of names submitted by the Board of
27 Pharmacy under AS 08.80.030(b) and a physician from the list of names submitted by
28 the State Medical Board under AS 08.64.101.

29 (f) In the event of the death, resignation, or removal of a member, the vacancy
30 shall be filled for the unexpired portion of the term in the same manner as the original
31 appointment.

1 **Sec. 08.45.054. Duties of the council.** The Alaska Naturopathic Council shall

2 (1) establish a list of prescription drugs and medical devices that are
3 consistent with naturopathic education and practice that the department may approve
4 for use by naturopaths authorized under AS 08.45.056;

5 (2) review the list of prescription drugs and medical devices approved
6 for use by naturopaths authorized under AS 08.45.056 annually and on request by the
7 department;

8 (3) meet at the request of the department to review allegations of
9 misconduct involving naturopaths licensed under this chapter or persons claiming to
10 be naturopaths;

11 (4) advise the department on the approval of naturopathic medical
12 programs; and

13 (5) advise the department on the adoption of regulations under
14 AS 08.45.056.

15 **Sec. 08.45.056. Prescription endorsement.** (a) The department shall issue a
16 prescription endorsement to a naturopath licensed under this chapter, who has
17 practiced naturopathy for five years, who is qualified under AS 08.45.045(b), and who
18 submits proof satisfactory to the department that the naturopath has

19 (1) successfully completed at least 60 hours of education from a
20 program approved by the Alaska Naturopathic Council;

21 (2) met other requirements establishing proof of competency and
22 professional qualifications that the department, in consultation with the Alaska
23 Naturopathic Council, considers necessary to ensure the continued protection of the
24 public; and

25 (3) obtained the appropriate registration issued by the Federal Drug
26 Enforcement Administration.

27 (b) An endorsement issued under (a) of this section authorizes the licensee to
28 prescribe and administer prescription drugs and medical devices that are on the
29 formulary approved by the Alaska Naturopathic Council under AS 08.45.054.

30 (c) An endorsement issued under (a) of this section is valid for two years
31 unless revoked or suspended by the department.

1 (d) The department may not renew an endorsement issued under (a) of this
2 section unless the licensee submits proof satisfactory to the department that the
3 licensee has completed at least 15 hours of pharmaceutical education in each of the
4 past two years.

5 * **Sec. 5.** AS 08.45 is amended by adding a new section to read:

6 **Sec. 08.45.110. Fees.** The department shall set fees under AS 08.01.065 for
7 each of the following:

- 8 (1) a license issued under this chapter;
9 (2) a temporary license issued under this chapter;
10 (3) renewal of a license issued under this chapter;
11 (4) a prescription endorsement issued under this chapter.

12 * **Sec. 6.** AS 08.45.200 is amended by adding a new paragraph to read:

13 (4) "minor surgery"

14 (A) means the use of

15 (i) operative, electrical, or other methods for surgical
16 repair and care incidental to superficial lacerations and abrasions or
17 superficial lesions and the removal of foreign bodies located in
18 superficial tissues; and

19 (ii) antiseptics and local anesthetics in connection with
20 methods authorized under (A) of this paragraph;

21 (B) does not include use of general or spinal anesthetics,
22 surgery of the body cavities, or specialized surgery, such as plastic surgery,
23 surgery involving the eyes, or surgery involving tendons, ligaments, nerves, or
24 blood vessels;

25 * **Sec. 7.** AS 08.64.101 is amended to read:

26 **Sec. 08.64.101. Duties.** The board shall

- 27 (1) examine and issue licenses to applicants;
28 (2) develop written guidelines to ensure that licensing requirements are
29 not unreasonably burdensome and the issuance of licenses is not unreasonably
30 withheld or delayed;
31 (3) after a hearing, impose disciplinary sanctions on persons who

1 violate this chapter or the regulations or orders of the board;

2 (4) adopt regulations ensuring that renewal of licenses is contingent
3 upon proof of continued competency on the part of the licensee; [AND]

4 (5) under regulations adopted by the board, contract with private
5 professional organizations to establish an impaired medical professionals program to
6 identify, confront, evaluate, and treat persons licensed under this chapter who abuse
7 alcohol, other drugs, or other substances or are mentally ill or cognitively impaired;
8 and

9 (6) nominate licensed physicians for appointment to the Alaska
10 Naturopathic Council established under AS 08.45.052.

11 * Sec. 8. AS 08.80.030(b) is amended to read:

12 (b) In order to fulfill its responsibilities, the board has the powers necessary
13 for implementation and enforcement of this chapter, including the power to

14 (1) elect a president and secretary from its membership and adopt rules
15 for the conduct of its business;

16 (2) license by examination or by license transfer the applicants who are
17 qualified to engage in the practice of pharmacy;

18 (3) assist the department in inspections and investigations for
19 violations of this chapter, or of any other state or federal statute relating to the practice
20 of pharmacy;

21 (4) adopt regulations to carry out the purposes of this chapter;

22 (5) establish and enforce compliance with professional standards and
23 rules of conduct for pharmacists engaged in the practice of pharmacy;

24 (6) determine standards for recognition and approval of degree
25 programs of schools and colleges of pharmacy whose graduates shall be eligible for
26 licensure in this state, including the specification and enforcement of requirements for
27 practical training, including internships;

28 (7) establish for pharmacists and pharmacies minimum specifications
29 for the physical facilities, technical equipment, personnel, and procedures for the
30 storage, compounding, and dispensing of drugs or related devices, and for the
31 monitoring of drug therapy;

1 (8) enforce the provisions of this chapter relating to the conduct or
2 competence of pharmacists practicing in the state, and the suspension, revocation, or
3 restriction of licenses to engage in the practice of pharmacy;

4 (9) licensc and regulate the training, qualifications, and employment of
5 pharmacy interns and pharmacy technicians;

6 (10) issue licenses to persons engaged in the manufacture and
7 distribution of drugs and related devices;

8 (11) nominate licensed pharmacists for appointment to the Alaska
9 Naturopathic Council established under AS 08.45.052.

10 * Sec. 9. AS 08.80.400 is amended to read:

11 **Sec. 08.80.400. Other licensees not affected.** This chapter does not affect the
12 practice of medicine by a licensed medical doctor and does not limit a licensed
13 medical doctor, osteopath, podiatrist, physician assistant, advanced nurse practitioner,
14 dentist, veterinarian, dispensing optician, naturopath, or optometrist in supplying a
15 patient with any medicinal preparation or article within the scope of the person's
16 license.

17 * Sec. 10. The uncodified law of the State of Alaska is amended by adding a new section to
18 read:

19 **TRANSITION: REGULATIONS.** The Department of Commerce, Community, and
20 Economic Development may proceed to adopt regulations necessary to implement the
21 changes made by this Act. The regulations take effect under AS 44.62 (Administrative
22 Procedure Act), but not before the effective date of sec. 13 of this Act.

23 * Sec. 11. The uncodified law of the State of Alaska is amended by adding a new section to
24 read:

25 **TRANSITIONAL PROVISIONS.** Notwithstanding AS 08.45.052, as enacted in sec. 4
26 of this Act, the terms of the first members of the Alaska Naturopathic Council appointed by
27 the governor are as follows: (1) the licensed physician member, one licensed naturopath
28 member, and one public member shall be appointed for two-year terms; (2) the licensed
29 pharmacist member and one licensed naturopath member shall be appointed for three-year
30 terms; and (3) one licensed naturopath member and one public member shall be appointed for
31 a one-year term. The department shall specify the term of office of each licensed naturopath

1 and public member appointed subject to this subsection.

2 * Sec. 12. Section 10 of this Act takes effect immediately under AS 01.10.070(c).

3 * Sec. 13. Except as provided in sec. 12 of this Act, this Act takes effect July 1, 2009.

SB

150

Alaska State Legislature

Interim: (May - Dec.)
716 W. 4th Ave
Anchorage, AK 99501
Phone: (907) 269-0144
Fax: (907) 269-0148



Session: (Jan. - May)
State Capitol, Suite 30
Juneau, AK 99801-1182
Phone: (907) 465-3822
Fax: (907) 465-3756
Toll free: (800) 770-3822

Senator Bettye Davis@legis.state.ak.us
<http://www.akdemocrats.org>

Senator Bettye Davis

SB 150

"Relating To Crimes at Domestic Violence Shelters"

Sponsor Statement

Domestic violence is a serious, significant, preventable public health challenge. Domestic Violence is responded to by the combined efforts of law enforcement, social service agencies, the medical field, courts, Public Safety and Corrections.

Alaska has the distinction of being in the top five states for per capita domestic violence rates. Alaskan women are being killed by intimate partners at the rate of 1.5 times the national average. Alaska shelters provided 8,793 clients with services during 2005. According to an Anchorage Police Department report, 61% of the city's homicides in 2002 were directly related to domestic violence.

Women and children are typically the victims of domestic violence and abuse and many use local shelters. These Alaskans are especially vulnerable to violent crime victimization. These shelters are one of the few areas that offer safety from further violence.

Alaska needs to do more to ensure that our 19 shelters provide the secure environment these vulnerable members of our society need and should expect for their safety and recovery. Despite an emphasis on security measures, there are perpetrators of domestic violence who attempt to inflict further distress and harm to residents of these shelters. There have been recent incidents in Alaska where individuals have broken into shelters, or attempted to do so, with this intent. Due to presumptive sentencing laws, in many cases the perpetrator has not received a sentence commensurate with the seriousness of victimizing the vulnerable persons staying or working in these shelters.

This legislation will give juries, prosecutors, and judges the ability to impose stiffer sentences --- up to the maximum punishment for each offense --- for felonies committed on the premises of a shelter for victims of domestic violence or sexual assault. Passage of SB 150 provides an additional tool for judges and prosecutors to use to send a message that crimes committed on the premises of domestic violence shelters are deserving of maximum allowable punishment and that the safety of one of the most vulnerable populations in our state will be valued and ensured.

"As Alaskans it is our duty to provide the maximum protection under law to those in need while placing significant deterrents to those who perpetuate acts of violence on persons."

--Sen. Bettye Davis

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB150-LAW-CJL-4-11-07
 Bill Version: SB 150
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Law
 Title An Act relating to crimes at domestic violence RDU Criminal
shelters Component Criminal Justice Litigation
 Sponsor SENATOR(S) DAVIS
 Requester SENATE HES Component No. _____

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0
 Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill would create an aggravating factor which would allow a court to increase a presumptive sentence for crimes committed on the premises of a shelter for victims of domestic violence or sexual assault. This proposed legislation should not have any fiscal impact on the Department of Law.

Prepared by: Robert Meiners, Admin. Services Manager Phone 405-5427
 Division Administrative Services Division Date/Time 4/11/07 12:56 PM
 Approved by: Robert Meiners for Talis Colberg, Attorney General Date 4/11/2007
 Agency Department of Law

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB150-DOC-A&O-4-11-0
 Bill Version: SB 150
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Corrections
 Title An Act relating to an aggravating factor at RDU Administration & Operations
sentencing for crimes committed at certain shelters and facilities. Component Office of the Commissioner
 Sponsor Senator Davis
 Requester House HESS Component No. 694

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()						
-------------------------------	--	--	--	--	--	--

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

Passage of this legislation will not create a substantial fiscal impact for the Department of Corrections.

Prepared by: Sharleen Griffin, Director
 Division: Administrative Services
 Approved by: Dwayne Peeples, Deputy Commissioner
 Agency: Department of Corrections

Phone (907) 465-3339
 Date/Time 4/11/07 12:14 PM
 Date 4/11/2007

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB150-DOA-OPA-4-12-07
 Bill Version: SB150
 () Publish Date: _____

Revision Date/Time (Note if correction): _____ Dept. Affected: Administration
 Title An Act relating to an aggravating factor at sentencing RDU Legal and Advocacy Services
 Component Office of Public Advocacy
 Sponsor Senator Davis
 Requester _____ Component No. 43

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
-----------------------------	-----	-----	-----	-----	-----	-----

CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
-------------------------------	-----	-----	-----	-----	-----	-----

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match	0.0	0.0	0.0	0.0	0.0	0.0
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1037 GF/Mental Health	0.0	0.0	0.0	0.0	0.0	0.0
Other (Specify Type-Do not abbreviate)	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill creates a sentencing aggravator when the state establishes that the defendant committed the offense on the premises of a shelter or facility that provides services to victims of domestic violence or sexual assault.

This bill is not expected to have a fiscal impact.

Prepared by: Joshua Fink, Director
 Division: Office of Public Advocacy
 Approved by: Rachael Petro, Deputy Commissioner
 Agency: Administration

Phone: (907) 269-3501
 Date/Time: 4/12/07 11:04 AM
 Date: 4/12/2007

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB150-DOA-PD-4-11-07
 Bill Version: SB150
 () Publish Date: _____

Revision Date/Time (Note if correction): _____

Dept. Affected: Administration

Title: An Act relating to an aggravating factor at sentencing

RDU: Legal and Advocacy Services

Component: Public Defender Agency

Sponsor: Senator Davis

Requester: _____

Component No. 1631

Expenditures/Revenues

(Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
-----------------------------	-----	-----	-----	-----	-----	-----

CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
-------------------------------	-----	-----	-----	-----	-----	-----

FUND SOURCE

(Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match	0.0	0.0	0.0	0.0	0.0	0.0
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1037 GF/Mental Health	0.0	0.0	0.0	0.0	0.0	0.0
Other (Specify Type—Do not abbreviate)	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

This bill creates a sentencing aggravator when the state establishes that the defendant committed the offense on the premises of a shelter or facility providing services to victims of domestic violence or sexual assault.

This bill is not expected to have a fiscal impact on this agency.

Prepared by: Quinlan Steiner, Director

Division: Public Defender Agency

Approved by: Rachael Petro, Deputy Commissioner

Agency: Department of Administration

Phone: (907) 334-4414

Date/Time: 4/11/07 4:55 PM

Date: 4/11/2007

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

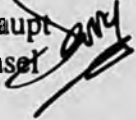
State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

MEMORANDUM

April 2, 2007

SUBJECT: Sectional Summary -- SB 150 (Work Order No. 25-LS0803\A)

TO: Senator Bettye Davis

FROM: Gerald P. Luckhaupt
Legislative Counsel 

You have requested a sectional summary of the above-described bill. As a preliminary matter, please note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill - the bill itself is the best statement of its contents.

Section 1. Amends AS 12.55.155(c)(34) by providing a new aggravating factor that may be proven to increase a felony sentence beyond the presumptive range for the offense.

Section 2. Provides an applicability section.

GPL:ljw
07-184.ljw

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3887 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 8th St., Rm. 329

MEMORANDUM

March 5, 2007

SUBJECT: Aggravating Factors at Sentencing
(Work Order No. 25-LS0606\C)

TO: Representative Andrea Doll
Attn: Terry Harvey

FROM: Gerald P. Luckhaupt *JPL*
Legislative Counsel

You have asked for an explanation of how aggravating factors at sentencing work. AS 12.55.125 provides sentences for felonies. AS 12.55.125(c) - (e) and (i)¹ provide presumptive sentencing ranges for class A, B, and C felonies. AS 12.55.155(a) provides:

(a) Except as provided in (e) of this section, if a defendant is convicted of an offense and is subject to sentencing under AS 12.55.125(c), (d), (e), or (i) and

(1) the low end of the presumptive range is four years or less, the court may impose any sentence below the presumptive range for factors in mitigation or may increase the active term of imprisonment up to the maximum term of imprisonment for factors in aggravation;

(2) the low end of the presumptive range is more than four years, the court may impose a sentence below the presumptive range as long as the active term of imprisonment is not less than 50 percent of the low end of the presumptive range for factors in mitigation or may increase the active term of imprisonment up to the maximum term of imprisonment for factors in aggravation.

Factors in aggravation are provided in AS 12.55.155(c). Factors in mitigation are provided in AS 12.55.155(d). Factors in aggravation and mitigation, if proven, must be considered by the sentencing court.

GPL:med
07-150.med

¹ AS 12.55.125(i) provides the sentencing ranges for sexual offenses.

Terry Harvey

From: Peggy Brown [pbrown.andvsa@alaska.com]
Sent: Tuesday, February 13, 2007 1:47 PM
To: Terry Harvey
Subject: RE: Statutes regarding shelters

AS 18.66.990. Definitions.

In this chapter,

- (1) "council" means the Council on Domestic Violence and Sexual Assault;
- (2) "crisis intervention and prevention program" means a community program that provides information, education, counseling, and referral services to individuals experiencing personal crisis related to domestic violence or sexual assault and to individuals in personal or professional transition, excluding correctional half-way houses, outpatient mental health programs, and drug or alcohol rehabilitation programs;

Peggy Brown, Executive Director
Alaska Network on Domestic Violence
& Sexual Assault
130 Seward Street, Suite 209
Juneau AK 99801
(907) 586-3650 Ext. 22
(907) 463-4493 fax
www.andvsa.org

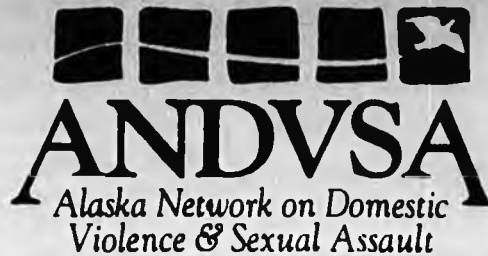
-----Original Message-----

From: Terry Harvey [mailto:Terry_Harvey@legis.state.ak.us]
Sent: Tuesday, February 13, 2007 12:59 PM
To: pbrown.andvsa@alaska.com
Subject: Statutes regarding shelters

I will investigate this and find, but I wanted to ask you if you knew off hand if there are specific statutes that detail or certify exactly what a domestic violence center or safe house is in Alaska. Thanks

Terry Harvey
Rep. Doll office

Juneau Office
130 Seward St #209
Juneau, Alaska 99801
Phone: (907) 586-3650
Fax: (907) 463-4493
www.andvsa.org



Sitka Office
PO Box 6631
Sitka, Alaska 99835
Phone: (907) 747-7545
Fax: (907) 747-7547

March 30, 2007

The Honorable Senator Betty Davis
State Senate
Alaska State Capitol
Juneau, AK 99801-1182

RECEIVED!
APR 02 2007

Dear Senator Davis:

The Alaska Network on Domestic Violence & Sexual Assault is a coalition of member shelter and community based programs across the state who provide direct services and advocacy for victims of domestic violence and sexual assault. We would like to offer you our full support for the Safe Shelter Legislation – An act which will make it an aggravating factor at sentencing if a person breaks into a shelter/safe home for victims of domestic violence and sexual assault.

We cannot merely be informed by the statistic that we are number one in the entire nation for forcible sexual assaults and men murdering women; we must act. We must provide our courts with tools to deter violent offenses and hold offenders accountable. Crimes such as trespassing, breaking and entering, or assault, which are committed at a shelter, would be subject to an aggravating factor that could be presented to a jury and judge. This will give the jury and judge the ability to consider a punishment above the presumptive range. Of all people, a person seeking safety and sanctuary at a shelter for abuse victims deserves to be as safe and secure as possible.

Crimes committed in shelters and safe houses in Alaska are unfortunately occurring in spite of the strict security provided by staff and local law enforcement officials. We must do everything we can to make these shelters as safe as they possibly can be by punishing to the maximum those who violate the sanctuary sought by victims."

If I can be of further service to your endeavors, please let me know.

Sincerely,

Peggy Brown, Executive Director

Member Programs

Anchorage AWAIC, AWRC, STAR Barrow AWIC Bethel TWC Cordova CFRC Dillingham SAFE
Fairbanks IAC Homer SPHH Juneau AWARE Kenai LeeShore Center Ketchikan WISH Kodiak KWRCC
Kotzebue MFCC Nome BSWG Seward SCS Sitka SAFV Unalaska USAFV Valdez AVV

Several years ago, a man attempted to break into the shelter. I held the door shut until the police arrived.
Barrow, Arctic Women in Crisis (AWIC)

We had an incident where a father came and took two of his three children. He made a dash to Fairbanks with the two children. We went to court and got a restraining order that ordered him to return the children. We now have security doors on our offices and locking security doors for after hours.

Seward, Seaview Community Services (SCS)

We had our building and offices broken into twice last year. The perpetrators were looking specifically for money but the women and children in house were re-traumatized.

Janet Ahmasuk

Nome, Bering Sea Women's Group (BSWG)

We have had people attempt to break in - I can remember at least 5 times in the last 7 years someone has been forcefully trying to get in - Law Enforcement considered it "trespassing" since they didn't get in the door.

Fairbanks, Interior Alaska Center for Non-Violent Living (IAC)

TWC's only incidences have occurred when someone waits outside in the parking lot or street OR on two occasions have waited for someone exiting and then grabbed the door and come in. We're fortunate that under threat of police being called, the perpetrators have left without further incident.

Bethel, Tundra Women's Coalition (TWC)

April 16, 2007

**Alaska State Legislature
Senator Betty Davis
ATTN: Donna Fleagle
State Capitol**

**My name is Nellie Sears and I am a Safe Home Provider here in Point Hope, Alaska and
I am in total support of Senate Bill 150.**

Thank you,

Nellie Sears

Nellie Sears



State of Alaska

Department of Public Safety

Council on Domestic Violence & Sexual Assault

Sarah Palin, Governor
Walt Monegan, Commissioner

April 17, 2007

Senator Bettye Davis
State Capitol, Room 30
Juneau, Alaska 99801

Dear Senator Davis:

The Council on Domestic Violence and Sexual Assault supports SB150, "An Act relating to an aggravating factor at sentencing for crimes committed at certain shelters and facilities". We welcome legislation that addresses strong accountability for individuals committing crimes at domestic violence shelters and programs.

Over 65,000 nights of safe shelter were provided to victims of domestic violence and/or sexual assault last year by Council-funded programs in Alaska. The thousands of victims served are primarily women and children who were not safe in their own homes.

Domestic violence crimes are always serious. Commission of the crime at a facility where people have gone seeking safe shelter is particularly offensive. The perpetrators of such crimes should be held accountable by being subject to a higher penalty at sentencing.

Thank you introducing this legislation to enhance safety services in Alaska for victims of interpersonal violence.

Sincerely,

A handwritten signature in cursive script that reads "Chris Ashenbrenner".

Chris Ashenbrenner
Interim Program Administrator

Tanana Chiefs Conference

Chief Peter John Tribal Building

122 First Avenue, Suite 600

Fairbanks, Alaska 99701-4897

(907) 452-8251 Fax: (907) 459-3850

SUBREGIONS

UPPER

IGIENQWIM

McGrath

Medito

Niutai

Talotna

Telida

April 17, 2007

LOWER YUKON

Anvik

Grayling

Holy Cross

Shageluk

The Honorable Senator Bettye Davis

State Senate

Alaska State Capitol

Juneau, AK 99801-1182

UPPER TANANA

Dot Lake

Eagle

Healy Lake

Northway

Tanacross

Tetlin

Tot

The Tanana Chiefs Conference (TCC) strongly supports the letter and intent of SB 150. Over the years, tribal leaders of the Interior Alaska villages have passed numerous resolutions at TCC's Annual Convention focusing on the need to provide safety to residents of rural Alaska. Unfortunately women and other victims of domestic violence who reside in Alaska's rural communities have nowhere near the access to the protection and services afforded other Alaskan citizens who reside in the state's more metropolitan areas. Many victims of domestic violence living in the remote villages of the Interior rely on local safe homes which have been established through federal funding obtained by their tribal governments under the Family Prevention and Services Act. Local individuals who work with their tribal government to provide a safe place for victims of domestic violence do so with the knowledge that they have little or no back-up from state law enforcement and only limited support from its judicial system in the event that a perpetrator elects to violate the haven they provide to victims and children. SB 150 is a step in the right direction and at very least sends a strong message that the consequences for felonious acts perpetrated at a shelter or safe home can and should be based on what they really are- escalated acts of violence which can result in harsher penalties.

YUKON FLATS

Arctic Village

Beaver

Birch Creek

Canyon Village

Chalyltitik

Circle

Fort Yukon

Venetie

For justice and the protection of victims of domestic violence, their children and the shelter staff and courageous rural residents who open their hearts and homes to provide safe havens throughout the state, the Tanana Chiefs Conferences strongly supports SB 150.

YUKON

NOYURAK

Galena

Huslia

Katag

Koyukuk

Nulato

Ruby

YUKON TANANA

Alaina

Atkasat

Evansville

Fairbanks

Hughes

Lake

Minchumina

Manley Hot

Spings

Minto

Nenana

Rampart

Stevens Village

Tanana

Sincerely,

TANANA CHIEFS CONFERENCE

Jerry Isaac, President

**Donne Fleagle, Intern
Senator Bettye Davis Office
Testimony**

SB 150 "Relating To Crimes at Domestic Violence Shelters"

On July 25, 2005 Representative Andrea Doll witnessed an event at the Juneau AWARE facility hence SB 150 and HB 213; responses to that experience.

Domestic violence is a serious, significant, preventable public health challenge. Alaska has the distinction of being in the top five states for per capita domestic violence rates and Alaska's women are being killed by their partners at the rate of 1.5 times the national average. In 2005, Alaska shelters provided services to 8,793 clients.

This bill will not solve this social ill however it will bring attention to protecting victims of domestic violence and will serve to draw the public's attention to the need for social change and the responsibility we have as citizens to protect the most vulnerable of populations. Over time this learned behavior will change when it is generally known that such behavior can result in additional time spent incarcerated. Anchorage has seen that over time rape is committed without the use of weapons because it is known that should a weapon be used, the stakes go up considerably.

This legislation will give the courts the ability to impose additional time beyond the presumptive sentence for felonies committed on the premises of a shelter or a facility providing services to victims of domestic violence or sexual assault.

Passage of Senate Bill 150 provides a tool that can be used to send a message that crimes committed on the premises of a shelter or a facility providing services to victims of domestic violence or sexual assault are deserving of the maximum allowable punishment and that the safety that is expected in such an environment will be enforced and respected.

The language in this bill was left purposely "broad" allowing the courts of each jurisdiction to determine the definition of "facilities" and "services." If such a word as "residential" were to be added, it would eliminate STAR, a rape crisis center. It is not tied to particular facilities or services. Victims receive services in other places and are entitled to protection. In Rural Alaska there are "recognized" safe homes which do not receive funds from the Council on Domestic Violence. In this instance, again, the courts determine the definitions.

April 17, 2006

To Whom It May Concern:


Families residing at domestic violence shelters have experienced violence first hand, and the children have witnessed acts of violence or experienced violence first hand. These families require a safe and nonviolent environment to begin the first step toward healing.

When there is fear that a perpetrator can enter the shelter and commit more violent acts, then these families are left feeling vulnerable and hopeless. Victims of domestic violence and sexual assault in rural communities may have access to few resources—they often want to avoid staying with family or friends because this might put their family members and friends at risk. If the shelter or safe home is not a secure environment, where can they go?

In Barrow, we have perpetrators that threaten shelter staff and shelter residents. Certainly, these acts of terror intimidate and inflict further distress and leave victims believing that they are not safe anywhere and that their perpetrators do not receive sentences commensurate with their crimes. Thus, they are re-victimized and left feeling completely alone.

Please pass Senate Bill 150, so families in need can have access to the safe and supportive environments they so desperately need.

Sincerely,


Virginia C. Walsh MSW
Clinician
Arctic Women in Crisis

April 17, 2007

To Whom It May Concern:

While it is true that Alaska has the distinction of being in the top five states for per capita domestic violence I, as a DV/SA counselor, have seen a more upfront and personal face to domestic violence. I have worked at Artic Women In Crisis for eight years and have taken care of the women and their children who have been victims of domestic violence.

When women and their family flee to any shelter, especially in a rural setting, they are in fear of their lives. When further trauma is perpetrated on them by the fear that a perpetrator will follow them to the shelter and break into their only haven, it's devastating. I have personally attended women who have stayed up all night watching over their children and no amount of reassuring from staff will calm them. It needs to be addressed now. One way to accomplish that is to send the message to those who would ignore the current law and make the punishment for violating the sanctity of the shelters and safe homes much stiffer.

I encourage you to pass Senate Bill 150 and send that message loud and clear to all Alaskans. Thank you for listening to one person's concern over what should be all of our concerns.

Sincerely,

Carolyn Sholley
Counselor II
Artic Women In Crisis

**SENATE COMMITTEE REPORT
First Committee of Referral**

DATE: 3/30/07

FURTHER: Judiciary

Date of 5-Day Notice: _____
(in accordance with Uniform Rule 23)

DATE TURNED
IN TO OFFICE: 4/18/07

Health, Education and Social Services Committee considered

SENATE BILL NO. 150

SB 150 CHIMES AT DOMESTIC VIOLENCE SHELTERS

"An Act relating to an aggravating factor at sentencing for crimes committed at certain shelters and facilities."

and recommends:

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

SENATE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Adm/OEA	4/12			✓
Adm/PDA	4/11			✓
Cor	4/11			✓
Law	4/11			✓

PREVIOUS FISCAL NOTE(S):

APPROPRIATION - no fiscal note

<i>[Signature]</i>	<i>[Signature]</i>	✓			
<i>John Cauley</i>	<i>Cauley</i>	✓			
CHAIR: <i>Bethye Davis</i>	<i>B. Davis</i>	X			

151

SB

ALASKA STATE LEGISLATURE

Sponsor



Statement

SPONSOR STATEMENT SB 151

“An Act relating to cardio-pulmonary resuscitation and first aid classes for initial applicants for driver’s licenses and permits”

After the events of 9/11 and recent natural disasters, including the tsunami in the Pacific and Hurricane Katrina in New Orleans, it has become clear that disaster preparedness is a priority Alaskans can no longer afford to ignore. SB 151 would take a step in the right direction by requiring that first time applicants for Alaska driver’s licenses must attend a first aid or CPR class in order to obtain an Alaska driver’s license, thus ensuring that future generations of Alaskans would be able to help in an emergency.

It is my hope that requiring first aid training would lessen the burden for first responders and save lives in the process. In the event of a crisis, more people will have basic first aid skills to use until help arrives. Unfortunately, many Alaskans don’t know what to do in life-threatening situations. This bill was inspired by the tragic death of Eric Kalenka, who died after he was stabbed in the leg. It is his father’s belief that Eric would still be alive today if his friends had known basic first aid, and had applied pressure to the wounds and elevated them above his heart.

I would appreciate your consideration for SB 151, which could save lives by preparing Alaskans for health emergencies.

25-LS0724M
Luckhaupt
5/3/07

CS FOR SENATE BILL NO. 151()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): SENATOR ELLIS BY REQUEST

A BILL
FOR AN ACT ENTITLED

1 **"An Act relating to cardiopulmonary resuscitation and first aid training for initial**
2 **applicants for driver's licenses and instruction permits; and providing for an effective**
3 **date."**

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

5 *** Section 1. AS 28.15 is amended by adding a new section to read:**

6 **Sec. 28.15.059. Cardiopulmonary resuscitation training for new applicants**
7 **for driver's licenses and instruction permits. The department may not issue a**
8 **driver's license or instruction permit to a person who has not previously held a license**
9 **or permit in this or another state unless the person supplies evidence acceptable to the**
10 **department as prescribed by regulation that the person has completed cardiopulmonary**
11 **resuscitation and first aid training in the one-year period immediately preceding the**
12 **application.**

13 *** Sec. 2. This Act takes effect January 1, 2008.**

25-LS0724VE
Luckhaupt
4/26/07

CS FOR SENATE BILL NO. 151()
IN THE LEGISLATURE OF THE STATE OF ALASKA
TWENTY-FIFTH LEGISLATURE - FIRST SESSION

BY

Offered:
Referred:

Sponsor(s): SENATOR ELLIS BY REQUEST

A BILL
FOR AN ACT ENTITLED

1 **"An Act relating to cardiopulmonary resuscitation and first aid classes for initial**
2 **applicants for driver's licenses and instruction permits and to driver's license testing."**

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

4 *** Section 1. AS 28.15 is amended by adding a new section to read:**

5 **Sec. 28.15.059. Cardiopulmonary resuscitation training for new applicants**
6 **for driver's licenses and instruction permits. The department may not issue a**
7 **driver's license or instruction permit to a person who has not previously held a license**
8 **or permit unless the person completes and signs an affidavit stating that the person has**
9 **completed cardiopulmonary resuscitation and first aid training in the one-year period**
10 **immediately preceding the application.**

11 *** Sec. 2. AS 28.15.081(a) is amended to read:**

12 **(a) The department shall examine every applicant for a driver's license. The**
13 **examination must include a test of the applicant's (1) eyesight, (2) ability to read and**
14 **understand official traffic control devices, (3) knowledge of safe driving practices, (4)**

1 knowledge of the effects of alcohol and drugs on drivers and the dangers of driving
2 under the influence of alcohol or drugs, (5) knowledge of the laws on driving while
3 under the influence of an alcoholic beverage, inhalant, or controlled substance, (6)
4 knowledge of the laws on financial responsibility and mandatory motor vehicle
5 liability insurance, [AND] (7) knowledge of the traffic laws and regulations of the
6 state, and (8) knowledge of cardiopulmonary resuscitation and basic first aid. The
7 examination may include a demonstration of ability to exercise ordinary and
8 reasonable control in the driving of a motor vehicle of the type and general class of
9 vehicles for which the applicant seeks a license. However, an applicant who has not
10 been previously issued a driver's license by this or another jurisdiction shall
11 demonstrate ability and shall present medical information that the department
12 reasonably requires to determine fitness to safely drive a motor vehicle of the type and
13 general class of vehicles for which the applicant seeks a license.

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB151-DOA-DMV-5-3-07
 Bill Version: SB 151
 () Publish Date: _____

Revision Date/Time (Note if correction):
 "An Act relating to (CPR) and first aid classes
 for...driver's licenses..."

Dept. Affected: Administration

Title: _____

RDU Division of Motor Vehicles
 Component Motor Vehicles

Sponsor Senator Ellis
 Requester Senate HESS

Component No. 2348

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0
Contractual	0.0	0.0	0.0	0.0	0.0	0.0
Supplies	0.0	0.0	0.0	0.0	0.0	0.0
Equipment	0.0	0.0	0.0	0.0	0.0	0.0
Land & Structures	0.0	0.0	0.0	0.0	0.0	0.0
Grants & Claims	0.0	0.0	0.0	0.0	0.0	0.0
Miscellaneous	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES	0.0	0.0	0.0	0.0	0.0	0.0
-----------------------------	-----	-----	-----	-----	-----	-----

CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
-------------------------------	-----	-----	-----	-----	-----	-----

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1003 GF Match	0.0	0.0	0.0	0.0	0.0	0.0
1004 GF	0.0	0.0	0.0	0.0	0.0	0.0
1005 GF/Program Receipts	0.0	0.0	0.0	0.0	0.0	0.0
1037 GF/Mental Health	0.0	0.0	0.0	0.0	0.0	0.0
Other (Specify Type--Do not abbreviate)	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

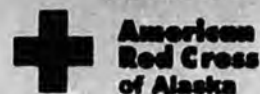
This bill will require applicants for an Alaska driver's license or instructional permit to show proof of CPR and first aid training as a prerequisite of issuance.

The DMV does not expect any change in revenue or expense as result of this bill.

Prepared by: Duane Bannock, Director
 Division: Motor Vehicles
 Approved by: Kevin Brooks, Deputy Commissioner
 Agency: Department of Administration

Phone: 269-5559
 Date/Time: 5/3/07 12:00pm
 Date: 5/3/07

Help at Home
ALASKANS TO ALASKA



April 27, 2007

The Honorable Johnny Ellis
State Capitol, Rm 9
Juneau AK 99801-1182

Board of Directors

Duane Bannock
Margaret Billinger
Eric Bjella
Matthew Fagnani
Chief Craig Goodrich
Jack Griffin
Patricia Hamilton
Walter Hikkel III
Dr. Lee O'Hare
Dr. Alex Hills
Lynn C. Johnson
Ramona McAfee
John Minier
Dean Owen
Karen Hildegard Petersen
Jerome Selby
Brad Spees
Mark W. Wilke
Jamey Young
Anna Zilberkant

Last year, your Alaska Red Cross taught 35,000 Alaskans how to save a life, connected 4,200 military members with their loved ones, briefed 23,000 service people and their families in available Red Cross services, and provided critical disaster relief to more than 1,050 Alaskans devastated by a disaster.

Dear Senator Ellis:

The American Red Cross strongly supports Cardiopulmonary Resuscitation (CPR) training for new driver's license applicants. We support the enactment of SB 151 because it will increase the number of persons trained in CPR and First Aid in Alaska.

The U.S. Centers for Disease Control (CDC) cites that in 2005 automobile accidents were the number one causes of death in the U.S.; with the majority of motor vehicle-related deaths occurring among 15-24 year olds.

Most motor vehicle deaths occur on rural roads. Bystanders are usually the first to arrive at the scene of an accident and may be the first source of emergency care and response. Emergency Medical Services (EMS) response times may vary and not fall under the 4-6 minutes time frame to provide early CPR, particularly in rural areas of the state when a hospital or emergency services facility may be quite a distance.

Red Cross First Aid and CPR courses include instruction on treating a variety of illnesses and injuries until more advanced medical assistance is available. In First Aid courses, participants learn to treat injuries such as burns, wounds, head, neck and back injuries; and sudden illnesses including strokes and diabetic emergencies. The CPR portion covers practical instruction for responding to breathing and cardiac emergencies, including administering CPR through a series of chest compressions and rescue breaths.

By requiring new drivers to become certified in First Aid and CPR, there is a greater chance of survival after an accident has occurred. By enacting SB 151, the Alaskan legislature will be setting a precedent for a generation of young driver's to learn information that could help save a life.

The American Red Cross of Alaska appreciates your consideration of SB 151. If I may be of service to you to answer any questions on our position, please contact me at 907-646-5414 or by e-mail at mathisjo@usa.redcross.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Mathis".

Joe Mathis, CEO
American Red Cross of Alaska



American Heart Association | American Stroke Association

Learn and Live.

Pacific/Mountain Affiliate
3700 Woodland Drive, Suite 700
Anchorage, AK 99517-2555
907.865.5303 (phone)
888.276.0858 (toll-free)
907.865.5310 (fax)
americanheart.org

May 3, 2007

Senator Bettye Davis
Chair, Senate Health, Education
and Social Services Committee
State Capitol, Room 30
Juneau, AK 99801-1182

Dear Senator Davis:

The American Heart Association, whose mission is to reduce disability and death from cardiovascular diseases and stroke, is writing to you in support of SB 151. This important legislation will ensure new Alaskan drivers are trained in the lifesaving skills of cardiopulmonary resuscitation (CPR) and first aid.

Each year, cardiovascular disease and sudden cardiac arrest claim the lives of 325,000 Americans before they reach a hospital. Nearly 80 percent of cardiac arrests occur at home and are witnessed by a family member. Only 6.4 percent of sudden cardiac arrest victims survive because the vast majority of those witnessing the arrest are people who do not know how to perform CPR.

Passage of SB 151 will ensure a significantly greater number of Alaskans are trained and prepared to respond to a cardiac event or other life threatening emergencies.

Thank you, Senator Davis, for your careful consideration of this lifesaving legislation.

Suzanne Meunier
Director of Advocacy

cc: Senator Joe Thomas, Senate HESS Vice-Chair
Senator John Cowdery, Senate HESS member
Senator Kim Elton, Senate HESS member
Senator Fred Dyson, Senate HESS member
Senator Johnny Ellis, Sponsor SB 151



Effectiveness of a 30-min CPR self-instruction program for lay responders: a controlled randomized study[☆]

Bonnie Lynch^{a,*}, Eric L. Einspruch^a, Graham Nichol^b, Lance B. Becker^c,
Tom P. Aufderheide^d, Ahamed Idris^e

^a RMC Research Corporation, 522 SW Fifth Avenue, Suite 1407, Portland, OR 97204, USA

^b University of Washington, Harborview Prehospital Research and Training Center,
and University of Washington Clinical Trial Center, Seattle, WA, USA

^c University of Chicago, Chicago, IL, USA

^d Medical College of Wisconsin, Milwaukee, WI, USA

^e The University of Texas Southwestern Medical Center at Dallas, Dallas, TX, USA

Received 19 November 2004; received in revised form 7 April 2005; accepted 7 April 2005

Abstract

Background: The length of current 4-h classes in cardiopulmonary resuscitation (CPR) is a barrier to widespread dissemination of CPR training. The effectiveness of video-based self-instruction (VSI) has been demonstrated in several studies; however, the effectiveness of this method with older adults is not certain. Although older adults are most likely to witness out-of-hospital cardiac arrests, these potential rescuers are underrepresented in traditional classes. We evaluated a VSI program that comprised a 22-min video, an inflatable training manikin, and an audio prompting device with individuals 40–70 years old. The hypotheses were that VSI results in performance of basic CPR skills superior to that of untrained learners and similar to that of learners in Heartsaver classes.

Methods: Two hundred and eighty-five adults between 40 and 70 years old who had had no CPR training within the past 5 years were assigned to an untrained control group, Heartsaver training, or one of three versions of VSI. Basic CPR skills were measured by instructor assessment and by a sensed manikin.

Results: The percentage of subjects who assessed unresponsiveness, called the emergency telephone number 911, provided adequate ventilation, proper hand placement, and adequate compression depth was significantly better ($P < 0.05$) for the VSI groups than for untrained controls. VSI subjects tended to have better overall performance and better ventilation performance than did Heartsaver subjects.

Conclusions: Older adults learned the fundamental skills of CPR with this training program in about half an hour. If properly distributed, this type of training could produce a significant increase in the number of lay responders who can perform CPR.

© 2005 Elsevier Ireland Ltd. All rights reserved.

Keywords: Age; Bystander CPR; Cardiac arrest; Cardiopulmonary resuscitation; Education; Out-of-hospital CPR; Witnessed cardiac arrest

1. Introduction

Increasing the frequency and effectiveness of bystander cardiopulmonary resuscitation (CPR) are fundamental goals of the American Heart Association (AHA) and other health organizations [1,2]. Although bystander CPR is an effective

treatment for cardiac arrest, the proportion of citizens trained to perform CPR is small [3–5]. The typical witness to an out-of-hospital arrest is over 50 years old [6] and the typical learner in lay CPR courses is about 20 years younger [7–9]. Impediments to attending traditional CPR courses, for learners of all ages, include time and logistics [10] and anxiety or other aversive psychological responses to classroom settings [11]. Courses that include much information irrelevant to learning CPR [8,12,13] may also dissuade learners from returning for refreshers. Researchers have sought alternative training formats for potential learners who are reticent

[☆] A Spanish translated version of the Abstract of this article appears as Appendix at 10.1016/j.resuscitation.2005.04.017.

* Corresponding author. Tel.: +1 503 223 8248; fax: +1 503 223 8399.

E-mail address: blynch@rmccorp.com (B. Lynch).

to attend CPR courses [4,6,8,10,14,15]. While some shorter self-led, video-based courses have been piloted with good results [4,5,15–18], the materials and methods of video self-instruction (VSI) continue to be refined; for example, the Laerdal Family Trainer™ manikin (Laerdal Medical Corporation, Stavanger, Norway) used in many earlier studies has been discontinued and replaced by a new generation of *Mini Anne*™ manikins. A newly developed instructional video, with a run time of 22 min, is approximately 40% shorter than that in any VSI course previously tested. Ours is the first study of VSI with older laypersons that uses a controlled, randomized design to determine whether this much-abbreviated training can transmit basic CPR skills as well as a traditional Heartsaver course does.

2. Material and methods

2.1. Study design and participant recruitment

The study was conducted in 2004 in Portland, Oregon. The study conformed to the principles of the Declaration of Helsinki and the protocol was approved by Portland State University's Human Subjects Research Review Committee. Informed consent was obtained from both instructors and subjects. Individuals between 40 and 70 years of age were chosen as the target subject population for two reasons: older adults are relatively more likely to live with a high-risk person and therefore are more likely to witness sudden cardiac arrest; and adults beyond age 70 are relatively more likely to suffer from age-related conditions, such as arthritis, bursitis, and visual or hearing impairments that could have a negative effect on learning and performance in the experimental tasks of this study [19]. All subjects were recruited from the Portland area via advertisements in newspapers, flyers in various public sites, and word of mouth from the subjects themselves. Advertisements described the project as a "CPR training study." The only exclusion criteria other than age were participation in CPR training within the previous 5 years and professional status as a healthcare provider (e.g., physician, nurse, EMT). The 5-year criterion was chosen, rather than some shorter interval, to target a population that either had never taken CPR or had missed at least two 2-year CPR renewal cycles and therefore was relatively unlikely to enroll in a traditional course. Subjects were told during telephone screening that they would be paid between \$25 and \$40 to participate, and that the exact amount would depend on the group to which they were assigned, with different groups requiring different time commitments. Subjects also were told that they would not receive CPR certification and would not be permitted to keep any of the training materials.

Instructors were recruited via e-mail invitations to American Heart Association Community Training Centers in Oregon and southwest Washington. The invitation described the study only in general terms, and during screening, instruc-

tors were told that they might serve in any of the following roles: *instructor* (teaching a Heartsaver Adult CPR class); *facilitator* (helping subjects as they learned CPR); *observer* (silently witnessing and documenting subjects' CPR training); and *examiner* (testing subjects' CPR skills). Instructors did not know until they appeared for training what their role(s) would be. The single inclusion criterion was certification to teach Heartsaver CPR. We chose this criterion to ensure that all instructors would be qualified to teach Heartsaver CPR if they were assigned to that intervention, and also to allow a common frame of reference for observations of a layperson's CPR learning experience. There were no exclusion criteria. Instructors each attended training sessions in which general issues such as safeguards to experimental rigor (e.g., not discussing the study with other instructors or with subjects) and ethical treatment of subjects were discussed. Later, separate training sessions for the specific roles were held such that instructors were aware only of information relevant to their own roles. The training sessions lasted 1–2 h, depending on the number of instructors being trained and the complexity of the role. Sessions included scenarios and discussion to ensure that instructors understood and could comply with their roles. Instructors were paid \$15 per hour for their participation.

The study employed an experimental design with five groups: one control group (C) that was assessed without any training intervention; one group that took a traditional Heartsaver Adult CPR class (HS); and three groups that participated in some form of self-training intervention: self-training alone (ST), self-training with instructor facilitation (ST-I), and self-training with peer facilitation (ST-P). All interventions are described in detail in the Section 2.4. The hypotheses were that subjects in self-training interventions would demonstrate CPR skills superior to those of the untrained controls and similar to those of Heartsaver-trained subjects. The ST-I and ST-P conditions were included to investigate whether facilitation of self-instruction would provide additional benefit relative to self-instruction alone. Because ST-I and ST-P interventions were exploratory in nature, no specific hypotheses were proposed for differential performance of the three self-training groups.

Several measures were taken to minimize subjects' and instructors' inappropriate exposure to information about the study. The study space included six sound-attenuated offices, five of which were used for self-training and one dedicated to testing; a waiting/reception area; and a separate conference room dedicated to Heartsaver classes. Soft music played in the waiting area to mask any incidental transfer of sound from the training or testing rooms. The waiting area was also furnished with signs to discourage discussion of the study among participants. A study coordinator supervised the waiting area when subjects were present and reminded them when necessary not to discuss any aspects of the study. Both subjects' and instructors' informed consent included an agreement not to discuss the study with others. Study materials and rooms were concealed from view when not in use.

2.2. Self-training kit

The design of the kit was informed by previous research on self-training of CPR [10,15,16], and proceeded under the direction of the American Heart Association's Emergency Cardiovascular Care Basic Life Support Subcommittee. The kit comprised three major components: a 22-min video; an inflatable Mini Anne manikin on which the skills of assessing responsiveness and providing ventilations and chest compressions could be practiced; and a small electronic device called the *CPR Coach*TM, which provides real-time audio feedback about the correct rate and depth, and visual and tactile cues about hand placement, for chest compressions. Such audio prompting technology has been shown to affect learning positively when used during practice of chest compressions [4,5,15–18]. The video was developed at the American Heart Association's National Center, Dallas, Texas; and Mini Anne and the *CPR Coach* were developed by the Laerdal Medical Corporation, Stavanger, Norway. Each of the three components is described in detail below.

2.2.1. Twenty-two-minutes video

A preliminary version of the video was piloted by three independent reviewers, using an average of four users each. The video was then re-edited on the basis of feedback from those pilots.

The video opens with a short retelling of a fictionalized incident by two female actors who portray a heart attack victim and her lay rescuer. The setting is a comfortable, well furnished sitting room, and the emotional tone of the segment is positive. Following this segment, a narrator introduces herself and explains in simple terms that the video will teach the basic skills of CPR. Instruction is limited to the skills of recognizing an emergency (including agonal breathing), calling for help, and performing cycles of ventilations and compressions. The order in which the viewer encounters and practices the skills has been altered (first chest compressions, then ventilations, then the two skills together; then checking for responsiveness/calling 911; and finally, the entire sequence from discovery of the victim to several complete cycles of CPR). Skills are taught in stages, using a watch-while-practicing method. By the end of the video, viewers have had the opportunity to practice 23 cycles of ventilation and compression.

2.2.2. Mini Anne manikin

This device (see Fig. 1) requires the user to inflate a soft plastic apparatus. Once inflated, the apparatus forms a simulated head, neck, and chest cavity. Affixed to the ventral surface of the apparatus is a functional airway that branches to a set of inflatable lungs. The airway is connected at the top to a face similar to those of standard Laerdal manikins. A pliable plastic chest piece covers the lungs. When inflated, this manikin performs similarly to a standard one: the airway remains closed unless the user tilts the head appropriately, and when the user pinches the nose and makes an effective

seal over the mouth, the lungs can be inflated to produce visible chest rise. The chest piece includes visually and tactilely distinct nipples, rib lines, and an oval area that shows the location and orientation for placing the heel of the hand (or the *CPR Coach*; see Fig. 2) for compressions. The inflated chest cavity allows for simulation of chest compression and release. The Mini Anne manikin, like the Laerdal Family Trainer, was designed as an inexpensive CPR training device that could be used at home. However, the Mini Anne more closely simulates the look and feel of the human anatomy, is more compact and cost-effective to produce, and is durable enough to be used many times. Unlike the Laerdal Family Trainer, used in previous studies, the Mini Anne manikin does not have any internal feedback device to signal adequate compression depth. Instead, this function is performed by the hand-held *CPR Coach*.

2.2.3. *CPR Coach*

The size and shape of this device allow it to be placed on the matching oval area on Mini Anne's chest. The user then assumes the posture for compressions and applies them directly onto the *CPR Coach*. When at least 35 kg of downward pressure is applied to it, the *CPR Coach* emits a single click. A second "unclick" signals that the pressure has been fully released. The initial click also triggers a metronome that beeps to signal the appropriate compression rate of 100/min.

2.3. Experimental protocol

When subjects called to enroll, they were assigned randomly to an intervention according to a scheduling database. Potential subjects who could not be scheduled in any of the time slots allocated to their intervention were not used. Four subjects (1.4% of the total sample) who had been assigned to either ST-I or ST-P had to be reassigned on the day of their session due to lack of an available peer to fulfill the intervention requirements. These subjects were run in the ST intervention and recoded as ST group members accordingly.

Upon their arrival at the study site, subjects first provided informed consent and completed a questionnaire that included demographic items. They then performed the tasks of their respective interventions. Fig. 3 shows the tasks and the corresponding instructor roles (shown in brackets) for each intervention.

2.4. Interventions

2.4.1. Control (C)

These subjects proceeded directly to the CPR skill assessment without training, to provide a benchmark against which to measure the effects of training.

2.4.2. Heartsaver (HS)

These subjects participated in a Heartsaver Adult CPR class taught by one of five instructors. The class size varied from 5 to 17, and the student:manikin ratio varied from 1:1 to

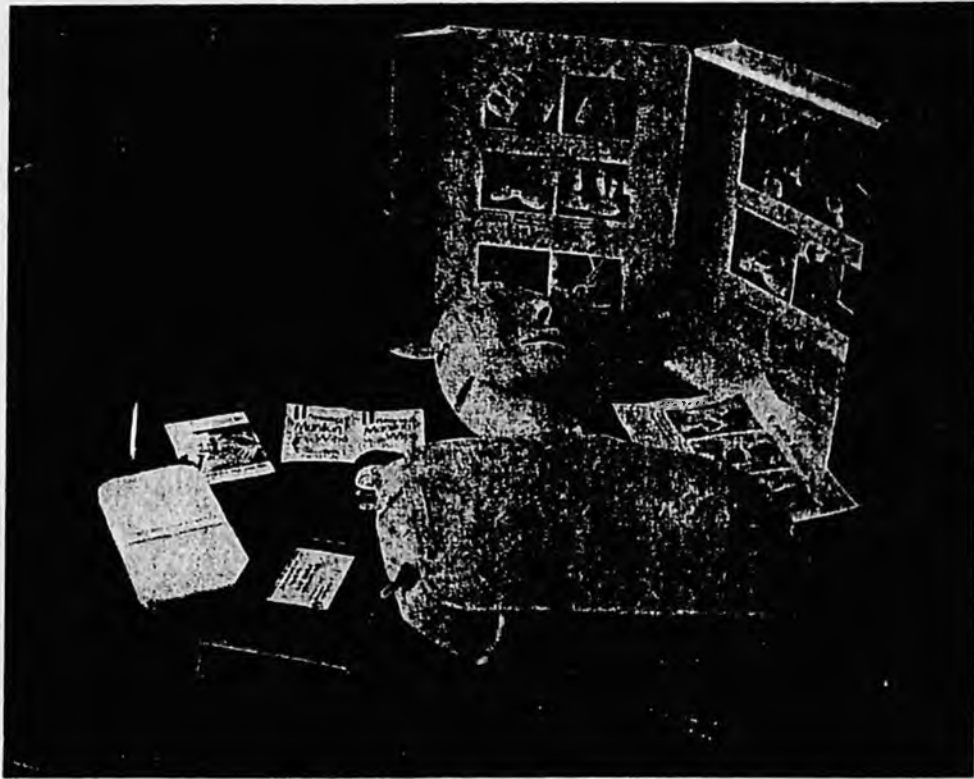


Fig. 1. The training kit, with inflated Mini Anne manikin.

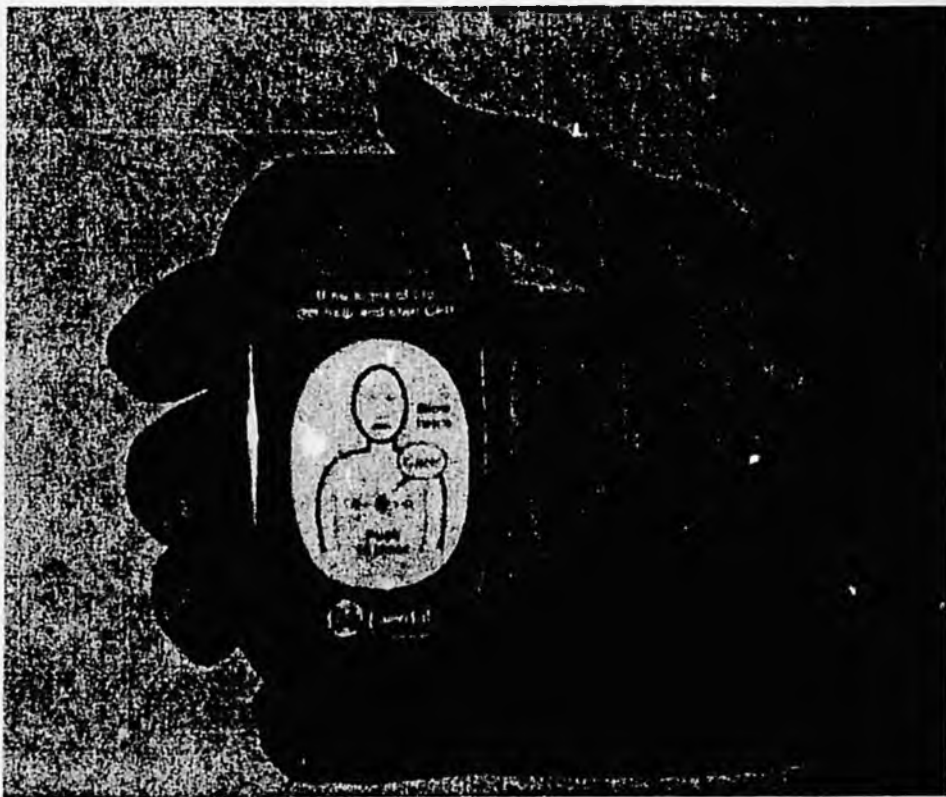


Fig. 2. The CPR Coach.

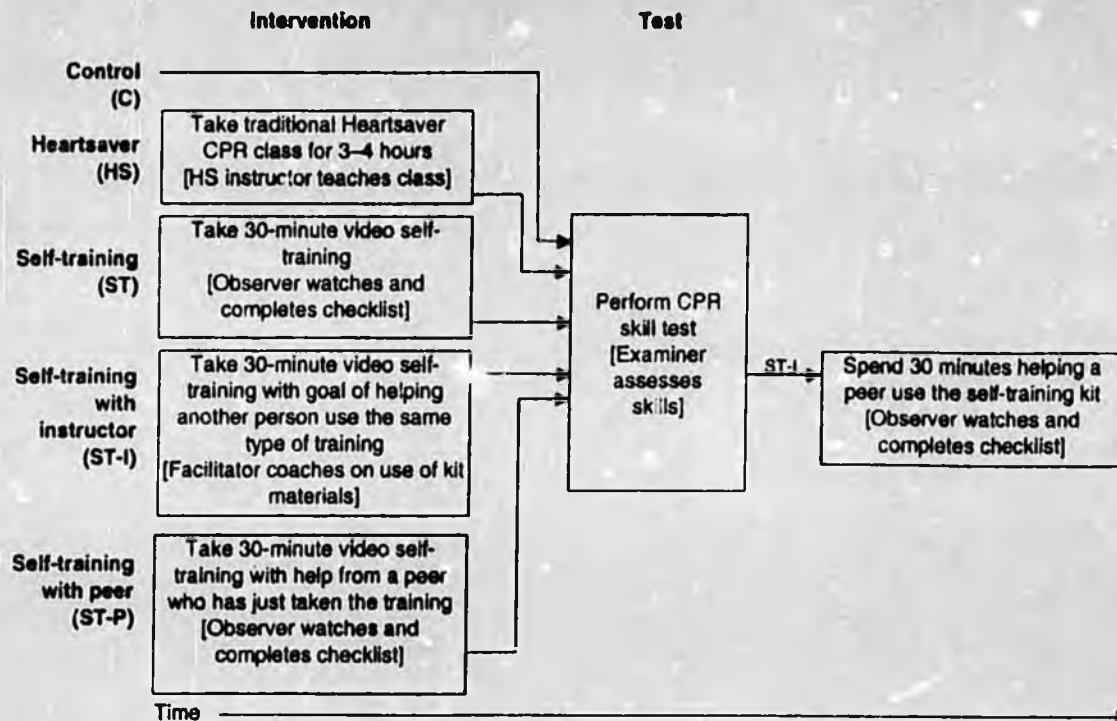


Fig. 3. Critical subject tasks and corresponding instructor roles for each intervention.

4:1. The student:instructor ratios were higher in some cases than AHA guidelines prescribe, but were consistent with common practices, as described by the instructors. Heartsaver instructors were told in their study training to teach the class as they normally would, with the exceptions that students would take their final skills test elsewhere, the materials were to remain in the classroom, and no certification cards were to be distributed. There was no instructor script for this intervention.

2.4.3. Self-training interventions

Because it was not known in advance whether the kit would stand alone as an effective VSI course, or whether some level of facilitation or other aid would improve subjects' learning, three variants of the self-training were tested. A Heartsaver-qualified CPR instructor was present in all three self-training sessions, but the instructor's specific role varied as a function of the intervention. All instructors in self-training interventions were provided with scripts for their roles and were asked not to provide any instruction or assistance related to the skills of CPR. Each subject in a self-training intervention had a full training kit. Descriptions of each self-training intervention follow.

2.4.4. Self-training (ST)

These subjects individually entered a training room where a study coordinator introduced the subject to the instructor, who was described only as an "observer." The study coordinator gave the subject the training kit and advised her or

him that the video would explain everything they needed to know. The study coordinator helped with the television and video playback settings if necessary. Once the video began, the subject was left to pursue the training as the instructor observed silently.

2.4.5. Self-training with instructor facilitation (ST-I)

The protocol for this intervention was the same as for ST with the following exception: the instructor informed the subject at the outset of the training session that her or his (the instructor's) role was to facilitate the subject's use of the training kit so that the subject could help another person use the same kit later. During the session, the instructor gave tips such as "Stop the video if you fall behind or you need a rest," or "Go ahead and follow along with what the video is doing." Instructors offered only advice and assistance that was relevant to using the materials in the training kit and that *did not relate directly to the skills of CPR*. Substantive suggestions such as "Try rettiling the head," or "Place your hands higher on the chest" were explicitly prohibited.

2.4.6. Self-training with peer facilitation (ST-P)

The protocol for this intervention was the same as for ST-I except that the facilitator was another subject who had just participated in the ST-I intervention, and the instructor served only as an observer. The facilitator was instructed to help the learner according to the training that the facilitator had just received. No other instructions or constraints were given regarding the type of help the facilitator should give.

2.5. Skill assessment

The assessment scenario occurred within one half hour, and usually within 10 min, of the training and was identically constructed for all subjects. The test protocol was consistent with the Utstein objective of "demonstrable lifesaving CPR on a manikin in a simulated scenario at the end of the training course" [1] and was similar to that used in other studies [15,16]. Subjects entered the testing room individually where they encountered an examiner, normal office furnishings that included a prop telephone that appeared functional, and a *Laerdal Resusc Anne*TM recording manikin on the floor. The manikin was connected to a *Laerdal PC SkillReporting*TM software via a laptop computer. The examiner recited the following script: "Imagine that this manikin is a real person who just collapsed right before you entered the room. You are the only other person in the room besides her. Do whatever you think is best to help this person. I cannot answer any questions about how to help the person. OK?" The examiner then allowed 3 min for the subject to demonstrate the actions she or he would take. If no action was initiated within 2 min, the examiner concluded the test. If a subject asked questions about what to do, the examiner's scripted reply was, "Just do whatever you think is best to help this person." The examiner gave information about the condition of the victim only if the subject asked after having performed an appropriate action related to that condition and only if the requested information would have been accessible from an actual collapsed victim; for example, if the subject appropriately assessed responsiveness, then asked whether the victim had responded, the examiner said there was no response. Instructor training emphasized the distinction between appropriately answering questions so that the scenario could continue, and providing inappropriate cues or prompts about performing CPR.

Utstein guidelines [1] for teaching Basic Life Support to lay responders stipulate that a simpler "pump and blow" type of CPR should be the norm, and that the following five initial outcomes of training are of interest: assessing responsiveness, calling 911, ventilations to chest rise, chest compressions of adequate depth, and proper hand placement during compressions. With these guidelines in mind, we measured subjects' performance in two ways: The sensed manikin provided data on volume of ventilations, depth of compressions, and hand placement during compressions. Examiners also assessed subjects' performance with a scoring sheet (see Appendix A) similar to the 14-point assessment developed by Brennan et al. [20] and adapted by Birnbaum [21]. However, the 14-point instrument was not appropriate for this study because it includes explicit assessment of sequence and of certain skills, such as pulse-checking and locating the proper compression point, which are either not taught (in the case of pulse-checking) or are integrated with another skill (in the case of locating the compression point) in the program we tested. Our scoring sheet was shortened to include only the five basic skills of CPR mentioned earlier, plus an overall rating of performance. Each of the six ratings was

recorded dichotomously for each subject as *adequate* or *inadequate*. The sequence in which the skills were performed was not recorded, and examiners were told that the sequence should not affect their assessment of the adequacy of the skill performance. Examiners' training sessions provided further detailed instructions for using the scoring sheets. The instructions followed those used by Birnbaum [21], and were developed with and approved by the American Heart Association. To help minimize the possibility that examiners would attempt to use the sensed manikin data to influence their own ratings, several precautions were taken: there was no printed readout of the data; examiners were explicitly told not to view the display on the computer monitor; the monitor remained closed except when subject identification numbers were being entered; and manikin recording sessions were not stopped until the subject had left the room (by which time the data were no longer visible in the display).

2.6. Sample size and random assignment

Fig. 4 shows subject progress through the phases of recruitment, screening, and participation. The greatest attrition occurred between the time subjects scheduled their session and the time they were to appear for the session. Of the 446 screened subjects who met eligibility criteria and were scheduled to participate, only 285 (64%) appeared for their scheduled session, despite the fact that they received a reminder postcard (and, in most cases, a telephone reminder) 1 or 2 days before the session. Table 1 shows the demographic characteristics of the 285 subjects who participated.

Fifty eligible instructors were recruited and 27 were used. One instructor withdrew during the course of the study. As Table 2 shows, instructors were more likely than the subjects to be male and younger, and to have higher levels of education. The first 14 instructors who enrolled were assigned randomly to one of the four instructor roles (Heartsaver instructor; facilitator, observer, or examiner). Once these 14

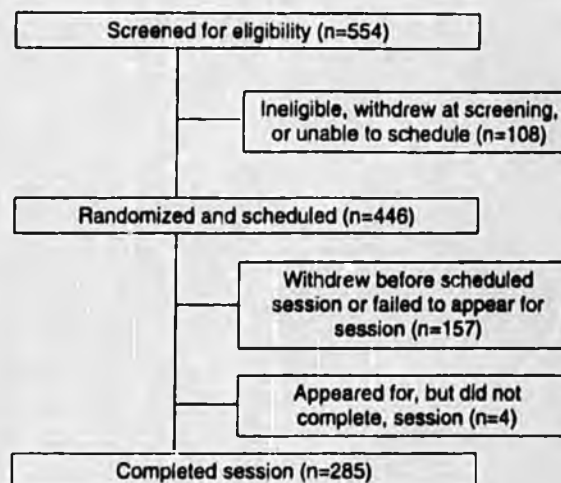


Fig. 4. Subject progress through the phases of recruitment, screening, and participation.

Table 1
Subject demographics

Item	Percent of participants ^a
Age	
Mean	52.7
Median	53.0
Sex	
Female	53
Male	48
Race/ethnicity	
White	83
Black	9
Other or multiple races	8
Education level	
High school or lower	1
Some high school	6
High school diploma or GED	15
Some college	39
Bachelor's degree	23
Master's or higher	16

^a $n = 285$. Because of rounding, percentages may not total to 100.

instructors had been scheduled, the small number of remaining slots in the schedule made subsequent random assignment unworkable; therefore, the final 13 instructors were assigned by scheduling convenience. Each instructor role was served by more than two instructors, so that instructor effects were minimized. Three instructors served in more than one role, as follows: one observer served on subsequent days as an examiner; one facilitator served on subsequent days as an examiner; and one facilitator served on subsequent days as an observer. None of these instructors served as an examiner for subjects whose training they had witnessed, nor did any examiner know what type of training was occurring on any given day, nor how many types of training the study used. Instructors in all four roles were only given information relevant to their specific role(s).

Table 2
Instructor demographics

Item	Percent of instructors ^a
Age	
Mean	42.8
Median	42.5
Sex	
Female	41
Male	56
Race/ethnicity	
White	93
Hispanic	4
American Indian or Alaskan native	4
Education level	
Some college	56
Bachelor's degree	26
Master's or higher	15

^a $n = 27$. Because of rounding, percentages may not total to 100.

2.7. Statistical analyses

We report results by group below, but because differences in performance of the self-training groups were non-significant across all skills, a separate discussion of ST, ST-I, and ST-P is not warranted. The data were subsequently collapsed and analyzed across the three self-training groups. This collapsed group is denoted *ST-Combined*. A one-way analysis of variance (ANOVA) with Bonferroni adjustments for multiple comparisons was used to analyze for differences between HS and C groups; between HS and ST-Combined; and between C and ST-Combined. In general, power was adequate (≥ 0.80) to detect effects of approximately 0.35 or greater. All probability values are for two-tailed tests with $\alpha < 0.05$ as the criterion for significance. Hedges bias-corrected effect sizes and obtained probability values for each comparison are documented in tabular form in the Section 3.

The examiner's assessment for each subject produced the six dichotomous ratings described earlier. The manikin data included the percentage of ventilations of adequate volume, the percentage of compressions with proper hand placement, and the percentage of compressions with adequate depth.¹ Non-attempts for any skill were scored as incorrect. Results for each skill are displayed graphically as bar charts of group means or mean percentages, with whiskers denoting 95% confidence intervals.

3. Results

Cronbach's alpha, a conservative estimate of reliability for tests with dichotomously scored items, was computed for the quick assessment at 0.81. Fig. 5 shows, for each group, the percentage of subjects whose overall performance was rated adequate by the Examiners. ST-Combined subjects were more likely than C subjects ($P < 0.001$; effect size = 1.17) and HS subjects ($P = 0.031$; effect size = 0.34) to be rated adequate in their overall performance of CPR. HS subjects were more likely than C subjects to receive this rating ($P < 0.001$; effect size = 0.89).

Fig. 6 shows, for each group, the percentage of subjects who assessed responsiveness and Fig. 7 shows the percentage who called 911, as rated by the examiners. ST-Combined subjects were more likely than C subjects ($P < 0.001$; effect size = 1.70) and as likely as HS subjects ($P = 0.057$; effect size = 0.36) to appropriately assess responsiveness. HS subjects were more likely than C subjects ($P < 0.001$; effect size = 1.12) to assess responsiveness. ST-Combined subjects were more likely than C subjects ($P = 0.001$; effect size = 0.52) and as likely as HS subjects ($P = 0.402$; effect

¹ For both ventilation and compression performance, whether rated by the examiner or measured by the sensed manikin, attempts that produced a volume or force at or above the recommended level were considered 'adequate'.

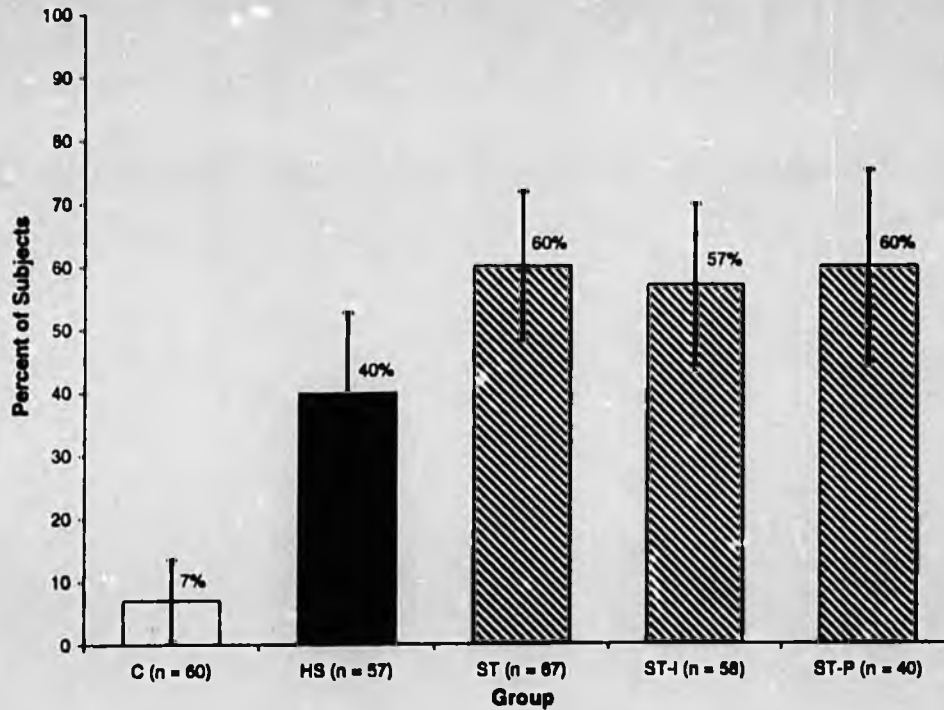


Fig. 5. Percentage of subjects with overall adequate performance, as rated by examiners.

size = -0.24) to call 911. HS subjects were more likely than C subjects ($P < 0.001$; effect size = 0.78) to do so.

Fig. 8 shows, for each group, the mean percentage of ventilations that were adequate (i.e., >700 ml), as measured by the sensed manikin. ST-Combined subjects performed better than HS subjects ($P = 0.014$; effect size = 0.40) and better

than C subjects ($P < 0.001$; effect size = 1.08). HS subjects outperformed C subjects ($P < 0.001$; effect size = 0.83). It is also noteworthy that only 68% of subjects (13% of C subjects, 76% of HS subjects, and 81% of ST-Combined subjects) performed any ventilation that was detectable by the manikin. Review of videotaped assessments suggests that this low rate

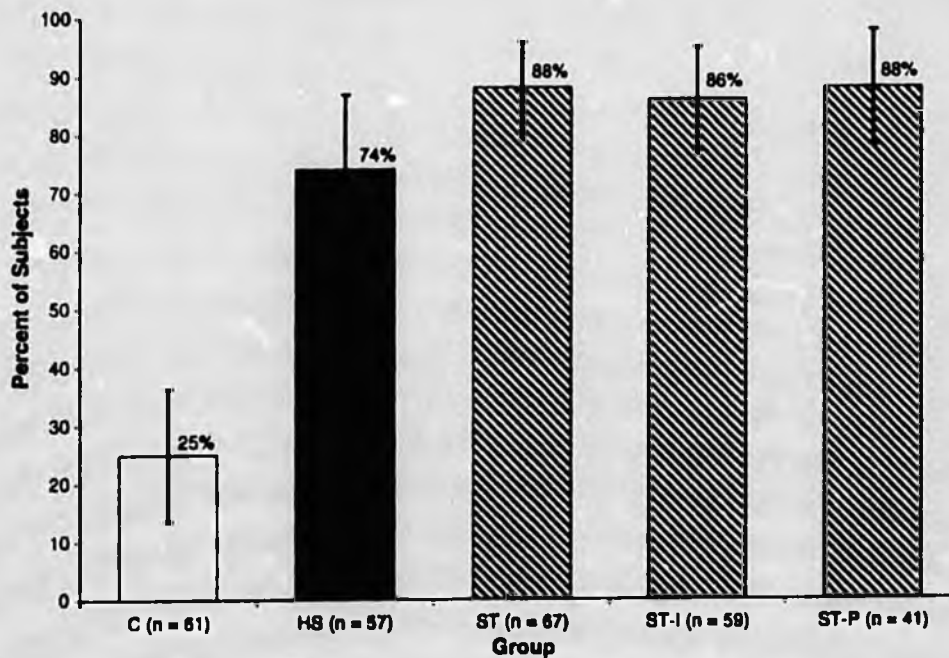


Fig. 6. Percentage of subjects who assessed responsiveness, as rated by examiners.

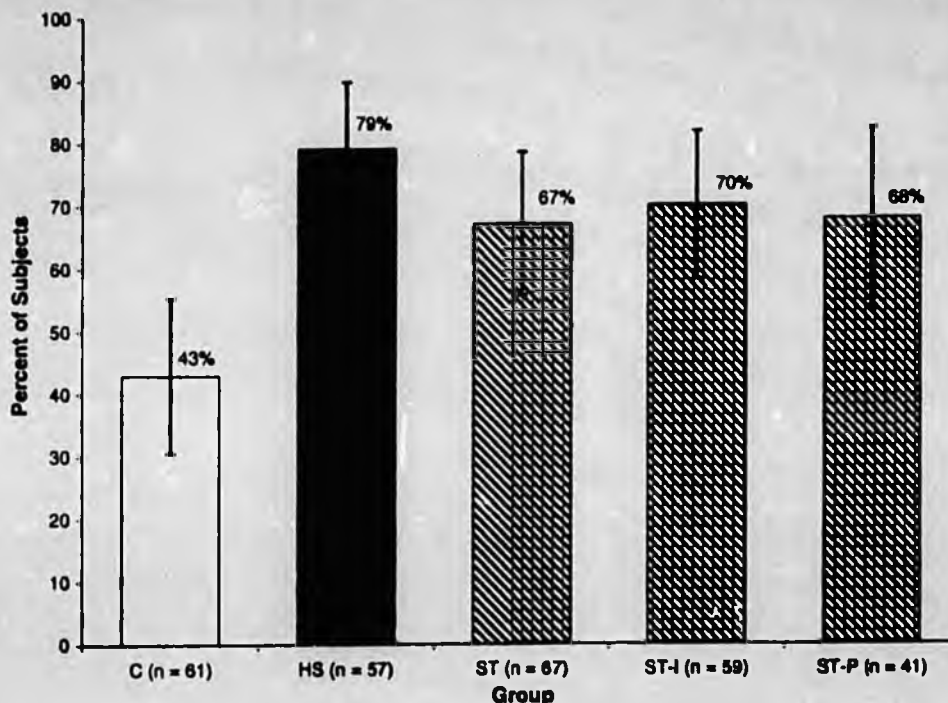


Fig. 7. Percentage of subjects who called 911, as rated by examiners.

was primarily due to many subjects' inability to open the airway or to maintain an open airway while performing ventilations.

Fig. 9 shows, for each group, the mean percentage of all compressions performed with proper hand placement,

as measured by the sensed manikin. ST-Combined subjects reliably outperformed C subjects ($P=0.026$; effect size = 0.39), but the effect for HS versus C subjects was not significant ($P=0.438$; effect size = 0.27); nor was the effect for ST versus HS ($P=0.999$; effect size = 0.13).

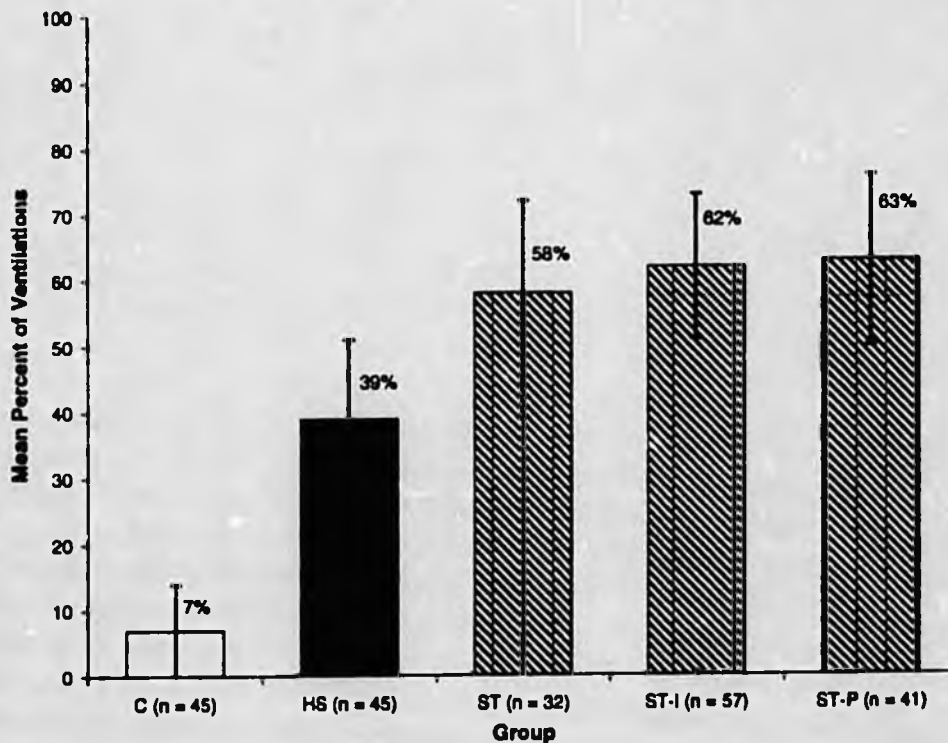


Fig. 8. Mean percentage of ventilations that were adequate, as measured by the sensed manikin.

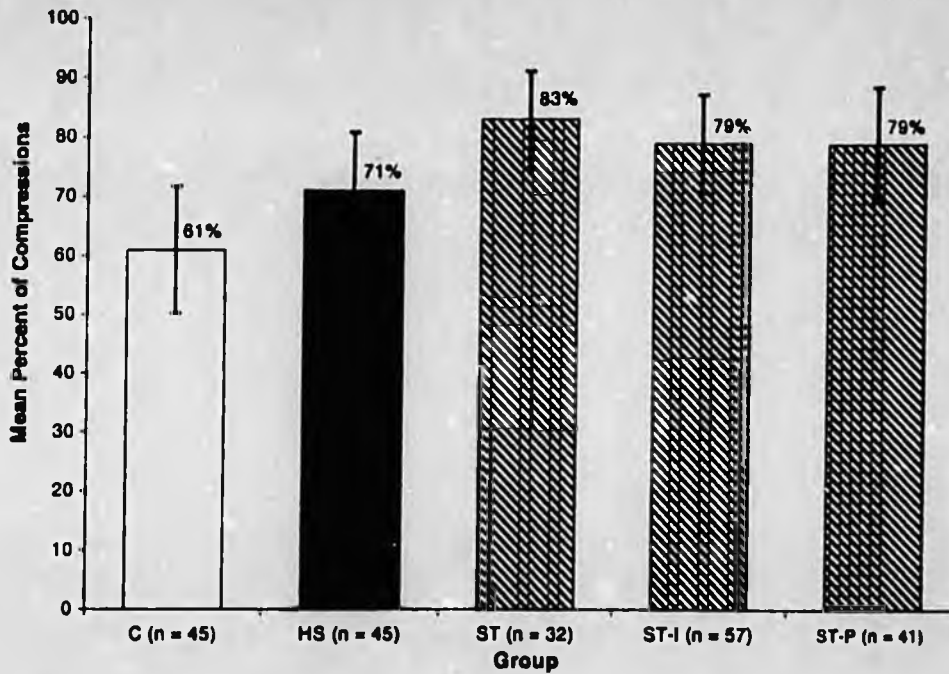


Fig. 9. Mean percentage of compressions performed with proper hand placement, as measured by the sensed manikin.

Fig. 10 shows, for each group, the mean percentage of all compressions performed with adequate depth, as measured by the sensed manikin. There were no significant differences among the groups on this skill ($P=0.878$ and effect size = 0.19 for HS versus C; $P=0.999$ and effect size = 0.08 for ST versus C; and $P=0.999$ and effect size = 0.11 for HS versus ST), although examination of mean compression depths by group showed that HS and ST subjects missed

the minimal depth criterion of 38 mm by a much narrower margin than did C subjects: the mean for HS was 35.2; for ST-Combined it was 33.9, and for C it was 23.0.

A similar pattern was seen for the average rate of compressions, where all groups tended to compress too slowly, but HS and ST came closer to meeting the 100-per-minute criterion: the mean for HS was 98.1; for ST-Combined it was 97.0, and for C it was 67.2.

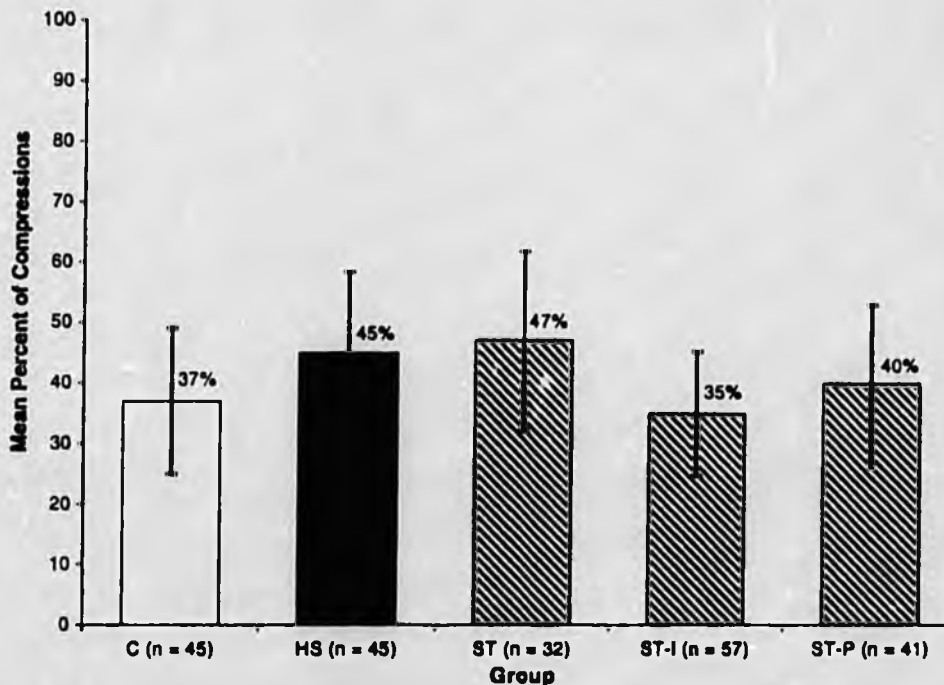


Fig. 10. Mean percentage of compressions with adequate depth, as measured by the sensed manikin.