



With Spirit and Strength

March 21, 2025

Rep. Maxine Dibert
Alaska State Capitol, Rm 126
Juneau, AK 99801

Representative Dibert,

Aleutian Pribilof Islands Association supports House Bill 52 to increase transparency and parental oversight of Alaskan children who are placed in psychiatric hospitals.

Many of our beneficiaries have experience with separation from their families. For those most vulnerable minors who are institutionalized, whether temporarily or indefinitely, we strongly advocate for timely and ongoing communication with parents or guardians.

Unannounced and thorough inspection by state public officials will help to ensure safe and appropriate conditions are maintained for both staff and patients.

Seclusion and restraint of minors should be reserved for the most trying cases. Transparent reporting of their use is the least the state can offer as oversight of these difficult situations.

We hope the legislature and administration can agree these small efforts are necessary to keep our children safe and able to work towards recovery and reintegration into their respective communities.

Thank you,

A handwritten signature in black ink, appearing to read "Dimitri Philemonof", is written over a light blue circular stamp.

Dimitri Philemonof
President/CEO

From: [Susan A](#)
To: [House Health and Social Services](#)
Subject: Public Testimony on HB 52
Date: Tuesday, March 25, 2025 8:36:04 PM

Public Testimony on HB 52: An Act Relating to the Rights of Minors in Psychiatric Hospitals

Honorable Members of the Alaska State Legislature,

I am here today to offer testimony on House Bill 52, which seeks to address the rights of minors undergoing evaluation or inpatient treatment at psychiatric hospitals in Alaska. While this bill represents an important step forward in safeguarding the welfare of minors, I believe there are several significant issues that must be addressed to ensure it is truly effective and fair for all parties involved. I will outline the problems I have identified and propose solutions to strengthen the bill.

1. Lack of Clear Definitions (Seclusion and Restraint)

Problem:

The bill introduces the concept of seclusion and restraint without providing clear and comprehensive definitions. This creates ambiguity, leaving room for misinterpretation or misuse by psychiatric facilities. Without clear definitions, the rights of minors and the responsibilities of care providers remain unclear, leading to inconsistent enforcement and potential abuse.

Suggestion:

I urge the legislature to add precise definitions for both seclusion and restraint in the bill, encompassing all forms including chemical, mechanical, and physical restraints. This would ensure uniform application and compliance with the law.

2. Overlaps with Existing Laws

Problem:

The bill overlaps with existing laws governing minor patients in psychiatric facilities, particularly those under the Mental Health Patient Rights Act. This redundancy can cause confusion for both healthcare providers and patients. Multiple, conflicting sets of rules might complicate the delivery of care and violate patients' rights.

Suggestion:

The bill should be harmonized with existing regulations to avoid redundancy. Specifically, it should clearly outline how it integrates with the Mental Health Patient Rights Act and what provisions are unique to this legislation to avoid conflicting directives.

3. Inadequate Protections for Workers

Problem:

While the bill addresses the rights of minors, it neglects to protect the healthcare workers who may be required to administer seclusion or restraint in cases of medical necessity. There is no clarity on how workers will be safeguarded from potential legal or professional repercussions when acting in good faith.

Suggestion:

Incorporate provisions that protect healthcare professionals from liability when they are forced to use seclusion or restraint in emergency situations to ensure the safety of minors, provided that these actions are done in compliance with established standards and guidelines.

4. Inconsistent Reporting and Accountability Measures

Problem:

The bill requires psychiatric hospitals to notify the Department of Health about every use of seclusion or restraint but lacks provisions for consistent and strict penalties for non-compliance. Without clear enforcement mechanisms, psychiatric hospitals may fail to report incidents, undermining the bill's purpose of transparency and accountability.

Suggestion:

To ensure compliance, the bill must introduce clear penalties for psychiatric hospitals that fail to meet reporting requirements. These penalties could include financial fines or the suspension of operational licenses for facilities that consistently fail to report incidents of seclusion or restraint.

5. Insufficient Oversight and Inspections

Problem:

While the bill mandates inspections, it lacks specificity regarding the qualifications of inspectors and the frequency of these inspections. The requirement for unannounced inspections should be reinforced with clear guidelines on how they are to be carried out. Additionally, there is no mention of ensuring that inspections are comprehensive enough to identify systemic issues at psychiatric hospitals.

Suggestion:

The bill should specify the qualifications and training required for inspectors, ensuring they are well-equipped to evaluate the effectiveness of psychiatric hospitals in protecting minors. Additionally, the inspections should be detailed and include interviews with a significant percentage of minor patients to assess whether their rights are being upheld.

6. Lack of Cultural Competency for Indigenous Minors

Problem:

The bill does not explicitly address the needs of Indigenous minors or those from marginalized communities. It assumes that all minors have equal access to psychiatric care, which may not be the case for those in remote areas or those whose cultural and spiritual beliefs differ from mainstream medical practices.

Suggestion:

I recommend incorporating a provision to ensure culturally competent care for Indigenous minors, including access to culturally sensitive therapists and services. The bill should also mandate collaboration with tribal authorities to ensure these minors' rights are adequately protected.

7. Lack of Transparency in Use of Seclusion and Restraint

Problem:

The bill mandates reporting of seclusion and restraint usage but lacks transparency on how this data will be used, and whether it will be shared with the public or oversight bodies. The absence of transparency could undermine public trust in the effectiveness of these safeguards.

Suggestion:

I propose that the Department of Health publish a public annual report detailing not only the frequency of seclusion and restraint use but also the context in which they were applied, and the outcomes of such measures. This would enhance transparency and help identify patterns or abuses that require attention.

8. Potential for Violating Constitutional Rights

Problem:

The bill could face constitutional challenges, particularly related to the rights of minors and their parents. The right to privacy and parental involvement could conflict with medical necessity in certain circumstances, particularly when healthcare providers deem communication or parental involvement to be therapeutically unadvisable.

Suggestion:

To prevent constitutional challenges, the bill should clearly balance the rights of minors and their families with the authority of healthcare providers. Provisions should be included that allow medical professionals to limit communication when it is necessary for the health and safety of the minor, but these instances should be clearly documented and reviewed.

9. No Provisions for Family Advocacy or Legal Representation

Problem:

The bill does not include provisions for family advocacy or legal representation for minors who may be undergoing treatment or facing seclusion/restraint. This lack of legal support may leave minors vulnerable to situations where their rights are violated without proper recourse.

Suggestion:

Introduce provisions that allow for the appointment of independent advocates or legal counsel for minors in psychiatric hospitals. These advocates should be responsible for ensuring that minors' rights are being respected and that any instances of seclusion or restraint are appropriate and justifiable.

10. Lack of Meaningful Penalties for Non-Compliance

Problem:

The bill contains no mention of meaningful penalties for psychiatric hospitals that fail to adhere to the regulations, particularly regarding the use of seclusion and restraint. This could create a situation where facilities are incentivized to circumvent the law without consequence.

Suggestion:

Penalties should be explicitly detailed in the bill, including financial fines for each instance of non-compliance, as well as potential license revocation for repeated or severe violations. This would strengthen the bill's enforcement and ensure that facilities are held accountable for any mistreatment of minors.

In conclusion, while HB 52 takes important steps toward protecting the rights of minors in psychiatric hospitals, it must be amended to address significant issues of oversight, accountability, clarity, and cultural sensitivity. By adding definitions, expanding protections for workers, ensuring transparency, and instituting strict penalties for non-compliance, we can ensure that this bill will truly serve the best interests of Alaska's minors and provide a safer, more just framework for their care. I strongly urge the committee to consider these amendments and strengthen the bill.

Thank you for your time and consideration.

Susan Allmeroth

Two Rivers

Myself