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5/15/25

SENATE CS FOR HOUSE BILL NO. 36(JUD)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY THE SENATE JUDICIARY COMMITTEE

Offered:
Referred:

Sponsor(s): REPRESENTATIVES GRAY, Fields, Burke, Jimmie, Foster, Tomaszewski, Story, Mina, Eischeid, Bynum, Galvin, Hannan, Josephson, Stutes, Ruffridge, Schrage, Costello, Mears, Saddler

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to treatment foster homes; relating to the examination and treatment
2 of minors; relating to consent for behavioral and mental health treatment for minors 16
3 years of age or older; relating to the placement of foster children in hospitals and
4 residential psychiatric treatment centers for psychiatric care; relating to the duties of
5 the Department of Family and Community Services; relating to the care of children in
6 state custody placed in psychiatric residential treatment facilities outside the state;
7 amending Rule 12.1(b), Alaska Child in Need of Aid Rules of Procedure; and providing
8 for an effective date."

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

10 * **Section 1.** AS 12.62.400(a)(25) is amended to read:

11 (25) licensure, license renewal, certification, or certification renewal
12 by the Department of Family and Community Services of an individual or entity, or

1 payment from the Department of Family and Community Services to an individual or
2 entity, subject to the requirements for a criminal history check under AS 47.05.310 for
3 **an entity** [A FOSTER HOME, CHILD PLACEMENT AGENCY, AND RUNAWAY
4 SHELTER] listed in AS 47.32.010(c), including an owner, officer, director, member,
5 partner, employee, volunteer, or contractor of an entity.

6 * **Sec. 2.** AS 25.20.025(a) is amended to read:

7 (a) Except as prohibited under AS 18.16.010(a)(3),

8 (1) **a minor who provides documentation required under (d) of this**
9 **section demonstrating that the minor is an unaccompanied homeless minor or** a
10 minor who is living apart from the minor's parents or legal guardian and who is
11 managing the minor's own financial affairs, regardless of the source or extent of
12 income, may give consent for medical, **behavioral, mental health,** and dental services
13 for the minor;

14 (2) a minor may give consent for medical and dental services if the
15 parent or legal guardian of the minor cannot be contacted or, if contacted, is unwilling
16 either to grant or withhold consent; however, where the parent or legal guardian
17 cannot be contacted or, if contacted, is unwilling either to grant or to withhold consent,
18 the provider of medical or dental services shall counsel the minor keeping in mind not
19 only the valid interests of the minor but also the valid interests of the parent or
20 guardian and the family unit as best the provider presumes them;

21 (3) a minor who is the parent of a child may give consent to medical,
22 **behavioral, mental health,** and dental services for the minor or the child;

23 (4) a minor may give consent for diagnosis, prevention or treatment of
24 pregnancy, and for diagnosis and treatment of venereal disease;

25 (5) the parent or guardian of the minor is relieved of all financial
26 obligation to the provider of the service under this section.

27 * **Sec. 3.** AS 25.20.025 is amended by adding a new subsection to read:

28 (d) To establish that a minor is a homeless unaccompanied minor for purposes
29 of giving consent under (a)(1) of this section, the minor must possess documentation
30 stating that the minor is 16 years of age or older, does not have a fixed, regular,
31 adequate nighttime residence, and is not in the care and physical custody of a parent or

guardian. The document must be signed by

(1) a director or the designee of a director of a governmental or nonprofit entity that receives public or private funding to provide services to individuals who are homeless;

(2) a local educational agency liaison for homeless children and youth designated under 42 U.S.C. 11432(g)(1)(J)(ii), a local educational agency foster care point of contact designated under 20 U.S.C. 6312(c)(5)(A), or a licensed clinical social worker employed by a school in the state;

(3) an attorney who represents the minor in any legal matter; or

(4) the minor and two adults with actual knowledge of the minor's circumstances.

* **Sec. 4.** AS 25.20 is amended by adding a new section to read:

Sec. 25.20.028. Behavioral and mental health treatment of minors. (a) A minor who is 16 years of age or older may give consent to receive outpatient behavioral or mental health services from a mental health provider for up to five outpatient appointments of up to 90 minutes each. A mental health provider may not prescribe medication to a minor receiving behavioral or mental health services without obtaining the consent of the minor's parent or guardian. After the fifth appointment, a mental health provider may continue to provide behavioral or mental health services to the minor only as provided in (b) or (c) of this section.

(b) Not later than the fifth appointment and upon consultation with the minor, the mental health provider, in conjunction with the provider's supervisor if the mental health provider has a supervisor, shall determine whether attempting to obtain the consent of the minor's parent or guardian to provide behavioral or mental health services would be detrimental to the minor's well-being. Attempting to obtain the consent of the minor's parent or guardian would be detrimental to the minor's well-being if

(1) the behavioral or mental health services are related to allegations of neglect, sexual abuse, or mental or physical abuse by the minor's parent or guardian; or

(2) the mental health provider finds that

(A) requiring the consent of the minor's parent or guardian would cause the minor to reject behavioral or mental health services;

(B) failing to provide behavioral or mental health services to the minor would be detrimental to the minor's well-being;

(C) the minor sought behavioral or mental health services knowingly and voluntarily; and

(D) the minor has the maturity to productively participate in behavioral or mental health services.

(c) If the mental health provider determines that attempting to obtain the consent of the minor's parent or guardian would not be detrimental to the minor's well-being, the mental health provider shall inform the minor that the consent of the minor's parent or guardian is required to continue providing behavioral or mental health services to the minor. The mental health provider shall discontinue behavioral or mental health services to a minor who does not permit the mental health provider to obtain the consent of the minor's parent or guardian and notify the minor's parent or guardian that the services were provided. If the minor permits the mental health provider to obtain the consent of the minor's parent or guardian, the mental health provider shall make reasonable attempts to obtain that consent. The mental health provider shall document each attempt to obtain consent in the minor's clinical record. The mental health provider may continue to provide behavioral or mental health services to the minor without the consent of the minor's parent or guardian if

(1) the mental health provider has made at least two unsuccessful attempts to contact the minor's parent or guardian to obtain consent by mail, electronic mail, or telephone; and

(2) the mental health provider has the written consent of the minor.

(d) If the mental health provider determines that attempting to obtain the consent of the minor's parent or guardian would be detrimental to the minor's well-being, the mental health provider shall document the basis for the determination in the minor's clinical record. The mental health provider may continue to provide behavioral or mental health services to the minor upon the minor's written consent. The mental health provider and the mental health provider's supervisor, if the mental health

1 provider has a supervisor, shall evaluate the determination made under (b) of this
2 section every 60 days until either the mental health provider discontinues providing
3 services to the minor or the minor turns 18 years of age.

4 (e) A mental health provider may not inform the parent or guardian of a minor
5 receiving behavioral or mental health services under (d) of this section of those
6 services without the written consent of the minor. A mental health provider shall
7 inform a minor before disclosing to the minor's parent or guardian information
8 regarding any behavioral or mental health services provided to the minor. The mental
9 health provider may not disclose the information to the parent or guardian if the minor
10 discontinues the behavioral or mental health services upon being informed of the
11 mental health provider's intent. A mental health provider may deny a minor's parent or
12 guardian access to any part of the minor's clinical record if the mental health provider
13 has compelling reasons for the denial.

14 (f) The parent or guardian of a minor is relieved of all financial obligation to
15 the provider of a service under this section.

16 (g) Nothing in this section may be construed to remove liability of the person
17 performing the examination or treatment for failure to meet the standards of care
18 common throughout the health professions in the state or for intentional misconduct.

19 (h) In this section, "mental health provider" means a behavioral health
20 professional as defined in AS 14.30.174(b) and a mental health professional as defined
21 in AS 47.30.915.

22 * **Sec. 5.** AS 47.07.020(b) is amended to read:

23 (b) In addition to the persons specified in (a) of this section, the following
24 optional groups of persons for whom the state may claim federal financial
25 participation are eligible for medical assistance:

26 (1) persons eligible for but not receiving assistance under any plan of
27 the state approved under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act,
28 Supplemental Security Income) or a federal program designated as the successor to the
29 aid to families with dependent children program;

30 (2) persons in a general hospital, skilled nursing facility, or
31 intermediate care facility, who, if they left the facility, would be eligible for assistance

under one of the federal programs specified in (1) of this subsection;

(3) persons under 21 years of age who are under supervision of the department, for whom maintenance is being paid in whole or in part from public funds, and who are in foster homes, treatment foster homes, or private child-care institutions; in this paragraph, "treatment foster home" has the meaning given in AS 47.32.900;

(4) aged, blind, or disabled persons, who, because they do not meet income and resources requirements, do not receive supplemental security income under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act), and who do not receive a mandatory state supplement, but who are eligible, or would be eligible if they were not in a skilled nursing facility or intermediate care facility to receive an optional state supplementary payment;

(5) persons under 21 years of age who are in an institution designated as an intermediate care facility for persons with intellectual and developmental disabilities and who are financially eligible as determined by the standards of the federal program designated as the successor to the aid to families with dependent children program;

(6) persons in a medical or intermediate care facility whose income while in the facility does not exceed 300 percent of the supplemental security income benefit rate under 42 U.S.C. 1381 - 1383c (Title XVI, Social Security Act) but who would not be eligible for an optional state supplementary payment if they left the hospital or other facility;

(7) persons under 21 years of age who are receiving active treatment in a psychiatric hospital and who are financially eligible as determined by the standards of the federal program designated as the successor to the aid to families with dependent children program;

(8) persons under 21 years of age and not covered under (a) of this section, who would be eligible for benefits under the federal program designated as the successor to the aid to families with dependent children program, except that they have the care and support of both their natural and adoptive parents;

(9) pregnant women not covered under (a) of this section and who

1 meet the income and resource requirements of the federal program designated as the
2 successor to the aid to families with dependent children program;

3 (10) persons under 21 years of age not covered under (a) of this section
4 who the department has determined cannot be placed for adoption without medical
5 assistance because of a special need for medical or rehabilitative care and who the
6 department has determined are hard-to-place children eligible for subsidy under
7 AS 25.23.190 - 25.23.210;

8 (11) persons who can be considered under 42 U.S.C. 1396a(e)(3) (Title
9 XIX, Social Security Act, Medical Assistance) to be individuals with respect to whom
10 a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c (Title
11 XVI, Social Security Act) because they meet all of the following criteria:

12 (A) they are 18 years of age or younger and qualify as disabled
13 individuals under 42 U.S.C. 1382c(a) (Title XVI, Social Security Act);

14 (B) the department has determined that

15 (i) they require a level of care provided in a hospital,
16 nursing facility, or intermediate care facility for persons with
17 intellectual and developmental disabilities;

18 (ii) it is appropriate to provide their care outside of an
19 institution; and

20 (iii) the estimated amount that would be spent for
21 medical assistance for their individual care outside an institution is not
22 greater than the estimated amount that would otherwise be expended
23 individually for medical assistance within an appropriate institution;

24 (C) if they were in a medical institution, they would be eligible
25 for medical assistance under other provisions of this chapter; and

26 (D) home and community-based services under a waiver
27 approved by the federal government are either not available to them under this
28 chapter or would be inappropriate for them;

29 (12) disabled persons, as described in 42 U.S.C.
30 1396a(a)(10)(A)(ii)(XIII), who are in families whose income, as determined under
31 applicable federal regulations or guidelines, is less than 250 percent of the official

poverty line applicable to a family of that size according to the United States Department of Health and Human Services, and who, but for earnings in excess of the limit established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be individuals with respect to whom a supplemental security income is being paid under 42 U.S.C. 1381 - 1383c; a person eligible for assistance under this paragraph who is not eligible under another provision of this section shall pay a premium or other cost-sharing charges according to a sliding fee scale that is based on income as established by the department in regulations;

(13) persons under 19 years of age who are not covered under (a) of this section and whose household income does not exceed 175 percent of the federal poverty line as defined by the United States Department of Health and Human Services and revised under 42 U.S.C. 9902(2);

(14) pregnant women who are not covered under (a) of this section and whose household income does not exceed 225 percent of the federal poverty line as defined by the United States Department of Health and Human Services and revised under 42 U.S.C. 9902(2);

(15) persons who have been diagnosed with breast or cervical cancer and who are eligible for coverage under 42 U.S.C. 1396a(a)(10)(A)(ii)(XVIII).

* **Sec. 6.** AS 47.10.084(c) is amended to read:

(c) When there has been transfer of legal custody or appointment of a guardian and parental rights have not been terminated by court decree, the parents shall have residual rights and responsibilities. These residual rights and responsibilities of the parent include, but are not limited to, the right and responsibility of reasonable visitation, consent to adoption, consent to marriage, consent to military enlistment, consent to major medical treatment except in cases of emergency or cases falling under AS 25.20.025 or 25.20.028, and the responsibility for support, except if by court order any residual right and responsibility has been delegated to a guardian under (b) of this section. In this subsection, "major medical treatment" includes the administration of medication used to treat a mental health disorder.

* **Sec. 7.** AS 47.10.087 is amended to read:

Sec. 47.10.087. Placement in [SECURE] residential psychiatric treatment

1 **center.** (a) The court may authorize the department to place a child who is in the
2 custody of the department under AS 47.10.080(c)(1) or (3) or 47.10.142 in a
3 [SECURE] residential psychiatric treatment center if the court finds, based on the
4 testimony of a mental health professional, that

5 (1) the child is gravely disabled or is suffering from mental illness and,
6 as a result, is likely to cause serious harm to the child or to another person;

7 (2) there is no reasonably available, appropriate, and less restrictive
8 alternative for the child's treatment or that less restrictive alternatives have been tried
9 and have failed; and

10 (3) there is reason to believe that the child's mental condition could be
11 improved by the course of treatment or would deteriorate if untreated.

12 (b) A court shall review a placement made under this section at least once
13 every 90 days. The court may authorize the department to continue the placement of
14 the child in a [SECURE] residential psychiatric treatment center if the court finds,
15 based on the testimony of a mental health professional, that the conditions or
16 symptoms that resulted in the initial order have not ameliorated to such an extent that
17 the child's needs can be met in a less restrictive setting and that the child's mental
18 condition could be improved by the course of treatment or would deteriorate if
19 untreated.

20 (c) The department shall transfer a child from a [SECURE] residential
21 psychiatric treatment center to another appropriate placement if the mental health
22 professional responsible for the child's treatment determines that the child would no
23 longer benefit from the course of treatment or that the child's treatment needs could be
24 met in a less restrictive setting. The department shall notify the child, the child's
25 parents or guardian, [AND] the child's guardian ad litem, **and any other parties** of a
26 determination and transfer made under this subsection.

27 (d) In this section,

28 **(1)** "likely to cause serious harm" has the meaning given in
29 AS 47.30.915;

30 **(2)** "**residential psychiatric treatment center**" has the meaning
31 **given in AS 47.32.900.**

* **Sec. 8.** AS 47.10 is amended by adding a new section to read:

Sec. 47.10.105. Short-term psychiatric care. (a) The department may seek services for a child who is in the custody of the department under AS 47.10.080(c)(1) or (3) or 47.10.142 at a hospital that is not a residential psychiatric treatment center to receive psychiatric care if the person in charge of admittance to the hospital finds that

(1) the child is suffering from a mental illness and, as a result, may cause serious harm to the child or another person; and

(2) there is no reasonably available, appropriate, and less restrictive alternative for the child to receive treatment.

(b) Within 24 hours after seeking services for a child at a hospital as authorized under (a) of this section, the department shall notify the court, the child, the child's parents or guardians, the child's guardian ad litem, and any other parties to an ongoing child-in-need-of-aid case involving the child of the placement. Providing notification under this subsection does not relieve the department of the duty to promptly look to place the child in a less restrictive setting. The department is not required to provide notice to the court under this subsection if the child is released from the hospital to a less restrictive placement within 23 hours after arriving at the hospital to seek services.

(c) A court shall review a placement made under (a) of this section within seven calendar days after the child's placement in a hospital. The court may grant one request to continue the hearing for up to seven calendar days if necessary to secure the attendance of the child, a party, or a material witness. The court may authorize the department to continue the placement of the child in a hospital if the court finds by clear and convincing evidence, based on the testimony of a mental health professional, and taking into account the length of time the child has been in the hospital, that the conditions or symptoms that resulted in the initial placement made under (a) of this section have not ameliorated to the extent that the child's needs can be met in a less restrictive setting, and that the child's mental condition could be improved by the course of treatment or would deteriorate if untreated. If a court does not make the findings required under this subsection, the child shall be released from the hospital for placement in a less restrictive setting. The court may vacate a hearing scheduled as

required under this subsection if either

(1) the child is released to a less restrictive setting before the scheduled hearing; or

(2) all parties agree that the initial placement under (a) of this section was reasonable and necessary, the parties submit to the court a written stipulation that includes a treatment plan and timeline that will result in releasing the child to a less restrictive setting, and the court finds in writing that the treatment plan and timeline are reasonable and will result in releasing the child to a less restrictive setting.

(d) The court shall review a placement approved under (c) of this section

(1) at least once every 30 days; and

(2) when requested by the child, the child's parent or guardian, the child's guardian ad litem, or any other party, upon a showing of good cause.

* **Sec. 9.** AS 47.10.990(12) is amended to read:

(12) "foster care" means care provided by a person or household under a foster home license or treatment foster home license required under AS 47.32;

* **Sec. 10.** AS 47.12.150(c) is amended to read:

(c) When there has been transfer of legal custody or appointment of a guardian and parental rights have not been terminated by court decree, the parents shall have residual rights and responsibilities. These residual rights and responsibilities of the parent include the right and responsibility of reasonable visitation, consent to adoption, consent to marriage, consent to military enlistment, consent to major medical treatment except in cases of emergency or cases falling under AS 25.20.025 or 25.20.028, and the responsibility for support, except if by court order any residual right and responsibility has been delegated to a guardian under (b) of this section.

* **Sec. 11.** AS 47.14.010 is amended to read:

Sec. 47.14.010. General powers of department over juvenile facilities and institutions. The department may

(1) purchase, lease, or construct buildings or other facilities for the care, detention, rehabilitation, and education of children in need of aid or delinquent minors;

(2) adopt plans for construction of juvenile detention facilities, juvenile

treatment facilities, and other juvenile institutions;

(3) adopt standards and regulations for the design, construction, repair, maintenance, and operation of all juvenile detention facilities, juvenile treatment facilities, and institutions;

(4) inspect periodically each juvenile detention facility, juvenile treatment facility, or other institution to ensure that the standards and regulations adopted are being maintained;

(5) reimburse municipalities maintaining and operating juvenile detention facilities;

(6) enter into contracts and arrangements with cities and state and federal agencies to carry out the purposes of AS 47.10, AS 47.12, and this chapter;

(7) do all acts necessary to carry out the purposes of AS 47.10, AS 47.12, and this chapter;

(8) adopt the regulations necessary to carry out AS 47.10, AS 47.12, and this chapter;

(9) accept donations, gifts, or bequests of money or other property for use in construction of juvenile institutions, detention facilities, or juvenile treatment facilities;

(10) operate juvenile detention facilities when municipalities are unable to do so;

(11) receive, care for, and place in a juvenile detention facility, the minor's own home, a foster home, a treatment foster home, a juvenile treatment facility, or treatment institution all minors committed to its custody under AS 47.10, AS 47.12, and this chapter.

* **Sec. 12.** AS 47.14.110(a) is amended to read:

(a) A representative of the department shall visit, as often as is considered necessary, every foster home, treatment foster home, or institution in which a child is placed, and, if not satisfied as to the care given, may remove the child from the foster home or institution and place the child elsewhere.

* **Sec. 13.** AS 47.14.112(d) is amended to read:

(d) The division of the department with responsibility over the custody of

children shall prepare and make available to the legislature an annual report on employee recruitment and retention, including a five-year plan, for the division. Not later than November 15 of each year, the department shall deliver the report to the senate secretary and the chief clerk of the house of representatives and notify the legislature that the report is available. The report prepared under this subsection is separate from the annual report to the legislature required under AS 18.05.020 and must include, for the previous 12 months,

(1) the number of frontline case [SOCIAL] workers employed by the division, the annual average turnover rate of the workers, and the average caseload of the workers on January 1 and July 1 of that year;

(2) the number of children removed from their homes;

(3) the achievement of success measured by the following:

(A) rate of family reunification with a biological parent;

(B) average length of time children spent in custody of the department;

(C) rate of placement with an adult family member or family friend;

(D) number of children placed in a permanent living arrangement with a guardian or [BIOLOGICAL OR] adoptive parent;

(E) number of children released from the custody of the department;

(4) if the department has met or exceeded the caseload standards under this chapter and, if the standards were exceeded, the number of caseworker positions in the division that could be eliminated and the amount of funding that could be reduced while continuing to meet but not routinely exceed the caseload standards;

(5) the performance of the department on federal benchmarks focused on the safety, well-being, and permanent placements of foster children compared with the previous five years;

(6) the number of children placed in psychiatric residential treatment facilities providing care for children outside the state.

* Sec. 14. AS 47.14.115 is amended by adding a new subsection to read:

(c) The department shall require a foster parent who has a treatment foster home license under AS 47.32 to participate in ongoing training in providing trauma-informed care.

* **Sec. 15.** AS 47.14.900 is amended by adding a new paragraph to read:

(13) "treatment foster home" has the meaning given in AS 47.32.900.

* **Sec. 16.** AS 47.32.010(c) is amended to read:

(c) The following entities are subject to this chapter and regulations adopted under this chapter by the Department of Family and Community Services:

(1) child placement agencies;

(2) foster homes;

(3) runaway shelters;

(4) treatment foster homes.

* **Sec. 17.** AS 47.32.032(b) is amended to read:

(b) The department shall approve a variance of the applicable building code requirements for licensure of a foster care home **or treatment foster home** to the extent permitted by federal law if an applicant does not meet the requirements at the time of inspection and

(1) the home design and construction is consistent with homes located in the community; and

(2) the home is otherwise a safe environment for a child.

* **Sec. 18.** AS 47.32.032 is amended by adding a new subsection to read:

(d) A treatment foster home shall ensure that the treatment foster home meets the training requirements provided under AS 47.14.115(c).

* **Sec. 19.** AS 47.32.900(3) is amended to read:

(3) "child placement agency" means an agency that arranges for placement of a child

(A) in a foster home, **treatment foster home**, residential child care facility, or adoptive home; or

(B) for guardianship purposes;

* **Sec. 20.** AS 47.32.900 is amended by adding new paragraphs to read:

(22) "specialized services" includes trauma-informed care and

interventions for post-traumatic stress disorder, abuse-related trauma, depression, anxiety, suicidal ideation, and substance abuse;

(23) "treatment foster home" means a place where specialized services are provided on a 24-hour continuing basis to not more than four children who have a special behavioral, developmental, emotional, or medical need resulting from a condition diagnosed by a person who is licensed, certified, or otherwise authorized by the law of this state to administer health care in the ordinary course of business or practice of a profession.

* **Sec. 21.** AS 47.10.990(31) is repealed.

* **Sec. 22.** The uncodified law of the State of Alaska is amended by adding a new section to read:

DIRECT COURT RULE AMENDMENT. Rule 12.1(b), Alaska Child in Need of Aid Rules of Procedure, is amended to read:

(b) Appointment Types.

(1) Mandatory Appointments.

(A) The court shall appoint an attorney for a child who is 10 years of age or older in any of the following circumstances:

(i) [(A)] The child does not consent to placement in a [PSYCHIATRIC HOSPITAL OR] residential treatment center;

(ii) [(B)] The child does not consent to administration of psychotropic medication;

(iii) [(C)] The child objects to disclosure of psychotherapy information or records under CINA Rule 9(b);

(iv) [(D)] A request for a court order authorizing emergency protective custody has been made under AS 47.10.141(c); or

(v) [(E)] The child is pregnant or has custody of a minor child; **and**

(B) The court shall appoint an attorney for a child who has been placed in a hospital as authorized under AS 47.10.105.

(2) Discretionary Appointments. The court may appoint an attorney

1 in other circumstances including, but not limited to:

2 (A) The child's and guardian ad litem's positions are not
3 aligned on placement, family or sibling contact, permanency goal, case plan, or
4 another important issue in the case;

5 (B) The child would benefit from a confidential relationship
6 with an attorney; or

7 (C) The child is not residing in the designated placement.

8 * **Sec. 23.** The uncoded law of the State of Alaska is amended by adding a new section to
9 read:

10 MEDICAID STATE PLAN; WAIVERS. The Department of Health shall, as
11 necessary for federal approval by the United States Department of Health and Human
12 Services, submit amendments to the state plan for medical assistance coverage or apply for
13 any waivers necessary to implement sec. 5 of this Act.

14 * **Sec. 24.** The uncoded law of the State of Alaska is amended by adding a new section to
15 read:

16 CONDITIONAL EFFECT; NOTIFICATION. (a) Section 5 of this Act takes effect
17 only if, and to the extent that, the United States Department of Health and Human Services
18 approves, on or before July 1, 2031, waivers or amendments to the state plan submitted under
19 sec. 23 of this Act.

20 (b) The commissioner of health shall notify the revisor of statutes in writing within 30
21 days after the United States Department of Health and Human Services approves the waivers
22 or amendments to the state plan.

23 * **Sec. 25.** If sec. 5 takes effect, it takes effect the day after the date the United States
24 Department of Health and Human Services approves the waivers or amendments to the state
25 plan submitted under sec. 23 of this Act.

26 * **Sec. 26.** Sections 2 - 4, 6, and 10 of this Act take effect January 1, 2026.