

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 29, 2018

3:06 p.m.

MEMBERS PRESENT

Representative Ivy Spohnholz, Chair
Representative Tiffany Zulkosky, Vice Chair
Representative Sam Kito
Representative Geran Tarr
Representative David Eastman
Representative Jennifer Johnston
Representative Colleen Sullivan-Leonard

MEMBERS ABSENT

Representative Matt Claman (alternate)
Representative Dan Saddler (alternate)

COMMITTEE CALENDAR

HOUSE BILL NO. 193

"An Act relating to insurance trade practices and frauds; and relating to emergency services and balance billing."

- MOVED CSHB 193(HSS) OUT OF COMMITTEE

SENATE BILL NO. 174

"An Act relating to the duties of the Department of Health and Social Services; and relating to the administration of programs for persons with physical and mental disabilities."

- MOVED SB 174 OUT OF COMMITTEE

CS FOR SS FOR SENATE BILL NO. 108(FIN)

"An Act relating to the State Medical Board; relating to the licensing of physicians, osteopaths, and podiatrists; relating to the certification of medical assistants; relating to the practice of medicine; relating to the practice of podiatry; relating to the practice of osteopathy; relating to assault of a medical professional; and providing for an effective date."

- MOVED CSSSB 108(FIN) OUT OF COMMITTEE

CONFIRMATION HEARING(S)

State Medical Board

Dr. Liu Sai-Ling - Nome

- CONFIRMATION(S) ADVANCED

HOUSE BILL NO. 358

"An Act relating to insurance coverage for benefits provided through telehealth; and providing for an effective date."

- MOVED HB 358 OUT OF COMMITTEE

HOUSE JOINT RESOLUTION NO. 32

Proposing an amendment to the Constitution of the State of Alaska relating to notice and consent before termination of a minor's pregnancy.

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 193

SHORT TITLE: HEALTH CARE; BALANCE BILLING

SPONSOR(S): REPRESENTATIVE(S) GRENN

03/24/17	(H)	READ THE FIRST TIME - REFERRALS
03/24/17	(H)	HSS, L&C
03/08/18	(H)	HSS AT 3:00 PM CAPITOL 106
03/08/18	(H)	Heard & Held
03/08/18	(H)	MINUTE(HSS)
03/27/18	(H)	HSS AT 3:00 PM CAPITOL 106
03/27/18	(H)	-- MEETING CANCELED --
03/29/18	(H)	HSS AT 3:00 PM CAPITOL 106

BILL: SB 174

SHORT TITLE: PROGRAMS FOR PERSONS WITH DISABILITIES

SPONSOR(S): SENATOR(S) MICCICHE

02/02/18	(S)	READ THE FIRST TIME - REFERRALS
02/02/18	(S)	HSS
02/21/18	(S)	HSS AT 1:30 PM BUTROVICH 205
02/21/18	(S)	Moved SB 174 Out of Committee
02/21/18	(S)	MINUTE(HSS)
02/22/18	(S)	HSS RPT 5DP
02/22/18	(S)	DP: WILSON, BEGICH, VON IMHOF, MICCICHE, GIESSEL
03/01/18	(S)	TRANSMITTED TO (H)

03/01/18 (S) VERSION: SB 174
03/05/18 (H) READ THE FIRST TIME - REFERRALS
03/05/18 (H) CRA, HSS
03/13/18 (H) CRA AT 8:00 AM BARNES 124
03/13/18 (H) Heard & Held
03/13/18 (H) MINUTE(CRA)
03/15/18 (H) CRA RPT 4DP
03/15/18 (H) DP: DRUMMOND, RAUSCHER, ZULKOSKY,
PARISH
03/15/18 (H) CRA AT 8:00 AM BARNES 124
03/15/18 (H) Moved SB 174 Out of Committee
03/15/18 (H) MINUTE(CRA)
03/20/18 (H) HSS AT 3:00 PM CAPITOL 106
03/20/18 (H) -- MEETING CANCELED --
03/27/18 (H) HSS AT 3:00 PM CAPITOL 106
03/27/18 (H) -- MEETING CANCELED --
03/29/18 (H) HSS AT 3:00 PM CAPITOL 106

BILL: SB 108

SHORT TITLE: MEDICAL CARE/LICENSING/MEDICAL BOARD

SPONSOR(s): SENATOR(s) GIESSEL

04/07/17 (S) READ THE FIRST TIME - REFERRALS
04/07/17 (S) L&C, FIN
01/18/18 (S) SPONSOR SUBSTITUTE INTRODUCED-REFERRALS
01/18/18 (S) L&C, FIN
02/13/18 (S) L&C AT 1:30 PM BELTZ 105 (TSBldg)
02/13/18 (S) Moved SSSB 108 Out of Committee
02/13/18 (S) MINUTE(L&C)
02/14/18 (S) L&C RPT 5DP
02/14/18 (S) DP: COSTELLO, STEVENS, MICCICHE, MEYER,
GARDNER
02/27/18 (S) FIN AT 9:00 AM SENATE FINANCE 532
02/27/18 (S) Heard & Held
02/27/18 (S) MINUTE(FIN)
03/13/18 (S) FIN AT 9:00 AM SENATE FINANCE 532
03/13/18 (S) Moved CSSSB 108 Out of Committee
03/13/18 (S) MINUTE(FIN)
03/14/18 (S) FIN RPT CS 5DP 1NR SAME TITLE
03/14/18 (S) DP: HOFFMAN, MACKINNON, BISHOP, VON
IMHOF, STEVENS
03/14/18 (S) NR: OLSON
03/21/18 (S) TRANSMITTED TO (H)
03/21/18 (S) VERSION: CSSSB 108(FIN)
03/22/18 (H) READ THE FIRST TIME - REFERRALS
03/22/18 (H) HSS, L&C, FIN
03/27/18 (H) HSS AT 3:00 PM CAPITOL 106

03/27/18 (H) -- MEETING CANCELED --
03/29/18 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HB 358

SHORT TITLE: INSURANCE COVERAGE FOR TELEHEALTH

SPONSOR(s): REPRESENTATIVE(s) SPOHNHOLZ

02/19/18 (H) READ THE FIRST TIME - REFERRALS
02/19/18 (H) HSS, L&C
03/08/18 (H) HSS AT 3:00 PM CAPITOL 106
03/08/18 (H) Heard & Held
03/08/18 (H) MINUTE(HSS)
03/22/18 (H) HSS AT 3:00 PM CAPITOL 106
03/22/18 (H) -- MEETING CANCELED --
03/29/18 (H) HSS AT 3:00 PM CAPITOL 106

BILL: HJR 32

SHORT TITLE: CONST. AM: PARENTAL CONSENT TO ABORTION

SPONSOR(s): REPRESENTATIVE(s) LEDOUX

02/07/18 (H) READ THE FIRST TIME - REFERRALS
02/07/18 (H) HSS, STA, JUD
03/29/18 (H) HSS AT 3:00 PM CAPITOL 106

WITNESS REGISTER

RYAN JOHNSTON, Staff
Representative Jason Grenn
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HB 193 on behalf of the bill sponsor, Representative Grenn.

ANNE ZINK, MD
Alaska American College of Emergency Physicians'
Palmer, Alaska

POSITION STATEMENT: Testified during discussion of HB 193.

SAMI ALI, MD
Alaska Emergency Medicine Associates
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 193.

STEVEN COMPTON, MD
President
Alaska Heart and Vascular Institute
Anchorage, Alaska

POSITION STATEMENT: Testified during discussion of HB 193.

SENATOR PETER MICCICHE
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented SB 174 as the sponsor of the bill.

KAITLEEN STANSBERRY, Intern
Senator Peter Micciche
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented the sectional analysis on behalf of the bill sponsor, Senator Micciche.

MAGGIE WINSTON, Chair
Governor's Council on Disabilities and Special Education
Kenai, Alaska

POSITION STATEMENT: Testified in support of SB 174.

MICHELLE GIRAULT, Board Member
Key Coalition
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 174.

LIZETTE STIEHR, Executive Director
Alaska Association on Developmental Disabilities
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 174.

COREY GILMORE
Governor's Council on Disabilities and Special Education
Juneau, Alaska

POSITION STATEMENT: Testified in support of SB 174.

SENATOR CATHY GIESSEL
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented SSSB 108 as the sponsor of the bill.

FRED PARADY, Deputy Commissioner
Office of the Commissioner
Department of Commerce, Community & Economic Development
Juneau, Alaska

POSITION STATEMENT: Testified in support of SB 108.

DANNY ROBINETTE, MD
Chief Medical Officer
Foundation Health Partners
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of SB 108.

LIU SAI-LING, MD
Appointee
State Medical Board
Nome, Alaska

POSITION STATEMENT: Answered questions during the confirmation hearings for State Medical Board.

BERNICE NISBETT, Staff
Representative Ivy Spohnholz
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HB 358 on behalf of the bill sponsor, Representative Spohnholz.

AROM EVANS, MD
Medical Director
Orion Behavioral Health Network
Eagle River, Alaska

POSITION STATEMENT: Testified in support of HB 358.

LYN FREEMAN, Ph.D.
Mind Matters Research
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 358.

VICTORIA KNAPP, Chief Operating Officer
Mat-Su Health Services
Wasilla, Alaska

POSITION STATEMENT: Testified in support of HB 358.

ANNA LATHAM, Deputy Director
Division of Insurance
Department of Commerce, Community & Economic Development
Juneau, Alaska

POSITION STATEMENT: Answered questions during discussion of HB 358.

REPRESENTATIVE GABRIEL LEDOUX
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HJR 32 as the sponsor of the resolution.

ACTION NARRATIVE

[3:06:37 PM](#)

CHAIR IVY SPOHNHOLZ called the House Health and Social Services Standing Committee meeting to order at 3:06 p.m. Representatives Spohnholz, Zulkosky, Kito, Sullivan-Leonard, Johnston, and Eastman were present at the call to order. Representative Tarr arrived as the meeting was in progress.

CHAIR SPOHNHOLZ announced that the Confirmation hearing would be postponed until later in the meeting.

HB 193-HEALTH CARE; BALANCE BILLING

[3:08:40 PM](#)

CHAIR SPOHNHOLZ announced that the next order of business would be HOUSE BILL NO. 193, "An Act relating to insurance trade practices and frauds; and relating to emergency services and balance billing." [In front of the committee was Version T, adopted as the working draft on March 8, 2018]

[3:09:06 PM](#)

RYAN JOHNSTON, Staff, Representative Jason Grenn, Alaska State Legislature, offered a brief recap of the proposed bill, HB 193, stating that the bill was effectively a ban on balance billing for medical providers, while also instituting a hold harmless clause for insurance providers. He explained that the bill would only remove a patient from this billing situation in emergency situations.

[3:09:38 PM](#)

CHAIR SPOHNHOLZ opened invited testimony on HB 193.

[3:09:57 PM](#)

ANNE ZINK, MD, Alaska American College of Emergency Physicians, paraphrased from a letter of support, dated March 28, 2018, which read: [included in members' packets]:

[3:10:35 PM](#)

Representing more than 80% of the emergency physicians providing emergency medical care to the people of our state, the Alaska Chapter of the American College of Emergency Physicians writes today to support HB193.

HB 193 will protect patients and families across the state from the high costs and sticker shock that can come from "surprise medical bills." Both doctors and patients support this important measure, which will provide consumer protections for patients, strengthen access to care, and put an end once and for all to surprise bills.

As emergency physicians in Alaska, we know firsthand about the gaps in patient healthcare coverage that can cause patients to postpone or avoid treatment until it's too late. According to a national survey, 44% of people reported that they didn't seek treatment when they were sick or injured because of costs. At the same time, 35% of Americans would have trouble paying their regular bills if faced with a \$400 health emergency. This is alarming, but not surprising, and we must work together to ensure that patients can safely access emergency care without worrying about going bankrupt.

What good is insurance if it fails us in an emergency? Insurance companies are shifting hundreds of millions of dollars in costs to patients and doctors each year through higher premiums, deductibles and cost-sharing requirements. At the same time, Alaska insurance companies are narrowing their networks - making them smaller through limiting access to doctors and care, which means fewer options and choices for patients and creating large coverage gaps where care patients thought would be covered, turns out not to be. These gaps are leading to surprise bills, adding even more costs for patients.

Alaska patients and families deserve better. Right now, the state has a regulation in place that requires insurance companies to cover these unexpected out of network costs during emergencies through fair and appropriate payments to doctors. But, Alaska insurance companies are working to undermine this regulation -

and we need your help to ensure patients are protected in the long run. We're working to support a new bill, HB 193, that will end surprise billing altogether and provide the protection patients need.

HB 193 is a comprehensive solution that protects patients and ends surprise bills by requiring insurers to cover unexpected, emergency out of network care, and limiting patient financial exposure. HB 193 will protect patients from receiving large bills that their insurance companies have refused to pay. By establishing an appropriate and fair reimbursement standard between insurers and doctors, the bill takes patients out of the middle and improves access to care.

HB 193 sets a fair minimum standard, the 80th percentile rule that has been working in Alaska since 2004, which insurers use as a benchmark to pay out-of-network physicians, providers or facilities for unexpected care. HB 193 bans balance billing, meaning no further bills would go to patients in these situations. Because doctors will be payed fairly, there is no need for additional bills.

Despite negative attention created by misleading information by insurance companies, patients support the 80th percentile rule, and want their insurance plans to fairly cover out-of-network emergency care. The 80th percentile rule relies on transparent market-based information that takes into account local market prices for services. They are based in market costs and not set by government or manipulated by insurance companies.

Although critics have claimed that providers with extremely large market share can impact prices under this standard, there's no evidence or report of foul play. ISER (UAA's Institute of Social and Economic Research) is currently looking at this issue for Alaska. Research in New York State has shown that a similar standard did not increase cost after its implementation there.

Without the 80th percentile rule in HB193, patients will be left unprotected as insurance companies shirk their responsibility to pay. In fact, insurance

companies would be allowed to set any rates they wanted - with no regard for costs or impact on emergency room staffing or services.

Alaska patients and families need this full protection from surprise bills. This bill will strengthen the healthcare system, offering protection first and foremost to patients, and ensuring the doctors and emergency rooms can keep their doors open and keep staffed with needed specialists and providers to best treat patients in emergencies.

We hope we can count on your support for HB 193.

[3:12:28 PM](#)

REPRESENTATIVE JOHNSTON, noting that there were two major insurance providers in Alaska, asked if her business was currently in-network for either of those providers.

DR. ZINK expressed agreement that her group was in-network.

REPRESENTATIVE JOHNSTON asked if her group contracted with out of network physicians.

DR. ZINK replied that her group covered the emergency department at the Mat-Su Regional Medical Center, and, as they billed as a unified group, they were in-network with all the major providers. She explained that most providers wanted to be in-network and did not want to shift that burden to patients. She stated that they did not have any contract negotiations, and, as they were busy with patients, they "just take what the insurance companies give us." She declared "that's the reason why this legislation is really important."

DR. ZINK expressed her agreement with Representative Johnston, that the bulk of their emergency room visits, if insured, were in-network.

[3:14:00 PM](#)

REPRESENTATIVE JOHNSTON asked about the operations in other emergency room facilities in Alaska.

DR. ZINK replied that there was a similar model throughout the state for emergency providers, that most were independent groups contracted with a hospital. She pointed out that the networks

were shrinking in the Lower 48, resulting in larger insurance gaps. She expressed her hope that this proposed legislation would get in front of that. She declared that her group did not send many balance bills, although this was a huge issue in the Lower 48.

[3:15:04 PM](#)

CHAIR SPOHNHOLZ opened public testimony on HB 193.

[3:15:33 PM](#)

SAMI ALI, MD, Alaska Emergency Medicine Associates, explained that her group of physicians staffed the emergency room at the Providence Alaska Medical Center and provided care to all patients who came through the emergency room. She pointed out that the facility did not use mid-level providers. She asked that the 80th percentile rule be preserved to prevent any reduction in quality care or to accessibility for medical care for patients in Alaska. She declared support for proposed HB 193 as it would enable physician groups in Alaska to recruit and retain high quality physicians, as this was a difficulty in Alaska.

[3:18:38 PM](#)

STEVEN COMPTON, MD, President, Alaska Heart and Vascular Institute, stated that practicing cardiology in Anchorage was a challenge, as it was difficult to recruit physicians to come to Alaska. He reported that to attain the same ratio of cardiologists to population as the Lower 48, it would be necessary to more than double the number of cardiologists in the state. He noted that, as the Baby Boomer demographic was entering the age for needing more cardiology care, the demand for services had "accelerated tremendously in the last decade and will continue to do so," and that the state was already underserved. He stated that it was a fundamental commitment of his organization to provide care to anyone who walked through the door. He reported that his group served 30 percent of the state Medicare population, and noted that all Medicare clinics lost money and were heavily subsidized by the hospitals. He said that the "way we keep the lights on is by cost shifting." He explained that the Medicare charges were paid with funds from private payers, allowing them to maintain access to care. He declared support for the proposed bill.

[3:23:10 PM](#)

CHAIR SPOHNHOLZ closed public testimony on HB 193.

[3:23:28 PM](#)

REPRESENTATIVE ZULKOSKY moved to report CSHB 193, Version 30-LS0466\T, Wallace, 3/6/18, out committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 193(HSS) was moved from the House Health and Social Services Standing Committee.

[3:23:55 PM](#)

The committee took a brief at-ease.

SB 174-PROGRAMS FOR PERSONS WITH DISABILITIES

[3:26:18 PM](#)

CHAIR SPOHNHOLZ announced that the next order of business would be SENATE BILL NO. 174, "An Act relating to the duties of the Department of Health and Social Services; and relating to the administration of programs for persons with physical and mental disabilities."

[3:26:44 PM](#)

SENATOR PETER MICCICHE, Alaska State Legislature, paraphrased from the Sponsor Statement [Included in members' packets], which read:

When Alaskans with physical and mental disabilities are able to actively participate in the system of their care, a higher quality of life is achieved as well as a sense of independence. SB 174 will provide a clear pathway to achieve both of these things by allowing the Department of Health and Social Services to take a more flexible approach to administering programs. A positive, person-centered approach should be embedded within all decisions made at both systems design and service delivery levels.

So why establish an avenue for participation? All persons deserve the right to be treated with respect and dignity. Higher quality of life is achieved by encouraging individuals with physical and mental disabilities to participate fully in the social and

economic environment of their homes, communities, and the State.

Improved stewardship of public monies requires stakeholder input from a broad cross-section of Alaskan urban and rural communities to ensure effectiveness of program redesign efforts. Five project teams comprised of over 70 people are already working to make this a reality by focusing on areas of person-directed culture change, workforce enhancement, community awareness, legislative engagement, and measuring success.

SB 174 does not create the right to self-direct care or supersede laws related to eligibility programs. It will not have a financial impact on the State. SB 174 does provide a long overdue unifying vision to assure that the available resources, whether great or small, are allocated and applied in a manner that maximizes the contributions to community that Alaskans experiencing disabilities can make, and the flexibility of systems to utilize those resources with responsible stewardship now and in perpetuity.

[3:28:34 PM](#)

SENATOR MICCICHE emphasized that Alaskans experiencing disabilities were not cattle, they were not a number, but that they were individual, amazing Alaskans who had hopes and dreams and wanted to accomplish the very most they could in their lives. He noted that when past services had been delegated without their participation, they had sometimes felt more like numbers than amazing individuals. He offered his belief that we would all want the same input.

[3:29:47 PM](#)

KAITLEEN STANSBERRY, Intern, Senator Peter Micciche, Alaska State Legislature, paraphrased from the Sectional Analysis [Included in members' packets], which read:

Section 1

AS 47.80.095. Legislative Findings Related to Person with Disabilities. Adds a new section titled Legislative Findings Related to Persons with Disabilities. It presents how Alaskans with physical

and mental disabilities quality of life is enhanced when allowed to actively participate in their support services.

Section 2

Adds new language allowing the Department of Health and Social Services to take a flexible approach in allowing active participation for those with physical and mental disabilities.

[3:30:47 PM](#)

CHAIR SPOHNHOLZ opened invited testimony on SB 174.

[3:31:09 PM](#)

MAGGIE WINSTON, Chair, Governor's Council on Disabilities and Special Education, shared her background as an individual who had experienced a disability at 21 years of age which took away functional use of her arms and her legs. She said that the services she received allowed her to live in her own home, to be a mom, to go to her job at a center for independent living, and to be an advocate for other individuals that experienced disabilities. She asked for support for the proposed bill as it would make individuals feel supported with this flexible shared vision for services and it solidified the spirit of self-determination, as things can often seem chaotic and out of control. She declared that this offered her support toward a meaningful life, something that we all wanted.

[3:33:18 PM](#)

REPRESENTATIVE SULLIVAN-LEONARD asked how the proposed bill would assist her in the Medicaid process.

MS. WINSTON offered her belief that the bill language solidified something more sustainable for service provision in the future, so that individuals looking for services in the future would have a language to empower and enable them to be self-determining.

REPRESENTATIVE SULLIVAN-LEONARD mused that it would allow better communication with a health care professional or other support services for inclusion in the decision-making process.

MS. WINSTON said that it would establish a foundation of self-directedness, so that she did not need to accept something that would not work for her. The proposed bill would declare support for her in her individuality and her needs.

[3:35:21 PM](#)

REPRESENTATIVE ZULKOSKY asked whether the proposed bill would allow statutory support for individuals to opt out of services they might not need, and have self-directed conversations with the department for the services they desired.

MS. WINSTON expressed her agreement.

[3:36:20 PM](#)

MICHELLE GIRAULT, Board Member, Key Coalition, stated that the Key Coalition was very supportive of the proposed bill to put into statute a foundational language that was value driven and upheld and supported those primary stakeholders across Alaska. She declared that the proposed bill would enable departments to work together to provide more synchronous delivery systems.

[3:38:29 PM](#)

LIZETTE STIEHR, Executive Director, Alaska Association on Developmental Disabilities, paraphrased from a letter, dated March 13, 2018, which read: [Included in members' packets]

AADD, the Alaska Association on Developmental Disabilities, is the professional association representing the voice of forty-six organizations in Alaska that provide home and community-based services to individuals who experience intellectual and developmental disabilities. The Association has been an active and strong supporter of the development of the Shared Vision. The Vision brings a renewed energy and excitement to the work the provider community. The Shared Vision reminds each of us why we have dedicated our professional life to this field and where we want the focus of services to be, on the individual being supported.

We are so appreciative of Senator Micciche's SB174 that embeds the Shared Vision in statute. In statute this Shared Vision will provide a consistent and strong platform for individuals to lead their own

services, rather than a bureaucracy. It enriches their lives and the fabric of the community in which they participate. Services matching the Shared Vision will provide for a more independence life and greater personal confidence for individuals. This will help stretch limited funds farther with greater participation in the community involving unpaid natural supports.

Having the Shared Vision in stature will assure that the underlying philosophy of dignity, respect and choice doesn't change with shifts in funding or political leaders. Thank you again for your time, attention and efforts on behalf of so many individuals in Alaska both providing and receiving services and supports.

[3:41:03 PM](#)

CHAIR SPOHNHOLZ opened public testimony on SB 174.

[3:41:26 PM](#)

COREY GILMORE, Governor's Council on Disabilities and Special Education, shared that he was a recipient of services. He explained that services were provided based on a document of care for what other people think they may need. These plans of care were decided in a large conference while "people talk about you." Right at the end of the meeting, these people would ask him what he would like to work on. He declared that it was necessary "to turn that on its head," make these plans of care about what the individual wants to do, and that the individual needed to be control of that. He pointed to the difficulties for his staff as they tried to follow the plan, even though he stated that he had not agreed to that goal. If he refused to work on a goal, he would receive less service. He emphasized that the plan of care should be the individual's plan, and that "we can all stand to work on" these goals. He pointed out that he hated to work on goals that were not his own.

[3:45:36 PM](#)

REPRESENTATIVE TARR said that she did not know that by not working on the goals in the plan of care, an individual could lose those services. She asked if this was based on non-participation for those services.

MR. GILMORE declared that he was all for participation, that life required audience participation. He stated that currently the goals were not participatory, they were meant to be habilitative, which was often difficult for individuals. He noted that, as he was 42 years old and had cerebral palsy, his philosophy was that if he could be habilitated, none of his staff would need to be here. He expressed support for goals that he could live with, pointing out that currently he did not have the ability to say "no, I didn't agree to that goal. We have to do it because it's in our plan of care. If we don't do it, we can lose services." He explained that habilitation was a means to justify the cost.

[3:48:19 PM](#)

CHAIR SPOHNHOLZ closed public testimony on SB 174.

[3:48:27 PM](#)

REPRESENTATIVE EASTMAN offered Conceptual Amendment 1, as follows:

Delete "can achieve a meaningful life"

Replace with "can be more active"

REPRESENTATIVE EASTMAN said that would remove the question for the philosophical components for the meaning of life.

[3:49:53 PM](#)

SENATOR MICCICHE offered an example for activity and opined that he was unsure that this activity would lead to a more active, or meaningful, life. He declared that this was not about activity, but was about self-determination for personal treatment, and the "most value out of life how you see fit." He declared that this was not about physical activity, but was about accomplishment, opportunity, and fulfillment.

CHAIR SPOHNHOLZ expressed her agreement.

REPRESENTATIVE EASTMAN moved to adopt Conceptual Amendment 1.

CHAIR SPOHNHOLZ objected for discussion. She pointed out that the proposed bill had been drafted in collaboration with the Governor's Council on Disabilities and Special Education.

[3:51:25 PM](#)

REPRESENTATIVE TARR directed attention to the top of page 2 of the proposed bill. She offered her belief that "having a meaningful life" was language often used per the reasons stated by Senator Micciche. She declared that recognition, no matter the physical or intellectual challenges or limitations, for the opportunity to have a full and meaningful life should be supported.

[3:52:23 PM](#)

REPRESENTATIVE EASTMAN said that he supported the idea of more and increase and other words; however, the current wording indicated that, without this program, a person cannot achieve a meaningful life. He offered his belief that, as the proposed bill was not intended to give a meaningful life when the person did not otherwise have a meaningful life, philosophically, it was more than could be achieved through the program. He acknowledged that, although there were many good things that could "come of this program, but giving someone meaningful life, even if we were just talking about more meaningful life, I think that would be an entirely different concept." He said that the proposed bill was currently written in such a way that a person could not achieve a meaningful life without this program, and that he did not agree with that.

[3:53:20 PM](#)

CHAIR SPOHNHOLZ maintained her objection.

[3:53:31 PM](#)

A roll call vote was taken. Representative Eastman voted in favor of Conceptual Amendment 1. Representatives Spohnholz, Kito, Tarr, Sullivan-Leonard, and Zulkosky voted against it. Therefore, Conceptual Amendment 1 failed by a vote of 1 yea - 5 nays.

[3:54:23 PM](#)

REPRESENTATIVE TARR expressed her pleasure that this proposed bill and another bill regarding supportive decision making were both moving forward, as they seemed long overdue.

CHAIR SPOHNHOLZ declared that the concept of self-determination was one of the most important concepts that we have, as

individuals, to allow control of our own bodies and our own destinies. She stated that most of us don't like to be told what to do, and that we should be able to make the choices for our own lives that best fit with our values. She added that we should be able to build our skills in ways that are meaningful to us, and not necessarily to other people.

[3:55:48 PM](#)

REPRESENTATIVE ZULKOSKY moved to report SB 174, Version 30-LS1258\D, out of committee with individual recommendations and the accompanying zero fiscal notes. There being no objection, SB 174 was moved from the House Health and Social Services Standing Committee.

[3:56:11 PM](#)

The committee took an at-ease from 3:56 p.m. to 3:58 p.m.

SB 108-MEDICAL CARE/LICENSING/MEDICAL BOARD

[3:58:22 PM](#)

CHAIR SPOHNHOLZ announced that the next order of business would be CS FOR SPONSOR SUBSTITUTE FOR SENATE BILL NO. 108(FIN), "An Act relating to the State Medical Board; relating to the licensing of physicians, osteopaths, and podiatrists; relating to the certification of medical assistants; relating to the practice of medicine; relating to the practice of podiatry; relating to the practice of osteopathy; relating to assault of a medical professional; and providing for an effective date."

[3:58:30 PM](#)

SENATOR CATHY GIESSEL, Alaska State Legislature, explained that the proposed bill included requests by the State Medical Board for changes to their statutes. She presented a PowerPoint titled "SB 108, State Medical Board," and introduced slide 2, "Purpose," which listed the two purposes of the bill: to streamline physician licensing and to address the need for both licensed and unlicensed office assistants.

[3:59:58 PM](#)

SENATOR GIESSEL addressed slide 3, "Streamline MD licensing," which was addressed by the proposed bill in Sections 1, 2, 8, and 9 [and 10] for changes to the process for license approval.

She declared that the reason to the delay for approval was the need for the license application to first be reviewed, and then forwarded to the State Medical Board for evaluation during its quarterly meeting. She explained that the proposed bill would authorize the executive administrator to look at the license applications, and if it was complete, and there were not any concerns, the administrator would be authorized to approve the license and issue temporary licenses, as well as grant certifications. The proposed bill also spelled out prohibitions for the board to limit the executive administrator's authority in this realm. She added that this process had already been in use by the Department of Commerce, Community & Economic Development for 20 years. She declared that it was a safe, efficient, and proven system.

[4:01:49 PM](#)

SENATOR GIESSEL moved on to slide 4, "Streamline MD licensing," and reported that Sections 10 and 11 of the proposed bill added an additional second person to issue temporary licenses should the executive administrator not be available. She declared that that this would help streamline the license approvals between those quarterly board meetings. She reported that there were approximately 290 licenses in backlog, although some of these may not be complete. She noted that only about 5 percent of the applications were complete when submitted.

SENATOR GIESSEL directed attention to slide 5, "Unlicensed Assistive Personnel," which was addressed in Section 3 of the proposed bill. She reported that, in the mid-1990s, physician offices began to hire unlicensed personnel for routine medical duties in order to reduce overhead costs. She pointed out that, as the state medical laws prohibited the delegation of any medical duties to an unlicensed person, the proposed bill would correct that gap in the laws and it would authorize delegation of routine medical tasks, as defined by the State Medical Board, to an unlicensed person.

[4:05:15 PM](#)

SENATOR GIESSEL addressed slide 6, "2.a. Unlicensed Personnel Medical assistants," and noted that Sections 6, 12, and 14 added additional clean up language, and put "routine medical duties" under the exception to the license to practice medicine as the law currently prohibited any of these medical activities being delegated to unlicensed people. She reported that Section 12 added medical assistant to the practice of medicine, and Section

14 added medical assistants to the definition of medical professional under the Title 12 Criminal Procedure.

SENATOR GIESSEL directed attention to a second category of medical assistant created in the proposed bill to again correct a problem identified by practicing physicians, slides 7 - 8, "2.b. Medical assistants - license/certification." She relayed that earlier legislation had prohibited unlicensed people from looking into the prescription drug database, as it contained sensitive information. She stated that this had now caused problems in the offices of pain or cancer doctors, as these doctors did not have staff licensed to perform this task. She relayed that the proposed bill created an entity of medical assistants who were certified through recognized training and certification programs. She added that Alaska's community colleges had training programs for certified medical assistants, which were recognized in many other states. She explained that Section 4 of the proposed bill defined the certifying process in regulation by the board, slide 9, "Medical assistant with certification Process defined." She stated that Section 5 listed specific limitations for use of the term "certified," and that Section 13 included certification in the definition of a license. She pointed out that these certified assistants would be qualified to look into the prescription drug database for a physician, as well as being assigned more complex medical duties as determined by the medical board.

[4:10:04 PM](#)

SENATOR GIESSEL emphasized that the proposed bill would provide a more efficient, expeditious, and effective licensing of physicians, it would provide legal clarity for the delegation of routine medical duties to unlicensed personnel, and create more stringent licensing for a person certified or licensed by the board, slides 10 - 11, "Urgent need for SB 108." She declared that the state medical board "really needs this" and that there had not been any opposition to the proposed bill.

[4:11:09 PM](#)

REPRESENTATIVE SULLIVAN-LEONARD acknowledged that other medical professionals had indicated the time element to manage all the tasks. She relayed that certified medical assistants (CMA) were very beneficial and asked if the CMAs could apply a prescription or write a prescription.

SENATOR GIESSEL offered her belief that the board intended that CMAs not be allowed to do any prescribing or management of opioids other than accessing the data base. She cautioned that the term CMA was a registered trademark by one of the certifying bodies, and that neither the term or the words were used in the proposed bill.

[4:13:00 PM](#)

REPRESENTATIVE KITO mused that the proposed bill was providing for licensing, registration, or certification of a medical assistant, as well as allowing medical professionals to designate routine tasks to unlicensed medical assistants. He asked if this created two classes of medical assistants, licensed and unlicensed.

SENATOR GIESSEL acknowledged that there were two categories of medical assistants. One was a regular medical assistant whereas the other had sought on-going education, had taken the national certifying examination, and was qualified to pursue licensing by the State Medical Board.

REPRESENTATIVE KITO expressed concern for the ability to oversee a doctor's office which could have both categories of medical assistant.

SENATOR GIESSEL stated that the medical board would define the limitations on both entities, and that it would be up to the facility to monitor that the clinicians were practicing within the scope of their license. She said that these were all logistics that the medical profession would work out.

[4:15:22 PM](#)

REPRESENTATIVE KITO asked about the applicability of the medical board asking to authorize a new category of medical professional when they were not in support of a similar request by the naturopath board. He expressed concern for leaving this entirely to the medical board while not knowing the requirements.

SENATOR GIESSEL acknowledged that he had identified a turf situation which occurred in medicine. She shared an anecdote for the nursing profession putting in statute and regulation the authority to delegate to unlicensed assistive personnel. She said that it was "pretty routine" to trust professional boards with this.

REPRESENTATIVE KITO said that, although he appreciated areas of turf, it was necessary to carefully understand what was being added. He expressed his concern for the new certification of medical assistants without fully understanding their task. He asked for a commitment from the medical profession that this would result in decreases in cost, as there would be a delegation of tasks from a licensed professional to unlicensed individuals. He expressed concern that the public would not be receiving the benefit.

SENATOR GIESSEL said that these cost reductions should have been seen in the mid-1990s when medical assistants began to replace licensed professional in physician offices.

REPRESENTATIVE KITO pointed out that medical costs had continued to increase since then.

CHAIR SPOHNHOLZ noted that the requirement that health care providers use the prescription drug database had been added in the last few years at a time when they had not been able to bill for that.

[4:19:25 PM](#)

REPRESENTATIVE TARR asked whether the role of untrained students working in medical offices was now becoming professionalized.

SENATOR GIESSEL explained that the "regular" medical assistant, usually high school graduates, had been trained on the job. She reported that, as the education became more formalized over time, the State of Alaska now needed to recognize this training.

REPRESENTATIVE TARR opined that, as people would be better prepared to provide information, there would be a positive benefit. She suggested that many of these had been administrative, rather than health care positions.

SENATOR GIESSEL expressed her agreement and suggested that the certified medical assistant would now perform more invasive medical procedures, such as immunizations. She listed some of the safeguards as a result of medical training.

REPRESENTATIVE TARR questioned whether there would be a public comment period after the State Medical Board prepared regulations.

SENATOR GIESSEL expressed her agreement, noting that the regulatory process took about one year to complete, which included a period for public comment.

REPRESENTATIVE EASTMAN directed attention to Section 4 of the proposed bill and asked for the reasons that immunity was offered.

[4:24:20 PM](#)

SENATOR GIESSEL stated that this was standard language in health care statutes for providing immunity to people making reports of incidences.

REPRESENTATIVE EASTMAN, referencing AS 08.64.111, asked whether use of the abbreviation C.M.A. was intended and whether it would run "afoul of the trademark issue" mentioned previously.

SENATOR GIESSEL replied that this decision to choose the certifying body for the trademark C.M.A. was up to the State Medical Board, pointing out that these initials were not specified in the proposed bill.

REPRESENTATIVE EASTMAN directed attention to Section 12 of the proposed bill and asked whether the certified medical assistants were practicing medicine.

SENATOR GIESSEL explained that Section 12 indicated that a medical assistant licensed under a separate chapter of the proposed bill was exempt from practicing without a medical license.

REPRESENTATIVE EASTMAN asked if the other chapter provided a comparable penalty.

SENATOR GIESSEL acknowledged that there were penalties for practicing medicine without a license. She shared the State Medical Board list of other licenses and certificates.

[4:27:51 PM](#)

REPRESENTATIVE KITO expressed concern regarding the definition of medical professional in Section 14.

SENATOR GIESSEL directed attention to similar positions on the medical board list and acknowledged that it was a rather broad definition.

REPRESENTATIVE KITO compared this to dental assistants who could be delegated tasks and asked about the consideration of someone as a medical professional "who has zero training."

SENATOR GIESSEL explained that the purpose for the definition of medical professional was to authorize for the routine medical tasks, which included the medical assistant with certification. She suggested that the dental assistant should be added.

[4:31:03 PM](#)

CHAIR SPOHNHOLZ opened invited testimony on SB 108.

[4:31:15 PM](#)

FRED PARADY, Deputy Commissioner, Office of the Commissioner, Department of Commerce, Community & Economic Development, stated his support of the proposed bill. He stated that, in FY17, the Department of Commerce, Community & Economic Development had processed 22 percent more medical licenses and 31 percent more nursing licenses, reflecting the increased demand for health care professionals in Alaska. He reported that the department had initiated a strategic planning process which identified streamlining the application process for health care professions as its highest priority. This initiative included a comprehensive examination of the processes, which identified every step of the process to search for roadblocks and bottlenecks. He noted that 27 of these roadblocks were identified and evaluated for the cause in order to determine if this was a public safety need, whether the process was obsolete, and whether the roadblock could be simplified. He explained that there was a three-pronged approach to implementing the solutions to these roadblocks: some were in board regulation, some were improvements to the IT process, and some were changes to statute.

[4:34:50 PM](#)

REPRESENTATIVE SULLIVAN-LEONARD asked if the processing for the positions in the proposed bill would be paid by the State Medical Board.

MR. PARADY said that they would.

[4:35:20 PM](#)

CHAIR SPOHNHOLZ opened public testimony on SB 108.

[4:35:43 PM](#)

DANNY ROBINETTE, MD, Chief Medical Officer, Foundation Health Partners, stated that his organization was in support of the proposed bill to expedite the process. He reported on the struggle to bring physicians to Alaska. He lauded the safeguards in the proposed bill to ensure clean applications.

[4:37:35 PM](#)

CHAIR SPOHNHOLZ closed public testimony on SB 108.

[4:37:54 PM](#)

The committee took a brief at-ease.

[4:38:22 PM](#)

REPRESENTATIVE TARR said that the proposed bill was an important step forward to hopefully result in more access to care and to lower costs. She stated that it would be imperative for the legislature to maintain a vigilance for the regulations upon release to the public.

CHAIR SPOHNHOLZ said that she had heard concerns from physicians about the prescription drug database requirement, and that this new category would allow health care practitioners more office efficiency. She stated that the temporary licensing was an important aspect and that there were appropriate fail safes.

[4:40:03 PM](#)

REPRESENTATIVE ZULKOSKY moved to report CSSSSB 108 (FIN), Version 30-LS0740\I, from committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSSSSB 108 (FIN) was reported from the House Health and Social Services Standing Committee.

[4:40:26 PM](#)

The committee took an at-ease from 4:40 p.m. to 4:42 p.m.

CONFIRMATION HEARING(S)
State Medical Board

[4:42:47 PM](#)

CHAIR SPOHNHOLZ announced that the next order of business would be a confirmation hearing for the Alaska State Medical Board.

LIU SAI-LING, MD, Appointee, State Medical Board, said that she was a board-certified family practice physician, practicing in Nome for 28 years. She was the Medical Director for the long-term care facility. She said that she had been on the State Medical Board for the past four years, and that she was applying for a second term. She noted that the State Medical Board had had a lot of turnover and that it was important to have continuity of service. She declared that it was an honor to be on the board, that the other members were very dedicated and took the responsibilities seriously, and that it was a lot of work. She pointed out that, even though travel for the last board meeting had not been approved due to state budget cuts, everyone had paid their own way to Anchorage for the meeting.

[4:45:18 PM](#)

REPRESENTATIVE TARR asked if there was full participation from the current state medical board members, in order to ensure that the license applications were addressed.

DR. LIU said that it was not an issue, and that occasionally one person would not be able to attend. She declared that members took their role very seriously and participated.

REPRESENTATIVE TARR asked about board turnover, whether many board members only served one term.

DR. LIU explained that in the last two years, many of the terms had expired, hence a lot of turnover.

[4:47:29 PM](#)

REPRESENTATIVE ZULKOSKY moved to advance the confirmation of Dr. Liu Sai-Ling, appointee to the Alaska State Medical Board, to a joint session of the House and Senate for consideration. She reminded the committee that signing the report regarding appointment in no way reflects individual members' approval or disapproval of the appointee, and the nominations are merely forwarded to the full legislature for confirmation or rejection. There being no objection, the confirmation was advanced.

HB 358-INSURANCE COVERAGE FOR TELEHEALTH

[4:48:11 PM](#)

CHAIR SPOHNHOLZ announced that the next order of business would be HOUSE BILL NO. 358, "An Act relating to insurance coverage for benefits provided through telehealth; and providing for an effective date."

[4:48:22 PM](#)

BERNICE NISBETT, Staff, Representative Ivy Spohnholz, Alaska State Legislature, declared that there had not been any opposition to the proposed bill and she paraphrased from the Sectional Analysis [Included in members' packets], which read:

Section 1.

AS 21.42.422 has been amended to require insurance coverage for benefits provided via telehealth.

Section 2.

AS 21.42.422 is a new subsection that defines health care insurer as a person transacting the business of health care insurance except for a nonfederal governmental plan. It also adds the definition of telehealth under 47.05.270(e) as the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of health care data through audio, visual, or data communications, performed over two or more locations between providers who are physically separated from the recipient or from each other or between a provider and a recipient who are physically separated from each other.

Section 3

The changes to Section 1 of this bill applies to health care insurance plans that are offered, issued, delivered, or renewed on or after the effective date.

Section 4

The effective date is July 1, 2019.

[4:49:44 PM](#)

CHAIR SPOHNHOLZ opened invited testimony on HB 358.

4:49:54 PM

AROM EVANS, MD, Medical Director, Orion Behavioral Health Network, stated support for the proposed bill, pointing out that telemedicine was an extremely important service for many residents of rural villages as it was not realistic to have a psychiatrist reside in these communities. He pointed out that sometimes private insurance did not pay for telehealth, resulting in difficulties for many patients. He stated that neglect of mental health issues tended to drive up health care costs, and that payment by private insurers for telehealth would save money for the state.

4:53:19 PM

REPRESENTATIVE ZULKOSKY asked if the Orion Behavioral Health Network partnered with Alaska providers who had encountered this challenge.

DR. EVANS explained that there were Alaska providers in their network and they had encountered difficulties in getting services paid for both in and out of state providers.

4:55:08 PM

LYN FREEMAN, Ph.D., Mind Matters Research, declared her support for the proposed bill. She shared some background for her practice, stating that she treated patients who were referred to her with chronic disease and behavioral or emotional issues which contributed to a worsening of the condition. She practiced various forms of integrative approaches, including non-pharmalogical pain management. She reported that about 40 percent of her practice was through tele-health as travel was not possible for these patients. She reported that she had tested her research for psychological interventions for patients with chronic diseases through both live delivery and tele-health, and that improvement outcome was equivalent for both systems of delivery. She shared that she had maintained training for the ethical aspect in the use of telehealth for mental health treatment. She reported that these ethics trainings had pointed out that it was preferable to treat people in your own state as it was easier to know the resources available should something happen during the distance treatments.

4:59:30 PM

CHAIR SPOHNHOLZ opened public testimony and after determining no one wished to testify, closed public testimony on HB 358.

4:59:56 PM

REPRESENTATIVE EASTMAN asked about the scope of the benefits being provided.

5:00:48 PM

CHAIR SPOHNHOLZ, as the sponsor of HB 358, clarified that receiving medical care via telehealth did not mean not seeing a doctor. As telehealth was a delivery system, it was not necessary to limit the scope in the proposed bill. She shared that she did not want to put limits on the creativity of health care providers based on the current ability to imagine what can and cannot be done, and that this would allow the marketplace to develop.

5:01:53 PM

REPRESENTATIVE EASTMAN asked if this meant that any benefits a health care insurer provided coverage for should also be covered via telehealth.

CHAIR SPOHNHOLZ emphasized that this was intentionally broad, and that this was based on her own experiences for not being able to access health care services via telehealth. This led to the exploration of the concept of telehealth as it related to private insurance. She stated that, as not all health care insurers would currently pay for this, it was time to move in that direction.

5:03:12 PM

VICTORIA KNAPP, Chief Operating Officer, Mat-Su Health Services, stated that she was in support of HB 358. She reported that several years ago Mat-Su Health Services had moved to a telemedicine model for some of their psychiatric evaluations and medication management appointments to meet some of the unmet need for these services in the borough. She declared that they were a safety net provider, funded by the federal government and the Division of Behavioral Health. She shared that, as several large insurance providers in the state did not provide coverage

for tele-health services, families and individuals were left with the choice of a very large bill or looking elsewhere for psychiatry services. She declared frustration that these insurers did not cover tele-health psychiatry.

[5:05:24 PM](#)

REPRESENTATIVE ZULKOSKY moved to report HB 358, Version 30-LS1216\J, out of committee with individual recommendations and the attached zero fiscal notes.

[5:05:37 PM](#)

REPRESENTATIVE EASTMAN objected. He explained that all his U.S. Department of Veterans Affairs health care through his primary care doctor in Orlando, Florida, was via tele-health. He stated his appreciation for the value, and opined that, although there were cost savings to be gained, the market was not ready for a mandate that any provided health care also be accessible via tele-health. He offered his belief that, if it made financial sense, providers would go that direction. He stated that telehealth was not everything it could be, and that the providers should have the option to not have to use it.

[5:07:12 PM](#)

REPRESENTATIVE SULLIVAN-LEONARD asked if there was a list of what was approved for telehealth medicine for procedures and oversight for patients.

[5:07:39 PM](#)

MS. NISBETT said that there was a list of procedures on the Alaska Native Medical Center website that were accepted.

CHAIR SPOHNHOLZ pointed out that this was a different category.

[5:08:16 PM](#)

ANNA LATHAM, Deputy Director, Division of Insurance, Department of Commerce, Community & Economic Development, clarified that the proposed bill allowed for insurance companies to pay for telehealth services in both the group and individual markets. She stated that the benefits that were already in the plans for essential health benefits, as well as any other benefits covered by the plan, would be allowable for telehealth. She stated that

the list of benefits for the Alaska Native Health plans was a separate program.

[5:09:06 PM](#)

REPRESENTATIVE ZULKOSKY asked whether the proposed bill mandated that an individual utilize telehealth services, or whether it just provided the authorization for the insurance plans to be billed for those services.

MS. LATHAM replied that there was not a mandate, that it allowed the insurance companies to cover telehealth services beyond mental health, which was currently in statute.

[5:09:37 PM](#)

REPRESENTATIVE EASTMAN asked whether a current benefit from a health care plan would now also be provided as a telehealth option.

MS. LATHAM explained that, with the proposed bill, the insurer can pay if you utilize telehealth.

[5:10:11 PM](#)

REPRESENTATIVE EASTMAN asked about the definition of shall in this specific context.

[5:10:32 PM](#)

MS. LATHAM explained that the proposed bill stated that the insurers shall provide coverage for benefits provided through telehealth. This may or may not require in-person contact. This proposed bill simply allowed large, small group, and individual market coverage to pay for telehealth services.

CHAIR SPOHNHOLZ asked for clarification that the proposed bill was not requiring people to use telehealth, but it was requiring insurance companies to cover telehealth services should the plan have a provision for such services. She acknowledged that there were some services which did not make sense for delivery via telehealth. She pointed out that there were a lot of insurance plans offered in the State of Alaska which were not required to cover telehealth. She stated that this bill was not saying what kind of health care should be covered by telehealth, it was saying that the insurance provider should pay for the service if it was delivered via telehealth.

[5:12:41 PM](#)

REPRESENTATIVE EASTMAN asked where he could go to find out what services were available by telehealth. He asked if one insurer decided to provide a benefit via telehealth, did all the other insurers need to match.

CHAIR SPOHNHOLZ said that was a decision between him and his health care provider.

[5:13:21 PM](#)

REPRESENTATIVE EASTMAN maintained his objection.

[5:13:27 PM](#)

A roll call vote was taken. Representatives Spohnholz, Tarr, Sullivan-Leonard, Johnston, Zulkosky, and Kito voted in favor of HB 358. Representative Eastman voted against it. Therefore, HB 358 was reported out of the House Health and Social Services Standing Committee by a vote of 6 yeas - 1 nay.

[5:14:07 PM](#)

The committee took an at-ease from 5:14 p.m. to 5:16 p.m.

HJR 32-CONST. AM: PARENTAL CONSENT TO ABORTION

[5:16:23 PM](#)

CHAIR SPOHNHOLZ announced that the final order of business would be HOUSE JOINT RESOLUTION NO. 32, Proposing an amendment to the Constitution of the State of Alaska relating to notice and consent before termination of a minor's pregnancy.

[5:16:30 PM](#)

REPRESENTATIVE GABRIEL LEDOUX, Alaska State Legislature, paraphrased from the Sponsor Statement [Included in members' packets], which read:

HJR 32 seeks to add a new section to the Alaska Constitution allowing the legislature OR the people through the initiative process, to have the option to require notice to and consent of the parent or legal

guardian of a minor before the minor's pregnancy is terminated.

Deciding whether to continue a pregnancy or have an abortion is a decision that will have major long-term impacts on the life of a young woman. Notification and consent laws help pregnant teens to get support and guidance from their parents or guardians. Currently parents or guardians must give consent for their child to be treated by a school nurse, buy cough syrup, get their ears pierced, take a risk assessment survey in school, go on a field trip or watch an R rated movie. In Alaska parents cannot even give consent for a child under 18 to get a tattoo. Parents have the right to know about the activities of their underage teens and especially about a decision as big as an abortion. As a parent I would want to know.

[5:18:41 PM](#)

REPRESENTATIVE LEDOUX paraphrased from the resolution, [Included in members' packets], which read:

Section 1. Article I, Constitution of the State of Alaska, is amended by adding a new 5 section to read:

Section 26. Notice and Consent before Termination of Minor's Pregnancy. This constitution does not prohibit the legislature or the people from requiring notice to and the consent of the parent or legal guardian of a minor before the minor's pregnancy is terminated. The legislature shall implement this section by law in a manner consistent with the requirements of the Constitution of the United States, and the people may implement this section by initiative in a manner consistent with the requirements of the Constitution of the United States.

Sec. 2. The amendment proposed by this resolution shall be placed before the voters of the state at the next general election in conformity with art. XIII, sec. 1, Constitution of the State 15 of Alaska, and the election laws of the state.

[5:19:54 PM](#)

CHAIR SPOHNHOLZ announced that HJR 32 would be held over.

5:20:18 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:20 p.m.