

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 7, 2011

3:07 p.m.

MEMBERS PRESENT

Representative Wes Keller, Chair
Representative Alan Dick, Vice Chair
Representative Bob Herron
Representative Paul Seaton
Representative Beth Kerttula
Representative Charisse Millett

MEMBERS ABSENT

Representative Bob Miller

COMMITTEE CALENDAR

SENATE CONCURRENT RESOLUTION NO. 7

Proclaiming September 9, 2011, as Fetal Alcohol Spectrum Disorders Awareness Day.

- MOVED OUT OF COMMITTEE

HOUSE BILL NO. 209

"An Act requiring a health care insurer to provide coverage for tobacco cessation treatment."

- HEARD & HELD

HOUSE BILL NO. 61

"An Act relating to a registry for advance health care directives."

- HEARD & HELD

HOUSE BILL NO. 33

"An Act relating to the procedures and jurisdiction of the Department of Health and Social Services for the care of children who are in state custody; relating to court jurisdiction and findings pertaining to children who are in state custody; and modifying the licensing requirements for foster care."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: SCR 7

SHORT TITLE: FETAL ALCOHOL SPECTRUM DISORDERS DAY

SPONSOR(s): SENATOR(s) MEYER

03/22/11 (S) READ THE FIRST TIME - REFERRALS
03/22/11 (S) HSS
03/30/11 (S) HSS AT 1:30 PM BUTROVICH 205
03/30/11 (S) Moved SCR 7 Out of Committee
03/30/11 (S) MINUTE(HSS)
04/01/11 (S) HSS RPT 5DP
04/01/11 (S) DP: DAVIS, MEYER, ELLIS, EGAN, DYSON
04/04/11 (S) BEFORE THE SENATE ON FINAL PASSAGE
04/04/11 (S) TRANSMITTED TO (H)
04/04/11 (S) VERSION: SCR 7
04/05/11 (H) READ THE FIRST TIME - REFERRALS
04/05/11 (H) HSS
04/07/11 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 209

SHORT TITLE: INSURANCE COVERAGE FOR TOBACCO CESSATION

SPONSOR(s): REPRESENTATIVE(s) HERRON

03/25/11 (H) READ THE FIRST TIME - REFERRALS
03/25/11 (H) HSS, L&C
04/07/11 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 61

SHORT TITLE: ADVANCE HEALTH CARE DIRECTIVES REGISTRY

SPONSOR(s): REPRESENTATIVE(s) HOLMES, KAWASAKI, OLSON, GARDNER

01/18/11 (H) PREFILE RELEASED 1/7/11
01/18/11 (H) READ THE FIRST TIME - REFERRALS
01/18/11 (H) HSS, JUD, FIN
04/07/11 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 33

SHORT TITLE: FOSTER CARE LICENSING/STATE CUSTODY

SPONSOR(s): REPRESENTATIVE(s) GARA, THOMAS, HERRON, GARDNER

01/18/11 (H) PREFILE RELEASED 1/7/11
01/18/11 (H) READ THE FIRST TIME - REFERRALS
01/18/11 (H) HSS, JUD, FIN
02/25/11 (H) SPONSOR SUBSTITUTE INTRODUCED
02/25/11 (H) READ THE FIRST TIME - REFERRALS

02/25/11 (H) HSS, JUD, FIN
04/07/11 (H) HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

SENATOR KEVIN MEYER
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced SCR 7 as the sponsor of the bill.

JEANNE GERHARDT CYRUS
Kiana, Alaska

POSITION STATEMENT: Testified in support of SCR 7.

KATE BURKHARDT, Executive Director
Advisory Board on Alcoholism & Drug Abuse
Division of Behavioral Health
Juneau, Alaska

POSITION STATEMENT: Testified in support of SCR 7.

JANE ANN BOER, Intern
Representative Bob Herron
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HB 209 on behalf of the sponsor, Representative Bob Herron.

EMILY NENON, Alaska Government Relations Director
American Cancer Society Cancer Action Network (ACSCAN)
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 209 and HB 61.

REPRESENTATIVE LINDSEY HOLMES
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HB 61 as a joint prime sponsor of the bill.

JAMES WALDO, Staff
Representative Lindsey Holmes
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HB 61 on behalf of the joint prime sponsor, Representative Holmes.

MARIE DARLIN, Coordinator

AARP Capital City Task Force
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 61.

DR. WARD HURLBURT, Chief Medical Officer/Director
Division of Public Health
Central Office
Department of Health and Social Services
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the discussion of HB 61.

REPRESENTATIVE LES GARA
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced SSHB 33 as a joint prime sponsor of the bill.

AMANDA METIVIER, Statewide Coordinator
Facing Foster Care in Alaska (FFCA)
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SSHB 33.

JAN RUTHERDALE, Senior Assistant Attorney General
Child Protection Section
Civil Division (Juneau)
Department of Law (DOL)

POSITION STATEMENT: Testified during discussion of SSHB 33.

TRACY SPARTZ-CAMPBELL, Deputy Director
Central Office
Office of Children's Services
Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: Testified during discussion of SSHB 33.

ACTION NARRATIVE

[3:07:50 PM](#)

CHAIR WES KELLER called the House Health and Social Services Standing Committee meeting to order at 3:07 p.m. Representatives Keller, Kerttula, Dick Herron, and Seaton were present at the call to order. Representative Millett arrived as the meeting was in progress.

SCR 7-FETAL ALCOHOL SPECTRUM DISORDERS DAY

[3:08:13 PM](#)

CHAIR KELLER announced that the first order of business would be SENATE CONCURRENT RESOLUTION NO. 7, Proclaiming September 9, 2011, as Fetal Alcohol Spectrum Disorders Awareness Day.

[3:08:40 PM](#)

SENATOR KEVIN MEYER, Alaska State Legislature, reported that families with children with FASD were recognized internationally on September 9, at 9:09 a.m. He explained that FASD was caused by pre-natal exposure to alcohol, and its effects included permanent brain damage, birth defects, learning disabilities, and behavioral problems. He confirmed that Alaska had the highest known rate of FASD in the United States, although it was totally preventable. He heralded the goal of not drinking alcohol while pregnant.

[3:12:04 PM](#)

JEANNE GERHARDT CYRUS shared that she was a parent of multiple children with prenatal exposure to alcohol. She expressed her support for SCR 7. She emphasized the importance for partners, co-workers, and families of pregnant women to support sobriety during pregnancy, as the sole cause of FASD was alcohol exposure, which resulted in a lifelong disability. She observed that although it was the most common cause of retardation, it did not qualify for developmental disability services or special education in the schools. She listed many of the problems to include mental health problems, disruptive school experience, inappropriate sexual behavior, and alcohol and drug problems. She declared the best strategies to be prevention and early intervention.

[3:15:21 PM](#)

REPRESENTATIVE KERTTULA asked for the reasons that FASD kids did not qualify for special education.

MS. CYRUS replied that diagnosis was not available everywhere, especially in the rural communities, and that often there was not awareness by the schools or the parents. She pointed out that FASD had to be recognized, and then it was often classified as "other health impaired." She recounted that many FASD issues were behavioral, and were treated as a discipline issue.

[3:17:32 PM](#)

REPRESENTATIVE HERRON expressed his agreement.

[3:18:19 PM](#)

CHAIR KELLER acknowledged the Advisory Board on Alcoholism and Drug Abuse study, "Economic Costs of Alcohol and Other Drugs in Alaska, 2005 update." [Included in members' packets]

[3:18:47 PM](#)

KATE BURKHARDT, Executive Director, Advisory Board on Alcoholism & Drug Abuse, Division of Behavioral Health, explained that the Advisory Board was also a founding member of the FASD Partnership, and that both organizations supported proposed SCR 7. She declared that SCR 7 was not just about prevention, but also about identification of and improvement for those lives affected by FASD. She spoke about an annual partnership event with the Alaska Cabaret, Hotel, Restaurant & Retailers Association (CHARR), the alcohol industry, and individual alcohol retailers for distribution of educational information and non-alcoholic beverages. She applauded efforts for a permanent declaration of FASD day.

[3:22:04 PM](#)

CHAIR KELLER closed public testimony.

[3:22:26 PM](#)

REPRESENTATIVE DICK moved to report SCR 7 out of committee with individual recommendations. There being no objection, SCR 7 was reported from the House Health and Social Services Standing Committee.

HB 209-INSURANCE COVERAGE FOR TOBACCO CESSATION

[3:23:34 PM](#)

CHAIR KELLER announced that the next order of business would be HOUSE BILL NO. 209, "An Act requiring a health care insurer to provide coverage for tobacco cessation treatment."

JANE ANN BOER, Intern, Representative Bob Herron, Alaska State Legislature, paraphrased the sponsor statement for HB 209:

Tobacco dependence is a chronic and lasting condition that negatively affects the health, productivity, and overall well being of Alaskans and their loved ones.

Statistics show that tobacco is a leading cause of death in Alaska. Tobacco addiction kills more Alaskans each year than suicide, motor vehicle crashes, chronic liver disease and cirrhosis, homicide, and HIV/AIDS combined. In 2007, tobacco use cost Alaskans \$314 million in direct medical expenditures and an additional \$177 million in lost productivity due to tobacco-related deaths.

This bill gives Alaskans the resources and support they need to end tobacco addiction. It requires insurance companies to provide smoking cessation programs to aid those who wish to be free from tobacco addiction. With the implementation of House Bill 209, insurance companies would provide coverage for a minimum of two courses of treatment during each year. Two courses allow for multiple attempts for those smokers who continue to work towards ending addiction. Coverage provides for not less than four counseling sessions in each course as well as over the counter or proscribed medication approved by the USFDA.

While coverage includes both counseling and medication, counseling is not a precondition for medication so that treatment is flexible to personal preferences. Data show that programs where participants may tailor treatment to personal preferences and needs are the most effective.

This bill provides the assistance many Alaskans need to end tobacco addiction and live healthy, long, productive lives. The long term effects of House Bill 209 will be cost savings in medical expenditures, increased productivity in the work place, lower long-term insurance costs for insurance providers, and healthier, happier Alaskans.

[3:27:15 PM](#)

MS. BOER opined that a lack of mandates could increase costs for insurers, as conditions not covered by insurance often go

unchecked, and cost more in the long term. She stated that HB 209 was an inexpensive, preventative measure for the extremely expensive long term addiction to tobacco.

[3:28:32 PM](#)

REPRESENTATIVE HERRON asked if any other states had these programs.

MS. BOER replied that, of the five other states with these programs, Oregon had shown the greatest success, with a decrease of 26 percent.

[3:29:29 PM](#)

CHAIR KELLER asked how much it would cost to quit smoking.

MS. BOER replied that the cost could range from \$0.66 to \$1.20 per year.

CHAIR KELLER asked specifically about the treatments and those costs.

[3:30:10 PM](#)

MS. BOER explained some of the treatments, which included gum, patches, inhalers, nasal sprays, and lozenges.

[3:31:05 PM](#)

REPRESENTATIVE DICK asked about the rates of success.

MS. BOER, in response to Representative Dick, said that she would supply those statistics. She reported that the bill allowed for two courses, which included four counseling sessions, to attempt to quit.

[3:31:47 PM](#)

CHAIR KELLER asked who would be covered by this bill. He pointed out that legislation had no jurisdiction over the Employee Retirement Income Security Act (ERISA), Medicaid, or Medicare.

[3:32:29 PM](#)

MS. BOER reported that about 15 percent of state insured and 34 percent of self insured populations were smokers, but she did not know if all the individual plans would be required to comply. She shared that ERISA insurance already included tobacco cessation treatment. She noted that HB 209 provided further details to the programs.

[3:33:06 PM](#)

REPRESENTATIVE SEATON asked if the bill would include the state insurance and the retiree insurance policies.

MS. BOER replied that both plans were included.

[3:34:03 PM](#)

EMILY NENON, Alaska Government Relations Director, American Cancer Society Cancer Action Network (ACSCAN), stated that ACSCAN supported HB 209, and she directed attention to its letter of support. [Included in members' packets] She shared that each additional piece of support for tobacco cessation increased the chances for success. She pointed out the difficulty to quit smoking, noting that it took an average of seven attempts to quit permanently.

[3:35:49 PM](#)

CHAIR KELLER asked where in HB 209 coverage was declared by the State of Alaska insurance plan. He asked to clarify that the Legislature had the jurisdiction over all health care plans.

[3:36:21 PM](#)

MS. BOER, in response, said that she would supply that information.

[3:37:09 PM](#)

REPRESENTATIVE SEATON, referring to page 2, lines 2-4, asked for the purpose of the provision.

MS. BOER replied that this provision guaranteed that everyone could receive the treatment, as pre-authorization could result in some exclusions.

REPRESENTATIVE SEATON, referring to page 2, lines 9-11, opined that pre-authorization was for the knowledge of the cost of co-

payments and deductibles. He asked for more specific information on the necessity for pre-authorization.

[3:39:13 PM](#)

REPRESENTATIVE KERTTULA, pointing to page 1, lines 9-11, and to page 2, lines 7-8, asked about the conflicting statements that coverage must include the cost of counseling sessions, but then later in the bill it stated that it was not required. She asked about the program in other states, and if there were any statistics for the success of each approach.

MS. BOER replied that the programs varied throughout the other five states, and that in the model legislation used by HB 209, there was the choice for either treatment.

[HB 209 was held over.]

HB 61-ADVANCE HEALTH CARE DIRECTIVES REGISTRY

[3:40:19 PM](#)

CHAIR KELLER announced that the next order of business would be HOUSE BILL NO. 61, "An Act relating to a registry for advance health care directives."

[3:41:07 PM](#)

REPRESENTATIVE LINDSEY HOLMES, Alaska State Legislature, explained that HB 61 dealt with advance health care directives, or living wills, which detailed end of life and health care wishes, as well as designating a decision maker if the individual was not able. She offered an example for the difficulties encountered when a living will was not accessible. She explained that HB 61 created a secure, voluntary, 24 hour, on line registry for living wills, housed in the Department of Health and Social Services (DHSS), which was accessible by other hospitals and health care facilities. She pointed out that out of state access would also be available during business hours.

[3:44:02 PM](#)

CHAIR KELLER asked how many states had implemented this.

REPRESENTATIVE HOLMES replied that Legislative Research had researched a company to set this up more efficiently and less costly than DHSS.

REPRESENTATIVE HOLMES, in response to Chair Keller, said that the initial set up cost would be \$194,800; in subsequent years, the cost would be \$82,400 for a part time employee and the cost of the on line registry.

[3:45:33 PM](#)

JAMES WALDO, Staff, Representative Lindsey Holmes, Alaska State Legislature, shared that Legislative Research did prepare a report on the advanced health care directives and registries of various states. He reported that seven states already participated or had central state registries.

[3:46:53 PM](#)

MR. WALDO, directing attention to Section 1 of HB 61, said that it protected health care facilities against liability for accessing or not accessing the registry. He moved on to Section 2, which dictated into statute how the registry would work. He reported that each subsection explained a piece of the bill: (a) created the authorization for the registry within DHSS; (b) established that it was voluntary; (c) reiterated the confidentiality to the hospitals in the state; (d) discussed its availability on line within the state; (e) clarified the legal parameters; (f) addressed the removal of a directive from the registry; whereas (h) stated that a fee could be charged for filing a directive, but not for removing it; (g) clarified that filing the directive or not filing it, did not affect the validity of a directive; (i) authorized DHSS to write regulations to protect the cyber-security of the registry; (j) identified who could access a directive; (k) exempted DHSS from liability; and (l) contained definitions for terms used within the bill.

[3:52:04 PM](#)

CHAIR KELLER asked for clarification to page 2, lines 3-4.

MR. WALDO replied that this referred to one individual, not two. He pointed to lines 12-13, which defined someone other than the individual.

[3:54:03 PM](#)

CHAIR KELLER, referring to page 2, lines 14 and 15, asked if this should be more specific.

[3:55:24 PM](#)

MR. WALDO replied that it required that the request must come from the facility where the individual was a patient, and most likely, the patient's doctor would request the directive.

[3:56:04 PM](#)

CHAIR KELLER, referring to subsection (c) on page 2, lines 5-8, asked for clarity to the word "use."

[3:57:32 PM](#)

REPRESENTATIVE SEATON, directing attention to page 3, lines 7-8, asked to clarify that the fee would not be any greater than its cost to the department.

[3:58:00 PM](#)

REPRESENTATIVE HOLMES replied that the department was not required to charge a fee but that it was allowed. The fee could not exceed the actual administrative cost, as the intent was to keep the cost low.

[3:58:47 PM](#)

REPRESENTATIVE SEATON asked about the costs incurred by other states.

[3:59:05 PM](#)

MR. WALDO replied that three of the seven states participated in a national data base, which was significantly more expensive, and that the Arizona centralized registry was more comprehensive than the one proposed in HB 61.

[4:00:26 PM](#)

REPRESENTATIVE SEATON, noting that the information form would be scanned into the registry, asked to verify that DHSS was not responsible for checking the validity of the information.

MR. WALDO agreed.

[4:01:36 PM](#)

MARIE DARLIN, Coordinator, AARP Capital City Task Force, testified in support of HB 61. She stated that this was the next necessary step for the access to advance directives. She pointed out that some hospitals had joined a registry group, as a way for other hospitals to access your records. She opined that HB 61 had covered all the points for concern.

[4:04:53 PM](#)

REPRESENTATIVE KERTTULA asked to clarify that Bartlett Hospital could release the advance directive to any hospital in the nation.

MS. DARLIN offered her belief that Bartlett Hospital would place your advance directive on this national registry.

[4:06:00 PM](#)

CHAIR KELLER asked how many national registers there were, and if AARP sponsored a registry.

[4:06:53 PM](#)

MS. DARLIN, in response to Representative Herron, said that AARP had worked hard to get the advanced directives into statute.

[4:07:34 PM](#)

MS. NENON testified in support of HB 61. She shared a personal story of her father and his problems of advance directives without registries.

[4:10:58 PM](#)

DR. WARD HURLBURT, Chief Medical Officer/Director, Division of Public Health, Central Office, Department of Health and Social Services, said that the administration did not have a position on the bill. He opined, as a Public Health clinician, that everyone should have a living will.

[4:11:49 PM](#)

REPRESENTATIVE SEATON asked how many hospitals inquired whether a patient had a living will on file.

DR. HURLBURT replied that he did not know that specific for Alaska. He offered his belief that every hospital should ask

that question, but that even with this legislation the question might not be asked. He pointed to this as a failing of the health care system.

[4:13:24 PM](#)

CHAIR KELLER remarked that all the necessary forms were available in the statute.

DR. HURLBURT reminded the committee that the ethical default was to keep people alive, although the result of that could sometimes be tragic.

[4:14:55 PM](#)

REPRESENTATIVE SEATON asked the bill sponsor to survey for the default position of the individual hospitals regarding living wills.

[4:15:47 PM](#)

REPRESENTATIVE MILLETT reflected that end of life issues were very difficult and emotional decisions. She opined that the registry offered support for these decisions.

[HB 61 was held over.]

HB 33-FOSTER CARE LICENSING/STATE CUSTODY

[4:16:34 PM](#)

CHAIR KELLER announced that the final order of business would be SPONSOR SUBSTITUTE FOR HOUSE BILL NO. 33, "An Act relating to the procedures and jurisdiction of the Department of Health and Social Services for the care of children who are in state custody; relating to court jurisdiction and findings pertaining to children who are in state custody; and modifying the licensing requirements for foster care."

[4:17:13 PM](#)

REPRESENTATIVE LES GARA, Alaska State Legislature, explained that SSHB 33 did not have a fiscal note, and that the Department of Health and Social Services (DHSS) had worked closely with the joint prime sponsors on the language of the bill. Directing attention to the proposed amendment [Included in members' packets], he confirmed its request by the Department of Law

(DOL) as there had been technical changes to prior foster care legislation. He established that SSHB 33 created the presumption that siblings live together, with a requirement for case worker explanation and supervisorial agreement to allow otherwise. Reflecting on the rural code requirements for foster care housing, he shared that those requirements not in federal law could be waived if it was in the best interest of the child and the home was safe. He endorsed a goal of foster care for permanency, to get children into a permanent home. He opined that the DHSS would "give up on permanency sometimes." He confirmed that SBHB33 stated: "unless there's a compelling reason, you have to keep looking for a permanent for a child. You can't just give up and say we'll put you in bounce able foster care." He defined APPLA to be "another planned permanent living arrangement," and explained it to be the act of giving up on finding permanent placement for a child. He stressed that this was not acceptable without a compelling reason. He analyzed the last provision of the bill, requiring that at least 30 days notice be given to the youth and the guardian ad litem for transfer out of foster care, unless agreement by all the parties. He explained the various post foster care benefits which included assistance for college tuition, work force training, and rent.

[4:22:54 PM](#)

REPRESENTATIVE GARA shared that the Director of the Office of Children's Services (OCS) had recently written in a newsletter that DHSS used APPLA too much.

CHAIR KELLER asked if the APPLA definition was included in SSHB 33.

REPRESENTATIVE GARA replied that the definition was included in the proposed amendment on page 4, line 24.

[4:24:16 PM](#)

CHAIR KELLER reflected that it was "an alternative to permanent placement with an adult family member, and an alternative to reunification, adoption, and legal guardianship." He asked if a living arrangement could be more than "a mom and a dad, siblings..."

REPRESENTATIVE GARA replied that APPLA simply meant keeping someone in foster care with no guarantee of not being moved to

another home. He stated that the goal was for parent or guardian permanence.

[4:25:10 PM](#)

REPRESENTATIVE KERTTULA asked to clarify that children had foster care terminated with no notice.

REPRESENTATIVE GARA observed that although DHSS tried to avoid it, cases existed of children receiving notice one day prior to the end of foster care. He endorsed a statute which required DHSS and OCS to do better.

REPRESENTATIVE KERTTULA offered her belief that this change was necessary.

[4:26:24 PM](#)

AMANDA METIVIER, Statewide Coordinator, Facing Foster Care in Alaska (FFCA), responding to questions regarding APPLA, stated that this was supportive of long term foster care. She pointed out that SSHB 33 would restrict the use of APPLA, so that youth would not "age out" and the search for permanency would never stop. She stressed the never ending need for family. She highlighted the difficulties that arose with a release from custody without notice. She spoke about the need to keep siblings together.

[4:30:57 PM](#)

REPRESENTATIVE KERTTULA, referring to the termination of foster care, asked if there was a requirement to give notice, or if OCS had failed to give notice.

MS. METIVIER replied that OCS was supposed to give notice to all parties, but she was unsure of the lead time required. She agreed that it could be difficult to contact youth, as they were mobile.

[4:32:33 PM](#)

REPRESENTATIVE KERTTULA moved to adopt Amendment 1, labeled 27-LS0203\E.1, Mischel, 4/6/11, which read:

Page 3, line 6, following "blood":
Insert ", marriage, or adoption"

Page 3, lines 16 - 17:

Delete "[AN] additional one-year periods [PERIOD] of supervision past [AGE] 19 years of age that do not extend beyond the person's 21st birthday if continued"

Insert "an additional one-year period of custody or supervision past [AGE] 19 years of age and additional one-year periods of custody that do not extend beyond the person's 21st birthday if continued custody or"

Page 3, line 20:

Delete "minor"

Insert "child [MINOR]"

Page 4, lines 3 - 5:

Delete "[AN] additional one-year periods [PERIOD] of supervision past [AGE] 19 years of age that do not extend beyond the person's 21st birthday if continued"

Insert "an additional one-year period of custody or supervision past [AGE] 19 years of age and additional one-year periods of custody that do not extend beyond the person's 21st birthday if continued custody or"

Page 4, line 8, following "placed":

Insert "in the custody or"

Page 4, lines 10 - 12:

Delete "[AN] additional one-year periods [PERIOD] of supervision past [AGE] 19 years of age that do not extend beyond the person's 21st birthday if continued"

Insert "an additional one-year period of custody or supervision past [AGE] 19 years of age and additional one-year periods of custody that do not extend beyond the person's 21st birthday if continued custody or"

Page 4, line 31, following "recommend":

Insert "to the court"

Page 5, following line 1:

Insert "(1) the child is 16 years of age or older;"

Re-number the following paragraphs accordingly.

Page 5, line 3, following "child;":

Insert "and"

Page 5, line 8:

Delete "; and"

Insert "."

Page 5, lines 9 - 10:

Delete all material.

Page 5, lines 11 - 12:

Delete "who is under 19 years of age"

Page 5, line 12, following "department":

Insert ", before the date custody is ordered to end,"

Page 5, line 13, following "child":

Insert ", if the child is over 16 years of age and available,"

Page 5, line 14:

Delete "petition for release is filed"

Insert "motion for release is filed, unless the parties agree to a shorter notice period"

Page 5, line 15:

Delete "petition with the court for termination"

Insert "motion with the court for release"

Page 5, line 16:

Delete "and release"

Page 5, following line 19:

Insert a new subsection to read:

"(r) When custody of a child who has been committed to the custody of the department is due to expire, the department shall file a notice of release with the court 30 days before the date of release unless the parties agree to a shorter notice period and distribute the notice to the parties, including the child if the child is 16 years of age or older and available."

Reletter the following subsections accordingly.

Page 5, lines 20 - 21:

Delete "all reasonable efforts to place siblings who are in the custody of the department in the same placement"

Insert "reasonable efforts to place siblings in the same placement if the siblings are residing in the same home when taken into the custody of the department"

Page 5, line 22:

Delete "state or regional director of"

Insert "case supervisor for"

Page 5, lines 23 - 24:

Delete "provide a written explanation in the file of"

Insert "document in the file"

Page 5, line 26, following "blood":

Insert ", adoption,"

Page 5, line 30:

Delete "is more than 15 years of age and"

Page 6, line 4:

Delete ";"

Insert "."

Page 6, lines 5 - 6:

Delete all material.

Page 6, following line 6:

Insert a new subsection to read:

"(u) In this section, "another planned permanent living arrangement" means a permanent living arrangement for a child who is committed to the custody of the department under AS 47.10.080(c)(1) that is an alternative to permanent placement with an adult family member, and to reunification, adoption, and legal guardianship."

Page 6, lines 8 - 9:

Delete "ensure that"

Insert "streamline"

Page 6, lines 10 - 11:

Delete "is not unduly complex and is as short and straightforward as necessary to protect a child's best interests"

Insert "to the extent consistent with federal law"

Page 6, lines 15 - 17:

Delete all material.

Renumber the following paragraphs accordingly.

There being no objection, it was so ordered.

[4:34:34 PM](#)

REPRESENTATIVE KERTTULA, asking about the process for termination of foster care, requested assurance that it did not happen on a moment's notice.

JAN RUTHERDALE, Senior Assistant Attorney General, Child Protection Section, Civil Division (Juneau), explained that a child can leave the system at 18 years of age, if the term of custody had ended or a motion to be let out early was filed. She pointed out that the bill addressed the end of custody provision, and required that notice be given. She offered her belief that more of the surprises occurred when the term of custody expired, as only the court could end custody early. She declared that DHSS was required by statute to notify the foster parents, but that SSHB 33 also required notification to an older child, if they were available. She confirmed that, in Juneau, the local practice was for notification of the end of the term for custody to be sent 30 days in advance to both the parties and the courts. She declared that the bill would make this a state-wide practice.

[4:38:21 PM](#)

REPRESENTATIVE SEATON asked the reasons for different lengths of custody.

MS. RUTHERDALE explained that the term of custody could only be for two years, and then up to one year for each extension. She pointed out that, as a term of custody could often begin mid-year of a child's chronological age, the custody could then last beyond the age of 18.

[4:39:40 PM](#)

REPRESENTATIVE SEATON asked if the normal procedure was based on calendar year extensions and not on age of the child.

MS. RUTHERDALE replied that it could vary, though always for the best interest of the child.

[4:40:19 PM](#)

REPRESENTATIVE HERRON asked if the "best practice" was defined as 30 days.

MS. RUTHERDALE replied that the actual notice was more than 30 days to allow time for motion and possible opposition, so that it was actually closer to 60 days.

[4:41:09 PM](#)

TRACY SPARTZ-CAMPBELL, Deputy Director, Central Office, Office of Children's Services, Department of Health and Social Services, in response to Chair Keller, said that about 1200 children were in foster care in Alaska. She opined that about 100 of them were over the age of 18.

CHAIR KELLER, reflecting on children over 18 years but under 21 years of age, pondered the amount of loving adult supervision.

[4:42:05 PM](#)

REPRESENTATIVE KERTTULA asked for the percentage of foster care kids in foster homes.

MS. SPARTZ-CAMPBELL replied that most of them, if in custody, would be in some type of placement. In response to Representative Kerttula, she confirmed that there were hundreds and hundreds of foster homes.

[SSHB 33 was held over.]

[4:42:48 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:42 p.m.