

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 20, 2021
3:08 p.m.

MEMBERS PRESENT

Representative Liz Snyder, Co-Chair
Representative Tiffany Zulkosky, Co-Chair
Representative Ivy Spohnholz
Representative Zack Fields
Representative Ken McCarty
Representative Mike Prax
Representative Christopher Kurka

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

HOUSE BILL NO. 133

"An Act relating to the Alaska savings program for eligible individuals; relating to education savings programs; relating to the Education Trust of Alaska; relating to the Alaska advance college tuition savings fund; relating to the Alaska education savings program for children; and relating to the Governor's Council on Disabilities and Special Education."

- HEARD & HELD

HOUSE BILL NO. 145

"An Act relating to the Board of Pharmacy; relating to health care services provided by pharmacists and pharmacy technicians; and relating to the practice of pharmacy."

- HEARD & HELD

HOUSE BILL NO. 58

"An Act relating to insurance coverage for contraceptives and related services; relating to medical assistance coverage for contraceptives and related services; and providing for an effective date."

- MOVED CSHB 58 (HSS) OUT OF COMMITTEE

HOUSE BILL NO. 153

"An Act relating to the identification, location, and notification of specified family members of a child who is in state custody."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 133

SHORT TITLE: AK ED SAVINGS PROGRAMS/ELIGIBILITY

SPONSOR(s): LABOR & COMMERCE

03/10/21	(H)	READ THE FIRST TIME - REFERRALS
03/10/21	(H)	L&C, FIN
03/17/21	(H)	L&C AT 5:45 PM BARNES 124
03/17/21	(H)	<Bill Hearing Canceled>
03/19/21	(H)	L&C AT 3:15 PM BARNES 124
03/19/21	(H)	Heard & Held
03/19/21	(H)	MINUTE(L&C)
03/24/21	(H)	L&C AT 3:15 PM DAVIS 106
03/24/21	(H)	Moved CSHB 133(L&C) Out of Committee
03/24/21	(H)	MINUTE(L&C)
03/24/21	(H)	L&C AT 5:45 PM DAVIS 106
03/24/21	(H)	-- MEETING CANCELED --
03/25/21	(H)	L&C RPT CS(L&C) 6DP 1NR
03/25/21	(H)	DP: SNYDER, SCHRAGE, MCCARTY, NELSON, SPOHNHOLZ, FIELDS
03/25/21	(H)	NR: KAUFMAN
04/07/21	(H)	HSS REPLACES FIN REFERRAL
04/07/21	(H)	BILL REPRINTED
04/20/21	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HB 145

SHORT TITLE: EXPAND PHARMACIST AUTHORITY

SPONSOR(s): SNYDER

03/24/21	(H)	READ THE FIRST TIME - REFERRALS
03/24/21	(H)	L&C, HSS
04/12/21	(H)	L&C AT 3:15 PM BARNES 124
04/12/21	(H)	Heard & Held
04/12/21	(H)	MINUTE(L&C)
04/16/21	(H)	L&C AT 8:00 AM GRUENBERG 120
04/16/21	(H)	Moved HB 145 Out of Committee
04/16/21	(H)	MINUTE(L&C)
04/19/21	(H)	L&C RPT 6DP 1NR
04/19/21	(H)	DP: SCHRAGE, MCCARTY, SNYDER, NELSON, FIELDS, SPOHNHOLZ

04/19/21 (H) NR: KAUFMAN
04/20/21 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 58

SHORT TITLE: CONTRACEPTIVES COVERAGE:INSURE;MED ASSIST
SPONSOR(s): CLAMAN

02/18/21 (H) PREFILE RELEASED 1/15/21
02/18/21 (H) READ THE FIRST TIME - REFERRALS
02/18/21 (H) HSS, L&C
04/15/21 (H) HSS AT 3:00 PM DAVIS 106
04/15/21 (H) Heard & Held
04/15/21 (H) MINUTE (HSS)
04/20/21 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 153

SHORT TITLE: CHILD IN NEED OF AID; NOTICE OF PLACEMENT
SPONSOR(s): CRONK

03/26/21 (H) READ THE FIRST TIME - REFERRALS
03/26/21 (H) HSS, JUD
04/20/21 (H) HSS AT 3:00 PM DAVIS 106

WITNESS REGISTER

CATHY GIESSEL

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 133.

ALLIANA SALANGUIT, Staff
Representative Liz Snyder
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided the sectional analysis on behalf of Representative Snyder, prime sponsor of HB 145.

GRETCHEN GLASPY, Pharm.D., President
Alaska Pharmacists Association
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 145.

JUSTIN RUFFRIDGE, Pharm.D., Member
State Board of Pharmacy
Soldotna, Alaska

POSITION STATEMENT: Testified in support of HB 145.

TOM WADSWORTH

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 145.

AMY PAUL, Pharm.D., Faculty Clinical Pharmacist
Providence Family Medicine Center
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 145.

SARA CHAMBERS, MD, Director
Commercial Business Professional Licensing (CBPL)
Department of Commerce, Community & Economic Development
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 145.

CHARLES MCKEE
Anchorage, Alaska

POSITION STATEMENT: Testified during the hearing on HB 145.

KYLE POHL, M.D.
Nome, Alaska

POSITION STATEMENT: Testified in support of HB 145 on behalf of Dr. Kyle Pohl.

NATALIE MCCAY, Pharm.D.
Petersburg, Alaska

POSITION STATEMENT: Testified in support of HB 145.

SUSAN WHEELER, Pharm.D.
Bethel, Alaska

POSITION STATEMENT: Testified in support of HB 145.

DIRK WHITE, Pharm.D.
Sitka, Alaska

POSITION STATEMENT: Testified in support of HB 145.

DOUG BARTKO, Pharm.D.
Palmer, Alaska

POSITION STATEMENT: Testified in support of HB 145.

BARRY CHRISTENSEN, Pharm.D.
Ketchikan, Alaska

POSITION STATEMENT: Testified in support of HB 145.

RENEE ROBINSON
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 145.

REPRESENTATIVE MATT CLAMAN
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 58 as prime sponsor.

RENEE GAYHART, Director
Division of Healthcare Services
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 58.

TINA TOMSEN, MD
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 58.

LORI WING-HEIER, Director
Division of Insurance
Department of Commerce, Community & Economic Development (DCCED)
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 58.

REPRESENTATIVE MIKE CRONK
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HB 153.

CHRISSY VOGLEY, Community Relations Manager
Office of Children's Services (OCS)
Department of Health and Social Services
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 153.

ACTION NARRATIVE

[3:08:14 PM](#)

CO-CHAIR TIFFANY ZULKOSKY called the House Health and Social Services Standing Committee meeting to order at 3:08 p.m. Representatives Spohnholz, Fields, Kurka, Snyder and Zulkosky were present at the call to order. Representatives McCarty and Prax arrived as the meeting was in progress.

HB 133-AK ED SAVINGS PROGRAMS/ELIGIBILITY

[3:09:29 PM](#)

CO-CHAIR ZULKOSKY announced that the first order of business would be HOUSE BILL NO. 133, "An Act relating to the Alaska savings program for eligible individuals; relating to education savings programs; relating to the Education Trust of Alaska; relating to the Alaska advance college tuition savings fund; relating to the Alaska education savings program for children; and relating to the Governor's Council on Disabilities and Special Education."

[3:09:43 PM](#)

REPRESENTATIVE FIELDS presented HB 133, as prime sponsor. He offered a PowerPoint presentation, entitled "HB 133: Able Update." He began on slide 1, "What is an Able Account?" which read as follows [original punctuation provided]:

- ABLE: "Achieving a Better Life Experience"
- Tax-free savings account for individuals with qualifying disabilities
- Funds may be used to pay for items such as disability expenses, education, housing, transportation
- Distributions into accounts are not counted against individual in determining eligibility for Medicaid and needs-based assistance programs

REPRESENTATIVE FIELDS proceeded to slide 4, "ABLE Act of 2013," which read as follows [original punctuation provided]:

- Signed into federal law in December 2014 as part of the Tax Extenders package
- Established 529A (ABLE) savings account exclusively for individuals with disabilities

REPRESENTATIVE FIELDS noted that former Alaska State Senator Cathy Giessel and former Alaska State Representative Dan Saddler championed the Alaska ABLE Act two years after it was signed into federal law which authorized a state ABLE program through the Department of Revenue (DOR). This allowed Alaska to join the National ABLE Alliance, which is a group of states that work together on supporting the ABLE accounts. He shared his understanding that the ABLE program has been successful in

Alaska considering the number of individuals that have ABLE accounts.

REPRESENTATIVE FIELDS advanced to slide 7, "ABLE to Work Act," which read as follows [original punctuation provided]:

- Signed into law in 2017 as part of the Tax Cuts and Jobs Act
- Increased annual contributions levels
- Incentivized employment by increasing the contribution level for employed beneficiaries from \$15,000 to \$27,060

REPRESENTATIVE FIELDS advanced to slide 9, "ABLE Age Adjustment Act," which read as follows [original punctuation provided]:

- Will increase the age of eligibility from 26 to 46
- Will allow more participation in ABLE accounts

[3:13:40 PM](#)

REPRESENTATIVE FIELDS continued on slide 10, "HB 133 Proposed Updates," which read as follows [original punctuation provided]:

- Reassigns department responsibility
- Expands age eligibility limits
- Allows greater flexibility in using funds to pay for education expenses
- Allows 529 program accounts to roll into an ABLE account
- Aligns with federal regulations regarding program savings accounts

REPRESENTATIVE FIELDS noted that former State of Alaska Senator Cathy Giessel and her staff did most of the work on HB 133, and he said he suspects it would have passed in 2020 had COVID-19 not intervened.

[3:15:15 PM](#)

CATHY GIESSEL, former State of Alaska Senator, testified in support of HB 133. She reminded the committee that the ABLE Act was signed into federal law in 2014, and wanted to ensure that committee members are aware that the members of U.S. Congress who originally put the bill forward originally on the federal level were family members of individuals with disabilities, and she presumed that these Congress members understood the

financial burden for individuals with disabilities, as well as the constraints placed on these individuals. She shared her understanding that these members of Congress wanted to create a program that would increase the opportunities for financial independence and greater self-sufficiency for individuals with disabilities. She explained that this program allows a 529-A ABLE savings account for individuals with disabilities, which she said is a "game changer." She shared that, a few years ago, it was estimated that about 13,000 Alaskans were eligible for this type of account. She said that one of the things that she tries to achieve when speaking with individuals with disabilities is to make them aware of 529-A ABLE accounts. She expressed her enthusiastic support for raising the age of onset of disability from 26 to 46 years. She said that HB 133 would comply with the new federal guidelines that allow even more people to participate in ABLE accounts. She added that former State of Alaska Representative, Dan Saddler had a family member who had a disability, and she shared her understanding that this meant that he knew what the costs associated with having a disability were, and the limited opportunities available to individuals with disabilities. She shared that about a year and a half after the bill had passed and was signed, her sixth grandson was born with significant disabilities, and she now understands firsthand how easy it is for her to contribute to her grandson's ABLE account. She expressed that this is a bipartisan "win-win" piece of legislation that would be significant in helping individuals with disabilities and the families of those individuals.

[3:19:12 PM](#)

REPRESENTATIVE KURKA asked Senator Giessel for clarification as to the state's role in ABLE accounts. He opined that it sounded like a "tax shield" due to it starting out as a federal program.

REPRESENTATIVE FIELDS responded that the 529 accounts are not for tax shielding but for assisting people experiencing disabilities to be as self-sufficient as possible. The accounts allow those individuals and family members to save money on qualifying expenses such as education, transportation, and housing, he said, without making these individuals ineligible for Medicaid. He made note of Medicaid's low wealth limit of \$2,000. He said it would be counterproductive to, for example, bump someone off Medicaid due to an increased money stream that is going to housing or college expenses.

REPRESENTATIVE KURKA asked Representative Fields for confirmation that it was not for tax deduction, but instead about preventing the recipient from being precluded from Medicaid benefits.

REPRESENTATIVE FIELDS concurred and, regarding Representative Kurka's earlier question about the state's role, explained that the state has to participate in order for Alaskans to be able to participate in the program.

[3:21:54 PM](#)

REPRESENTATIVE SPOHNHOLZ added that HB 133 would not simply prevent people from losing Medicaid coverage, but would also prevents people from losing access to other programs, such as Social Security Disability Income. She added that some of these programs can take many years to get into, and HB 133 would prevent individuals with disabilities from being kicked out of these programs as well, and would help improve the financial independence of these individuals. She explained that this increased level of independence would prevent institutionalization, or the necessity for these individuals to turn to more expensive levels of care.

[3:23:26 PM](#)

CO-CHAIR ZULKOSKY opened public testimony on HB 133. After ascertaining that there was no one who wished to testify, she closed public testimony.

CO-CHAIR ZULKOSKY announced that HB 133 was held over.

[3:23:57 PM](#)

The committee took an at-ease from 3:24 p.m. to 3:25 p.m.

HB 145-EXPAND PHARMACIST AUTHORITY

[3:25:42 PM](#)

CO-CHAIR ZULKOSKY announced that the next order of business would be HOUSE BILL NO. 145, "An Act relating to the Board of Pharmacy; relating to health care services provided by pharmacists and pharmacy technicians; and relating to the practice of pharmacy."

[3:25:54 PM](#)

CO-CHAIR SNYDER presented HB 145, as prime sponsor. She explained that the intent of HB 145 is to increase access to care and to protect pharmacists and ensure that pharmacists can be reimbursed for providing services that they are permitted to provide. She went on to read from the Sponsor Statement [hard copies included in committee packets], which read as follows [original punctuation provided]:

Passage of House Bill 145, "The Pharmacist Mobilization Act," increases access to care and ensures Alaska's pharmacists are reimbursed when providing services.

I am introducing it at the request of the Alaska Pharmacists Association in partnership with the Alaska Board of Pharmacy and the University of Alaska/Idaho State Doctor of Pharmacy Program.

The coronavirus pandemic has shown that pharmacists can engage at an elevated level to help deliver necessary healthcare to all Alaskans. Pharmacists have provided COVID-19 testing, vaccinations, and telehealth visits, and have helped patients manage chronic health conditions. This bill will update outdated statute so pharmacists can continue providing these services.

HB 145 defines the patient care services that pharmacists and pharmacy support staff can independently provide, allows pharmacist technicians to administer vaccines when under the direct supervision of a licensed pharmacist, and empowers the Board of Pharmacy to regulate pharmacists, student pharmacists, and pharmacy support staff who provide these services.

Furthermore, the bill updates the current provider anti-discrimination statute to support insurance coverage of these patient care services when provided by a pharmacist. Currently, pharmacists are one of the only healthcare professionals not listed in this statute.

HB 145 largely updates outdated statutes to align with current practices. Its passage benefits Alaskans by increasing healthcare access during and after the

pandemic. Please support this common sense, housekeeping bill that will help your local, patient-oriented pharmacies continue to provide essential services.

[3:29:12 PM](#)

ALLIANA SALANGUIT, Staff, Representative Liz Snyder, Alaska State Legislature, provided the sectional analysis of HB 145 on behalf of Representative Snyder, prime sponsor. She summarized the Sectional Analysis [hard copies provided in committee packets], which read as follows [original punctuation provided]:

Sec. 1: Adds language to AS 08.80.030(b) Powers and Duties of the Board, statute that outlines the Board of Pharmacy's powers, that allows the Board of Pharmacy to adopt rules to regulate the independent monitoring of drug therapy and independent pharmacist prescribing of vaccines and naloxone.

Sec. 2: Adds a new subsection to AS 08.80.045 Nonprescription Drugs that aligns statute with the current practice of pharmacists recommending non-prescription medications and devices for treating minor and self-limited conditions.

Sec. 3: Amends AS 08.80.155 Emergency Permit to increase the Board of Pharmacy's flexibility to grant emergency licenses for all relevant licenses used in pharmacies.

Sec. 4: Amends AS 08.80.168(a) Administration of Vaccines and Related Emergency Medications by adding "prescribe" to existing vaccine administration statute.

Sec. 5: Amends AS 08.80.168(b) by replacing "dispense" with "prescribe and administer" in regards to administering an opioid overdose drug.

Sec. 6: Adds a new subsection to AS 08.80.168 that allows a pharmacy technician to administer a vaccine or related emergency medication but only if they have been authorized by the Board of Pharmacy to do so AND if they are under the direct supervision of a licensed pharmacist who meets the requirements in AS 08.80.168 (a).

Sec. 7: Adds language to AS 08.80.297(a) Prescription Prices Available to Consumer that allows personnel who are not licensed pharmacists to disclose the cost of filling a prescription when directed by a pharmacist working at the same institution.

Sec. 8: Amends AS 08.080 Pharmacists and Pharmacies by adding a new section, AS 08.80.337 Other Patient Care Services, that:

- Allows a pharmacist to provide patient care services for a disease or condition with an existing diagnosis under an agreement made with and approved by a practitioner
- Limits patient care services that pharmacists can provide to those that are minor, selflimiting, and have a CLIA-waived laboratory test which guides clinical decision making.

• Provides language that allows pharmacists to be reimbursed for providing these services 04/07/21

Sec. 9: Amends AS 08.80.480 Definitions by removing "dosage form" as a definition of "equivalent drug product". This allows pharmacists to make minor, non-therapeutic changes to prescriptions using clinical judgement and expertise without contacting the prescriber for verbal or written approval. This does not allow a pharmacist to substitute a dosage form that would negatively impact patient outcomes, safety, or cost effectiveness. Examples of appropriate substitutions under this section include changing from a tablet form of medication to a capsule form of the same medication and strength.

Sec. 10: Amends AS 08.80.480(30) by adding "dispensing" and "independent prescribing" to the definition of the "Practice of Pharmacy" to align with the changes made in Section 4 & 5 (AS 08.80.168) of this bill. These additions better represent actual provision of naloxone and vaccine by pharmacists.

Sec. 11: Amends AS 21.36.090(d) Unfair Discrimination to include "pharmacists" as protected health care providers in the provider anti-discrimination statute. This aligns the state statute with federal statute (CFR 438.12) and afford pharmacists the same protection as all other healthcare providers when engaging health plans for covered services such as ordering laboratory tests, point-of-care testing, vaccine prescribing and administration, preventative

health services, managing minor self-limiting conditions, and participating in collaborative disease state management.

[3:33:30 PM](#)

GRETCHEN GLASPY, Pharm.D., President, Alaska Pharmacists Association, testified in support of HB 145. She explained that the Alaska Pharmacists Association (APA) represents over 200 pharmacists, pharmacy technicians, and student pharmacists statewide. She said that she earned her Doctor of Pharmacy in 2007 and has been a practicing pharmacist in Alaska since 2014. Currently, she works as the Clinical Informatics Pharmacist at Bartlett Regional Hospital in Juneau, Alaska, which requires her to merge information technology with clinical pharmacy practice. She continued that HB 145 came about through collaboration between the APA, the Board of Pharmacy, and the University of Alaska Anchorage/Idaho State Doctor of Pharmacy Program. The Board of Pharmacy began reviewing statutes at the request of State of Alaska Governor Mike Dunleavy; however, the COVID-19 pandemic highlighted the ways in which the statutes are out of date in regard to pharmacy practice. She continued that it also seeks to add pharmacists to the Provider Antidiscrimination Statute, as pharmacists are one of the only providers not currently listed. She concluded that HB 145 would allow pharmacists to engage at a much higher level, both during and after COVID-19.

[3:35:33 PM](#)

JUSTIN RUFFRIDGE, Pharm.D., Board Member, State Board of Pharmacy, testified in support of HB 145. He explained that he is a pharmacist in Alaska and owner of a few pharmacies around the state. He shared that, from the perspective of the State Board of Pharmacy, HB 145 is an imperative piece of legislation in order to properly regulate the pharmacy profession. The expanded authority of the board that the bill proposes is not currently represented well by the current statute, he opined, and said that the board was told that statutory adjustments must be made in order to regulate certain professions. He added that the board considers the proposed bill to be a "housekeeping" bill and that there is enough support for it to pass.

[3:37:39 PM](#)

TOM WADSWORTH testified in support of HB 145 and added that, although he is an educator at the University of Alaska Anchorage

(UAA), the views are his own and do not reflect UAA. He said that he is a practicing pharmacist of 19 years and an educator of pharmacy students. He explained that the first class of pharmacy students in the UAA system were graduated in 2020, and another class will graduate in a few weeks [in 2021]. He explained that pharmacists receive professional graduate training of 4 years, with at least 2,000 hours of experiential training, and most go on to begin post-graduate residency programs, which offer additional training. Beyond that, he continued, pharmacists can become board certified in various fields, such as primary care and pediatrics. Over half of all practicing pharmacists now practice outside of the pharmacy community, he said, and the statutes do not reflect this reality. Many pharmacists work in primary care in tribal or veteran health care in capacities that have nothing to do with dispensing medications, but instead focus on general health, wellness, and medication management. He expressed that these pharmacists are filling a vital need in Alaska, and pharmacists can be a solution to healthcare shortages.

[3:40:52 PM](#)

AMY PAUL, Pharm.D., Faculty Clinical Pharmacist, Providence Family Medicine Center, testified in support of HB 145. She shared that Providence Family Medicine Center (PFMC) is a patient-centered medical home and the only family medicine residency in the state of Alaska. She said that her practice includes 36 resident positions and about 30 faculty and staff positions, and the center services over 10,000 Alaskans in the Anchorage, Alaska area. The number one resource to treat patients is medications, she opined, however most medical school graduates receive only about a semester of pharmacology, yet these graduates are expected to appropriately choose and utilize the most optimal medication therapy for patients. Due to her position, she is able to work alongside physicians in Alaska and help determine the most appropriate medication for patients. She noted that primary care physicians, partially due to the time restraints at play, have to address the "what" when diagnosing a patient, but are not able to address the "why." She shared that she is able to fill this void and meet with patients, educate patients about their diseases, and offer ideas for lifestyle changes, so that patients can receive the most benefit with the least side effects.

MS. PAUL offered an example of this in which she met with a patient who had been diagnosed with diabetes for over 20 years and had never been taught to use an insulin pen at mealtimes.

She helped this patient learn how to use the device and she was also able to help this patient obtain a glucose monitor so that the patient could have more data on appropriate doses. She also spoke to this patient about quitting smoking, and together developed a plan to help the patient quit. Later, she continued, this patient sent her a message expressing how she wished every clinic had "a pharmacist like you." She concluded with the hope that it is obvious that utilizing clinical pharmacists to optimize patient care like this allows for providers to meet with patients about acute needs, and allows for patient and provider satisfaction. Unfortunately, many of these services are not reimbursed by insurance due to current regulations, despite the fact that the same services are reimbursed when provided by a different type of clinician. This makes these kinds of services unsustainable in primary care facilities, she expressed, but the patients who have experienced services provided by a pharmacist in the private sector understand the benefits.

[3:46:54 PM](#)

REPRESENTATIVE MCCARTY asked Mr. Wadsworth about a letter from Sara Chambers, Division Director of Department of Commerce, Community, & Economic Development (DCCED) [hard copy included in the committee packet]. He quoted line 3, paragraph 3 of the letter, which read as follows [original punctuation provided]:

Since this statute specifically calls out vaccinations and related emergency medications, it effectively prohibits pharmacists from independently rendering other patient care services.

REPRESENTATIVE MCCARTY asked whether Mr. Wadsworth could address this statement about the concern of professional licensing.

MR. WADSWORTH answered that that opinion came about as a result of an inquiry by the Board of Pharmacy from the Department of Law as the board attempted to promulgate some regulations. What the letter effectively states and the reason for including it, he continued, is that HB 145 would not expand pharmacist prescriptive authority. The three items listed for prescriptive authority stand at vaccines, Naloxone, and situations that exist under the pharmacist collaborative agreement. He explained that the collaborative agreement allows for pharmacists to enter into a practice in collaboration with a primary provider, which allows the pharmacists to write prescriptions for treatment, like the example Dr. Paul shared earlier in the committee

meeting. He said that model of interpreting statute or regulation essentially says that, if those items are specifically stated, then every other prescriptive authority is excluded from the statute.

CO-CHAIR SNYDER offered clarification that the letter from Sara Chambers was received by the committee in response to some questions that arose in a House Labor and Commerce Standing Committee meeting on April 12, 2021. She shared that Representative Kaufman had expressed concern that HB 145 would "open the barn door," and the letter was intended to assuage his fears.

[3:51:19 PM](#)

SARA CHAMBERS, Director, Commercial Business Professional Licensing (CBPL), Department of Commerce, Community & Economic Development, explained that the question refers to current law and the proposed legislation and reiterated that it was in response to the earlier House Labor and Commerce Standing Committee meeting. She asked for further clarification on the type of additional information Representative McCarty was seeking.

REPRESENTATIVE MCCARTY responded that he is curious about the proposition in the bill that would expand the services that pharmacists would be able to administer, which he said he understands was crafted with legal counsel. Alternatively, he said that Ms. Chambers' letter says that according to legal counsel, pharmacists cannot practice beyond the three criteria mentioned previously.

CO-CHAIR SNYDER responded that there is specific language about Naloxone and vaccinations in HB 145. The remaining services mentioned in the bill, she continued, are consistent with the practice of pharmacy as it is in its current state. The bill works to provide some clarification and details around the practice of pharmacy so that the board is then empowered to regulate the field, she added.

MS. CHAMBERS offered clarification that, because this question was raised in a different committee, the letter address the state of the current law and does not address HB 145. The current law states that there are restrictions to what pharmacists can do because vaccinations and emergency medications are specifically stated. The question was not an

interpretation of the bill, and she presumed that this is where the confusion lies.

[3:54:51 PM](#)

REPRESENTATIVE PRAX offered his understanding that the assumption is that pharmacists can't "do anything" until given permission and told that the proper regulations are in place. He asked whether it's true that pharmacists need to be given permission to do something beyond the normal scope of practice.

MR. WADSWORTH responded that when one reads the Pharmacy Act, which is what HB 145 seeks to amend, it's clear that there is already a definition about pharmaceutical care and patient care services. There needs to be a differentiation between medication and prescriptive authority, he continued, as there are many providers that offer patient care services that do not prescribe medicine, such as social workers. Similarly, he said, pharmacists provide patient care services but do not necessarily prescribe medication. He explained that Dr. Paul is already performing the actions that are proposed in HB 145, but the intended consequence of the bill is to expand the definition of pharmaceutical care and bring clarity to the definition of "patient care services," which are the services that pharmacists can do independently that do not result in a prescription, such as smoking cessation or diabetes education. He said that these services are already in statute, but are not delineated with enough clarity, which is what brings about the "Negative-Implication Canon" indicated in Ms. Chambers' letter. He explained that clarity is sought after so that the board can promulgate and regulate these issues.

MR. RUFFRIDGE added that the board speaks the easiest on this issue since that is where the "Negative-Implication Canon" term first originated. The request for the letter to be included in the packet of information is to ensure that there are no questions as to what pharmacists can and should be able to do, he said. Pharmacists are not seeking to expand the authority to prescribe medications; there is already a means by which to do this. He noted that in other meetings across the state, there have been similar questions raised on whether expanding pharmacists' authority is what is being proposed. Consequently, the board sought a legal opinion on whether there would be any way that a pharmacist would obtain expanded prescriptive authority, and it is a definitive "no." The answer, he relayed, is that pharmacists may prescribe only under a collaborative practice agreement, for vaccines, or for Naloxone. He continued

that HB 145 is regarding the other area of pharmacists' duties [patient-care services] that many pharmacists are already actively engaged in across the state. He said that the board has attempted to regulate what those services look like, who is engaged in the services, and what requirements exist in order to engage in the services, but since it is not well-defined in statute, the board cannot regulate it.

[4:00:05 PM](#)

REPRESENTATIVE SPOHNHOLZ asked Mr. Ruffridge and Mr. Wadsworth what the most common services are that are not being reimbursed, and whether reimbursement is being denied by both private and public payors.

MR. RUFFRIDGE replied that there were a wide variety of issues that arose during the COVID-19 pandemic through his professional capacity as a pharmacist. For example, COVID-19 testing was the most prominent issue, and as pharmacists are not able to credential or contract for Clearwave [a patient engagement platform] COVID-19 tests due to the current statutory limitations, many insurance companies chose to not cover a pharmacist who was asking for a Clearwave test. He expressed that the pharmacist community was restricted in this way until federal action was taken, and that federal action is limited. He shared his understanding that in order to engage pharmacists in the future and to ensure that this problem does not happen again in the future, action is needed. In addition to the "worrisome" case of COVID-19 testing, he added that there is a large number of other areas in which pharmacists are engaged in, such as the diabetes testing mentioned earlier in the meeting by Dr. Paul, but pharmacists continue to be engaged in these avenues at a lower level due to the inability to contract or credential with health plans such as Clearwave because pharmacists are not recognized.

MR. WADSWORTH added that there is an active program inside the tribal programs and the VA where pharmacists have been operating as clinical pharmacists and already providing the services that Dr. Paul mentioned earlier in the meeting. These pharmacists work alongside the nurses, physician's assistants (PA), and physicians, and have been operating in this capacity for at least three decades. He noted that this uptick has not been seen in the private sector, and that Dr. Paul is one of three primary care pharmacists in a private practice setting in all of Alaska. He said that the reason for this is due to the difficulty experienced by pharmacists attempting to enroll with

the health plan on their medical benefit in the same way that a PA or a nurse practitioner or physician would enroll. Many states, he continued, have addressed this issue, and in the state of Washington, for example, insurance companies are allowing pharmacists to enroll with commercial insurances. For this reason, these pharmacists are able to submit the same claims that a physician would, because these services are now recognized as in the scope of practice as it falls under the collaborative practice agreement. He explained that this is how Dr. Paul operates. The difficulty comes when some commercial payors and some state payors are either not able to enroll, or those services are being deemed as not eligible due to a "so-called" scope of practice issue. He noted that HB 145 would allow pharmacists to offer more services at which they excel, but cannot currently offer due to restrictions.

[4:05:47 PM](#)

CO-CHAIR ZULKOSKY opened public testimony on HB 145.

[4:06:10 PM](#)

CHARLES MCKEE, testified on HB 145. He spoke about a personal legal case that he said came about because Governor Dunleavy "veto-ed Medicaid/Medicare." He explained that he went to the hospital in an emergency situation and there were no funds available for his medical bills.

[4:08:35 PM](#)

KYLE POHL, MD, had his testimony in support of HB 145 presented by Kylie Goff. Ms. Goff said that Dr. Pohl works for the Alaska Native Tribal Health Consortium, but his comments being relayed by Ms. Goff are his own. Ms. Goff said Dr. Pohl has provided a full spectrum of pediatric care throughout the state of Alaska for the past five years, practicing in Anchorage, Alaska, Nome, and the surrounding villages. He has noticed that, at all of these locations, he could not be as effective as he is without the help of an "outstanding group of pharmacists." His work in rural Alaska has relied heavily on the support of skilled pharmacists, and the pediatric well-child immunization campaign has been the result of a combined effort of physicians and pharmacists. Through this campaign, the number of children who are up to date on immunizations has drastically increased, as well as the number of children who have been provided a well-child check, which offers screening on critical birth and development and routine lab studies in the region. A program

has also been created to help care for the complex adult population, which includes strategies to manage chronic diseases such as diabetes, heart disease, hypertension, and chronic kidney disease. Pharmacists have been critical in helping to create pathways to improve screening for cervical cancer, colon cancer, breast cancers, and many other diseases, and have been critical in each stage of the process.

[4:11:04 PM](#)

NATALIE MCCAY, Pharm.D., testified in support of HB 145. She shared that she is a pharmacy technician at Petersburg Rexall Drug (PRD) in Petersburg, Alaska. She noted that PRD is locally owned by two sisters, and said that she has noticed that the owners are often the first people that patients come to with questions or to ask for advice. She opined that HB 145 is especially important for rural communities such as Petersburg, and that allowing pharmacists to provide additional healthcare services will provide increased access for patients where it can otherwise be limited. She added that allowing technicians to administer vaccines while supervised would allow more of the community to get vaccinated, which is especially important during the COVID-19 pandemic.

[4:12:16 PM](#)

SUSAN WHEELER, Pharm.D., testified in support of HB 145. She said that she is a pharmacist working at the Yukon Kuskokwim Corporation (YKC). She shared that the pharmacists at YKC are already providing many of the services that would be impacted by changes proposed in HB 145. The pharmacists are fully integrated with the other providers, nurses, and healthcare professionals in the corporation; however, due to an inability to enroll pharmacists as billing providers, YKC is unable to receive compensation for the services provided by its pharmacists. She shared her understanding that pharmacists are the most readily available healthcare professionals, yet at this time in Alaska, pharmacists are the only healthcare professionals that are not listed in the provider antidiscrimination statutes. This means that the most readily available healthcare professionals are compensated minimally, if at all, for providing the same services that would be otherwise covered if provided by other healthcare professionals, she said. She explained that the lack of compensation makes it difficult to provide the uncompensated services that pharmacists are well-prepared and eager to provide. She noted that this makes these services less readily available, which may prevent some patients

from receiving some of the services that pharmacists could quickly, easily, and competently provide.

[4:14:18 PM](#)

DIRK WHITE, Pharm.D., testified in support of HB 145. He shared that he and his wife have been practicing in a community pharmacy in Sitka, Alaska, over 30 years. He expressed that the field has changed immensely throughout his lifetime, and predicted that more changes are to come. He commented that regulations need to be updates to reflect those changes, and to anticipate future changes. He noted that, in addition to testing for COVID-19, pharmacists would like to also be able to test for streptococcus ("strep"), for the flu, testing for diabetics, lipid panels, and more. He opined that HB 145 would allow for these changes to happen.

[4:16:02 PM](#)

DOUG BARTKO, Pharm.D., testified in support of HB 145. He stated that he had a small pharmacy in Wasilla, Alaska from the 1990s through the year 2008, and one of the largest problems he had was receiving rejection of claims when billing insurance companies. He said that HB 145 would give student pharmacists status as a provider, and reiterated that pharmacists are the only healthcare professionals without provider status.

[4:17:22 PM](#)

BARRY CHRISTENSEN, Pharm.D., testified in support of HB 145. He said that he is a community pharmacist in Ketchikan, Alaska, and he and his family have practiced as pharmacists since Ketchikan was founded over 47 years ago. He is a second-generation pharmacist, and two of his daughters have also become pharmacists. He disclosed that he is also co-chair of the legislative committee for the Alaska Pharmacist Association. He said pharmacy has changed significantly since his father began practicing in 1974, and that HB 145 recognizes the changes and that modern pharmacists are in a better position to help patients meet pharmaceutical needs. He opined that pharmacists need the statutory language in HB 145 in order to best serve patients.

[4:18:38 PM](#)

RENEE ROBINSON, testified in support of HB 145. She said that she is an associate professor at the University of Alaska/Idaho

State University College of Pharmacy. She also serves as president-elect of the Alaska Pharmacists Association, as well as the co-principal investigator on a CDC and Department of Health and Social Services funded seven-month demonstration project that supports reimbursement of pharmacists providing health services to ensure an increased access to rural and underserved Alaskans. Her career has also included the training of future pharmacists. She opined that HB 145 would resolve long-standing regulatory issues that impede continued progress.

[4:20:36 PM](#)

CO-CHAIR ZULKOSKY, after ascertaining that there was no one else who wished to testify, closed public testimony on HB 145.

CO-CHAIR ZULKOSKY announced that HB 145 was held over.

HB 58-CONTRACEPTIVES COVERAGE:INSURE;MED ASSIST

[4:20:54 PM](#)

CO-CHAIR ZULKOSKY announced that the next order of business would be HOUSE BILL NO. 58, "An Act relating to insurance coverage for contraceptives and related services; relating to medical assistance coverage for contraceptives and related services; and providing for an effective date."

[4:21:08 PM](#)

The committee took an at-ease from 4:21 p.m. to 4:26 p.m.

[4:26:21 PM](#)

REPRESENTATIVE MATT CLAMAN, Alaska State Legislature, answered questions during the hearing of HB 58, as prime sponsor. He reminded the committee that HB 58 would make contraception more readily available for individuals who choose to use it, but it does not require anyone to use contraception. He said the bill would make it easier in particular for individuals who oftentimes have difficulty getting long-term prescriptions.

[4:27:07 PM](#)

CO-CHAIR ZULKOSKY asked Renee Gayhart to speak to the change in the fiscal note from a cost-savings fiscal note to a zero fiscal note.

[4:27:24 PM](#)

RENEE GAYHART, Director, Division of Health Care Services, Department of Health and Social Services, stated that the Division of Healthcare Services is looking at a neutral fiscal note and a zero fiscal note for 2021. She expressed that the division supports the policy and shared her understanding that the program could absorb any potential costs with the change and the disbursement to 12 months. She added that the cost would be absorbed in the existing appropriation, and similar to other healthcare market utilization trends. The zero fiscal note, she said, means that the cost avoidance of previous fiscal notes is not a guarantee. She reiterated that the division supports the policy, and explained that it would be looking retrospectively at claims to consider what the savings were in areas such as labor and delivery and prenatal care. She offered clarification that the division is looking at cost of implementation, and would retrospectively be looking at savings.

[4:28:55 PM](#)

REPRESENTATIVE MCCARTY asked Ms. Gayhart whether there are changes that are necessary for regulation in the fiscal note.

MS. GAYHART responded that there would be regulations in amendment changes, but the division does not see a change in the fiscal note with implantation of the policy changes.

[4:30:00 PM](#)

REPRESENTATIVE FIELDS moved to adopt Amendment 1 to HB 58, labeled 32-LS0259\A.1, Marx, 4/16/21, which read as follows:

Page 1, following line 10:

Insert a new subparagraph to read:

"(B) emergency contraception, including over-the-counter emergency contraception, approved by the United States Food and Drug Administration; the insurer may not require a prescription for coverage of over-the-counter emergency contraception under this subparagraph;"

Reletter the following subparagraphs accordingly.

Page 6, line 23:

Delete "and"

Page 6, following line 23:

Insert a new paragraph to read:

"(2) emergency contraception, including over-the-counter emergency contraception, approved by the United States Food and Drug Administration; the department may not require a prescription for coverage of over-the-counter emergency contraception under this paragraph; and"

Renumber the following paragraph accordingly.

CO-CHAIR ZULKOSKY objected for discussion purposes.

REPRESENTATIVE FIELDS explained that, during the House Health and Social Services Standing Committee on April 15, 2021, he learned that there are circumstances under which emergency contraception, or the "morning-after pill," would not be covered by insurance if it were to be purchased over the counter, but it would be covered if an individual were able to obtain a doctor's prescription. He opined that it is unreasonable that an individual with insurance would not be able to receive insurance coverage for a covered product simply because there are circumstances that prevent them from getting in contact with a doctor. He explained that Amendment 1 addresses this inequity, and that it would allow emergency contraception to be covered by insurance regardless of the presence of a doctor's note.

[4:31:05 PM](#)

REPRESENTATIVE KURKA expressed his concern about the use of the term "emergency contraception." He shared his understanding that it does not simply refer to contraception, but also to "abortabations." He opined that one of the purposes of the morning-after pill is to prevent implantation of an "already created human embryo," which he understands to be ending a human life. He said he opposes this perceived consequence.

[4:31:51 PM](#)

REPRESENTATIVE MCCARTY asked for clarification on whether there is a window of opportunity for a physician to prescribe emergency contraception otherwise it is not effective.

REPRESENTATIVE FIELDS responded yes, that is his understanding as well.

REPRESENTATIVE MCCARTY asked if he understands correctly that an individual might seek out emergency contraception in instances of rape or domestic violence.

REPRESENTATIVE FIELDS responded yes, and expressed that those instances are good reasons as to why insurance should cover emergency contraception.

[4:33:28 PM](#)

REPRESENTATIVE CLAMAN noted that Dr. Tina Tomsen is available for questions, and she may be able to offer a medical perspective on the suggestions made by Representative Kurka.

[4:33:44 PM](#)

TINA TOMSEN, MD, shared that she retired at the end of 2020 after practicing medicine in obstetrics and gynecology for 34 years. She said that there is an older form of emergency contraception called Plan B, which is approved for over-the-counter administration and is available for purchase. If a doctor were to write a prescription for a patient for Plan B and that patient were to take it to a pharmacy, she explained, that pharmacy would direct the patient to purchase Plan B over the counter. She said that the patient would not need to get Plan B from the pharmacists. However, there is a newer form of emergency contraception that works over a longer period of time and has a higher effectiveness rate, she said, and that form does require a prescription, and a patient would have to get it filled at a pharmacy. An example of a situation that might arise, she continued, is that a patient might need emergency contraception on a Friday night and there might be something that makes the patient's physician unavailable, such as a long weekend, which might necessitate that the patient purchase Plan B out of pocket rather than the newer form of emergency contraception with a prescription. She ensured the committee that both forms of emergency contraception are effective, and not considered by the American College of Obstetricians and Gynecologists (ACOG), based on science, to be abortifacients.

[4:35:39 PM](#)

REPRESENTATIVE SPOHNHOLZ expressed her support for the proposed amendment. She shared her understanding that Amendment 1 would correct an oversight that didn't get remedied as new medications became available. She expressed support for efforts to increase access to better medication, and divulged that, as someone who

has personally used emergency contraception, she views it as a "common sense" measure.

[4:36:20 PM](#)

REPRESENTATIVE KURKA asked Dr. Tomsen whether the emergency contraception she described, which requires a prescription, prevents implantation once the embryo is formed.

DR. TOMSEN answered that she is not a physiologist and that is not her area of expertise, but shared her understanding that the position of ACOG is that none of the hormonal contraception available, including emergency contraception, qualifies as abortifacients. She said that contraception makes implantation more difficult, but also interrupts the quality of ovulation.

CO-CHAIR ZULKOSKY removed her objection to the motion to adopt Amendment 1.

[4:37:33 PM](#)

REPRESENTATIVE KURKA objected.

[4:37:35 PM](#)

REPRESENTATIVE FIELDS stated that he looks to the will of committee members as to whether the committee would like to adopt Amendment 1 or if it would prefer that he withdraw it. He said that he understands that there are some tradeoffs and is interested in the opinions of committee members.

[4:37:54 PM](#)

The committee took an at-ease from 4:37 p.m. to 4:38 p.m.

[4:38:14 PM](#)

A roll call vote was taken. Representatives Spohnholz, Fields, McCarty, Zulkosky, and Snyder voted in favor of Amendment 1 to HB 58. Representatives Prax and Kurka voted against it. Therefore, Amendment 1 was adopted by a vote of 5-2.

[4:39:03 PM](#)

REPRESENTATIVE KURKA moved to adopt Amendment 2 to HB 58, labeled 32-LS0259\A.2, Marx, 4/17/21, which read as follows:

Page 3, line 5:
Delete "a religious"
Insert "an"

Page 3, line 7:
Delete "religious" in both places.

Page 3, lines 8 - 9:
Delete "and is an organization that meets the
criteria set out in 26 U.S.C. 6033(a)(3)(A)(i) or
(iii) (Internal Revenue Code of 1986), as amended"
Insert "on religious grounds"

REPRESENTATIVE FIELDS objected.

REPRESENTATIVE SPOHNHOLZ objected.

REPRESENTATIVE KURKA explained that proposed Amendment 2 spoke to a perceived error in constitutional provisions. He shared his understanding that the bill limits the religious exception for non-profit organizations that identify as religious, and not for religious people that are business owners. He cited Supreme Court case *Burwell v. Hobby Lobby Stores, Inc.*, and stated that the court's ruling in favor of Hobby Lobby showed that the "conscious rights of Americans" is not limited to non-profits, but also includes individual business owners. He opined that HB 58 would violate Supreme Court precedent, and that proposed Amendment 2 would protect the conscious rights of individuals.

[4:40:13 PM](#)

REPRESENTATIVE SPOHNHOLZ spoke to her objection by noting that her understanding of the proposed amendment would essentially "gut" the bill, which intends to expand the insurance coverage for contraception. She expressed that expert testimony has indicated that providing contraception reduces unintended pregnancy, which, in Alaska and nationwide, makes up 50 percent of all pregnancies. She continued by stating that it has been shown that reducing unintended pregnancy reduces child abuse and neglect, as well as the need for abortions. She said the underlying bill should remain intact, and therefore she will continue to oppose proposed Amendment 2.

REPRESENTATIVE FIELDS asked whether Director Lori Wing-Heier could speak to the bill language, and whether it might cause problems with respect to insurance exemptions to religious organizations.

[4:41:35 PM](#)

LORI WING-HEIER, Director, Division of Insurance, Department of Commerce, Community & Economic Development (DCCED), said that Representative Kurka is not wrong to bring up Amendment 2. She shared that DCCED did some research and found that the administration of former U.S. President Donald Trump had a rule that allowed employers to decide to not provide contraceptive care. This was upheld in July of 2020 by the Supreme Court, she said, which means that employers can decide not to provide contraception in policy. The policies in Alaska today all write for the Affordable Care Act (ACA) and do provide contraceptive care. If an employer were to ask an insurance company not to provide contraception within a policy, then the division working with the insurer would be required to allow that. However, if the employer did not bring this objection to providing contraception to an insurer, the plan would automatically include it.

REPRESENTATIVE FIELDS asked Ms. Wing-Heier, if HB 58 were to pass and an employer were to approach the division [to remove contraceptive care from the employer's insurance policy], whether that would insure compliance with case law and the previous administrative decision.

MS. WING-HEIER answered yes, the employer would have to ask the division to allow for a plan without contraceptive care.

[4:43:35 PM](#)

REPRESENTATIVE MCCARTY asked Ms. Wing-Heier whether there is "discrimination" in other policies in which a company or provider can determine the items that are covered under a policy.

MS. WING-HEIER answered that, under the ACA, a benchmark that health plans must meet, there are 10 essential health benefits. Mandates were then added to these health benefits by the states, such as mammograms in the state of Alaska, she explained. The benchmarks of the essential health benefits allow for contraception, she said, but the issue is that employers can now decide to not provide contraceptive care. She reiterated that this is something the division has to allow, even though the ACA has defined contraception as one of the 10 essential health benefits.

REPRESENTATIVE MCCARTY shared his understanding that, as a health care professional, if a patient were to come in to his place of work with a limited policy due to the patient's employer's allowances, it would be important to clarify the specifics of the plan because another patient could come in with a plan that does not have the same restrictions. He said that he experiences that type of discrimination with insurance companies often in his practice. He asked for clarification on whether his understanding is correct.

MS. WING-HEIER responded that she would not determine it as discrimination, but there definitely would be a difference in plans. She noted that these differences exist in plans now with differing deductibles and co-pays. Whether the plan provides for contraception would just be another element to check when verifying insurance information, she said.

REPRESENTATIVE MCCARTY asked for clarification on whether this would be out of the ordinary, as it seems to exist already based on her comments.

MS. WING-HEIER answered yes.

[4:45:57 PM](#)

REPRESENTATIVE PRAX asked Ms. Wing-Heier whether the insurance company would then have to offer a completely separate plan for those who may object to contraceptive coverage, or whether that would be dealt with on an individual level.

MS. WING-HEIER answered that it would be dependent on each employer. For example, if one employer determined that it wants to provide contraceptive care and another employer does not, these two plans would be different.

REPRESENTATIVE PRAX asked for clarification on whether the plans would necessarily be pre-approved by the division.

MS. WING-HEIER responded yes, the division will approve all plans, including those that do not include contraceptive care. She explained that determination is part of what the division does on a regular basis, which involves determining whether filings are compliant with state law and offer consumer protections

[4:47:19 PM](#)

REPRESENTATIVE FIELDS commented that, if the committee were to reject proposed Amendment 2, it seems to him that the division already has an effective plan for complying with federal law, and for that reason he said he doesn't see the need for the amendment.

[4:47:47 PM](#)

REPRESENTATIVE KURKA asked Ms. Wing-Heir for clarification that, currently, there isn't an option for an employer to "check a box" to determine the inclusion of contraceptive care, but it instead defaults to being included in a policy. He asked whether an employer would have to request an exemption that is not listed.

MS. WING-HEIER responded that there is no question on the application that asks whether employers would like to cover contraceptive care.

REPRESENTATIVE KURKA commented that he still sees the importance in the proposed amendment. He shared his understanding that the oath to uphold the constitution goes beyond the Supreme Court decision. He said that he has been surprised to hear insistence that whatever the Supreme Court says is law.

[4:49:14 PM](#)

A roll call vote was taken. Representatives McCarty, Prax, and Kurka voted in favor of Amendment 2 to HB 58. Representatives Spohnholz, Fields, Zulkosky, and Snyder voted against it. Therefore, Amendment 2 failed to be adopted by a vote of 3-4.

[4:49:58 PM](#)

CO-CHAIR SNYDER moved to report HB 58, as amended, out of committee with individual recommendations and the accompanying fiscal notes.

REPRESENTATIVE KURKA objected.

[4:50:38 PM](#)

A roll call vote was taken. Representatives Fields, McCarty, Prax, Spohnholz, Zulkosky, and Snyder voted in favor of moving HB 58, as amended, out of committee with individual recommendations and the accompanying fiscal notes. Representative Kurka voted against it. Therefore, CS HB 58(HSS)

was reported out of the House Health and Social Services Standing Committee by a vote of 6-1.

HB 153-CHILD IN NEED OF AID; NOTICE OF PLACEMENT

[4:51:25 PM](#)

CO-CHAIR ZULKOSKY announced that the final order of business would be HOUSE BILL NO. 153, "An Act relating to the identification, location, and notification of specified family members of a child who is in state custody."

[4:51:37 PM](#)

REPRESENTATIVE MIKE CRONK, Alaska State Legislature, as prime sponsor, presented HB 153. He explained that HB 153 came about after discovering the extent of the delays in finding close friends or relatives when placing children in the most appropriate homes. He opined that using language, such as "the department completes the search in the shortest time feasible" [sourced from House Bill 151, passed during the Thirtieth Alaska State Legislature], does not provide sufficient time to ensure family searches are completed in a timely manner. He added that turnover at the division continues to be above 50 percent, with children's cases being handled by multiple case workers, increasing the time frame for the family search to be accomplished. He expressed his concern that any delay in the search for placement of Alaska Native children in appropriate family members' homes as close to the child's home is injurious to the child as well as to the child's cultural connections.

REPRESENTATIVE CRONK expressed additional concern over the [United States] Fifth Circuit Court of Appeals decision to strike portions of the Indian Child Welfare Act's (ICWA's) preference to indigenous family placements and how that may impact Alaska. Any delay in the family or cultural placement, he continued, could mean a return to the 85 percent non Native household placement rate, which was the rate that was experienced prior to the ICWA's implementation. He reiterated that it is important for children to be placed in a home as close to the child's family home as possible, and to be placed with relatives or family friends, as this ensures that the life of the child is not unnecessarily upended and provides the child with the cultural grounding. He expressed that this has been proven to be the best placement option for a child.

REPRESENTATIVE CRONK shared a personal anecdote from his time working as a teacher where his family took in a child who he had previously taught who was taken away from her family home. He explained that there seemed to be nothing his family could do to alleviate her sorrow as she was not with her family and her brothers had been placed in different homes. He shared that this was an impactful experience for him. He noted that HB 153 originally was spearheaded by former State of Alaska Representative Dave Talerico. He concluded that putting a 30-day time limit on the search to find a family placement is vital.

[4:54:33 PM](#)

REPRESENTATIVE MCCARTY asked Representative Cronk whether the language in the bill definitively states that a child must be placed in an appropriate home within 30 days.

REPRESENTATIVE CRONK responded that he understands that Alaska is a big state and that a child may or may not be placed within 30 days, but it is important that everything possible is done to place a child in the most appropriate home as possible.

[4:55:43 PM](#)

CO-CHAIR SNYDER asked Representative Cronk about the description of Section 3, of HB 153, found in the Sectional Analysis, as follows [original punctuation provided]:

Sec. 3. This section allows the department to provide for emergency placement of a child while conducting due diligence.

CO-CHAIR SNYDER asked how the sectional analysis relates to the language in Section 3, lines 6 - 11, of HB 153, which read as follows [original punctuation provided]:

*** Sec. 3.** The uncodified law of the State of Alaska is amended by adding a new section to read: TRANSITION: REGULATIONS. The Department of Health and Social Services may adopt regulations necessary to implement the changes made by this Act. The regulations take effect under AS 44.62 (Administrative Procedure Act), but not before the effective date of the law implemented by the regulation.

CO-CHAIR SNYDER asked how the language in Section 3 of HB 153 differs from current practice.

[4:57:54 PM](#)

CHRISSY VOGLEY, Community Relations Manager, Office of Children's Services (OCS), Department of Health and Social Services, stated that she is equally confused by the difference in content between the description of Section 3 in the Sectional Analysis and Section 3 of HB 153.

REPRESENTATIVE CRONK noted that he has had some questions similar to this, but expressed that the goal of the proposed legislation is for children to not get lost, noting the high turnover at OCS as a potential cause of this, and for there to be an individual who is responsible for searching for appropriate families within 30 days.

[4:49:20 PM](#)

CO-CHAIR SNYDER asked Ms. Vogeley how what is proposed in HB 153 differs from or augments what is currently happening.

MS. VOGLEY answered that federal law requires OCS to conduct diligent and regular relative searches within the first 30 days to notify adult family members of the removal of a child from the child's home. She stated that this is already happening. She shared that OCS also continues searching past the initial 30-day timeframe, and per the federal relative placement preferences, OCS expands the search to find as many relatives as possible in an attempt to place a child with a relative.

[5:00:43 PM](#)

REPRESENTATIVE SPOHNHOLZ commented that, while she supports the intent of the bill, there may be some "clean-up" required. She noted that Section 2 references an effective date in the bill, but that there is no effective date. The referenced section [**Section 2**, lines 1 - 15] read as follows [original punctuation provided]:

*** Sec. 2.** The uncodified law of the State of Alaska is amended by adding a new section to read: APPLICABILITY. Section 1 of this Act applies to a child in the custody or under the supervision of the Department of Health and Social Services under AS

47.10 on or after the effective date of sec. 1 of this Act.

REPRESENTATIVE SPOHNHOLZ noted the aforementioned difference between the description of Section 3 in the Sectional Analysis and Section 3 of HB 153 as another aspect that needs to be cleaned up, and suggested that Representative Cronk consider drafting some amendments to give the bill more structure.

[5:01:46 PM](#)

REPRESENTATIVE KURKA shared his understanding that there is a default effective date for every bill, and that it is not necessary to state an effective date explicitly. He asked Representative Spohnholz for clarification on what she is looking for regarding the effective date.

REPRESENTATIVE SPOHNHOLZ responded, observing that the way [Section 3 of] HB 153 is drafted in its current state references an effective date in Section 1 of HB 153 but there is none listed. She said that she presumed that this was a drafting error.

[HB 153 was held over.]

[5:03:52 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:04 p.m.