

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 1, 2021

3:06 p.m.

MEMBERS PRESENT

Representative Liz Snyder, Co-Chair
Representative Tiffany Zulkosky, Co-Chair
Representative Ivy Spohnholz (via teleconference)
Representative Zack Fields
Representative Mike Prax
Representative Christopher Kurka

MEMBERS ABSENT

Representative Ken McCarty

COMMITTEE CALENDAR

CONFIRMATION HEARING(S) :

Mental Health Trust Authority

Annette Gwalthney-Jones - Anchorage
Anita Marie Halterman - Eagle River
Rhonda Boyles - Anchorage
Brent Fisher - Anchorage

- HEARD

State Medical Board

David Boswell - Fairbanks
Richard Wein - Sitka

- HEARD

Larry Daugherty - Anchorage

- SCHEDULED BUT NOT HEARD

PREVIOUS COMMITTEE ACTION

No previous action to record

WITNESS REGISTER

ANNETTE GWALTHNEY-JONES, Appointee
Board of Trustees
Alaska Mental Health Trust Authority
Anchorage, Alaska

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

ANITA MARIA HALTERMAN, Appointee
Board of Trustees
Alaska Mental Health Trust Authority
Eagle River, Alaska

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

RHONDA BOYLES, Appointee
Board of Trustees
Alaska Mental Health Trust
Anchorage, Alaska

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

BRENT FISHER, Appointee
Board of Trustees
Alaska Mental Health Trust Authority
Anchorage, Alaska

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

DAVID BOSWELL, Appointee
State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Fairbanks, Alaska

POSITION STATEMENT: Testified as public appointee to the State Medical Board.

RICHARD WEIN, MD, Appointee
State Medical Board
Division of Corporations, Business and Professional Licensing
Department of Commerce, Community, and Economic Development
Sitka, Alaska

POSITION STATEMENT: Testified as physician appointee to the State Medical Board.

ACTION NARRATIVE

[3:06:06 PM](#)

CO-CHAIR LIZ SNYDER called the House Health and Social Services Standing Committee meeting to order at 3:06 p.m. Representatives Prax, Fields, Spohnholz (via teleconference), Zulkosky, and Snyder were present at the call to order. Representative Kurka arrived as the meeting was in progress.

CONFIRMATION HEARING(S) :
Mental Health Trust Authority
State Medical Board

[3:06:57 PM](#)

CO-CHAIR SNYDER announced that the only order of business would be confirmation hearings for appointees to the Mental Health Trust Authority and the State Medical Board.

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CO-CHAIR SNYDER explained that the Alaska Mental Health Trust Authority ("the Trust") is a state corporation that administers a perpetual trust to improve the lives of beneficiaries. The Trust operates much like a private foundation, using its resources to ensure that Alaska has a comprehensive integrated mental health program. The Trust Land Office protects and enhances the values of the Trust's lands while maximizing revenues from those lands over time. Duties of the Trust's board include protecting the Trust, providing leadership and advocacy planning, implementing and funding of a comprehensive integrated mental health program, proposing a budget for the comprehensive integrated mental health program, coordinating with state agencies on programs and services that affect beneficiaries, and reporting to the legislature, the governor, and the public about Trust activities.

[3:08:42 PM](#)

The committee took an at-ease from 3:08 p.m. to 3:13 p.m.

[3:13:26 PM](#)

CHAIR SNYDER further explained that the seven members of the board are appointed by the governor and confirmed by the legislature. Members are appointed based on their ability in financial management and investment, in land management, or in services for the beneficiaries of the Trust. She requested the

appointees provide testimony explaining why they are qualified and interested in serving on the board.

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ANNETTE GWALTHNEY-JONES, Appointee, Board of Trustees, Alaska Mental Health Trust Authority, stated that serving her community is one of her core values and that she has over 25 years of managerial experience and leadership in human resources and social services. Her career background includes program work and development within many Trust beneficiaries serving organizations in the Anchorage area, including the Arc of Anchorage, the Salvation Army Booth Memorial Home and Covenant House. She has a Master's in Business Organizational Management with dual emphasis in human resources and information technology, an undergraduate degree in psychology and an undergraduate degree in human services. She became a court appointed special advocate volunteer as well as a single parent in the Alaska Foster Care Program. After marrying her U.S. Air Force husband, she worked in human resource management and staff development capacities while located at her husband's various duty stations in the Lower 48. Following her husband's retirement and their return to Alaska she has continued her career as a human resources professional at Lowe's and now at Furniture Enterprises.

MS. GWALTHNEY-JONES stated that her background in human resources and internal development and training will bring a relevant perspective to the work of the Board of Trustees. Since September 2020 she has actively demonstrated her dedication to the role of trustee, which is a five-year appointment and commitment. She will meet the time commitment and offer her skills working with her fellow trustees to help advance the Trust's important efforts to improve the lives and circumstances of its beneficiaries. A key strength she brings to this board is in her duty of care ethos, and she will apply her skills, expertise, and passion to help steer the board toward an even greater success.

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CO-CHAIR ZULKOSKY acknowledged the large amount of business experience that Ms. Gwalthney-Jones brings to her appointment. She requested the appointee to speak to her experience and familiarity with mental health services in Alaska.

MS. GWALTHNEY-JONES replied that the Booth Memorial Home was a residential treatment facility for young ladies who were pregnant and needed a therapeutic place to grow and evolve, and at the Covenant House she was a counselor. So, she is very familiar with working in mental health fields and believes that her experience and knowledge are very beneficial to the Trust. She allowed she has been gone from Alaska and the field for a relatively long time but said that in the field of mental health the needs don't change, they just get bigger.

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REPRESENTATIVE PRAX offered his understanding that Ms. Gwalthney-Jones was appointed in September 2020.

MS. GWALTHNEY-JONES confirmed that is correct.

REPRESENTATIVE PRAX noted the Board of Trustees is responsible for the Trust, which is a large fund. He asked Ms. Gwalthney-Jones whether she has received experience and familiarity with the "trust trustee part of the job" since her appointment.

MS. GWALTHNEY-JONES answered that she received an excellent orientation from the Mental Health Trust, which provided an overall introduction to the Trust Authority.

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CO-CHAIR SNYDER noted that for this specific board the governor is to consider a list of persons that is prepared by a panel of six people. That panel is to consist of an individual from the Alaska Mental Health Trust Board, an individual selected by the Governor's Council on Disabilities and Special Education, an individual selected by the Advisory Board on Alcoholism and Drug Abuse, an individual selected by the Alaska Commission on Aging, an individual selected by the Alaska Native Health Board, and one person selected by the Authority. She asked Ms. Gwalthney-Jones whether she is aware if she was put forward on that list.

MS. GWALTHNEY-JONES replied she is not aware.

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CO-CHAIR ZULKOSKY asked about which of the Trust focus areas Ms. Gwalthney-Jones believes is well positioned to make great progress and what is of great interest to the appointee.

MS. GWALTHNEY-JONES responded that she believes the Trust is in a good position currently, but hard work will be needed because [the COVID-19 pandemic] is going to seriously impact the mental health needs in the next five to ten years. It is going to be even more important that the Trust is protected through [the Board's] fiduciary responsibility and the responsibility to enhance the Trust's assets in the coming years because of that coming need.

MS. GWALTHNEY-JONES further responded that given her military background, suicide prevention is very important to her because 22-plus military members or veterans commit suicide every day. As well, she is very invested in substance abuse and special needs. It's all very important, but some aspects of the field are more important than others.

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REPRESENTATIVE FIELDS inquired whether the appointee's positions at Furniture Enterprises, Lowe's, or West Corporation have involved mental health in any way.

MS. GWALTHNEY-JONES answered yes, in some respects. She said that as the human resources person she deals with employees having mental health issues. If it is believed that substance abuse is involved the individual would be sent to an employee program for counseling. Every day her psychology degree goes into play when she meets with the people who come into her office with a variety of mental health and personal needs.

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REPRESENTATIVE SPOHNHOLZ recalled the appointee's statement that "the needs don't change" and said that since the late 1990s when Ms. Gwalthney-Jones last worked in the field, the Alaska Psychiatric Institute (API) has experienced a series of real challenges. She related that Alaska's mental health system is undergoing massive reform because of a huge gap in services in the community, which resulted in increased criminalization and homelessness for people who experience serious mental health issues. She argued that the needs have changed significantly and stated that the Alaska Mental Health Trust Authority is one of the most important organizations in Alaska in trying to solve these problems. The Authority's job is to work to accelerate change to ensure that its beneficiaries are getting their needs met. She said she doesn't doubt the professionalism of Ms. Gwalthney-Jones but doesn't know that human resource work is a

good analogue for this kind of work. She asked what the appointee is doing to learn about the Mental Health Trust's big and complex work.

MS. GWALTHNEY-JONES clarified that when she said, "the needs don't change," she should have been more specific and said, "the needs of the human psyche don't change." She stated that the needs of a community might increase and the number of people with those needs might change. With COVID-19 the need of people is going to increase as well, and [Alaska's] mental health is going to get slammed hard. Currently she is reading and participating in the different meetings so she can learn about the current needs that are impacting Alaskans and she went through a second orientation because this is such a huge monster, there is a lot to learn, and it takes time to learn. She is committed to taking the time to go to meetings, to read, and learn what she needs to know so she can best represent the beneficiaries and improve their lives.

[3:32:33 PM](#)

REPRESENTATIVE SPOHNHOLZ related that the Alaska Mental Health Trust Authority Board of Trustees is clearly prescribed in statute and defines a clear list of qualifications for a board member. She asked whether Ms. Gwalthney-Jones meets those qualifications and whether the panel of six people [selected her for the governor's consideration].

MS. GWALTHNEY-JONES replied that she doesn't know any of the behind-the-scenes workings, but she received a phone call and was made an offer. She said she presumes that that is what occurred [if being selected by the panel] is required.

CO-CHAIR SNYDER stated she thinks that the panel's selection of a list of appointees for the governor to consider is an important thing. She said the committee appreciates that the individuals may or may not be notified of the process.

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REPRESENTATIVE KURKA concurred with the appointee's concern about the significant increase in mental health needs in Alaska because of COVID-19 and the isolation and lockdowns. He asked whether Ms. Gwalthney-Jones has seen any research or studies that would indicate the likelihood or increased need associated with isolation in terms of suicides or other consequences.

MS. GWALTHNEY-JONES responded she has read a few studies, and some said there is an increase. She has looked at some of the numbers the State of Alaska has put online, and it is on the rise. From what she has read, her opinion is that it is going to increase, and she has seen this specifically in veterans because the lockdowns have impacted them even more so.

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CO-CHAIR ZULKOSKY requested the appointee's perspective on whether the State of Alaska offers a sufficient level of resources for mental health services that can leverage and complement the Trust's annual investments.

MS. GWALTHNEY-JONES answered she thinks "they're getting there" and that "there is a lot of work to do." She continued: "I think we need to move forward very quickly, otherwise we're going to continue to stay behind and try to play catchup and that's what it appears we've been doing for quite a few years."

CO-CHAIR ZULKOSKY requested the appointee to be more definitive in what she meant by the words "getting there". She related that the House Health and Social Services Standing Committee has worked on the budget subcommittee of the state's annual investments in mental health and there have been significant reductions in behavioral health funding as well as flatline funding for intellectual and developmental disabilities (IDD) services.

MS. GWALTHNEY-JONES replied she is still learning and cannot give any exact things off the top of her head. She said she will follow up with a written response to the committee.

[3:38:33 PM](#)

ANITA MARIA HALTERMAN, Appointee, Board of Trustees, Alaska Mental Health Trust Authority, said she began on the board in August 2019 and quickly assumed several leadership roles, including vice chair and chair of the board's Audit and Risk Committee, and chair of the Finance Committee. Serving on the board has expanded her knowledge of the mental health needs and the many programs offered throughout Alaska. In giving back to her community by serving on the board she has learned about new strategies and funding opportunities that can help shape meaningful reform for Alaska's mental health programs and she would like to continue that journey.

MS. HALTERMAN related that she worked as a chief of staff during the 29th Alaska State Legislature, has been active in her community, especially in telemedicine, and earned her Master's in Business Administration from Wayland Baptist University in Anchorage. She has worked with the [Iowa Department of Health and Human Services and the Alaska Department of Health and Social Services (DHSS)], including work experience in Medicaid programs, Division of Senior and Disability Services, mediating administrative appeals, serving as a program manager and a supervisor, and child support. She has also worked in the [Iowa] Department of Corrections, [Alaska] Department of Public Safety, and [Iowa and Alaska] division of public assistance programs. After leaving the legislature [in 2016] she started her own consulting business as an insurance producer, in 2019 she began working with an information technology company as an account executive, and in 2020 she joined a media production company working in sales and administration. Her work has given her new perspectives about the health care needs for the privately insured individuals and has helped expand her understanding of the more global workforce issues that Alaskans face as they move forward.

MS. HALTERMAN concluded by saying she hopes to continue to use her experience to help reform the programs for the future so they can be sustained for populations that need them most as [the Trust] works in partnership with DHSS and other stakeholders to build an integrated comprehensive mental health program that better meets the Trust's beneficiaries' needs. She added that she looks forward to working with legislators to help solve Alaska's mental health problems.

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CO-CHAIR ZULKOSKY requested Ms. Halterman to provide detail on what she envisions as meaningful reforms.

MS. HALTERMAN responded that the Trust has been working on the Crisis Now Intervention program, a relatively new program area for her. The Trust has expanded the technology for many providers and nonprofit providers that serve beneficiaries, so those two areas of program are very different than they were previously and hopefully will help adapt to meet rural community needs. As a whole Alaska is rural and there are some serious gaps and deficiencies in rural communities. Alaska has a shortage of many kinds of providers to meet the needs throughout the state. She would like to continue her involvement in innovative, technology-driven solutions that explore alternative

options which don't drain the existing system that is not currently meeting the needs of beneficiaries.

CO-CHAIR ZULKOSKY requested Ms. Halterman to speak to how she thinks the Crisis Now model will serve Alaskans well.

MS. HALTERMAN replied her hope is that those programs will address the crisis in a more meaningful way that is preventive and not as punitive as in the past. Rather than involving law enforcement, addressing mental health issues with families will help repair families and address some of the mental health needs that go unaddressed in that correctional system. Law enforcement can be kept in the background for when it is necessary.

CO-CHAIR ZULKOSKY asked Ms. Halterman to speak to her position on the governor's proposed use of Mental Health Trust funds or reserve funds to replace undesignated general funds in certain parts of the state's budget.

MS. HALTERMAN answered that this complicated question deserves a full legal response. She referred the committee to the Trust's 1/26/[21] letter written to the Senate outlining the Trust's position on the use of the reserve's funds.

CO-CHAIR ZULKOSKY inquired whether Ms. Halterman supports the position taken within that letter.

MS. HALTERMAN replied yes.

[3:47:10 PM](#)

CO-CHAIR SNYDER asked whether Ms. Halterman knows if she was one of the persons on the list put forth by the panel for the governor to consider.

MS. HALTERMAN responded she was not selected from that list. She said she is aware of the process because she "sat on that board for ... Brent Fisher."

[3:48:47 PM](#)

RHONDA BOYLES, Appointee, Board of Trustees, Alaska Mental Health Trust, related that after 44 years of living in the Interior she took her husband to Phoenix for three years of medical help for Diffuse Lewy Body Disease. After his death a year ago, she bought a home in Anchorage. During her

professional career in the Fairbanks area, she worked several years as the school lunch director, then built three Wendy's restaurants and purchased Clinkerdagger's Restaurant. While owning the restaurants she served on many boards and commissions, including positions of leadership. After selling her restaurants she served as mayor of the Fairbanks North Star Borough from 2000-2003, during which time she had the opportunity to make a large difference in the budget, the mill rates, land management issues, and planning and zoning. After serving as mayor, she worked in the Pioneer Home, including in the dementia wing. She then worked five years for Congressman Don Young before retiring to care for her husband.

MS. BOYLES shared that when she was called about serving on the Board of Trustees, it was a part of her life that she had not spent much time on, outside of personal family experiences with alcoholism, drug addiction, brain injuries from accidents, her father's Parkinson's Disease, her mother-in-law's Alzheimer's Disease, and caring for her husband. She came into the Mental Health Trust with the naïve belief that she was going to change the world in dementia in Alaska only to find it is a steep learning curve because the Trust serves so many of the state's dependents and beneficiaries. She pointed out that trustees do not receive pay and it's a part-time job. Ms. Boyles said her strength on the Board of Trustees is financial and land management, not as an expert in dementia even though she's had several years attached to it. She stated that when a board is managing millions of dollars, the role of a trustee must be understood, which is fiduciary in every way. When the Board of Trustees gives out \$20 million in grants, the questions asked of the hopeful grant recipients are very thorough. The Trustees take the staff's report, do their reading, and ask questions.

[3:55:25 PM](#)

REPRESENTATIVE PRAX asked when Ms. Boyles was appointed to the Board of Trustees.

MS. BOYLES replied she has served since being confirmed in January 2020. Prior to that she worked through the lengthy process to be invited to join the Trust. Her telephonic interview by [the previously mentioned panel] occurred at 6:00 p.m. while she was standing in the lobby of the House of Representatives in Washington, DC. She knew she was being looked at, being interviewed, but she cannot say whether she was approved by that [panel]; she just assumed she'd been approved by that [panel] when it went to the next step for confirmation.

REPRESENTATIVE PRAX inquired about what is involved in the role and responsibility of a trustee. He further inquired about the expertise that Ms. Boyles brings to that position.

MS. BOYLES responded that she sees [the role of a] trustee as 70 percent or more fiduciary. She said that when serving as a trustee of a formal or informal trust the trustee has a direct responsibility to the beneficiaries. The Trust is designed with rules and regulations that a trustee must honor, because if the trustee doesn't, the beneficiaries can sue the trustee or ask the trustee to leave. The trust itself is like a corporation, it's a body, and it could ask a trustee to leave. It's a very important, serious position when it comes to the assets or the non-cash assets of the Alaska Mental Health Trust. That is in the directive of the litigation that was settled after 10 years in 1994 when the state was found remiss in handling its fiduciary responsibilities. The Mental Health Trust was formed and a board of seven trustees was hired. The trustees have diverse backgrounds, but every trustee has been told and each trustee does take very seriously, the financial responsibilities of administering the fund, to making decisions, and protecting for the future beneficiaries.

[3:59:13 PM](#)

CO-CHAIR ZULKOSKY noted that the legislature did not convene in joint session for confirmation of the governor's appointees in 2020. She requested Ms. Boyles to clarify her statement about being confirmed as a trustee.

MS. BOYLES answered that [appointees] were confirmed on the House floor at the very end of the legislative session when a vote was taken on the governor's COVID-19 emergency declaration. [Appointees] were confirmed to serve until 12/15/2020 when that emergency declaration could not be renewed. Appointees served like they were supposed to. She understood she could vote and that the decisions made during that time were valid, which was asserted by the Department of Law. In December when the emergency declaration was not renewed, 90-some confirmed commissioners went away and had to be reconfirmed. That is why she and Ms. Halterman went through four confirmation hearings a year ago and are now back at it because of the emergency declaration approach.

[4:01:13 PM](#)

REPRESENTATIVE SPOHNHOLZ stated she clearly remembers the emergency disaster declaration bill and the provision that allowed appointees who had not been confirmed to continue to serve in those positions through December. That was not an official confirmation; what was said was that [appointees] were neither confirmed nor denied as long as confirmations took place before the end of 2020. A confirmation session never actually took place. There is some legal disagreement about whether the governor could reappoint essentially candidates who have been serving for the last year and, so far, [the legislature's] attorneys have believed that the governor can do that. Representative Spohnholz concurred that Ms. Boyles is correct that she was legally able to continue to serve as a nominee through that point in time by a statute that was passed at that point in time. However, the [nominees] last year were not confirmed, which is a very important legal distinction.

[4:02:38 PM](#)

CO-CHAIR SNYDER noted that the three abilities highlighted as necessary experience for serving on the Board of Trustees are ability in financial management and investment, in land management, or in services for the beneficiaries of the Trust. She requested Ms. Boyles to provide some background on her land management experience given Ms. Boyles' statement that land management was one of her strengths.

MS. BOYLES replied that "land management is spaces and steps", and you have to clear one before you can go into another," whether it be permitting, or establishing the protocols of the development, or the prognosis of the development, and more than anything it is when investing in that land management, in that land development. Land that is not being developed and is sitting there is costing money, so she takes an assertive approach. When the land management division presents a proposal there are questions to be asked, such as "Are we going to get our money back?" Or, if it is a lease, the legal terms must be looked at. Many things must be judged when developing land, just like when buying a piece to build a house on. She had to learn that 20 years ago and learned it the hard way when she purchased her own property commercially to build restaurants as opposed to owning the land versus long-term leasing.

CO-CHAIR SNYDER asked whether she is correct in summarizing that Ms. Boyles' personal experience in land management is related to her experience in owning and managing restaurants.

MS. BOYLES responded no. She explained that much of what is done in the Fairbanks North Star Borough is comprised of dealing with land - planning and zoning, appropriate uses, title conveyance. During her three years as the mayor, she would have been inept at her job had she not understood that when putting forth resolutions with her signature. She learned more in land management from a commercial aspect and the borough's large body of land. Of the one million-plus acres within the borough, 92 percent is owned by the federal government, so the borough has a lot of things to look at on the 8 percent that is left.

4:06:14 PM

REPRESENTATIVE FIELDS requested Ms. Boyles to elaborate about her nursing education at Yale University.

MS. BOYLES answered that she was given a three-year scholarship to Eli Whitney School of Nursing which is in Yale University. She spent 18 months there and found she did not like it and wasn't cut out to be a nurse. She moved to Alaska and went to the University of Alaska where she received an Associate's in Business and waited tables until she determined she wanted to build her own restaurant and built Wendy's.

REPRESENTATIVE FIELDS related that according to admissions staff at Yale University there is no attendance record of someone named Rhonda Boyles or Kerwin.

MS. BOYLES replied it was Eli Whitney School of Nursing affiliated with Yale University during the years 1971-1973.

REPRESENTATIVE SPOHNHOLZ inquired whether Ms. Boyles attended or graduated [Eli Whitney at Yale] before coming to Alaska to pursue something different.

MS. BOYLES responded she attended for 18 months. In further response, she confirmed she did not graduate from Yale.

4:08:51 PM

BRENT FISHER, Appointee, Board of Trustees, Alaska Mental Health Trust Authority, stated he is a veteran of the U.S. Army Medical Service Corps and started his career in the military after college. His degrees include a BA from Brigham Young University with a double major in International Relations and Portuguese, and an MBA from the University of Texas at Austin with specialties in International Strategic and Healthcare

Management. He is board certified in both hospital and medical group management and has been elected a fellow in the American College of Healthcare Executives and the American College of Medical Practice Executives. His career has been primarily associated with healthcare but also includes a wide variety of organizations. His writings have been published in numerous journals, trade magazines, and newspapers. He believes in giving back to his community and has served on the boards of directors of professional associations, and civic, business, and religious organizations. He expressed his gratitude for the opportunity to serve on the Alaska Mental Health Authority Board of Trustees.

[4:10:45 PM](#)

REPRESENTATIVE PRAX requested Mr. Fisher to elaborate on what he would bring to his role as a trustee.

MR. FISHER replied that the Trust operates primarily as a foundation, as mentioned in its mission. He said he has had responsibilities as a fiduciary trustee in other organizations and in academic endowments, and therefore has experience in the management of trust funds or foundation funds. He also started a foundation that looked at improving educational opportunities in the areas of sleep medicine and sleep disorders.

[4:12:25 PM](#)

REPRESENTATIVE SPOHNHOLZ noted that Mr. Fisher was recommended by the panel that is defined in statute and his name was forwarded to the governor as a highly qualified candidate based on his previous experience.

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CO-CHAIR ZULKOSKY requested Mr. Fisher to speak to how, as a trustee, he would utilize his experience in telemedicine and telehealth to deliver mental health services to all Alaskans.

MR. FISHER responded that he believes in and is a big supporter of telemedicine. He said that having been a Medical Service Corps officer in the military, any methodology of communication and providing services to those who need physical or mental health care has always been on the forefront with him. For eight years he worked in the arena of emergency medicine, and emergency departments tend to be a place where many folks with mental or behavioral health issues end up. If there is any

place in the U.S. where telemedicine ought to be freely available to people and reimbursed with parity it is the state of Alaska. There are so many exceptions that Alaska should be getting from primarily federal statutes because of Alaska's geographic challenges with providing any kind of health care, especially mental health care. He was involved in discussions when the first legislation came up about providing telemedicine services and prescription services within Alaska for those with mental health or psychiatric disorders. He sits on the board of the Alaska Collaborative For Telemedicine & Telehealth and has been involved with that for a number of years. He and his wife are the majority owners of the Alaska Sleep Clinic, which has diagnostic testing facilities in Anchorage, Soldotna, Wasilla, and Fairbanks, and which has done telemedicine and telemedicine consults for at least 12 years. Many mental and behavioral health issues are associated with sleep disorders. Telemedicine and telehealth provide access to professionals and to appropriately given prescriptions for folks who need care regarding sleep as well as straight psychiatric care.

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REPRESENTATIVE FIELDS recalled that in 2015 Mr. Fisher wrote an article in which he stated that before expanding Medicaid Alaska should ask some hard questions. He inquired about Mr. Fisher's current view on Medicaid expansion, its successes, and health care challenges in Alaska it has not yet solved.

MR. FISHER answered he doesn't recall exactly what he wrote in 2015 about Medicaid expansion, but his intent in writing that article was to at least raise some questions about what the value would bring to increasing Medicaid. Medicaid does not pay for itself, it pays variable costs, it does not pay for any of the infrastructure that is needed to actually provide health care, no matter what kind it is. So, caution is needed when expanding Medicaid to make sure a thorough look is taken at what is being done to the infrastructure that is actually paid for primarily by commercial insurance.

[4:18:08 PM](#)

REPRESENTATIVE FIELDS inquired about Mr. Fisher's view on the role of Medicaid expansion in helping to serve Mental Health Trust fund beneficiaries.

MR. FISHER replied it depends on what it is, mental health is a broad area. Certainly, he explained, some things are going to

be covered by Medicaid, but a lot of services aren't covered by a health care insurance or a health care and payer program. He qualified that he is a new trustee having started 1/18/[21] but said one part of the agenda is to have representatives and beneficiaries from organizations that have received Trust funds, to come talk about how they benefitted through the program and through the Trust funds provided to them and their organization. One important thing to him when talking about the expanding needs of support and assistance in the mental health world is that what is wanted is to try to prevent as well as to help people out of the problems and challenges that they've gotten into because of a mental health disorder. In one presentation beneficiaries talked about how a grant allowed them to start their own home businesses, which brought self-esteem and value into their lives because they were providing goods and services to others by their work. It also allowed them to do things within their capabilities and to provide for themselves at least partially in that way. That is not something that is going to be provided by a Medicaid expansion, yet to get people out of complete dependence that kind of program adds real value to the beneficiaries. So, a look must be taken at what Medicaid expansion does and what is going to help the beneficiaries the most. Is it Medicaid expansion that provides certain kinds of services? Or is it going into some of these nonprofit programs that provide things outside of traditional health care that gets individuals with mental health challenges to become productive members of society?

[4:21:03 PM](#)

REPRESENTATIVE FIELDS explained he is asking these questions because he values the Trust's advocacy for beneficiaries, including looking at different resources like federal Medicaid resources. He related three of the questions asked by Mr. Fisher in the article, which he thought good: 1) Will all payers pay less for health care under expansion? 2) Will uninsured have better health care access with expansion? 3) Why is Alaska Medicaid reimbursement higher than Medicare? Regarding the first question, Representative Fields shared that in the last couple years Alaska has seen an end of growth in the cost of health care and State of Alaska employees have seen a small reduction in the cost of their state plan premiums. He said a research report he requested found that with Medicaid expansion insuring an additional 65,000 people, uncompensated care was reduced which in turn produced savings for the private insured market. Even though growth has been arrested, he said progress still needs to be made given that major reductions

haven't been seen. Regarding the second question, Representative Fields shared that 65,000 more people are insured under expansion, but there have been mixed experiences with additional private insurers coming into the market with motive being here and then not being here. Regarding the third question, Representative Fields shared that he has heard from providers that Medicare doesn't cover the cost of providing care. He said a look needs to be taken at raising Medicare reimbursement in Alaska and that Mr. Fisher is correct in referencing that a look must be taken at the actual costs of providing care. Representative Fields maintained the federal government is not meeting its obligations for Medicare in Alaska, creating market distortions because it is effectively subsidizing through private insurance which is hard on employers. Medicaid expansion, he continued, is huge in terms of providing care through [Alaska's] community especially for Trust beneficiaries.

[4:23:56 PM](#)

REPRESENTATIVE SPOHNHOLZ noted the Trust has been involved in the Section 1115 Medicaid waiver ("1115 waiver") process. She recalled Mr. Fisher stating that many nonprofit organizations provide services that help Mental Health Trust beneficiaries get back on their feet. She asked whether Mr. Fields is aware that most of those nonprofit organizations bill Medicaid for those services.

MR. FISHER responded that there are different kinds of nonprofits. He said he is sure some get Medicaid reimbursement, but he knows that some don't and that lots of programs are only provided by donations, government grants on the state level, or by trusts and foundations.

REPRESENTATIVE SPOHNHOLZ inquired whether Mr. Fisher can provide examples of those organizations.

MR. FISHER answered he doesn't have any examples off the top of his head.

REPRESENTATIVE SPOHNHOLZ stated that the Salvation Army raises lots of money from the community, but most Salvation Army programs, such as the Clitheroe Center and McKinnell House, are funded by Medicaid and grants from the State of Alaska. She further stated that many of the programs, including faith-based programs, that are often thought of as being entirely supported by charitable contributions are supported by Medicaid. She

asked whether Mr. Fisher has had a chance to learn more about the Section 1115 Medicaid waiver since becoming involved with the Mental Health Trust Authority.

MR. FISHER responded he has not.

REPRESENTATIVE SPOHNHOLZ encouraged Mr. Fisher to learn more about the 1115 waiver program, which was designed to make it easier for people who experience a mental health or substance abuse issue to get community supports to prevent them from having to go into expensive in-patient psychiatric or hospital emergency rooms where there is a lot of that uncompensated care.

[4:27:08 PM](#)

REPRESENTATIVE SPOHNHOLZ inquired whether Ms. Boyles is familiar with the Legislative Budget & Audit performance audit of the Mental Health Trust Authority that was done in February 2018.

MS. BOYLES replied that it has been referenced in presentations, but she has not read the audit.

REPRESENTATIVE SPOHNHOLZ encouraged Ms. Boyles to read the audit, which identified land management, investment practices, and meeting practices of the Trust that were not complying with statute. Regarding land management expertise, she said there were some issues with the policies and procedures of the Mental Health Trust Authority that were very well documented. An effort was made to reform the Trust policies, procedures, and bylaws to make sure the law was being complied with, or that the Trust come to the legislature with a proposal to change the law. She asked whether the Board of Trustees has discussed either of those things.

MS. BOYLES answered she doesn't know and deferred the question to administration.

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CO-CHAIR SNYDER opened public testimony on the appointees to the Alaska Mental Health Trust Authority Board of Trustees. She closed public testimony after ascertaining no one wished to testify.

[4:29:37 PM](#)

CO-CHAIR SNYDER moved to the confirmation hearing for appointees to the State Medical Board. She explained that the governor appoints a Board of Examiners to be known as the State Medical Board and consisting of five physicians licensed in the state and residing in as many separate geographical areas of the state as possible; one physician assistant licensed; and two persons with no direct financial interest in the healthcare industry. Among other things, the duties include the examination and issuance of licenses to applicants, development of written guidelines to ensure that licensing requirements are not unreasonably burdensome, that after a hearing they impose disciplinary sanctions on persons who violate the chapter of the regulations or orders of the board, and they adopt regulations ensuring that renewal of licenses is contingent on proof of continued competency on the part of the licensee.

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DAVID BOSWELL, Appointee, State Medical Board, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community, and Economic Development (DCCED), stated he has been the senior minister for the Northern Lights Church of Christ in downtown Fairbanks for the past 16.5 years. Over those years he has served as a volunteer with the Fairbanks Food Bank, the Denali Center and Pioneer Home, and the hospice program in Fairbanks. He was a foster parent for five years during which time he had nine children and adopted four of those children. While serving as a member of the Governor's Council for Disabilities and Special Education he was introduced to the opportunity to volunteer and serve on the State Medical Board as a public member. As a foster parent he had many opportunities to utilize various medical facilities throughout the state in ways he had never imagined before. He was appointed to the board at a time that was unique to the state of Alaska, the nation, and the world. Since last March he has been the secretary of the State Medical Board and at the last meeting he was asked to continue in that role. Over the past months the State Medical Board has met weekly to prepare members for the impending necessity of formulating emergency regulations to meet the needs of the pandemic. During this past year he has received trainings provided by Medical Board legal representatives and administrative staff; attended conferences of the Federation of State Medical Boards via Zoom; been introduced to the national issues facing other state medical boards; and gained access to resources he will be able to utilize in the future should similar issues need to be addressed in Alaska. He looks forward to continuing to serve on this

important board as it is a worthy donation of time, attention, and energy.

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CO-CHAIR ZULKOSKY asked Mr. Boswell to speak to the challenges faced by the board during a global pandemic and some of the decisions that had to be made. She further asked Mr. Boswell to speak more definitively about his service over the past year and what has served him well with regard to continued service.

MR. BOSWELL concurred the board came in at a unique, challenging time. He said the amount of information that board members had to absorb was like drinking a waterfall through a funnel. It was well managed by the State Medical Board's administrative staff and legal representatives who did an excellent job of informing board members. Members addressed and overcame some of the obstacles from the audit of the State Medical Board, steps were taken to prepare for this coming year, and the board is in a good position to continue.

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REPRESENTATIVE SPOHNHOLZ observed that Mr. Boswell does not have much medical experience. She noted that this board is about regulating the practice of medicine in Alaska and asked what motivated Mr. Boswell to serve on this board.

MR. BOSWELL replied that one of the things that qualifies a prospective public member is not being financially tied to the medical commission. He said he did three years of pre-medicine in his time at the University of Alberta, Canada, prior to finishing his degree in seminary. He has always been following medical things and when this opportunity arose, he was willing to put forward his name.

REPRESENTATIVE SPOHNHOLZ noted the State Medical Board regulates abortion procedures. She requested Mr. Boswell to speak to the current litigation against the board about some new regulations that have been established regarding the practice of abortion.

MR. BOSWELL responded that the first introduction to the State Medical Board that he and other individuals received was informing them that their names had been added in their capacity on the State Medical Board to a lawsuit that was being imposed upon the board. Since it is a current legal matter, he said he

is unsure how much he is legally allowed to speak about it other than to say he is aware of it, and it is ongoing at present.

REPRESENTATIVE SPOHNHOLZ related that a search she did revealed the lawsuit is because regulations were implemented that restricted those who can perform abortions. She asked whether any changes have been made to the standards to practice abortion in Alaska since Mr. Boswell has been on the board.

MR. BOSWELL answered that the lawsuit was already taking place based on something that happened previously. He said he isn't sure about the motivation for the timing of the lawsuit but that it was prior to his time serving on the board. He said he is aware the lawsuit is taking place.

REPRESENTATIVE SPOHNHOLZ inquired whether any changes have taken place in regulations to practice abortion in the state of Alaska since Mr. Boswell has been on the board.

MR. BOSWELL replied, "Not to my knowledge," and added that the board has been working primarily with pandemic related issues.

[4:39:25 PM](#)

RICHARD WEIN, MD, Appointee, State Medical Board, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community, and Economic Development (DCCED), pointed out that over a year ago all members of the State Medical Board were completely new and within two weeks of their being seated the world was turned upside down. Despite having full-time practices and lives, the board met more than any other board in the state to meet the needs of Alaska's medical community and patients. With all new members, none of the board's work could have been accomplished without the incredible resources offered to board members, along with help and guidance from the executive administrator and her staff, the Department of Law, the Investigative Unit, and the leadership of division director Sara Chambers. He received his Doctor of Medicine from Tufts University School of Medicine in Boston. He has more than 40 years of experience as a physician, surgeon, and patient advocate, 20 of those years in New Jersey and 20 years in Alaska. Upon moving to Alaska, he was on staff and a surgeon at the Southeast Alaska Regional Health Consortium (SEARHC) Hospital in Sitka for ten years. He has provided "7/24 coverage" across multiple specialties. He also served on staff at Sitka Community Hospital for seven years. Additionally, he has served on the Sitka City & Borough Assembly. His commitment

to the State Medical Board should be apparent from his service over the last year as chairman and attending numerous other meetings, such as the chair's meeting, the prescription drug monitoring program (PDMP) user group, and the many peripheral meetings and duties that are needed to have the Alaska State Medical Board represented. He expressed his willingness to continue serving on the board.

[4:43:55 PM](#)

REPRESENTATIVE KURKA asked whether Dr. Wein is familiar with the Barrington Declaration, an alternative approach to dealing with COVID-19.

DR. WEIN replied he is aware of the Barrington Declaration.

REPRESENTATIVE KURKA requested Dr. Wein's thoughts on the Barrington Declaration.

DR. WEIN responded that a very complex situation exists in the pandemic. There was much confusion when the pandemic first arrived. At the beginning there was a greater deal of unity, but as more and more information came out a number of people through many walks of the scientific community and elsewhere developed other diverse opinions related to the current research. The Barrington Declaration was a group of people who developed opinions based on information that they felt was appropriate. He has read it and what he says to [the authors of the declaration] and others is that he is happy they are attempting to make sense of a very complicated situation.

REPRESENTATIVE KURKA inquired about Dr. Wein's assessment of the declaration and whether he thinks it off base or has some legitimate points as far as a treatment approach to COVID-19 on a larger scale.

DR. WEIN answered that not everybody agrees, especially in medicine, and it is good to have second opinions. He said that for him there are always kernels of truth in diverse opinion and he tries to glean those important things and weave them into how he proceeds. As chairman of the State Medical Board, he tries not to develop opinions or take too many stands because he doesn't want that to get in the way of his ability to function in how he proceeds.

[4:48:15 PM](#)

REPRESENTATIVE SPOHNHOLZ referred to comments made by Dr. Wein in a public forum when the [Sitka] Assembly met on 2/10/21 that the CDC had published vaccination problems and 501 deaths were so far associated with the vaccine. She asked Dr. Wein to describe the context of that statement.

DR. WEIN replied that he tells stories to make a point. In that situation he was interrupted and so no one ever knew what he was going to say or what was his meaning. The journalism was incomplete because he was not asked the context before the article was published.

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REPRESENTATIVE SPOHNHOLZ said the reason she is asking is to give Dr. Wein the opportunity to give context.

DR. WEIN explained there was an article in the newspaper which came from the vaccine database that is supported by the Federal Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC). He said one aspect with this database is that anyone from the public can input any potential adverse effect that they may have had from any vaccine, including COVID-19. Another aspect is that anyone can search the database and query any problem. Somebody queried the database and came up with certain information, one piece of information being that 501 people had died from the COVID-19 vaccine. Dr. Wein stated that his point in context was that [the public] has been given so much confusing data - wear no mask, then wear one mask, then wear two masks, not sure whether this medication works or whether that medication works, and so forth. His point, he continued, was that people are wondering about vaccine hesitancy to which his answer is that he wishes the CDC and others would have a more consistent message and therefore [people] may have more consistent understanding of the various needs for vaccination. Most people would agree there is a lot of confusion out there. Anybody can call up the nonverified data on the database and draw their own conclusions, which just increases confusion in a time when people need to legitimately buy into the reasons that their leaders are giving them. Dr. Wein further stated that he was asking why that article was out there. He explained that the CDC must review those deaths within 24 hours, so if that is the CDC's mandate, then why not hold back the ability to call up that information before it is released to the public? His purpose was to say that vaccine hesitancy is in part a responsibility of the leaders who are giving out this information. He said he wanted to make the

statement, "Let's clean up some of the data and ... things would be much better in the delivery of health care and vaccine rollout."

REPRESENTATIVE SPOHNHOLZ offered her appreciation for Dr. Wein's response.

[4:54:45 PM](#)

CO-CHAIR SNYDER opened public testimony on the appointees to the State Medical Board. She closed public testimony after ascertaining no one wished to testify.

CO-CHAIR SNYDER said the committee will continue hearing from additional appointees in the coming days. [The confirmation hearings for the following governor's appointees were held over: Annette Gwalthney-Jones, Anita Halterman, Rhonda Boyles, and Brent Fisher for the Alaska Mental Health Trust Authority and David Boswell and Richard Wein for the State Medical Health Board.]

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ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:56 p.m.