

**ALASKA STATE LEGISLATURE**  
**HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

March 3, 2022

3:05 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. 265

"An Act relating to telehealth; relating to the practice of medicine; relating to medical assistance coverage for services provided by telehealth; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 292

"An Act relating to home and community-based services; and providing for an effective date."

- HEARD & HELD

CONFIRMATION HEARING(S) :

State Medical Board; Mental Health Trust Authority

Kevin Fimon - Anchorage

- SCHEDULED BUT NOT HEARD

HOUSE SPECIAL CONCURRENT RESOLUTION NO. 2

Disapproving Executive Order No. 121.

- BILL HEARING CANCELED

**PREVIOUS COMMITTEE ACTION**

BILL: HB 265

SHORT TITLE: HEALTH CARE SERVICES BY TELEHEALTH

SPONSOR(s): REPRESENTATIVE(s) SPOHNHOLZ

01/18/22	(H)	PREFILE RELEASED 1/14/22
01/18/22	(H)	READ THE FIRST TIME - REFERRALS
01/18/22	(H)	HSS, FIN
02/01/22	(H)	HSS AT 3:00 PM DAVIS 106
02/01/22	(H)	-- MEETING CANCELED --
02/03/22	(H)	HSS AT 3:00 PM DAVIS 106
02/03/22	(H)	-- MEETING CANCELED --
02/17/22	(H)	HSS AT 3:00 PM DAVIS 106
02/17/22	(H)	Heard & Held
02/17/22	(H)	MINUTE(HSS)
03/03/22	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HB 292

SHORT TITLE: HOME AND COMMUNITY-BASED WAIVER SERVICES

SPONSOR(s): REPRESENTATIVE(s) SNYDER

01/27/22	(H)	READ THE FIRST TIME - REFERRALS
01/27/22	(H)	HSS, FIN
02/24/22	(H)	HSS AT 3:00 PM DAVIS 106
02/24/22	(H)	<Bill Hearing Canceled>
03/03/22	(H)	HSS AT 3:00 PM DAVIS 106

**WITNESS REGISTER**

GENEVIEVE MINA, Staff  
Representative Ivy Spohnholz  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** On behalf of Representative Spohnholz, prime sponsor, reviewed the summary of changes for the proposed CS for HB 265, Version N.

GENNIFER MOREAU-JOHNSON, Director  
Division of Behavioral Health  
Department of Health and Social Services  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions during the discussion of the proposed CS for HB 265, Version N.

SARA CHAMBERS, Director  
Division of Corporations, Business, and Professional Licensing

Department of Commerce, Community & Economic Development  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions during the discussion of the proposed CS for HB 265, Version N.

RENEE GAYHART, Director  
Division of Health Care Services  
Department of Health and Social Services  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions during the discussion of the proposed CS for HB 265, Version N.

JULIA LUEY, Vice President  
Integrated and Residential Services  
Volunteers of America Alaska  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 265, Version N.

SARAH ELIASSEN, representing self  
Eagle River, Alaska

**POSITION STATEMENT:** Testified in support of HB 265, Version N.

SUZANNE ISHII-REGAN, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 265, Version N.

PAMELA SAMASH, representing self  
Nenena, Alaska

**POSITION STATEMENT:** Provided testimony on HB 265, Version N.

KYLE ZEBLEY, Executive Director  
American Telemedicine Association Action  
Washington DC

**POSITION STATEMENT:** Provided testimony on HB 265, Version N.

JACKI CHURCHILL, representing self  
Chugiak, Alaska

**POSITION STATEMENT:** Testified in support of HB 265, Version N.

TIFFANY HALL, Executive Director  
Recover Alaska  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 265, Version N.

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

**POSITION STATEMENT:** Testified in support of HB 265, Version N.

JESSICA ESTES, member  
Alaska Advanced Practice Registered Nurse Alliance  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 265, Version N.

LANCE JOHNSON, Administrative Director  
Behavior Health Services  
Norton Sound Health Corporation  
Nome, Alaska

**POSITION STATEMENT:** Testified in support of HB 265, Version N.

LARRY JOHANSEN, representing self  
Haines, Alaska

**POSITION STATEMENT:** Testified in support of HB 265, Version N.

ANN RINGSTAD, Executive Director  
National Alliance on Mental Illness Alaska  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 265, Version N.

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

**POSITION STATEMENT:** On behalf of Representative Snyder, prime sponsor, presented the sectional analysis of HB 292.

KATHERINE BACON, representing self  
Palmer, Alaska

**POSITION STATEMENT:** Provided invited testimony during the hearing on HB 292.

LEIONILEI JOHNSON, representing self  
Juneau, Alaska

**POSITION STATEMENT:** Provided invited testimony during the hearing on HB 292.

AMANDA COLLINS, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Provided invited testimony during the hearing on HB 292.

ALEXIS RODICH, Lobbyist  
Service Employees International 775  
Seattle, Washington

**POSITION STATEMENT:** Provided invited testimony during the hearing on HB 292.

JOHN LEE, Director  
Division of Senior and Disabilities Services  
Department of Health and Social Services  
Palmer, Alaska

**POSITION STATEMENT:** Answered questions during the discussion of HB 292.

**ACTION NARRATIVE**

[3:05:42 PM](#)

**CO-CHAIR TIFFANY ZULKOSKY** called the House Health and Social Services Standing Committee meeting to order at 3:05 p.m. Representatives McCarty, Spohnholz, Snyder, Fields, and Zulkosky were present at the call to order. Representatives Prax and Kurka arrived as the meeting was in progress.

**HB 265-HEALTH CARE SERVICES BY TELEHEALTH**

[3:06:46 PM](#)

CO-CHAIR ZULKOSKY announced that the first order of business would be HOUSE BILL NO. 265, "An Act relating to telehealth; relating to the practice of medicine; relating to medical assistance coverage for services provided by telehealth; and providing for an effective date."

[3:06:55 PM](#)

CO-CHAIR SNYDER moved to adopt the proposed committee substitute (CS) for HB 265, Version 32-LS0754\N, Foote, 3/1/22, as a working document.

CO-CHAIR ZULKOSKY objected for the purpose of discussion.

[3:07:18 PM](#)

REPRESENTATIVE SPOHNHOLZ, as prime sponsor, presented the proposed CS for HB 265, Version N. She stated that HB 265, Version N, is designed to create a framework for access to telehealth while ensuring patients' safety and choice in the state.

[3:07:41 PM](#)

The committee took a brief at-ease at 3:07 p.m.

3:07:57 PM

REPRESENTATIVE SPOHNHOLZ continued that the intention of the proposed legislation would be to remove barriers to telehealth and allow the state to make regulations based on quality-of-care metrics with individual practitioners. She stated that the three changes the CS would make are at the request of several stakeholders. The first proposed change would allow physicians licensed outside of Alaska to provide health care to Alaskans who have an established relationship with the physician through an in-person exam. She explained that follow-up exams could take place via telehealth, allowing for continuity of care. The second proposed change would remove the in-person requirement for advanced nurse practitioners to prescribe controlled substances. She said one of the major objectives would be to allow flexibility for prescribing behavioral health medications in rural Alaska. The third proposed change would add facilities authorized by the Department of Health and Social Services (DHSS) to telehealth provisions so they could deliver behavioral health services.

3:11:20 PM

GENEVIEVE MINA, Staff, Representative Ivy Spohnholz, Alaska State Legislature, on behalf of Representative Spohnholz, prime sponsor, paraphrased the explanation of changes of the proposed CS for HB 265, Version N, [included in the committee packet], which read as follows [original punctuation provided]:

Section 1 Replaces any reference to "examination" with "visit," and updates corresponding language throughout the bill, except for providers licensed in another state. Removes language in subsection (a) of version W related to the telehealth authority of providers licensed in another state. This language is replaced with subsection (b), which creates an exemption for physicians licensed in another state to deliver health care services within their scope of practice if there is an established physician-patient relationship, the non-resident physician has given the patient an in-person physical exam, and the services are related to ongoing treatment or follow-up care related to past treatment. Cleans up the provisions regarding medication assisted treatment by removing subsection

(d) in version W, which pertained to services addressing opioid use disorder. This language was deemed unnecessary to ensure the telehealth delivery of medication assisted treatment to treat opioid use disorder (i.e., medication, counseling, and behavioral health therapies). Revises the prescribing authority provisions by separating physicians, podiatrists, osteopaths, and physician assistants in subsection (e) from advanced practice registered nurses (APRNs) in subsection (f). Amends the APRN language in subsection (f) to remove the in-person requirement for prescribing controlled substances (including buprenorphine) via telehealth. This does not change the prescribing scope for these providers. Creates subsection (h) to remove requirements to document all attempts for an in-person visit and prevents the department or board from limiting the physical setting of a health care provider delivering telehealth. Clarifying language is inserted under subsection (j)(2) defining all providers in this section as licensed in good standing. 2 Section 3 Creates subsection (h) under Title 18 to remove requirements to document all attempts for an inperson visit. This section replicates the same provisions on documentation and physical setting for emergency medical services as Section 1. Section 4 Amends telehealth services included in Alaska Medicaid by explicitly including home and community-based waiver services in subsection (a)(2) and adding services provided under a state plan option (e.g., 1915(k) services) in subsection (a)(3). Adds language in subsection (b), line 13 to ensure the department must revise regulatory language to include telehealth in the definition of a "visit." Section 5-6 These are new sections adding telehealth provisions to entities in Title 47, which are grantees that deliver community mental health services, or facilities approved by the department to deliver substance use disorder treatment. Their authority to deliver telehealth was previously unaddressed in version W because they are not applicable to the provisions in Title 8, or the Alaska Medicaid provisions in Title 47. Both sections replicate the same telehealth provisions on cost, scope of services, patient protections, documentation, and physical setting as Section 1. Section 5 creates AS 47.30.585 to include entities designated under AS 47.30.520 - AS 47.30.620, which are approved to

receive grant funding by the Department of Health and Social Services to deliver community mental health services. Section 6 creates AS 47.37.145 to include public or private treatment facilities approved by the Department of Health and Social Services in AS 47.37.140 to deliver services designated under AS 47.37.40 - AS 47.37.270 addressing substance use disorders.

[3:16:13 PM](#)

REPRESENTATIVE MCCARTY shared his personal involvement with telehealth and telemedicine. He questioned whether the medical-assisted treatment (MAT) service would be in the induction process or part of the continued medication service.

[3:17:10 PM](#)

REPRESENTATIVE SPOHNHOLZ responded that the intention of the proposed legislation would be to let the boards determine the adoption of individual regulatory packages. She expressed the assumption that clinicians would want initial assessment and treatment plans to be developed in person. She stated that defining this in [the legislation] was avoided so the governing boards, which are committed to the best practices, could determine the appropriate modality. She explained that some of the language focuses on quality of care, but quality should not be "the enemy of access," because in many parts of Alaska there is no access to care. She pointed out that Sara Chambers could answer questions concerning the adoption of regulations and oversight, and Director Gennifer Moreau-Johnson could address behavioral health.

REPRESENTATIVE MCCARTY, with a follow-up question, referenced a situation when a patient was not given "great care" while under distance medication services. He argued that when a client is physically present, abreactions can be detected. He expressed the concern that in the induction process of MAT, when a client is transitioning to medication from [addictive] substances, nuances cannot be detected using telemedicine. He requested additional information concerning this.

[3:20:25 PM](#)

REPRESENTATIVE SPOHNHOLZ responded that boards would adopt regulations based on the appropriate standards of practice and scope of training. She added that there is nothing in the

legislation which would require a provider to deliver a certain type of care via telehealth, or for a patient to receive care via telehealth. Both the patient and the provider would have to consent to telehealth delivery within the proposed framework. She argued that boards should make the appropriate telehealth regulations, not legislators.

[3:22:10 PM](#)

GENNIFER MOREAU-JOHNSON, Director, Division of Behavioral Health, Department of Health and Social Services, in response to Representative McCarty, stated that induction via telehealth had been allowed during the COVID-19 pandemic. She expressed the belief that there are federal requirements for face-to-face induction, and the state would refer to the federal requirements.

[3:22:44 PM](#)

SARA CHAMBERS, Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community & Economic Development, in response to Representative McCarty, stated that the division has been working closely with the sponsor to ensure the intent would be clear. She said, "The regulations would be the appropriate place for any siderails or narrowing to happen on a case-by-case basis." She added that this is also the understanding of the medical and nursing boards. She stated that the [proposed legislation] would lift the requirement for in-person care, but it would also give the boards the ability to further restrict [the care] under certain circumstances.

[3:23:39 PM](#)

REPRESENTATIVE PRAX questioned the language in Section 1 of the [proposed CS] which would restrict providers residing in other states. He argued, "Once you get on the telephone, Seattle is sort of the same as Anchorage."

[3:24:16 PM](#)

REPRESENTATIVE SPOHNHOLZ responded that the original draft of the legislation allowed providers not licensed in Alaska to have more access to deliver services to Alaskans via telehealth. She explained that there is an enforcement issue because Alaska does not have licensure compacting, and there is no enforcement mechanism to hold a provider accountable.

[3:26:17 PM](#)

REPRESENTATIVE PRAX, with a follow-up comment, stated that an alternative would be to address the compacting issue, which would be an entirely different subject.

REPRESENTATIVE SPOHNHOLZ responded in the affirmative, explaining that an assortment of licensing standards would have to be changed. She expressed the opinion that compacts can be controversial, and this would not be the responsible thing to do for the state.

[3:26:54 PM](#)

REPRESENTATIVE FIELDS, in response to Representative Prax's question, stated that another reason for [restricting outside providers] would be to limit the incentive for large, multi-state providers, as their services could push patients to primary care outside of Alaska, undermining the provider workforce in the state. He acknowledged that some people would need to access specialists outside the state, and this should be "the balance."

REPRESENTATIVE SPOHNHOLZ explained that outside providers can still get licensed in Alaska, and if a provider wants to practice in the state, but not live here, he/she can still obtain a license.

[3:28:19 PM](#)

REPRESENTATIVE MCCARTY commented that many providers consider Alaska a place to make a good amount of money while living in another state. Concerning "usual and customary" reimbursement rates, he questioned [which state] would be considered [the rate] origin. In example, he said a provider may be licensed in a state with a "usual and customary" reimbursement three-times less than the [standard charge] in Alaska.

[3:30:00 PM](#)

REPRESENTATIVE SPOHNHOLZ responded that Alaska's rates are higher, and nonresident providers licensed in Alaska already can charge Alaska's rates. The proposed legislation would make no changes to this. She explained that compensating a provider at a lower rate would be a disincentive to provide telehealth care and not support the business model. She indicated that

different rates cannot be set for non-Alaska providers. She expressed the understanding that Alaska providers support the payment parity provision because it supports expanding telehealth in the state. In reference to the point made by Representative Fields, she stated that the marketplace needs to be built for Alaska providers, especially in rural Alaska, where there are few providers.

[3:32:11 PM](#)

REPRESENTATIVE KURKA questioned the process to become licensed in Alaska for a physician who lives outside of Alaska. He expressed the understanding that obtaining the initial license in Alaska would require residency at a hospital. He questioned the process and practicality of someone living outside of the state while practicing in Alaska.

REPRESENTATIVE SPOHNHOLZ responded that there are many nonresident providers practicing in Alaska. She deferred to Ms. Chambers.

[3:33:20 PM](#)

MS. CHAMBERS explained that there is no residency requirement to be licensed in Alaska. The term "residency" refers to a phase of professional progression in becoming a physician and not a physical home. She stated that there are many providers in the state who have never "set foot" in the state. She gave a quick overview of the process for providers to become licensed in Alaska, adding that it is the same for nonresidents and residents.

[3:34:52 PM](#)

REPRESENTATIVE KURKA, with a follow up, questioned whether the residency requirement would be a part of attending medical school in any state.

MS. CHAMBERS responded in the affirmative.

[3:35:33 PM](#)

CO-CHAIR ZULKOSKY removed her objection.

REPRESENTATIVE MCCARTY objected for the purpose of an additional question. He stated that insurance companies make payments according to the point of service billing code. He questioned

whether the location [of a telehealth visit] has an impact on the payment.

[3:36:32 PM](#)

CO-CHAIR ZULKOSKY, referring to time constraints, suggested that the question be addressed at a later time.

REPRESENTATIVE MCCARTY removed his objection. There being no further objection, Version N was before the committee.

[3:37:08 PM](#)

RENEE GAYHART, Director, Division of Health Care Services, Department of Health and Social Services, responding to Representative McCarty's question, explained that currently telehealth is considered the same as an in-office service. She continued that "usual and customary" rates are paid in [accordance with where the provider's office] is located.

[3:38:50 PM](#)

CO-CHAIR ZULKOSKY re-opened public testimony on HB 265, Version N.

[3:39:14 PM](#)

JULIA LUEY, Vice President and interim CEO, Integrated and Residential Services, Volunteers of America (VOA) Alaska, explained that VOA Alaska is a nonprofit, behavioral health organization specializing in therapeutic services for youth, young adults, and families. She offered VOA's support for the proposed legislation, as it would maintain and expand Alaskan's access to vital behavioral health services. She explained that telehealth platforms had been significantly broadened during the pandemic through temporary allowances and emergency declarations at the state and federal levels, and more Alaskans had been able to be reached. Prior to the pandemic, telehealth for behavioral health services had been restricted to master's level clinicians. During those services one party had to be within four walls of a clinic. This created barriers in meeting individuals in their recovery and healing process. She expressed the opinion that telehealth, phone, and text are avenues for helping individuals across Alaska's unique landscape. She thanked the committee for the legislation, as it would be a great enhancement to the behavioral health system of care.

[3:41:27 PM](#)

SARAH ELIASSEN, representing self, voiced support for the bill. She stated that at 96 years old, telehealth is important because she could visit with her physician and get the attention needed without having to obtain transportation to Anchorage from Eagle River, and back. She emphasized that telehealth is important to seniors. She shared that it had never occurred to her as a young person that one day she would not be able to drive. She said, "I want to impress upon you that it is important all over the state, where people do not have transportation to get to a doctor." She said it is impossible for her to get to Anchorage without imposing on friends or family, adding that these people are not responsible for taking her to the doctor. She said this method of health care is a "blessing."

[3:45:08 PM](#)

SUZANNE ISHII-REGAN, representing self, thanked the state and its disability services for quickly pivoting and being flexible during the pandemic. She stated that she has a family member who uses a ventilator and is immunocompromised, and telehealth during the pandemic helped her family stay connected with their physician while reducing contact with the public. The ability to access telehealth reduced barriers concerning mobility issues and weather.

[3:48:08 PM](#)

PAMELA SAMASH, representing self, explained that she supports the proposed legislation because telehealth is a "great" option for rural Alaskans, seniors, and doctors. She commented that during telehealth meetings physicians often would see only a patient's face. She stated that physicians may be missing other issues without seeing the entire body, as "body language is 99 percent of communication." She said that with a "little TLC this could be just perfect."

[3:51:21 PM](#)

KYLE ZEBLEY, Executive Director, American Telemedicine Association (ATA) Action, stated that ATA Action is the ATA affiliated trade association focused on advocacy. He stated that ATA Action supports the legislature's effort to expand access to high-quality care by allowing Alaska's licensed providers to treat patients via telehealth without a prior in-

person examination. He stated that ATA Action approves of the legislature's effort to allow physicians, osteopaths, [podiatrists], and physician assistants to prescribe controlled substances, when appropriate, via telehealth without an in-person exam. He said ATA Action maintains that a care plan, including telehealth, should be the choice between a patient and his/her provider. He stated that patients should be able to use telehealth to receive prescriptions for substances that fall under Schedule III and Schedule IV categories, and certain patients with substance abuse disorders should receive prescriptions via telehealth for stimulants in the Schedule II category. He stated that, [in addition to providers already mentioned], ATA Action "strongly" encourages the legislature to allow advanced practice registered nurses the permission to prescribe controlled substances without an in-person exam. He acknowledged the effort to permit out-of-state providers not licensed in Alaska to render telehealth services to patients referred by an Alaska-licensed provider, but he urged the committee to remove barriers and allow out-of-state providers licensed and in good standing within their home states to practice without having to navigate the current licensure requirements. He commented that there are aspects of the proposed legislation to support.

[3:54:06 PM](#)

JACKI CHURCHILL, representing self, shared that she has an immune compromised family member. She voiced support for HB 265. She stated that she is a nurse and expressed the opinion that the options for telehealth should be available to all Alaskans, whether or not they are established with an out-of-state provider. She said, "Many times an opinion is needed more than an exam when it comes to life-saving decisions," and an important benefit of telehealth is that, before travel, a patient and a provider can ensure they are a "good fit." She explained in detail the benefits of telehealth with a physician in Seattle during her spouse's cancer treatment, referencing an appointment over the phone which turned out to be "lifesaving." She summarized the benefits of telehealth as minimizing health risks, mitigating inconveniences, and reducing out-of-pocket costs.

[3:58:00 PM](#)

TIFFANY HALL, Executive Director, Recover Alaska, voiced support for [Version N]. She stated that Recover Alaska works across the state to reduce the harms of excessive alcohol use. She

cited that before the pandemic at least 44,000 Alaskans experienced an alcohol-use disorder, but only 15 percent of those who qualified received treatment. She related that the location of services and stigma are barriers for people not receiving treatment. She cited that during the pandemic roughly one-third of Alaskans increased their alcohol use in order to cope with stress. She expressed the opinion that there has been a long need for treatment. She argued that the legislation would help close the gap. One critical equity aspect is the inclusion of multiple modalities, such as video, audio only, and text options. She shared that she is in long-term recovery and had relied heavily on telehealth opportunities during the pandemic. She stated that mental health disorders often trick people into thinking they do not need help, and any initial barriers [to ask for help] "feel too big." She stated that expanding telehealth is a great step forward for the state, and a great step forward in terms of equity and reducing health disparities across the state.

[4:00:43 PM](#)

LIZETTE STIEHR, Executive Director, Alaska Association on Developmental Disabilities (AADD), voiced support for [Version N]. She stated that AADD is a trade association of organizations across the state which provides services to people with developmental disabilities. She stated that the utilization of remote services moved forward during the pandemic, and many service providers for the developmentally disabled were able to reach isolated clients. She stated that the Alaska Mental Health Trust Authority had provided a grant which supported training, provided handbooks, and facilitated on-going meetings between providers. She added that these providers continue to deliver robust services today. She stated that AADD strongly supports the financial parity in the [proposed] legislation.

[4:03:36 PM](#)

JESSICA ESTES, member, Alaska APRN Alliance, voiced support for [Version N]. She stated that the legislation is important to the clients that she serves, as they can be offered telehealth regardless of their location, which ensures continuity of care. She stated that continuing established relationships with providers is also important for patients receiving end-of-life care. She thanked the bill sponsor for the opportunity to continue the services created during the pandemic.

4:05:06 PM

LANCE JOHNSON, Administrative Director, Behavior Health Services, Norton Sound Health Corporation, spoke in support of [Version N]. He voiced the preference for audio-only health services. He explained that using audio-only services allows people to be in an environment of their choosing, where they feel safe. For example, he said, using telehealth in a village office leaves a client feeling "exposed." He referenced a housebound client who effectively completed an intensive substance abuse program. He argued that without the ability to receive treatment through audio-only services, the individual would not be here today. He expressed the opinion that telephone services allow people to be more vulnerable; therefore, their progress is consistent. He added that audio-only health services are also important because of the internet issues which "plague" rural Alaska. He said having limited internet does not make telehealth the best option, while audio services allow people a greater choice in getting the needed support. He thanked the committee, especially the bill sponsor.

4:07:20 PM

LARRY JOHANSEN, representing self, voiced support for the legislation. He stated that as a lifelong Alaskan he has experienced difficulties being reached in the remote places in the state, and the pandemic taught people to be comfortable using video as a form of communication. He shared that he has had Parkinson's disease for 14 years, and, because of [his disability] and the necessity to take ferries and flights, it has taken him up to 10 days to travel to Seattle to see his physician. He noted the expense of this travel. He said the proposed legislation would benefit not only people like himself, who stand to lose a great deal by not having medical services, but it would increase all Alaskan's ability to receive medical attention. He shared that in-person visits often allow only one hour for a patient to cover everything that has happened to him/her in the last six months. Personally, he does not know how a medication will work until he is "in the real world," and issues can be addressed much quicker using telehealth. He concluded that the [proposed] legislation is important for a large state.

4:12:13 PM

ANN RINGSTAD, Executive Director, National Alliance on Mental Illness (NAMI) Alaska, stated that NAMI Alaska advocates for

access to mental health services, treatment, support, and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need throughout Alaska. She stated that in some cases telehealth access is the only support available in the community. She cited statistics on Alaskans with mental health issues and argued that the proposed legislation would help many who do not have access to mental health care. She stated that telehealth has been a pivotal development in creating the ability to access care in Alaska where resources are limited. She said that it has been "a silver lining" from the pandemic and possibilities continue to grow. She stated that NAMI Alaska supports the legislation. She thanked the bill sponsor.

[4:14:35 PM](#)

CO-CHAIR ZULKOSKY, after ascertaining that there was no one else who wished to testify, closed public testimony on HB 265.

CO-CHAIR ZULKOSKY announced HB 265 was held over.

**HB 292-HOME AND COMMUNITY-BASED WAIVER SERVICES**

[4:15:02 PM](#)

CO-CHAIR ZULKOSKY announced that the final order of business would be HOUSE BILL NO. 292, "An Act relating to home and community-based services; and providing for an effective date."

[4:15:41 PM](#)

CO-CHAIR SNYDER, as prime sponsor, presented HB 292. She explained that the proposed legislation is needed because of the demand for in-home, long-term services and associated support. She stated that stakeholders have reported service level cuts for seniors, people with disabilities, and those who receive Home and Community-Based Services (HCBS) waivers and Community First Choice Medicaid State Plan K. She stated that these people are facing barriers to services, such as long waitlists and the inability to obtain the personal care assistant (PCA) of their choice. She observed that caregivers have seen fewer hours and lower pay over the last decade. She noted that rural communities have been impacted by the lack of homecare infrastructure. Because homecare is the only option which allows these individuals to stay in their rural communities, many Alaskans are forced to move away, denying them the option of maintaining dignity and independence.

CO-CHAIR SNYDER stated that the proposed legislation outlines the following issues: declining wages of PCAs; the impact on the mostly female workforce; longer time spent on waitlists; budget cuts; service level reductions; and the over reliance on unpaid care. She stated that despite the growing need for personal care services, services decreased from 2016 to 2020 by 23 percent. These cuts have left individuals reliant on the unpaid labor of untrained friends and family, costing the state money in terms of economic productivity. She expressed hesitancy in reducing quality of life issues to economics, but "it is our job as legislators."

[4:21:09 PM](#)

CO-CHAIR SNYDER explained that HB 292 would begin to help by preventing unwanted service-level cuts for personal care services by fixing the weak points in the statute. She explained that assessments which result in service level reductions would be required to go through the same detailed process for service level terminations. She added that previous service level cuts would be restored from 2019 to present. Finally, she stated the proposed legislation would permit legally responsible individuals to become PCAs under HCBS waivers and Medicaid State Plan K. She concluded with the example of a constituent who would be impacted by the proposed legislation. She described the individual as having cerebral palsy and using a wheelchair. The individual recently moved to Anchorage for better access to PCAs, but in the 8-month search one has not been found. It has not been economically feasible for the family to travel back and forth to Anchorage to provide care while working to support themselves. Recently the hours allocated for the individual to have homecare were cut. She described the situation as "a negative feedback loop." She maintained that HB 292 would begin to address these issues.

[4:25:11 PM](#)

ALLIANA SALANGUIT, Staff, Representative Liz Snyder, Alaska State Legislature, on behalf of Representative Snyder, prime sponsor, paraphrased the sectional analysis of HB 292 [included in the committee packet], which read as follows [original punctuation provided]:

Sec. 1: Amends AS 47.07.045(a) Home and community-based services for provisions in the section to apply

also to Community First Choice and Medicaid personal care services programs.

Sec. 2: Amends AS 47.07.045(a) Home and community-based services by:

- Introducing a process in statute for reducing hours or payment for home and community-based services provided under 1915(k) state plan option and Medicaid personal care services that mirrors the process for terminating services.
- Adding "and live independently" as a condition for terminating services.
- Requiring the department to continue following notice requirements provided in later sections.

MS. SALANGUIT specified that the requirements for notification indicated in Section 2 are further laid out in Section 8. Passing ahead, she paraphrased from Section 8, which read as follows [original punctuation provided]:

Sec. 8: Establishes the act will take effect only upon federal approval of the state plan for medical assistance, and that if approved, the Commissioner of the Department of Health and Social Services must notify the revisor of statute not later than 30 days after receiving notice.

MS. SALANGUIT, picking up at Section 3, continued paraphrasing the remaining sectional analysis, which read as follows [original punctuation provided]:

Sec. 3: Amends AS 47.07.045(d) Home and community-based services by:

- Moving definitions for "independent qualified health care professional" and "independent qualified waiver" to this section. It does not create any new definitions.
- "Independent qualified health care professional" for an intellectual or developmental disability waiver is defined as a qualified intellectual disability professional under 42 C.F.R. 483.430.
- For other allowable waivers, "Independent health care professional" is defined as a person who can provide personal care services under the 1915(k) state plan or a registered nurse with specific qualifications relevant to the waivers.

Sec. 4: Adds a new subsection to AS 47.07.045 Home and community-based services that:

- Establishes that once the department receives the results of an assessment they have 10 days to notify, in writing, the recipients or individuals with legal authority to act on the recipient's behalf of the assessment results.
- Establishes that after the department decides if there will be a change in levels of services or payments for services, they have 10 days after the decision is made to notify the recipient or individuals with legal authority to act on the recipient's behalf of the decision. This notice must be done in writing and 30 days before the new determination goes into effect. The department must also inform them they have a right to appeal the decision.
- Allows legally responsible persons to provide personal care services to an individual eligible for home and community-based services waivers and Community First Choice.

Sec. 5: Adds a new section that creates a path for hours to be restored through the proposed reassessment process for recipients of care whose payment for services were reduced between January 1, 2019 and January 1, 2022.

Sec. 6: Adds a new section to instruct the Department of Health and Social Services to amend and submit a state plan for medical services to the Centers for Medicare and Medicaid Services (CMS).

Sec. 7: Makes section 5 retroactive to January 1, 2019.

Sec. 9-10: Create two effective dates:

- For sections 1 - 4, effective date will be the day after the revisor of statutes receives notification from the Commissioner of Health and Social Services of federal approval of state plan amendments.
- Sections 5 and 7 take effect immediately upon passage

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KATHERINE BACON, representing self, stated that she had been the primary caregiver for her medically fragile granddaughter. She stated that her family had had no experience with special needs individuals, "but we learned." Her granddaughter is now 24 years old. She continued that beginning in 2003 she became the primary caregiver to her late husband suffering with Alzheimer's disease. Now she is the primary caregiver [to his grandson, Michael]. He had a traumatic brain injury when he was 3 months old, which resulted in multiple lifelong issues. Even though he was not expected to live, she said he would soon be 30 years old. She shared that over the years she has hired and worked "alongside more caregivers than I can count." She indicated that she does not blame the caregivers, as they receive inadequate pay and too few hours. She stated that caregivers often have to "cobble together" full-time schedules by juggling multiple clients or taking other jobs, and then, often, they leave to take better jobs. The caregivers who stay cannot provide sufficient care because they are overburdened and exhausted. She stated that the needs of individuals do not go away when hours are cut or caregivers are not available. She explained that she is now Michael's sole care provider, 24 hours a day, 7 days a week. She is fortunate she is paid to care for Michael, but the process for families to be qualified to receive care services, let alone to be paid, is long and hard. She argued that the people who know and love the individual should be able to care for them. She expressed the opinion that many caregivers struggle, and there is a "breaking point," and the proposed legislation would take the first step to repair the broken system by reducing barriers for vulnerable Alaskans. She thanked the bill sponsor.

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MS. BACON, in response to Representative Spohnholz, explained that the process for her to be Michael's caregiver was not hard because she is not biologically related to him; otherwise, there are many steps, and it takes months. She stated that once the process seems to be final, there will be "another whole list of hoops." She added that she knows people who have been disheartened and gave up. She expressed the opinion that it would be better for individuals to be at home with family [caregivers] as opposed to hiring people who may not "have their heart in it." She suggested [caregivers may not be invested in their clients] because of the low pay.

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The committee took a brief at-ease at 4:37 p.m.

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LEIONILEI JOHNSON, representing self, spoke in support of HB 292. She stated that she is a professional home health provider. She shared that she is Tlingit and an Eagle from the Thunderbird Clan. She said when she was a young girl, she had helped her mother care for her grandmother. Without their help her grandmother had no way to buy groceries, keep herself clean, and take care of her home. She expressed pride in her ability to help. She stated that she has been a professional caregiver for 10 years and has witnessed hours cut for client care, even for those who cannot get out of bed. In example, she shared that a client with Parkinson's disease needed help with many things. The client fell when left alone, but the state only approved 15 hours of care a week. She stated that she was worried, and the client was upset. After being in the hospital with a broken hip, the client's home was lost, and she lost her job. Against her convictions, she said, she applied for government assistance. Working in a different job, she said that she "made more money as a food runner in a restaurant" than she made as a professional caregiver. She said the restaurant job had been seasonal, and she became unemployed again. She stated she is doing her best to help elders in the community, but the system "is broken and it's hurting us all." She asserted that restoring cut hours would help clients be safe and help caregivers make a living.

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AMANDA COLLINS, representing self, spoke in support of HB 292. She shared that she is a single mother and has been a caregiver for her 10-year-old child with disabilities for the child's entire life. She stated that her daughter's condition is complex, with many challenges, and she lost her job because of the needed full-time care. She indicated that she had applied for government assistance, and her daughter was deemed eligible for services, but the list had been so long the application expired before services could be received. She stated that she has had to reapply multiple times, but they still receive no services. She expressed the opinion that she is the most qualified person to take care of her daughter, but the circumstances weigh heavily emotionally, financially, mentally, and spiritually because she is totally dependent on social services for the basics to survive "day to day." She said, "I

would love more than anything to be able to work and provide a stable income," but this is impossible because of her daughter's 24-hour care. She argued that HB 292 would help by providing pay to caregivers for the work they are already selflessly doing. She stated it would give her a chance to be less dependent on public assistance and an opportunity "not only to survive, but to thrive."

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ALEXIS RODICH, Lobbyist, Service Employees International Union (SEIU) 775, stated that over the last year SEIU has spent significant time with caregivers in Alaska, speaking to them about their experiences in making ends meet while "doing the work they love." She stated that these caregivers are often women, people of color, and from immigrant communities. She cited that, while inflation is up, the wages of PCAs in Alaska are lower than they were a decade ago. She opined that wages are higher for jobs which have far less pressure or consequences, yet "their love for the work" makes caregivers want to stay in the profession. She said caregivers often take on two or three jobs, or they are forced out of the profession, which makes it much harder for those looking for a caregiver. She cited that while pervasive budget cuts have resulted in reductions in personal care services, Alaska has the fastest growing senior population per capita in the country. She reiterated that when caregiver's hours are cut the need does not go away; friends and family end up providing unpaid labor, and individuals are put in situations which could result in injury or hospitalization. She stated that HB 292 would create the initial steps to ensure those who need services and support are getting the level of care they need, allowing for dignity and independence in their own homes. It would also give stability to caregivers providing these services. She thanked the bill sponsor and the committee.

[4:50:11 PM](#)

JOHN LEE, Director, Division of Senior and Disabilities Services, Department of Health and Social Services, in response to Representative Prax, explained that PCA certification depends on the agency and its requirements. The basic requirements would be passing a background check, completing first aid training, and completing training related to the skills needed for the client. He said there are various requirements depending on whether the individual will be supporting a client on a waiver program or a state plan.

REPRESENTATIVE PRAX, repeating the question for Ms. Johnson, stated that he is trying to understand the effort required to obtain certification.

[4:53:54 PM](#)

MS. JOHNSON explained it depends on the client because each client would require a certain type of care. She stated that an individual would need a background check, certification in first aid, and whatever training the company requires.

REPRESENTATIVE PRAX questioned whether the requirements would be determined by the employer or prescribed by regulation.

MS. JOHNSON responded that in her training she was certified to use a belt around the waist for helping the client move, to change the bed if the client is bedridden, to use a lift on a client, to bathe and clothe a client, and to use a feeding tube and catheter. She stated that a nurse would administer medication, and a physical therapist would work with the client.

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REPRESENTATIVE FIELDS voiced an observation that there has been a net migration out of the state, which is a negative thing for the economy. He stated that he has observed an entire multigenerational family leave the state because they were unable to find care for an elderly family member. He expressed the opinion that keeping multigenerational families in the state would be good from a humane perspective and an economic perspective. He commented that the fiscal note on the bill is "tiny," and it is a small price to pay for supporting families in the state.

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CO-CHAIR ZULKOSKY announced that HB 292 was held over.

[4:58:14 PM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:58 p.m.