

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 7, 2018

1:34 p.m.

MEMBERS PRESENT

Senator David Wilson, Chair
Senator Natasha von Imhof, Vice Chair
Senator Cathy Giessel
Senator Peter Micciche
Senator Tom Begich

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

CONFIRMATION HEARING(S) :

Mental Health Trust Authority Board of Trustees
Verne Boerner

CONFIRMATION ADVANCED

DEPARTMENT OF HEALTH AND SOCIAL SERVICES OFFICE OF CHILDREN'S
SERVICES RESPONSE TO THE CITIZEN REVIEW PANEL PRESENTATION

HEARD

SENATE BILL NO. 169

"An Act relating to the definition of 'supervision or direct supervision' for purposes of medical assistance coverage of behavioral health clinic services."

- MOVED CSSB 169(HSS) OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: SB 169

SHORT TITLE: MEDICAID: BEHAVIORAL HEALTH COVERAGE

SPONSOR(S) : SENATOR(S) GIESSEL

01/31/18	(S)	READ THE FIRST TIME - REFERRALS
01/31/18	(S)	HSS

03/05/18 (S) HSS AT 1:30 PM BUTROVICH 205
03/05/18 (S) Heard & Held
03/05/18 (S) MINUTE (HSS)
03/07/18 (S) HSS AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

VERNE BOERNER, Appointee
Alaska Mental Health Trust Authority Board of Trustees
Anchorage, Alaska

POSITION STATEMENT: Testified as appointee to the Alaska Mental Health Trust Authority Board of Trustees.

MIKE POWERS, Appointee
Alaska Mental Health Trust Authority Board of Trustees
Fairbanks, Alaska

POSITION STATEMENT: Testified as appointee to the Alaska Mental Health Trust Authority Board of Trustees.

CHRISTY LAWTON, Director
Office of Children's Services
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Presented Office of Children's Services Response to the Citizen Review Panel Presentation.

RANDALL BURNS, Director
Division of Behavioral Health
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Answered questions about SB 169.

ACTION NARRATIVE

1:34:00 PM

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 1:34 p.m. Present at the call to order were Senators Micciche, Begich, von Imhof, and Chair Wilson. Senator Giessel arrived during the meeting.

CONFIRMATION HEARING(S):
Mental Health Trust Authority Board of Trustees

1:34:30 PM

CHAIR WILSON announced the consideration of the governor's appointees to the Alaska Mental Health Authority Board of Trustees.

[1:35:13 PM](#)

VERNE BOERNER, Appointee, Alaska Mental Health Trust Authority Board of Trustees, testified about her appointment. She stated her Inupiaq name. She is an enrolled tribal member of the sovereign village of Kiana. She shared her earliest memory of going to the Head Start in the armory at Kiana with her grandmother, one of the first generation of community health aides. Her grandmother was her first exposure to tribal health. Back then patients often came to their home for care. She remembers scampering to the outhouse in the middle of winter. She noted so many homes in Kiana still do not have water and sewer hookups. Her tribal leaders created Ilitqusiat, Iñupiat values that are shared by many tribal people in Alaska and many indigenous cultures. "The premise is every Iñupiaq person is responsible to all other Iñupiat for the survival of our cultural spirit and the values and traditions through which it survives. Through our extended family, we retain, teach and live our Iñupiaq way of life. With guidance and support from our Elders, we teach our children our Iñupiat Ilitqusiat values," she said.

She said these were her formative experiences and the briefest way she can think of to introduce herself and the foundational experiences that she brings to the table. Her specific interest in the Alaska Mental Health Authority comes from the tribes and tribal leaders. She is president and CEO of the Alaska Native Health Board (ANHB). It is a statewide voice on Alaska Native health issues, in its 50th year as an advocacy organization for the health needs and concerns of all Alaska Native people. Its mission is to promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people. Their leadership has stated that the Alaska Mental Health Trust Authority Board of Trustees needs representation from those familiar with the Alaska tribal health system, particularly considering the overrepresentation of their people as trustee beneficiaries.

[1:39:02 PM](#)

MS. BOERNER explained that the Alaska tribal health system is a system of care with voluntary participation of sovereign tribes and tribal health organizations through a single negotiated compact with the federal government. This system provides health services for Alaska Natives and American Indians in over 200 facilities and locations across the state. The Alaska tribal health system provides health care in every community and is a critical component of the Alaska public health system. She comes

with the blessing and encouragement of the Alaska Native Health Board. She has over 20 years of experience in tribal health, health promotion, disease prevention, and administration and budgeting experience. She has served tribes in the establishment and formation of tribal epidemiology centers and has over 13 years of experience serving on a tribal institutional review board working on human protection issues, with particular attention to the vulnerable populations, such as those who comprise the beneficiaries of the Alaska Mental Health Trust Authority.

MS. BOERNER said she is Native American Research Centers on Health Fellow, holds a master's degree in public health, and an undergraduate degree in business administration. Her passion is addressing health disparities in indigenous and minority populations through health research, policy development, and education and outreach. She is a firm believer in community-based approaches to best tap the existing strengths and resources of these resilient populations in order to address health disparities. She has observed that culturally-intelligent approaches are needed to build and build upon evidence-based approaches and interventions and outreach and treatment.

She said she has had the honor of being entrusted by tribes to represent them on health issues at the state and national levels, including complex work groups, such as the restructuring initiative of the Indian Health Service (IHS) and the national IHS budget formulation work group. She has served on translational research into practice advisory groups. In her role as an administrative officer at the Northwest Portland Area Indian Health Board, she oversaw grant and contract management, as well as fiscal management in accordance with Office of Management and Budget circulars and Single Audit Act. She was the lead contact for the annual audit and was responsible for negotiating lease and contract agreements. She held responsibilities and authority for investment strategies for the 98-638 funds the tribes received. She was the Northwest Portland Area Indian Health Board representative on the Portland area facility advisory board, which reviewed construction and renovation projects of facilities and sanitation systems for the then 43 recognized tribes in Washington, Oregon, and Idaho.

[1:42:33 PM](#)

MS. BOERNER said as a person with three citizenships--Kiana, the United States, and Germany (naturalized)--she has a unique perspective regarding Alaska's diversity and immigrant population. Alaska has grown so much that even Kiana has

naturalized citizens from around the world. She knows what it is like to seek health care and mental health services in a foreign country with limited command of the language. She has academic and personal experience with the unique challenges and concerns of naturalized families. Like all the trustees, she has a personal drive for wishing to serve as a trustee. She wants to honor her late sister who lost her battle with alcohol three days before her 29th birthday. She was trying to quit and had no other drugs in her system. The coroner listed her cause of death as natural due to complications of chronic ethylism. There is nothing natural about the death of a 29-year-old.

SENATOR MICCICHE said he was very glad that she is interested in being on the Alaska Mental Health Trust Authority Board.

CHAIR WILSON asked if the Alaska Native Health Board receives money from the Alaska Mental Health Trust Authority.

MS. BOERNER said no.

[1:45:45 PM](#)

MIKE POWERS, Appointee, Alaska Mental Health Trust Authority Board of Trustees, testified about his appointment. He said he was a 34-year resident of Alaska. He first came to Alaska as a VISTA volunteer in 1981 and then became a writer for the Senior Voice. After two years, he left to pursue a master's degree in health services administration. He then returned to Fairbanks. He was the chief financial officer at Fairbanks Memorial Hospital for ten years. He has been the CEO for the past 20 years. When he retired, he was on the University of Alaska Board of Regents. He served as interim chancellor for the University of Alaska Fairbanks from 2015-2016 after the chancellor at the time stepped down in late spring. He returned to the Tanana Valley Clinic last spring. As CEO of the Fairbanks Memorial Hospital, much of his time was focused on building programs and recruiting personnel related to behavioral health issues. Behavioral health is a crisis in Fairbanks and Alaska and nationally. Much of his time building the behavioral health program was spent dealing with the emergency department, the 20-bed behavioral health unit with four secure beds, relationships with the court system, downtown businesses, police, support agencies, and family members. He shared that in his own family, he has been helping his brother address the housing needs of his 23-year-old developmentally disabled daughter. After looking back on 30 some years in various health capacities in the Interior, he sees two vulnerable populations, seniors and the mentally ill and developmentally disabled.

MR. POWERS said he wants to help address those needs in his community and across the state. That is what drives his interest in the Alaska Mental Health Trust Authority. He shared that that morning in Senate Finance the issue came up of the need to wait two years after being with entities that receive money from the Alaska Mental Health Trust. He said he was not aware of any Alaska Mental Health Trust funds received by the university while he was interim chancellor, but Senate Finance is pursuing a legal review of the situation.

[1:50:56 PM](#)

SENATOR BEGICH asked when he completed his time as the interim chancellor.

MR. POWERS said in August of 2016.

SENATOR MICCICHE said he would certainly recommend Mr. Powers if the ruling from Senate Finance is favorable.

[1:51:48 PM](#)

CHAIR WILSON said he will hold Mr. Powers appointment at this time.

[1:52:28 PM](#)

CHAIR WILSON opened and closed public testimony on the governor's appointees.

CHAIR WILSON entertained a motion to advance Ms. Boerner's name.

[1:52:52 PM](#)

SENATOR VON IMHOF moved to forward the appointment of Verne Boerner to the Mental Trust Authority Board of Trustees to a joint session for consideration. She reminded members that this does not reflect an intent by any of the members to vote for or against the confirmation of the individual during any further sessions.

[1:53:22 PM](#)

CHAIR WILSON found no objection and the name Verne Boerner for appointment to the Mental Trust Authority Board of Trustees was forwarded to the full body for consideration.

At ease.

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES OFFICE OF CHILDREN'S
SERVICES RESPONSE TO THE CITIZEN REVIEW PANEL PRESENTATION**

1:55:44 PM

CHAIR WILSON reconvened the meeting and announced the next order of business was a presentation from the Office of Children's Services responding to the presentation by the Citizen Review Panel.

1:56:13 PM

CHRISTY LAWTON, Director, Office of Children's Services, Department of Health and Social Services (DHSS), presented Office of Children's Services Response to the Citizen Review Panel Presentation. She said "the last 6 years at a glance" slide shows the growth in the number of protective services reports over the last years. The number jumped 16 percent between calendar year 2016 and calendar year 2017. She has concerns about next year because they have not encouraged more reports and wonders why there is such a huge spike. She believes that it is reflective of what's happening in communities. With more reports coming, more will likely be screened in for investigations and a proportion of those will lead to services such as foster care.

She reported that of the 20,000 reports in calendar year 2017, about 70 percent came from mandated reporters. The other 30 percent came from citizens, relatives perhaps, or other people who are just worried about a child. Most reports are allegations of neglect, which is a broad category that encompass things around supervision, parents' inability to care for children because of substance abuse; mental injury, which is reflective of domestic violence issues; physical abuse; and then child sexual abuse, with the lowest number of reports.

She displayed a graph to show how the number of children in out of home has grown over the last ten years. She noted that the numbers on the graph are children who were in foster care for at least one day during the year. From 2011 to 2016, the number of kids in out of home grew by 54 percent. There are multiple reasons for the growth, but one is the opioid epidemic. In 2010 they had started to look at processes around intake. The national average for screening in reports was 65 percent. Alaska was screening out 65 percent, the complete opposite from the rest of the country. As a result, they were seeing an increased rate in repeat maltreatment of children because they were not going out to offer enough services. They made policy and practice decisions to look at families more closely to prevent them from returning over and over.

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MS. LAWTON said workforce challenges are always the elephant in the room, which drives almost all the outcomes they struggle to keep at the expected rate. Case-carrying workers turned over at almost 50 percent for 2017. Many left the agency because the job was not doable and it didn't meet their expectations to truly help kids and families. OCS struggles to have staff representative of those served, particularly in smaller, outlying offices. The positions are often filled with people from out of state because the pay looks so desirable. Those people are not generally prepared or realistic about what life will look like in Alaska or they look to transfer to a large, urban area as soon as possible. Every time a case worker turns over, it will take an additional six to eight months for a child to reach permanency, whether that be reunification, guardianship, or adoption.

She said worker turnover affects the rates of reentry. Children are more likely to reenter foster care if they have had many case workers because of the quality of services and the quality of that relationship diminish over time. The governor's amended budget includes funds for a full-time, statewide safety officer, as well as two full-time security officers in the Kenai and Fairbanks offices. That will make a total of 6 security officers, adding to the two in Anchorage, one in Juneau, and one in Wasilla. She said it gives her heartburn to be a helping family-oriented agency with security at the front door, but worker safety must come first. But they still try to keep the environments as welcoming as possible.

[2:04:29 PM](#)

MS. LAWTON said OCS has collaborative goals with the University of Alaska Anchorage (UAA) and University of Alaska Fairbanks (UAF). They have been meeting with a new director of the School of Social Work at the University of Alaska Anchorage to develop an interdisciplinary child welfare certificate track. They want to resurrect and recreate a more robust stipend program for employees to go back to school to pursue their Bachelor or Master of Social Work degrees. They want to beef up campus recruitment efforts across disciplines besides social work. Within the last five years they have worked with the National Child Welfare Workforce Institute, particularly with its leadership academy for middle managers. OCS has a number of goals that will create competency-based evaluations so when new employees leave the classroom following their three to five weeks of training, their competency will be assessed, and OCS will have a chance to work with them if necessary.

CHAIR WILSON asked what the turnover rate is for OCS.

MS. LAWTON replied in 2016-2017 it was 49 percent.

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SENATOR MICCICHE asked if any outreach with Native corporations is being done to see if they would assist with scholarship programs for the child welfare certificate.

MS. LAWTON said she has not done any specific outreach to corporations, but conversations have started around various issues. If tribes will be doing more social work through the Alaska Tribal Child Welfare Compact, they will need workforce development.

SENATOR MICCICHE suggested it is something worthy of consideration.

[2:11:11 PM](#)

MS. LAWTON related that in May 2017 OCS went through a third round of the federal Child and Family Services Review. They did random sampling of cases in Anchorage, Fairbanks, and Ketchikan. OCS did not achieve the high national performance standard of 95 percent in Safety, Permanency, or Well-Being. Areas of strength that were identified were stability of foster care placement, keeping siblings together, and making sure educational needs of children are met. Areas of weakness are keeping children in the home by finding ways to wrap services to prevent removal, having permanency and stability in all living situations, and having families get services to enhance their capacity to safely care for their children. They do a good job with caseworker visits with children, but it is difficult for caseworkers to see parents monthly. If caseworkers don't see parents frequently, parents are less likely to be successful. The compact may help because the tribes are located in communities where OCS is not.

SENATOR BEGICH asked whether the number of foster homes has grown to match the 54 percent increase in out-of-home care.

[2:14:30 PM](#)

MS. LAWTON said they have licensed more homes, but the biggest push is to get kids into homes of relatives. The number of foster homes has not grown at the rate needed. They have enough homes, but not enough to evaluate to find the best match for the child.

SENATOR MICCICHE related that he was invited to a Child and Family Services Review. The state and OCS have challenges, but very few states meet the 95 percent standard. He asked if the state could be penalized for not meeting the standard and whether the national standards are realistic.

MS. LAWTON responded that the expectations should be exceedingly high because of what they expect a child to receive as a result of an intrusive act. Given the state of child welfare funding across the country, the opioid crisis, and lack of resources, meeting the goals is not realistic. Nevertheless, the goals are what they should be.

She explained that over the next year, OCS will be negotiating the Program Improvement Plan with their partners at region 10 to identify the strategies they will use to improve outcomes. Once they agree on a final plan, benchmarks will be set for the next two years. If they do not meet negotiated goals, the Program Improvement Plan can be extended, but the possibility of financial penalties exists. She has gone through the process twice since she has worked for the agency, and they have met the Program Improvement Plan goals.

[2:19:41 PM](#)

MS. LAWTON said the Program Improvement Plan focuses on three areas. Safety is something they look at throughout the entire lifetime of a case. Success comes down to human engagement and building some semblance of trust to work collaboratively with parents. They have a lot of work to do to increase engagement to help parents increase their protective capacity. She said the federal government uses Alaska as an example of great work of quality assurance, but they are still missing a real Continuous Quality Improvement process. They don't have a way to monitor whether responses to quality assurance reports are working.

[2:22:26 PM](#)

MS. LAWTON said she wanted to respond to questions Senator von Imhof had had about HB 30, the 2013 legislative audit recommendations:

- 3.2.I.2 Separate foster care licensing and regulations from other residential care facilities
- 3.2.I.4 Develop a template or checklist for OCS workers and/or eligibility technicians to assist in correctly documenting the components of Title IV-E eligibility within appropriate timeframes

She said separating the licensing work is almost done. The regulations are out for public comment through April 6, and the template is completed. They have made a number of adjustments on their claim process. The federal Title IV-E penetration rate has improved. The general fund was almost neutral because of the gains in federal dollars.

At ease.

[2:24:00 PM](#)

CHAIR WILSON reconvened the meeting and asked about the status of the recommendation to combine licensing for DHSS's five divisions.

MS. LAWTON said the recommendation as she understood it was to separate foster care licensing regulations from other residential care facilities.

CHAIR WILSON agreed after reviewing the recommendation.

SENATOR VON IMHOF said the DHSS unrestricted general funds this year are less than a few years ago even though the number of recipients in Medicaid and in OCS has increased. The 2018 supplemental tips the scale a bit in much higher unrestricted general funds. Looking at 2019 and beyond, one can speculate, with the significant jump in number of children served, that the pressure on unrestricted general funds may be a great deal, especially if many of these additional people served are not in the expansion population with the 90/10 split with the federal government, but the 50/50 split. It is interesting to note the decline or static state of unrestricted general funds for the last few years when not factoring in the supplemental. She is curious about what future years may hold when considering the sum of all the presentations they have been having about the incredible jump in participants in Medicaid.

[2:29:54 PM](#)

MS. LAWTON said the presentation last night to the Senate Finance HSS subcommittee had a slide that looked at budget changes from FY 15 and FY 19 that did include the supplemental request. OCS had an \$89,000 decrease in unrestricted general funds. She cannot speak to other departments, but OCS attributes that to maximizing the federal revenue. She was not sure whether that would hold for next year, but it was a reduction for this year.

SENATOR VON IMHOF said that is a fair statement, but the question is whether that will hold for the future.

[2:30:54 PM](#)

CHAIR WILSON noted the arrival of Senator Giessel.

[2:31:00 PM](#)

MS. LAWTON reviewed 2017 successes and 2018 priorities. Efforts to safely discharge children and slow down new foster care entries are working. Exits are exceeding entries. The tide is turning. The repeat maltreatment rate dropped. That goes back to policy decisions mentioned earlier. They are centralizing intake services (where to report maltreatment). In the past they had intake workers in all 23 of their offices, which resulted in inconsistent practices. Over the last five years they have been moving to centralized intake, which is more responsive to the community. A 24/7 hotline system will be put in place. Now an answering service takes calls between the hours of midnight and 7 a.m. They need intake professionals to make decisions about how to respond to calls during that time. She said that OCS continues to find the best ways to find people who are well matched for the job.

CHAIR WILSON asked if centralized intake correlated with the increase in protective services reports.

MS. LAWTON said she does not think so.

CHAIR WILSON asked if the Alaska Tribal Child Welfare Compact is a way to privatize some of the functions of OCS.

MS. LAWTON said she does not view the compact as privatization; it is a government-to-government relationship. Tribes are already operating foster care programs and helping families in distress. In the long run they hope it will improve services to children and families. Also, it has the potential of cost savings for Alaska.

[2:36:25 PM](#)

SENATOR VON IMHOF referred to the successes and failures from the Child and Family Services Review. She asked if tribes will be more accountable for these types of reports as more tribal compacts are created.

MS. LAWTON said initially they will be accountable to the state of Alaska because they will need to demonstrate that they are doing the services that OCS would have. The long-term goal is

that tribes will access federal funding and have a portion of state funds to operate their own programs more autonomously. Then then they would be accountable primarily to the feds.

[2:38:56 PM](#)

MS. LAWTON went over the entities that have oversight of OCS:

- Federal Administration for Children & Families
 - Child & Family Services Review
 - Title IV-E Audit
 - Legislative Audit
 - Alaska Court System
 - Facing Foster Care in Alaska
 - Alaska State Ombudsman
 - Children's Justice Act Taskforce
 - Citizen Review Panel
 - Resource Family Advisory Board

She said they are all different in nature, but OCS receives input from all of them. Sometimes ideas and recommendations align and sometimes not. It can be challenging to look at all the recommendations.

MS. LAWTON went over the Citizen Review Panel recommendations for OCS.

1. Assign CRP a significant role in implementation of priority areas of the "Transforming Child Welfare Outcomes for Alaska Native Children: Strategic Plan 2016-2020.

She said OCS is doing this by significant participation of CRP in the Community Engagement work group.

[2:42:16 PM](#)

MS. LAWTON said OCS has implemented a new tracking system. Another method did not pan out. They are establishing a connection between a case file and any related grievances while protecting worker identity.

2. Speed up the process and implement the new tracking system of grievances by December 2017.
3. Establish adequate connection between a case file and any related grievances, with necessary protection for worker identity.

She said OCS is deciding what aggregate data to post on the website, but they will do that.

4. Publish monthly aggregate data on number of grievances received, nature of those grievances, and time to resolution of those grievances online.

She said OCS is fully engaged and eager to help CRP's effectiveness to dialogue with the public.

5. OCS should work with the CRP to strengthen the CRP's ability as a robust mechanism for public participation, and rely on it to improve public awareness of the nature and content of OCS work.

She said a participatory evaluation framework is a new term that she has learned from Diwakar Vadapalli, Chair of the Alaska Citizen Review Panel. She agrees that it makes sense and looks forward to that endeavor.

6. OCS should continue to work with the CRP to identify a clear working relationship under the participatory evaluation framework.

[2:45:38 PM](#)

CHAIR WILSON said the audit stated that the training process for OCS case workers is too short. They are going to address training and workforce issues with a future bill, but he asked if the department has a strategic plan or document to address long-term goals. He noted the Department of Public Safety just came out with a workforce retention plan.

MS. LAWTON said they do not have a comprehensive document that covers all those issues. The five-year plan they submit to the federal government talks about workforce challenges and things OCS is doing. She would like to work with UAA to create a comprehensive, 10-year strategic workforce plan.

SENATOR GIESSEL said she has asked UAA what it is doing to meet the needs of social workers, but has yet to receive a reply.

[2:47:58 PM](#)

CHAIR WILSON said OCS doesn't have a way of having soft contacts with folks, to show the value of what it can do, but the Citizen Review Panel can fill the advocacy role. It is part of their core mission and function.

[2:48:52 PM](#)

At ease.

SB 169-MEDICAID: BEHAVIORAL HEALTH COVERAGE

[2:48:57 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of SB 169. He noted the committee adopted the committee substitute, version J, on March 5, 2018.

[2:50:46 PM](#)

CHAIR WILSON asked if there were any amendments.

[2:50:50 PM](#)

SENATOR BEGICH moved Amendment 1, labeled 30-LS1283\J.1.

AMENDMENT 1

OFFERED IN THE SENATE BY SENATOR Begich
TO: CSSB 169(), Draft Version "J"

Page 1, line 7:
Delete "psychiatrist"
Insert "physician"

Page 1, line 9:
Delete "psychiatrist"
Insert "physician"

[2:51:24 PM](#)

CHAIR WILSON objected for purposes of discussion.

SENATOR BEGICH said the amendment deletes the word "psychiatrist" and inserts the word "physician." The memo from Legislative Legal shows that "psychiatrist" is under the definition of physician. Alaska has fewer psychiatrists than they thought.

SENATOR GIESSEL reported that since the last meeting she accessed an Arctic Mental Health Work Group report that identified 85 psychiatrists in the entire state. This was based on a 2015-2016 primary care needs assessment. She also reported that Alaska has about 140 clinical psychologists, 780 clinical social workers, and 80 family and marital therapists. Alaska has about 1,000 clinicians that could work under supervision of a

physician or an advanced nurse practitioner certified in psychiatric mental health.

SENATOR MICCICHE said he walked through how behavioral health is charged to Medicaid. The savings to the state are potentially significant with the expanded supervision provided in this bill. He predicted it will be in the millions of dollars. He stated support for the zero fiscal note.

[2:54:05 PM](#)

RANDALL BURNS, Director, Division of Behavioral Health, Department of Health and Social Services (DHSS), answered questions about SB 169.

CHAIR WILSON asked Mr. Burns if he saw any potential issues with the term physician instead of psychiatrist.

MR. BURNS said he has no comments about replacing "psychiatrist" with "physician," but would point out that the Centers for Medicare & Medicaid Services has a rule that limits who can supervise clinic services to a physician or a dentist, if it's a dental practice. The committee may want to talk about that correction. Advanced nurse practitioners can already bill Medicaid directly. For just clinic services, they may want to limit that to physicians.

[2:55:54 PM](#)

CHAIR WILSON removed his objection. Finding no further objection, Amendment 1 was adopted. He entertained a motion to move CSSB 169 from committee.

[2:56:19 PM](#)

SENATOR VON IMHOF moved to report CSSB 169, version J as amended, from committee with individual recommendations and attached fiscal notes.

[2:56:31 PM](#)

There being no objection, CSSB 169(HSS) moved from the Senate Health and Social Services Standing Committee.

[2:56:42 PM](#)

At ease.

[2:58:24 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee at 2:58 p.m.