

HOUSE FINANCE COMMITTEE  
March 17, 2022  
1:34 p.m.

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CALL TO ORDER

Co-Chair Foster called the House Finance Committee meeting to order at 1:34 p.m.

MEMBERS PRESENT

Representative Neal Foster, Co-Chair  
Representative Kelly Merrick, Co-Chair (via teleconference)  
Representative Dan Ortiz, Vice-Chair  
Representative Ben Carpenter  
Representative Bryce Edgmon  
Representative DeLena Johnson  
Representative Andy Josephson  
Representative Bart LeBon  
Representative Sara Rasmussen  
Representative Steve Thompson  
Representative Adam Wool

MEMBERS ABSENT

None

ALSO PRESENT

Representative Matt Claman, Sponsor; Emma Potter, Staff,  
Representative Matt Claman.

PRESENT VIA TELECONFERENCE

Patty Owen, Alaska Public Health Association, Juneau; Doug Koester, Self, Juneau; Kristina Wilson, Self, Wasilla; Shoshana Kun, Self, Fairbanks; Desiree Asuluk, Self, Toksook Bay; Lourdes Rivera, Self, Eagle River; Kathleen Wedemeyer, Deputy Director Citizens Commission on Human Rights, Seattle; Sycely Wheelles, Self, Anchorage; Rae Romberg, Prevention Director, Alaska Network on Domestic Violence and Sexual Assault, Department of Health and Social Services; Johon Atkinson, Self, Metlakatla; Jennifer Brown, Self, Utqiagvik; Lilly Chuckwuk, Self, Aleknagik;

Sharon Fishel, Education Specialist, Department of Education and Early Development; Deborah Riddle, Operations Manager, Innovation and Education Excellence Division, Department of Education and Early Development.

SUMMARY

HB 60 PUBLIC SCHOOLS: MENTAL HEALTH EDUCATION

HB 60 was HEARD and HELD in committee for further consideration.

HB 281 APPROP: OPERATING BUDGET/LOANS/FUNDS

HB 281 was SCHEDULED but not HEARD.

HB 282 APPROP: MENTAL HEALTH BUDGET

HB 282 was SCHEDULED but not HEARD.

Co-Chair Foster reviewed the meeting agenda.

#hb60

HOUSE BILL NO. 60

"An Act relating to mental health education."

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Co-Chair Foster listed individuals available for questions if needed. He OPENED public testimony.

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PATTY OWEN, ALASKA PUBLIC HEALTH ASSOCIATION, JUNEAU (via teleconference), spoke in strong support of the legislation. The organization believed mental health programming in schools was an essential part of a comprehensive health education program in schools. The organization supported requiring mental health education in schools. She advocated for additional mental health support such as increased mental health counselors.

Representative LeBon asked if additional training would be required, and limited staff members would be allowed to provide mental health services in schools. [Ms. Owen was no

longer available online. She called back in later in the meeting and answered questions.]

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DOUG KOESTER, SELF, JUNEAU (via teleconference), shared that he was calling on his own behalf and worked for Council on Domestic Violence and Sexual Assault (CDVSA). He shared the numerous topics he had worked on with children including sexual health education, violence prevention, adolescent brain education and resiliency. He shared that students had expressed a need to better understand mental health. He was in strong support of the legislation. He believed mental health was one of the cornerstones of being human. He stated that adults did not remember what it was like to have an adolescent brain. He equated an adolescent brain to a Ferrari and stated that if a person did not know how to use it, they could make mistakes. He explained that mental health training enabled individuals to learn about their bodies and brain. He thanked the committee.

Representative Edgmon stated that the science of understanding mental health had grown over the years. He asked why the subject was not considered an essential criterion by the CDC [Centers for Disease Control and Prevention] or other.

Mr. Koester answered that he believed knowing oneself was a very important part of school. He understood there was a lot of push back with social emotional learning; however, he believed that understanding oneself and how to be honest with yourself were included in the cornerstones of life skills.

Representative Edgmon wondered why it was not part of a curriculum or considered to be part of a comprehensive healthcare package at the high schools.

Mr. Koester replied that he was not certain. He considered that perhaps it was expected to be an undercurrent of all teachings.

Vice-Chair Ortiz asked if the bill would give the option for school districts to integrate mental health into their curriculum. He asked if it would be a matter of adopting curriculum and expecting staff to teach on it.

Alternatively, he wondered if it would require training and extra certification to teach the subject.

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Mr. Koester answered that there would be guidelines that empowered schools and districts that opted to use them. He stated that the bill allowed for local control, similar to the way sex education was taught. He stated it would be tricky to think teachers would have to go through a whole new understanding of how to teach. He believed there was enough room in the bill to give districts and teachers the opportunity to find curriculum. He would like to see Alaska-based curriculum based on its specific needs. He referenced the lack of daylight impacting mental health as an example specific to Alaska.

Representative Carpenter asked about Mr. Koester's opinion on the criticalness of mental health training. He understood the topic was broad. He did not recall mental health training curriculum or teaching when he had attended high school. He did remember adults telling him that getting to know oneself was important and it was a lifelong objective. He stated that if adding the requirement in the budget was critical, he wondered whether it meant the state was saying there would be people growing up in Alaska who would be unable to know themselves if the program was not offered.

Mr. Koester responded that he believed school was only one part about learning about oneself. He believed the most important place for values and to learn about oneself was in the family. He explained that ancestors, grandparents, and parents all had the most important place. He remarked that not all youth had perfect home with the opportunity to learn about the topics. He believed it was important to talk about the subject in schools as well to ensure there was an awareness. He shared that many of the youths he worked with were not aware of mental health issues. He elaborated if more was known sooner it could potentially impact the way people acted towards others with mental health issues. He shared that he had worked in the mental health field for 10 years in Alaska and it was a difficult place. He stated it was a disease and something that people needed to know about.

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KRISTINA WILSON, SELF, WASILLA (via teleconference), called in support of the bill. She shared that she is an educator and spent a lot of time on social emotional learning. She highlighted that schools did not put emphasis on more than basic feelings. She strove to get to know her students and understood they sometimes needed more than a teacher. She stated that students were exposed to suicide and conversations more than adults realized. She stressed the need for youth to be able to understand what they were struggling with. She relayed that with the implementation of a mental health structure in her curriculum she could help students navigate to become the best learners and provide the best environment for their learning.

Ms. Wilson implored committee members to look at the data and make students and mental health conversations a priority. She wanted to normalize the conversations. As a parent she was asking the legislature to do more for children. She shared that her daughter had attempted suicide the past year. She elaborated that her daughter was now advocating for others. She emphasized that if there had been more support at school her daughter could have found support sooner. She stressed that the state's schools had the bare minimum when it came to mental health. She and her daughter were lucky that her daughter's attempt had been unsuccessful. She stated that children deserved more.

Representative LeBon thanked Ms. Wilson for her testimony. He asked if it was her vision that the school health teacher would receive additional training or certification and perform the role. He asked if Ms. Wilson had another vision.

Ms. Wilson answered that the curriculum could start in health classes, but it was her vision for all teachers to be able to have the conversations with students and to normalize vocabulary and conversations.

Representative LeBon asked if it would require additional certification for all faculty.

Ms. Wilson agreed. She believed it was worth the time. She stated that as a teacher she would gladly give her time for the training.

Vice-Chair Ortiz asked what subject Ms. Wilson taught. He thanked her for her service.

Ms. Wilson answered that she currently taught elementary students. In the past she had taught behavior support, middle school students and additional elementary grade levels.

Vice-Chair Ortiz asked about better integrating mental health into the school system. He stated his understanding that Ms. Wilson saw the effort starting from the beginning with students entering kindergarten and in some ways being exposed through books being read and discussions including concepts of self-understanding and mental health.

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Ms. Wilson answered there already conversations that involved social emotional learning covering how we feel, what we feel, and what was happening inside of us. The curriculum existed but it was bare bones. She confirmed that starting at a young age was very important. She believed they could improve curriculum through high school to prepare students for any situation they may come across.

Vice-Chair Ortiz asked what Ms. Wilson would say to the concern it was another request or burden added to teachers. He stated it seemed there were more and more requests of teachers, often without support. He noted that the bill was optional for districts to integrate mental health curriculum.

Ms. Wilson agreed but remarked it was also possible to say that adding a new curriculum was adding another thing. She stated there would always something added and there would always be opposition. She believed teachers would be wholeheartedly in if it enabled teachers to be better teachers, allowed classrooms to run more smoothly, and enabled students to reach out. She stated there were ways it could be incorporated on teacher time.

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Vice-Chair Ortiz asked if Ms. Wilson saw HB 60 as a partial pathway to arriving at the goal.

Ms. Wilson replied, "Absolutely."

Representative Rasmussen had heard from many teachers in Anchorage School District that they were struggling. She remarked it had been a tumultuous time for teachers during the COVID-19 pandemic. She had a bit of a concern over adding another requirement on teachers. She asked how much time Ms. Wilson had to spend maintaining her teaching certificate through state mandates. She wondered if there were areas to scale back to offset the time.

Ms. Wilson replied there were ways to slim things down with any type of professional development. She explained that professional development days could be slimmed down to add additional topics. She stated there were conversations about repeated professional development that were no longer necessary but mandated by the state. She believed some of the training needed to be cleaned up to eliminate things that were no longer relevant and include other items. She believed that conversations between staff and teachers about mental health would help teachers as well. She underscored there was a huge benefit to students and staff.

Representative Rasmussen asked if it would be beneficial for the bill to implement a taskforce or group to collaborate with the Department of Education and Early Development (DEED) and the Department of Health and Social Services (DHSS) to engage behavioral health professionals and educators from across the state to identify the best curriculum moving forward. She thought the idea could put more weight behind the legislation. She thought there could be challenges with the bill's current form because it was open to district choosing to opt in. She suggested it could help implement what was needed in order to impact mental health and suicide rates in Alaska.

Ms. Wilson agreed that a taskforce would be beneficial because it could optimize people's time and information that was put out. She explained there could be a focus on good curriculum instead of trying multiple options that did not work. She stated there could be conversations on what was best from kindergarten through high school if people with the knowledge educated others.

[2:00:05 PM](#)

Representative Carpenter stated he had a difficult time understanding what a curriculum for mental health would be.

He wondered when mental health curriculum would be taught. He asked what it would look like in an already busy schedule for teachers. He wondered whether the district Ms. Wilson worked for was currently prohibited from adding the subject into its existing curriculum. He wondered if it needed to be in state law.

Ms. Wilson replied that social emotional learning was already added into a chunk of the day. She noted it was not a majority of the day and did not replace anything. She explained that the conversations could be added into science, reading, social services, and anywhere. She agreed that teachers did need support and needed legislation passed in order for the issue to be taken seriously and to set up a program for success.

Representative Carpenter stated that when children or adults had physical health issues they were typically taken to a physician and individuals with mental health issues typically saw a mental health professional. He wondered about the liability on teachers for teaching the subject or giving mental health advice to students. He wondered if it meant the parents would be involved in advice given or not. He wondered what risk a teacher would face that should perhaps be left to a mental health professional.

Ms. Wilson answered that she felt she picked up the risk daily when teaching in general. She believed there could be other conversations in addition to something that was provided by a doctor. She explained conversations could give people insight into mental health without needing a doctor's permission. She clarified it did not take the place of a parent or speak for parents. She explained it was merely educating students, giving mental health a voice. She explained that everything taught needed to be prefaced with the fact that students would learn something else at home and home was first, and teachers were just giving additional information and resources.

Representative Carpenter thanked the testifier.

[2:04:39 PM](#)

Representative Edgmon believed the intent of the bill was for the Board of Education to provide guidelines that schools had the option to follow or not. He read from the bill. He believed the committee did a great job at

quantifying cost and a lousy job measuring the benefit and at knowing what actually happened when the dollars were appropriated. He remarked that most of the committee members had not grown up in the social media world. He highlighted the strain social media put on kids. He asked if it played a role in the acuteness of mental health challenges in younger adults. He believed it did.

Ms. Wilson replied, "Absolutely, I believe it does." She believed kids were being introduced to social media at younger and younger ages and that they were being exposed more than adults thought even with safeguards in place. She stated that information was out there on platforms and via word of mouth and on school computers. She believed better conversations could be had the more teachers and students were educated.

[2:07:18 PM](#)

Co-Chair Foster noted that Ms. Owen was back online.

Representative LeBon asked Ms. Owen if she had been listening to the comments over the past ten minutes.

Ms. Owen confirmed that she had been listening to the meeting.

Representative LeBon wondered if Ms. Owen had a vision of how the mental health certification process for a K-12 instructor would work. For example, when he had been in high school there had been a health education teacher, and everyone had been required to take the class. He asked if there should be trained and certified mental health professional among the faculty members. Alternatively, he wondered if it was broader and all teachers needed to be certified in some fashion.

Ms. Owen clarified that the bill was not a mandate but encouraged mental health education as part of comprehensive health education. She elaborated that the bill addressed grades K-12 and not high school curriculum only. She stated that it depended school district by school district because there were trained health education teachers in Alaska who were well equipped to teach the subject. In other districts a classroom teacher taught health education if required by the district. In the latter cases, teacher training would

be important. She noted that the question would be better directed to DEED.

[2:09:47 PM](#)

Representative Wool did not believe the bill created professional counselors out of teachers and was not mandating teachers to be therapists. He thought it was a unit in a health class that would talk about mental health. He remarked that the schools in his district were already teaching the subject. He did not think the bill was specifying there would be personal advice given to individual students. He knew schools had counselors, but likely not enough, and he thought they likely spent time figuring out which classes students should be taking. He shared that there had been a psychology class taught in his high school, but the teacher had not been a professional psychologist. He thought it the situation in the bill was similar where a curriculum would teach students about mental health and different issues that may arise.

Representative Wool thought social media was a major problem that had been documented and studied. The other problem was access to phones during school. He thought it was an issue that needed to be addressed, but no one wanted to touch the problem. He felt the committee conversation was getting a bit broad for what the bill actually did. He supported the legislation. He believed teachers giving therapeutic advice to children was not what the bill was about.

Representative Carpenter thought public testifiers were well within their right to explain their vision of what they wanted to see happen. He clarified that he was not specifying anything about the bill, he had been responding to the comments made by callers. He stated it was very clear that one of the callers had stated they wanted to have conversations with students all day long. He stated, "If that's not counseling, I don't know what is."

[2:13:12 PM](#)

Representative Thompson thought the bill was piecemealing school policy. He suggested perhaps the legislature should work with the state school board in adopting curriculum envisioned by the bill or with a taskforce. He thought the

professionals should let the legislature know what was needed.

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SHOSHANA KUN, SELF, FAIRBANKS (via teleconference), testified in strong support of the bill that would add mental health to the education curriculum. She believed HB 60 aimed to decrease the stigma surrounding mental illness and increase students' knowledge of mental health. She did not believe the bill was an unfunded mandate. She explained that the bill would implement guidelines empowering schools and districts to choose to use them. She shared that her daughter had attempted suicide a couple of years back and she had not had the necessary resources at her school. She believed a comprehensive K-12 curriculum that also tackled mental health was key to improving the lives of youth in Alaska. She highlighted the high rate of suicide in Alaska.

Representative LeBon thanked Ms. Kun for calling in.

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DESIREE ASULUK, SELF, TOKSOOK BAY (via teleconference), spoke in support of the bill. She shared that she was currently in 12<sup>th</sup> grade. She stated the importance of education, early detection and intervention, and early prevention efforts that were crucial to reducing difficulties and deaths in cities and in rural areas where mental health was extremely limited. She stated that the bill may increase awareness and eliminate disabilities caused by mental illness. She underscored that Alaska's education system must develop a comprehensive mental health curriculum. She stated that incorporating mental health education and dispelling common misconceptions about mental illness was critical and led to a reduction in the stigma for those experiencing mental illness. She urged the committee to pass the bill. She thanked the committee.

[2:17:19 PM](#)

LOURDES RIVERA, SELF, EAGLE RIVER (via teleconference), spoke on behalf of her 18 year old son who was currently at work. She shared that she is a retired Air Force officer and had four children ranging from 18 to 35 years of age. She detailed that all of her children had experienced mental health crises, primarily as teenagers. She stated

that the pandemic had exacerbated the mental health issues for teens. She strongly supported the bill. She emphasized that the issues had plagued youth in Alaska for decades, yet no one wanted to speak about the topic. She highlighted news stories about young professional athletes having mental breakdowns; however, the situation was happening "right under our noses." She shared that her son who is an honor student, Eagle Scout, community volunteer had attempted suicide in November of 2021. She shared that there had been no signs or symptoms. He was a highly functioning autistic young man. She he read a statement by her son that he had included in a college application:

I am thankful that I have had all of these opportunities and this past year taught me the most about resilience. During all of these accomplishments, I was hiding a big secret that literally almost killed me. I was silently suffering from severe depression, which led to a suicide attempt, hospitalization, and much needed treatment. I learned the importance of treating my depression and asking for help.

I've experienced a state championship with my drill team, I've Eagled, I've had my first date, and first formal, recently turning 18. All of these things happening after my suicide attempt. If you ask me what I am most thankful for since the attempt I will tell you I am thankful for every conversation, Colonel Brokaw [JROTC instructor], my dogs, my siblings, and the warm welcome I received from my classmates when I returned.

Ms. Rivera relayed that within the past couple of weeks the Eagle River High School varsity basketball coach had committed suicide. She shared that when her son had attempted suicide, there had been 100 other students in the ROTC program and Colonel Brokaw and counselors had been heavily involved in making sure the other students received appropriate counseling. She relayed that the basketball team had received strong community support in recent weeks. She believed teachers were already doing some of what the bill talked about in some ways to help reduce the stigma.

Ms. Rivera relayed that after investigating a bit, she had discovered her son had told more than a dozen students how he was feeling. She elaborated that if any of the students had informed a teacher or if they had known as parents [it

would have made a difference]. She stressed there had been no signs to indicate her son was depressed. She explained that [it could have been different] if students had known to understand warning signs and that it was okay to tell a trusted adult, teacher, or counselor if another student confided in them. She reiterated that there had been silence in her son's situation and it had almost killed him. She did not think there needed to be a complicated curriculum. She spoke to the importance of introducing and dispelling misconceptions about mental illness. She emphasized that students now welcomed her son. She detailed that people were talking about the topic. She stated unfortunately the high school had more to deal with most recently with the suicide of the high school teacher. She explained there was something in place, but it was important to create something for everyone across the board that would allow districts to opt in, reduce the stigma, and common misconceptions. She added that her son had been under psychological care for years and even the psychologist had voiced they could not believe the situation happened. She stressed the importance of early intervention that saved lives.

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KATHLEEN WEDEMEYER, DEPUTY DIRECTOR CITIZENS COMMISSION ON HUMAN RIGHTS, SEATTLE (via teleconference), expressed empathy for previous callers. She stated the organization believed any mental health education must be focused on overall improvement of health and needed to be in full agreement and involvement of the parents. The organization believed that as written, the bill left the state open to mental health education that could turn Alaska's schools into marketing agents for psychiatric diagnosis labeling and treatment with mind altering drugs.

Ms. Wedemeyer highlighted that the organization had identified four areas it believed the bill could be improved. First, insert a provision to allow parents to opt out of mental health education. Second, broaden the participants to include other non-psychiatric healthcare professionals including parents, members of the statewide suicide prevention council, spiritual advisors and leaders, business leaders with emphasis on dealing with youth via non-drug, non-coercive approaches in order to provide a holistic approach to mental health education for youth. Third, incorporate language to prevent the bill from being

or becoming a screening referral diagnosing and treatment [poor audio quality]. Fourth, align the bill with the State of Alaska suicide prevention plan about creating health and wellness.

Ms. Wedemeyer relayed that the organization would support any curriculum emphasizing suicide prevention and wellness. She referenced the infective nature of psychiatric diagnoses. She quoted from the psychiatrist and former Diagnostic and Statistical Manual (DSM) chair Allen Frances:

Psychiatry, unlike other fields of medicine is based on a highly subjective diagnostic system. There are no objective tests in psychiatry. No X-ray, laboratory, or exam finding that says definitively that someone does or does not have a mental disorder. There is no definition of a mental disorder, I mean you just can't define it.

Ms. Wedemeyer read from prepared remarks:

Today in the U.S. alone we have over six million youths from the age of zero to 17 on powerful psychiatric drugs. The main issue of education in schools should focus on health [inaudible] and returning individuals to health after emotional crises. Issues youths face are real and varied and are not just mental phenomena. These issues create emotional crisis that parents, families, friends, and communities must act to address. These issues are outlined in the Alaska Youth Risk Behavior survey. They include drug use, bullying, violence, low rates of physical activity, poor diet, smoking, drinking, and more. Additionally, parents must be allowed to direct what their children are being taught in school with regards to mental health. This is necessary with the biased and consumer marketing driven nature of current mental health education that will be provided if HB 60 is not modified to give a balanced approach of what people are experiencing with modern psychiatry.

Ms. Wedemeyer asked the committee to amend the bill.

Co-Chair Foster requested Ms. Wedemeyer send the four suggestions to the committee email.

2:29:49 PM

SYCELY WHEELLES, SELF, ANCHORAGE (via teleconference), shared that she is a junior in high school. She shared that she had met with many representatives in the past week. She spoke in support of the bill. She shared that one in four adolescents experienced a mental illness. She had struggled with anxiety most of her life and she had not known what she was experiencing until diagnosed at age 13. She relayed that the first and only lesson she had received on mental health was a brief unit in her 8<sup>th</sup> grade health class. She stated she had ironically missed most of the segment because she had been getting support from her school counselor for her mental health struggles. She elaborated she had eight years of health classes and had only been taught about her mental health once.

Ms. Wheelles stressed that mental health was a serious public health issue and the pandemic had made the issue more apparent. She stated that in 2019, 22 percent of Alaska high school students planned a suicide attempt. She highlighted national reports showed that symptoms of anxiety and depression had doubled during the pandemic. She relayed that in December 2021, the U.S. Surgeon General declared a youth mental health crisis. The bill would directly address the lack of mental health education in Alaska's schools. Additionally, the bill would decrease the stigma associated with mental illness. She urged the committee to support the bill.

2:32:20 PM

RAE ROMBERG, PREVENTION DIRECTOR, ALASKA NETWORK ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT, DEPARTMENT OF HEALTH AND SOCIAL SERVICES (via teleconference), spoke in favor of the legislation. She shared that she worked to prevent domestic and sexual violence in Alaska and saw how connected the issues were to mental health. She believed mental health needed to be included in health curriculum to help reduce rates of domestic and sexual violence and suicide. She reasoned the bill seemed to allow the flexibility for school districts to decide what made the most sense for their schools. The bill allowed and encouraged school districts to talk about mental health. Teachers were dealing with mental health issues daily with

students and those issues interrupted students' ability to participate and succeed in school.

Ms. Romberg stated that the bill could even do the simplest thing by introducing terms and definitions - not psychiatric terms and not promoting psychiatric meds - destigmatizing anxiety and stress and normalizing talking about suicide. She believed the change could have an incredible and positive impact on students. She remarked that students were under an incredible amount of pressure. She highlighted a YRBS survey showing that almost 20 percent of students had reported being electronically bullied, 38 percent felt so sad and hopeless they stopped doing some of their usual activities, and 25 percent seriously considered attempting suicide. She stated that mental health was already in schools. She believed it was "our" responsibility to give students the language to describe what they were dealing with, which could lead to appropriate referrals and support. She discussed that social and emotional regulation skills and positive self-concepts and feeling valued were protective factors for depression, suicide, substance abuse, violence, and unsafe sexual activity. She noted the information was from the work of Becky Judd in Alaska. She thanked the committee.

[2:36:22 PM](#)

JOHON ATKINSON, SELF, METLAKATLA (via teleconference), testified in support of the legislation. He shared that he had been a counselor for the past 10 years and had lived in Metlakatla his entire life. He currently had two sons in the middle and high school system. He had worked closely with 12 to 13 schools throughout the state on wellness, prevention, and respect. He had seen firsthand the importance of investing the time and teaching focused on mental health for Alaskan youth. He emphasized the positive effects that learning about mental health had on student's work and physically; healthy mental health went hand in hand with both. He planned to continue work on prevention in schools. It was clear that more efforts focused on teaching mental health was needed in schools. He supported the legislation. There had already been a need for the topic prior to the pandemic. Since students had returned to school, new needs were there. He spoke to the importance of supporting the mental health of the state's young people. Educating and talking to young people about mental health strengthened and built a strong community of support.

2:40:52 PM

JENNIFER BROWN, SELF, UTQIAGVIK (via teleconference), shared that she is a school counselor and member of the National Association of Social Workers. She stressed that the bill would help schools to open the door to talk about mental health. She detailed that the school she worked at talked about mental health consistently due to high rates of suicide, depression, and anxiety. She emphasized that the bill did not allow teachers or school counselors to provide a diagnosis or prescribe medications. She underscored that the bill opened the door for schools to hear about mental health issues and address them when they arise. She explained that the bill would provide students with the opportunity to understand what was going on in their minds and teachers the opportunity to learn about different diagnoses and to notice things going on with students. She explained that being able to talk about mental health would destigmatize the issues. She elaborated it would help students understand they could work to address the problems they were facing. She urged the committee to pass the bill that let schools have the opportunity to talk about the issue.

2:43:30 PM

LILLY CHUCKWUK, SELF, ALEKNAGIK (via teleconference), suggested instead of straining the teachers, she thought someone could come in from mental health because she thought they could better identify what to look for. She shared that she had been in a shelter and could tell when people were experiencing mental health issues. She shared that it would be helpful to have the topic in jails and shelters. She shared that a family member had been sexually abused as a child, but she had not completely understood until she had kids. She had learned two of her sons had schizophrenia and they did not want to go to treatment because of the stigma. She stated it was a good beginning to talk about mental health in schools, but it should also be expanded to shelters and jails.

Representative Edgmon thanked Ms. Chuckwuk for her testimony.

Co-Chair Foster CLOSED public testimony.

2:46:47 PM

AT EASE

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RECONVENED

Vice-Chair Ortiz asked for a quick summary of what the bill would and would not do.

EMMA POTTER, STAFF, REPRESENTATIVE MATT CLAMAN, answered that the bill would amend the current health curriculum guidelines by adding the words "mental health" to a list. She pointed to page 1 of the bill that specified "the program should include instruction in health and personal safety including..." The words were followed by a list of about 13 items instructed by the Board of Education and Early Development for schools to adopt as part of their health curriculum. The bill amended the list to include the words "mental health."

Vice-Chair Ortiz asked about the intended impact of adding the words.

Ms. Potter replied that the guidelines were to be developed in consultation with DHSS, regional tribal health organizations, and representatives of national and state mental health organizations. Once the guidelines were created, schools could adopt them as their own.

Vice-Chair Ortiz stated his understanding the curriculum would be optional.

Ms. Potter agreed.

Vice-Chair Ortiz surmised that what happened when a district chose to include mental health in its curriculum was dependent on the district in terms of how the curriculum was integrated into their particular educational offerings.

Ms. Potter agreed and deferred to DEED for more detail.

2:49:56 PM

SHARON FISHEL, EDUCATION SPECIALIST, DEPARTMENT OF EDUCATION AND EARLY DEVELOPMENT (via teleconference), clarified that the bill would ask DEED to put together

guidelines/standards for schools to consider. The bill would leave give local control to districts to decide whether to adopt curriculum to go with the standards/guidelines.

Vice-Chair Ortiz asked for verification the bill pertained to adopting guidelines that could be shaped into curriculum within a given district.

Ms. Fishel agreed. She explained that just like there were other standards for reading, math, social studies, and science, the bill asked the department to develop standards/guidelines for districts to opt to make a selection for mental health.

Vice-Chair Ortiz asked if some districts throughout the state already did that. He surmised the bill would provide some guidelines if they were not readily available in another area. He asked for confirmation that the bill did not result in any other specific actions.

Ms. Fishel agreed.

DEBORAH RIDDLE, OPERATIONS MANAGER, INNOVATION AND EDUCATION EXCELLENCE DIVISION, DEPARTMENT OF EDUCATION AND EARLY DEVELOPMENT (via teleconference), added that the department was instructed to create standards for reading, math, language arts, social studies, and science. She shared that health standards were up for revision. She stated that the bill would impact what the standards revisions may look like in terms of mental health.

[2:53:25 PM](#)

Representative Carpenter asked if someone would be covering the fiscal note during the meeting.

REPRESENTATIVE MATT CLAMAN, SPONSOR, did not believe the committee reviewed the fiscal note during the previous meeting. He thought it would be appropriate to review it.

Co-Chair Foster asked the department to review the fiscal note.

Ms. Riddle relayed that the fiscal note addressed stakeholder engagement in creating the standards. She explained the typical standards revision process involved

reviewing existing standards and determining what needed to be changed. The fiscal note asked to provide a stipend to 20 parents and qualified stakeholders in order to work on the standards. The note also included a charge for associated regulations. Additionally, there was transition language providing the board with two years to develop guidelines. She summarized that the fiscal note gathered stakeholders and a facilitator and paid a stipend for those selected to work on the topic.

Representative Carpenter asked what was currently stopping the State Board of Education from creating standards/guidelines without the legislature directing them to do so. He asked if the board was prohibited from adding the two words.

[2:56:31 PM](#)

Ms. Riddle responded that the health standards were on the list for revision. She explained that the department was waiting to see if there would be any significant changes to what it had planned in order to do everything at once. She stated that the funding in the fiscal note would cover the mental health piece of the work.

Representative Carpenter stated his understanding that the standards would be revised to include mental health recommendations and what was really needed was additional funding make it happen. He asked if the guidelines would not be written if HB 60 was not approved or there was no additional funding.

Ms. Riddle answered that the health standards would be revised. She clarified that the fiscal note was to provide additional support needed to add the mental health component.

Representative Carpenter asked for verification that DEED did not currently have the qualified or available personnel to create the mental health standards.

Ms. Riddle answered that any time new standards were added stakeholder engagement was used to ensure the department was hearing all of the perspectives and that standards were as complete as possible to make them relevant to Alaska. Stakeholders would include mental health counselors and other. She stated it took quite a long time to develop

standards and gather the needed stakeholder engagement to make standards as relevant to the state as possible.

Representative Carpenter referenced that the fiscal note included a \$35,000 contract for a mental health expert to facilitate the standards process and professional development materials. He asked if the department could create the standards without a mental health expert if the bill did not pass.

Ms. Riddle answered it was important to have a mental health expert for the mental health component. The department did not have the staff and its staff was overwhelmed. She elaborated that the department typically hired an outside facilitator to guide it through standards revisions. The facilitator would be specific to mental health.

[2:59:36 PM](#)

Representative Edgmon asked if the last sentence in Section 2 of the bill was Bree's law [part of the Alaska Safe Children's Act effective on June 30, 2017].

Ms. Fishel confirmed that the language "abuse, child abduction, neglect, sexual abuse, and domestic violence" on page 2, lines 1 and 2 was the Alaska Safe Children's Act passed several years earlier to include Erin and Bree's law.

Co-Chair Foster asked the bill sponsor if he had any comments.

Representative Claman shared it was the first time he had heard DEED had a plan to update the health standards soon. He stated it sounded like the process involved stakeholder engagement. He remarked it was unclear to him whether the fiscal note in terms of gathering all of the people was redundant to what the department would already be doing. He asked if the department was going to be updating the standards anyway, whether the bill's only fiscal impact pertained to the hiring of the mental health expert. He thought it sounded like there may be a bit of redundancy going on. He thought perhaps the department could provide a bit more clarity.

Representative Wool remarked that the department had relayed a consultant would need to be hired to tailor the standards to Alaska's specific needs. He thought in general mental health needs were common across state borders. He remarked that kids in other states also suffered from depression, peer pressure, and suicide. He thought the issues needed to be addressed and time was of the essence. He hoped coordinators and authors of the programs understood the need and that there was some universality to mental health issues, the same as physical health issues. He hoped schools could get the curriculum sooner rather than later.

Representative Edgmon highlighted that Bree's law had passed with widespread bipartisan support. He noted that for individuals who had not supported the bill it had been due to a fiscal cost. He characterized the current bill as different in terms of the scale of potential change it would bring. He noted that sometimes it was necessary to pay for things to get something to happen.

Representative LeBon stated that one of the callers [during public testimony] had suggested parents be given an option to opt in or out. He asked how it would work practically speaking with an addition to the health curriculum under the titled mental health. He asked if the intention of the bill would be for all students in a high school to be introduced to the concept of good mental health. If so, he asked how a family would opt their child out of the program.

[3:04:28 PM](#)

Representative Claman answered there was currently generally an option to opt out of health programs such as high school sex education programs. He had always thought it made a lot of sense for a family to have the choice to opt out of a health program segment if they did not like what was being taught about physical or mental health. Whereas he thought an opt-in standard that would require schools to send a request to the parents asking if they wanted their child to participate in a program would create a tremendous burden on school districts that did not make sense. He thought if anything, there should only be an opt-out option. He reiterated there were already opt-out provisions for some or all of health curriculum currently, which he believed would apply to the bill as well.

Representative LeBon asked if the mental health part of the curriculum taught by a certified health instructor with training and certification in mental health in a class setting with an option to opt out.

Representative Claman answered in the affirmative. He imagined that in elementary schools, mental health would be a part of a health unit taught by the classroom teacher. He believed it would be part of the curriculum in a high school health class. He did not envision a separate class for mental health.

Representative LeBon thought that under the model previously described by Representative Claman, everyone there would not be an option to opt out.

Representative Claman clarified it was his understanding there would be the ability to opt out. He elaborated that particularly with sex education, it had always been his understanding there was the ability to opt out.

[3:07:17 PM](#)

Representative LeBon surmised that sex education was not taught by all K-12 teachers. He thought it was likely targeted at a specific grade level where the curriculum was established, shared with parents, and parents could opt in or out. He thought mental health would be different.

Representative Claman deferred to the department.

Vice-Chair Ortiz clarified that it had been his experience as a past teacher that parents could opt out of sex education. He noted some of the callers during public testimony had identified their vision of integrating mental health education throughout K-12. He did not believe the bill would address it in either direction. He agreed that a parent would not be able to opt out of the subject if it was integrated in all classes.

Representative Claman agreed. He noted the bill would allow guidelines for districts to choose their own path.

HB 60 was HEARD and HELD in committee for further consideration.

Co-Chair Foster reviewed the schedule for the following morning.

#  
ADJOURNMENT

3:10:03 PM

The meeting was adjourned at 3:10 p.m.