

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

February 28, 2008

1:32 p.m.

**MEMBERS PRESENT**

Senator Johnny Ellis, Chair  
Senator Gary Stevens, Vice Chair  
Senator Bettye Davis  
Senator Con Bunde

**MEMBERS ABSENT**

Senator Lyman Hoffman

**COMMITTEE CALENDAR**

SENATE BILL NO. 258

"An Act establishing requirements and limitations related to the payment of sick leave by certain employers; and providing for an effective date."

HEARD AND HELD

SENATE BILL NO. 147

"An Act clarifying when a project owner or general contractor is considered an employer for purposes of workers' compensation exclusive liability."

MOVED SB 147 OUT OF COMMITTEE

SENATE BILL NO. 113

"An Act relating to break times for employees who nurse a child."

HEARD AND HELD

SENATE BILL NO. 160

"An Act establishing an Alaska health care program to ensure insurance coverage for essential health services for all residents of the state; establishing the Alaska Health Care Board to define essential health care services, to certify health care plans that provide essential health care services, and to administer the Alaska health care program and the Alaska health care fund; establishing the Alaska health care clearinghouse to administer the Alaska health care program under the direction of the Alaska Health Care Board; establishing eligibility standards and premium assistance for persons with low income; establishing standards for accountable health care

plans; creating the Alaska health care fund; providing for review of actions and reporting requirements related to the health care program; and providing for an effective date."

HEARD AND HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 258

SHORT TITLE: PAID SICK LEAVE

SPONSOR(s): LABOR & COMMERCE

02/01/08 (S) READ THE FIRST TIME - REFERRALS  
02/01/08 (S) L&C, FIN  
02/28/08 (S) L&C AT 1:30 PM BELTZ 211

BILL: SB 147

SHORT TITLE: WORKERS' COMP EMPLOYER LIABILITY

SPONSOR(s): SENATOR(s) FRENCH

03/28/07 (S) READ THE FIRST TIME - REFERRALS  
03/28/07 (S) L&C, FIN  
01/17/08 (S) L&C AT 1:30 PM BELTZ 211  
01/17/08 (S) -- MEETING CANCELED --  
01/22/08 (S) L&C AT 1:30 PM BELTZ 211  
01/22/08 (S) Heard & Held  
01/22/08 (S) MINUTE(L&C)  
01/25/08 (S) L&C AT 3:00 PM BELTZ 211  
01/25/08 (S) -- Rescheduled from 01/24/08 --

BILL: SB 113

SHORT TITLE: NURSING MOTHERS IN WORKPLACE

SPONSOR(s): SENATOR(s) ELLIS

03/12/07 (S) READ THE FIRST TIME - REFERRALS  
03/12/07 (S) L&C, HES  
02/28/08 (S) L&C AT 1:30 PM BELTZ 211

BILL: SB 160

SHORT TITLE: MANDATORY UNIVERSAL HEALTH CARE

SPONSOR(s): SENATOR(s) FRENCH

04/23/07 (S) READ THE FIRST TIME - REFERRALS  
04/23/07 (S) HES, L&C, FIN  
09/10/07 (S) HES AT 1:30 PM Anch LIO Conf Rm  
09/10/07 (S) Heard & Held  
09/10/07 (S) MINUTE(HES)  
01/30/08 (S) HES AT 1:30 PM BUTROVICH 205

01/30/08 (S) Heard & Held  
01/30/08 (S) MINUTE(HES)  
02/18/08 (S) HES AT 1:30 PM BUTROVICH 205  
02/18/08 (S) Moved CSSB 160(HES) Out of Committee  
02/18/08 (S) MINUTE(HES)  
02/19/08 (S) HES RPT CS 3DP 1DNP NEW TITLE  
02/19/08 (S) DP: DAVIS, THOMAS, ELTON  
02/19/08 (S) DNP: DYSON  
02/26/08 (S) L&C AT 1:30 PM BELTZ 211  
02/26/08 (S) Heard & Held  
02/26/08 (S) MINUTE(L&C)  
02/28/08 (S) L&C AT 1:30 PM BELTZ 211

**WITNESS REGISTER**

STEVE CLEARY, Executive Director  
Alaska Public Interest Research Group (AKPIRG)  
Anchorage, AK  
**POSITION STATEMENT:** Supported SB 258.

MARIE DARLIN  
AARP  
Juneau, AK  
**POSITION STATEMENT:** Supported SB 258.

SENATOR FRENCH  
Alaska State Capitol  
Juneau, AK  
**POSITION STATEMENT:** Sponsor of SB 147 and SB 160.

PATRICK CUNNINGHAM  
Legislative intern to Senator Ellis  
Alaska State Capitol  
Juneau, AK  
**POSITION STATEMENT:** Presented sponsor statement on SB 113.

DANA KENT, Coordinator  
Clinic Operations and State WIC Breastfeeding  
Department of Health and Social Services (DHSS)  
Anchorage, AK  
**POSITION STATEMENT:** Supported SB 113.

STEPHANIE BIRCH, Chief  
Section of Women, Children and Family Health  
Division of Public Health (DPH)  
Department of Health and Social Services (DHSS)  
Anchorage, AK

**POSITION STATEMENT:** Supported SB 113.

SARAH GROSSHUESCH, Public Health Educator  
Department of Health and Human Services  
Municipality of Anchorage  
Anchorage, AK

**POSITION STATEMENT:** Supported SB 113.

CATHERINE TAPEY, President  
Alaska Breastfeeding Coalition  
Juneau, AK

**POSITION STATEMENT:** Supported SB 113.

SUSAN HENNON, Coordinator  
Women, Infants and Children's Program  
Southeast Alaska Regional Health Consortium (SEARHC)  
Juneau, AK

**POSITION STATEMENT:** Supported SB 113.

DEBI BALLAM, Lactation Consultant  
Bartlett Regional Hospital  
Juneau, AK

**POSITION STATEMENT:** Supported SB 113.

MEGH BARNETT, representing herself  
Anchorage, AK

**POSITION STATEMENT:** Supported SB 113 and SB 160.

SARAH FERRENCY, Teacher  
Sitka Alternative High School  
Sitka, AK

**POSITION STATEMENT:** Supported SB 113.

NICKI NEAL, Director  
Division of Personnel  
Department of Administration (DOA)  
Juneau, AK

**POSITION STATEMENT:** No position on SB 113.

DEADRA HALL, representing herself  
Juneau AK

**POSITION STATEMENT:** Supported SB 113.

GREG LIGHT, representing himself  
Juneau, AK

**POSITION STATEMENT:** Supported SB 113.

MARIE DARLIN  
Capital City Task Force  
AARP  
Juneau, AK  
**POSITION STATEMENT:** Supported SB 160.

KATIE SAUNDERS, representing herself  
Copper Center, AK  
**POSITION STATEMENT:** Supported SB 160.

MARILYNN RUSSEL, representing herself  
Fairbanks, AK  
**POSITION STATEMENT:** Supported SB 160.

SUE JOHNSON, representing herself  
Anchorage, AK  
**POSITION STATEMENT:** Supported SB 160.

DR. BUTLER, Chief Medical Officer  
Department of Health and Social Services (DHSS)  
Juneau, AK  
**POSITION STATEMENT:** Answered questions on SB 160.

#### **ACTION NARRATIVE**

**CHAIR JOHNNY ELLIS** called the Senate Labor and Commerce Standing Committee meeting to order at [1:32:55 PM](#). Present at the call to order were Senators Bunde, Davis and Ellis.

#### **SB 258-PAID SICK LEAVE**

[1:34:53 PM](#)

CHAIR ELLIS announced SB 258 to be up for consideration.

SENATOR STEVENS joined the committee.

STEVE CLEARY, Executive Director, Alaska Public Interest Research Group (AKPIRG), supported SB 258. He said everyone gets sick, but not everyone can afford to miss work and to take care of themselves or their family. That is why more than a dozen states are addressing the need for paid sick days. He said that only 60 percent of workers in Alaska have paid sick days according to data from U.S. Bureau of Labor statistics; other states hover around 50 percent. This leaves almost 120,000 Alaskan workers without a sickness policy. Low-wage workers have the least access to paid sick days with only 27 percent covered and certain industries have exceptionally poor paid sick day

policies such as restaurants at 14 percent. A person serving you your meal potentially at a restaurant may be compelled to come to work sick exposing you to their illness.

A modest plan insuring a minimum paid sick day standard in Alaska would save over \$9 per worker per week. This calculation came from reduced turn over, lower productivity losses for sick workers on the job, avoiding something like a short-term nursing home stay and a healthier workforce in general. He said if a sick worker has to send his sick child to school and that illness spreads around the school, it can have quite a ripple effect and cost economically.

He said SB 258 will guarantee a worker a modest one hour a week of paid sick leave if their employer does not already provide it. It can be for themselves or their family. It also allows employees to be away from work because he/she is the victim of sexual assault, domestic violence, or stalking crime.

MR. CLEARY said research shows that paid sick leave is essential for most workers. It shows if employees who are unable to take time off for routine health care visits often end up with serious illnesses that force them to miss longer periods of work. Research also shows that going to work while ill (presenteeism) actually results in greater loss of productivity than the combined cost of the employees' absence and health and disability benefits. Also, when employees do not have paid time off, they may lose their jobs in extreme cases which require employers to hire and train new staff and incur costs that are required with turn over.

CHAIR ELLIS asked what is going on in other industrialized countries and other states.

MR. CLEARY replied that 13 other states are considering this along with the District of Columbia.

MARIE DARLIN said she would let her letter stand for AARP's position in support of SB 258.

CHAIR ELLIS announced the bill would be held for further work.

#### **SB 147-WORKERS' COMP EMPLOYER LIABILITY**

CHAIR ELLIS announced SB 147 to be up for consideration.

SENATOR FRENCH, sponsor of SB 147, recapped that this bill is about rectifying an imbalance in the workers' compensation law with respect to the ability of injured workers at a work place to bring a lawsuit against a person that injured them. The way the law works now, if you're a subcontractor, you can never bring a lawsuit against a project owner because of the inclusion of the words "potentially liable for" in the workers' compensation statutes. Removing that phrase would restore the balance to the way it was before - "if you have a policy, you're protected, if you don't have a policy, you're not protected."

[1:44:03 PM](#)

SENATOR DAVIS moved to report SB 147 from committee with individual recommendations and attached fiscal notes.

SENATOR BUNDE objected saying that it puts owners in an untenable position. They can't get workers' compensation to protect themselves from subcontractor employees. If they were able to get it that would make some sense. It will add to the cost of doing business in Alaska and "I think we have far too many of those."

A roll call vote was taken. Senators Davis, Stevens and Ellis voted yea; Senator Bunde voted nay; so SB 147 moved from committee.

### **SB 113-NURSING MOTHERS IN WORKPLACE**

[1:46:28 PM](#)

CHAIR ELLIS announced SB 113 to be up for consideration.

PATRICK CUNNINGHAM, legislative intern to Senator Ellis, sponsor of SB 113, said in February of this year Governor Palin created a planning counsel to develop strategies to respond to health care issues in Alaska. It provided seven policy recommendations; the policy given the highest priority was a recommendation for personal responsibility and prevention in health care. SB 113 responds to these priorities.

He said the current statute that was passed in 1998 prohibits municipalities from enacting an ordinance that prohibits or restricts a woman who is breastfeeding a child in public or private locations where the woman and child are otherwise authorized to be. He said 39 states including Alaska have laws allowing women to breast feed in any public or private location as of 2008; 14 additional states have gone forward with laws

relating to breastfeeding in the workplace. He noted that the Pacific states other than Alaska had enacted law.

The United States Breastfeeding Committee's mission is to improve the nation's health by working collaboratively to protect, promote and support breastfeeding. It has 40 member organizations that have done a lot of research in this regard. They found that breastfeeding provides numerous well-documented health benefits to infants and mothers; they are the greatest when human milk is the baby's primary food for at least the first six months of life. A year is even better.

MR. CUNNINGHAM said studies indicate breastfed babies have less frequent and severe infectious illness, less at risk for death, meningitis, childhood cancers, diabetes, obesity and developmental delay. For the nursing mother there is a reduced risk for breast cancer, ovarian cancer and osteoporosis. Developing children have demonstrated higher IQs, improved reading comprehension, mathematical and scholastic ability during the school years.

He said demographics show that mothers are the fastest growing segment of the U.S. labor force. Approximately 70 percent of employed mothers with children younger than three years work full time; one-third of these mothers return to work within three months after birth and two-thirds return within six months. Mothers who work outside the home initiate breastfeeding at the same rate as mothers who stay at home; however the breastfeeding rate declines substantially in mothers who return to work. This results in a shorter duration of breastfeeding of children. In 2000 - 2003, 42 percent of Alaskan mothers of newborns reported they were currently in school or working outside of their home. Of the mothers who stopped breastfeeding their infants 22 percent reported that one reason they did so was because they were returning to work or school.

MR. CUNNINGHAM said a study in two California corporations found twice as many absences related to a sick baby among employees who did not breastfeed compared with those who did. Among babies who were never sick, 88 percent were breastfed. Among the breastfed mothers there was less employee turnover, faster return from maternity leave, less employee absenteeism, reduced overtime or temporary worker costs, lower utilization of employee health care benefits, improved employee morale and loyalty, improved image of the company as being family-friendly, improved recruiting for personnel and improved retention of employees after child birth.

[1:53:14 PM](#)

He said the trend in employment legislation seems to be evolving with a combination of these approaches: specifying that it is a discriminatory practice to stop a woman from expressing milk or breastfeeding on her breaks or to treat her differently from other employees because she is breastfeeding, requiring employers to provide sufficient break time to express milk in a private sanitary place and providing mothers with a remedy for violation of the law from civil penalties and fines to award of attorney fees.

Some of the minimum conditions to support breastfeeding in the workplace are: allow a 20 - 30 minute break for both morning and afternoon for mother to nurse her infant or express her milk, providing a private clean area, providing a safe, clean and cool place to store expressed milk, having a clean safe water source and sink nearby for washing hands and equipment.

MR. CUNNINGHAM said SB 113 has three components. First the employer shall provide reasonable unpaid break time each day to nursing mothers, the break time run concurrently with other break times and must occur at times that reasonably insure the health and comfort of the mother and child and allow the employee to maintain breast milk supply and lastly it says, unless to do so would create a substantial undue hardship on the employer, he shall provide a private, secure and sanitary room or other location in close proximity to the work area other than a toilet stall for expressing milk or breastfeeding.

[1:55:02 PM](#)

The bill has two definitions, one for employer that means a corporation, company, partnership, firm, association, organization or sole proprietor including the state and any political subdivision of the state. "Undue hardship" is defined as an action that unreasonably difficult or costly when considered in relation to factors like the size and financial resources of the business and the nature and structure of its operation.

[1:55:38 PM](#)

SENATOR BUNDE asked how it provides for a mother who chooses not to breast feed, but who would want the opportunity to feed her infant.

MR. CUNNINGHAM replied that was a good suggestion.

1:56:13 PM

DANA KENT, Clinic Operations and State WIC Breastfeeding Coordinator, Department of Health and Social Services (DHSS), supported SB 113. She said she has been working with the Women, Infants and Children Program for about 20 years in the State of Alaska and has a lot of experience with breastfeeding moms and babies.

MS. KENT stated that it's clear that breast milk is a superior way to feed a baby over formula. Returning to work makes maintaining milk supply difficult. Obstacles are inflexible break times and not having a private place to nurse or express milk. She concurred with Mr. Cunningham's list of benefits to breast feeding and added less sudden infant death syndrome, allergies, asthma, diabetes, respiratory illness and disease, Crohn's disease, multiple sclerosis and, particularly in Alaska, childhood overweight and obesity. Breastfeeding is good for mothers in terms of reducing risk of cancers and lupus.

2:00:15 PM

CHAIR ELLIS recounted that one of the remaining challenges is that it is more of a burden on some businesses than others. He asked if she could work with employers to find those reasonable accommodations to educate employers about the benefits to their bottom line of making this possible for employees if the law so requires.

MS. KENT replied that the administration didn't have a position on this bill yet and that she was looking at the benefits from a health and social services perspectives.

2:01:40 PM

SENATOR STEVENS asked if this might require a business to allow a mother to bring her child to the workplace and to provide facilities for children in their business.

2:02:40 PM

MS. KENT replied that someone with more knowledge of the intent of the bill could better answer that.

STEPHANIE BIRCH, Chief, Section of Women, Children and Family Health, Division of Public Health (DPH), Department of Health and Social Services (DHSS) supported SB 113 and the comments of previous speakers. She said the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Practitioners, the World Health Organization and the United Nation's Children's Fund along with

many other organizations recommend exclusive breastfeeding for the first six months of life and continued breastfeeding along with appropriate supplemental foods until 12 or more months of age. Women with infants and toddlers are the fastest growing segment of today's workforce and more than 50 percent of women who are working when they become pregnant return to work by the time their infant is only 8 - 12 weeks old. Employers save money because of lower absenteeism, parents with breastfed children have fewer days of work because their children are healthier. Health care costs are lower for breastfed babies; they require fewer sick care visits, prescriptions and hospitalizations.

For every 1,000 babies who are never breastfed, there are 2,033 excess office visits, 212 excess days of hospitalization and 609 excess prescriptions that are written. This is documented in a study done by the Oregon Department of Health and Human Services. In 2001 the U.S. Department of Agriculture estimated that a minimum of \$3.6 billion would be saved if the prevalence of exclusive breastfeeding increased from the current rates to those recommended by the surgeon general. Other studies estimate a societal cost savings \$250 - \$840 per year per child.

MS. BIRCH also concurred that breastfeeding is a protective factor of SIDs which is an especially serious problem in Alaska where its rate was reported to be 1.5 times higher than the nation's for 2000 - 2002.

CHAIR ELLIS said that the health benefits of breastfeeding have been established on the record and he hasn't heard any disagreement on that and that drafters did not intend to require child care on the premises.

2:07:02 PM

SARAH GROSSHUESCH, Public Health Educator, Department of Health and Human Services, Municipality of Anchorage, supported SB 113. She explained the Municipality of Anchorage WIC program is a strong advocate for breastfeeding and the ability for moms to pump at work is a major concern that is constantly brought up by clients when they are returning to work. A woman must pump every 2-3 hours preferably in a private space, not the bathroom and for 15-20 minutes. In addition, she said, the mayor's task force on obesity and health identified three key areas that impact obesity in the community - physical activity, nutrition and built environment. Encouraging employers to support breastfeeding employees with adequate break time and a private space to express milk is a strategy identified by the 10-year plan to improve nutrition in the workplace.

[2:10:39 PM](#)

CATHERINE TAPEY, President, Alaska Breastfeeding Coalition, supported SB 113. She supported all the previous testimony.

[2:11:55 PM](#)

SUSAN HENNON, Coordinator, Women, Infants and Children's Program, Southeast Alaska Regional Health Consortium (SEARHC), said one of the most rewarding aspects of her job is helping the women she serves be successful in their breastfeeding efforts. Her comments agreed with previous speakers in support of SB 113.

[2:15:19 PM](#)

She said SEARHC established a breastfeeding policy in 2006 because they understood they couldn't encourage employers to allow their employees time to breastfeed or express milk without implementing such a policy themselves. Their policy goes beyond the scope of SB 113 by providing paid time in which to either breastfeed on site or to express the milk. She put together a packet for the committee to use as a guide for implementing similar policies. This is an exception to the no children in the workforce policy. They have successfully implemented this policy for two years. She encouraged the State of Alaska to take the lead as well and pass SB 113 without delay.

[2:18:10 PM](#)

DEBI BALLAM, Lactation Consultant, Bartlett Regional Hospital, said she runs a new parent support group. One of the women in it worked at the University and had to express milk in a toilet stall and she said "That is untenable." They should think of things as risks of not being breastfed - not benefits. It's not that your IQ is higher because you are breastfed; your IQ is lower because you were not breastfed. They need to think of breastfeeding as the norm. She said women need to return to the workforce in the U.S. and here in Alaska especially because of the high cost of living and they need to be supported to do so. She said all the public health agencies support the work force supporting breastfeeding.

CHAIR ELLIS asked if business groups have come around on this subject.

MS. BALLAM answered SEARHC has and while Bartlett Regional Hospital doesn't have a policy in place, it supports all of the employees by providing break time and a place for mothers to express milk or feed the baby. They are not advocating a place on site.

[2:20:47 PM](#)

MEGH BARNETT, representing herself, Anchorage, supported SB 113.

SARAH FERRENCY, Teacher, Sitka Alternative High School, asked if political subdivisions include local governments and schools. She had an experience about five years ago where a student had a baby and had a very supportive partner who brought the baby into nurse. The school's policy really didn't accommodate her and ultimately she was forced to choose between nursing her baby and completing her education and she chose nursing her baby. Her child is a brilliant kindergartener now. She sacrificed a lot and she shouldn't have had to. She is a successful employee, but didn't get her high school diploma.

MS. FERRENCY said the state should also consider that her daughter had a friend who chose to stay on welfare instead of going back to work so that she would be able to breastfeed her child because she knew that was the best thing for him. She could have been a working parent during that time.

Another friend wasn't able to express her milk and a good friend brought her baby in so she was able with a flexible employer to nurse her baby. Finally she wanted to see guidelines for what constitutes "reasonable" because 20 minutes twice a day is not enough to keep up a milk supply if you have a two month old baby.

[2:23:54 PM](#)

CHAIR ELLIS asked if it's common for a mother not to be able to express the milk.

MS. FERRENCY replied she didn't know.

[2:24:19 PM](#)

NICKI NEAL, Director, Division of Personnel, Department of Administration (DOA), didn't have a position on this bill at this time, but wanted clarification on what is meant by "private and secure." Currently, she said, the State of Alaska makes every effort to accommodate women who breastfeed or need to express milk - sometimes letting them use a conference room.

[2:25:29 PM](#)

DEADRA HALL, representing herself, said she is a State of Alaska employee, a member of the ASEA and a breastfeeding mother; she supported SB 113. She related that she has a lot of problems because she is trying to supply milk to her child and her milk

production has gone down since she has returned to work. Most bathrooms don't have plug-ins and you need electricity to run the pump along with privacy to use it.

[2:27:06 PM](#)

GREG LIGHT, representing himself, said he supported SB 113. As an office manager he has two nursing mothers. He is lucky to have an empty office that he is allowing them to use for expressing milk and it has improved their morale and he knows they came back earlier from maternity leave because they were going to be able to do that.

[2:28:52 PM](#)

SENATOR BUNDE said he thought the zero fiscal notes were inaccurate and that there would be a cost to the state to create places for this to happen.

CHAIR ELLIS said the bill has a further referral to the HESS committee where some of the health issues would be covered.

SENATOR STEVENS said he thought the committee needed to address the issue of children in the workplace and make it very clear they are not talking about changing any rules on no children in the work place. Second, he wanted to know if they would have to provide facilities in any political subdivisions of the state including high schools.

CHAIR ELLIS said they wanted the issues up front and held SB 113 for further consideration.

### **SB 160-MANDATORY UNIVERSAL HEALTH CARE**

[2:30:25 PM](#)

CHAIR ELLIS announced SB 160 to be up for consideration.

SENATOR FRENCH, sponsor of SB 160, said his comments would center on the employer contribution, questions that Senator Bunde had earlier. He said the employer provisions are there to make sure everyone contributes something to health insurance. For businesses with zero to 10 full time employees the employer levy is nothing; for 20 or more employees the levy is 2 percent. There are three ways to get around the levy; one is to pay 33 percent of the premium costs for your employees, two is to enroll 25 percent of your employees in an employer sponsored plan and three, establish a Section 125 plan (about \$300 per employee).

SENATOR FRENCH said the chart before them compares the levy as it's proposed in SB 160 with California, Massachusetts and Vermont by income levels. It indicates that California has a much steeper levy that goes from 1 - 6.5 percent of payroll. Massachusetts and Vermont crafted compromises with the business community and decided on one standard fee so they didn't have to quibble about what the income was and what the numbers of employees were. If you don't provide health insurance at the job site in Massachusetts the cost is a flat \$295.

He said SB 160 would not fix the Medicare crisis or the problems brought on by the low reimbursement rates. It doesn't establish a single payer plan like socialized medicine which it is not. He emphasized:

Frankly, this is a right-wing solution to the health care problem that's been crafted by conservative think tanks and has been adopted by Massachusetts and proved to enroll more people in insurance and I think that's the break through the country has been waiting for for some time.

SENATOR FRENCH said this legislation doesn't address the shortness of doctors in the state; but it will reduce the unspoken financial penalty everyone with insurance pays for people who don't have it.

[2:36:29 PM](#)

SENATOR STEVENS asked what impact this would have on Alaska Native health care system which affects about 20 percent of the population.

SENATOR FRENCH replied this system will not supplant the Native health care system. Language on page 6 allows any Native to participate if they want to; it lists individuals who are not mandated to participate.

[2:38:59 PM](#)

MARIE DARLIN, Capital City Task Force, AARP, supported SB 160. She said access to health care is important. Those without health care delay treatment so it is more costly in the long run. Some of the questions they have, however, are who is covered, how comprehensive the coverage is, if SB 160 is efficient and practical and will it result in fairness and equity. Another concern was how much choice does it really permits.

[2:41:34 PM](#)

MEGH BARNETT, representing herself, supported SB 160.

[2:42:00 PM](#)

KATIE SAUNDERS, representing herself, said she lives in Copper Center and goes to school in Anchorage and that she supported SB 160. Prevention is the best way to approach health care she said.

[2:42:27 PM](#)

MARILYNN RUSSEL, representing herself, said she lives in Fairbanks and supported SB 160. She is uncomfortable around people who don't have coverage.

[2:43:24 PM](#)

SUE JOHNSON, representing herself, said she lives in Anchorage and supported SB 160.

[2:44:03 PM](#)

SENATOR STEVENS asked Dr. Butler about how this would affect the Native Health Service. He knows when a Native goes to their health care facility the first payer is their personal insurance and then if they don't have it he assumed the Native health service picked it up. If SB 160 passed would that make the state become the first payer and would the state actually be supplanting federal dollars in health care costs. He was concerned about the loss of funding to Native health care system.

DR. BUTLER, Chief Medical Officer, Department of Health and Social Services (DHSS), responded that while he wasn't an expert on Indian health coverage, he could contribute that Alaska Natives have a poorer health status than non-Natives living in the state. A recent analysis of the effects of universal coverage in Taiwan, 10 years before and 10 years after, found the people with poorest levels of health increased their life expectancy after universal health care became available. There was some diminution in the disparities between the groups. This raises the question of whether or not more access could potentially address the disparity question.

SENATOR BUNDE commented that the parallel might be with Medicare where no one wants to take you with Medicare; so you end up with a health care system you can't use. He didn't know if that would work the same way with the Native health care system or not.

[2:48:04 PM](#)

CHAIR ELLIS said SB 160 would be held for further work and adjourned the meeting at [2:49:12 PM](#).