

ALASKA STATE LEGISLATURE
HOUSE LABOR AND COMMERCE STANDING COMMITTEE

April 11, 2022

3:17 p.m.

MEMBERS PRESENT

Representative Zack Fields, Co-Chair (via teleconference)
Representative Ivy Spohnholz, Co-Chair
Representative Calvin Schrage (via teleconference)
Representative Liz Snyder
Representative David Nelson
Representative James Kaufman
Representative Ken McCarty

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

CS FOR SENATE BILL NO. 174 (EDC)

"An Act relating to dress codes and natural hairstyles."

- HEARD & HELD

HOUSE BILL NO. 176

"An Act relating to insurance; relating to direct health care agreements; and relating to unfair trade practices."

- HEARD & HELD

HOUSE BILL NO. 276

"An Act relating to licensing of psychologists and psychological associates; and relating to the practice of psychology."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: SB 174

SHORT TITLE: ALLOW NATURAL HAIRSTYLES

SPONSOR(s): SENATOR(s) WILSON

02/01/22	(S)	READ THE FIRST TIME - REFERRALS
02/01/22	(S)	EDC, L&C
02/16/22	(S)	EDC AT 9:00 AM BUTROVICH 205

02/16/22 (S) Heard & Held
 02/16/22 (S) MINUTE(EDC)
 02/23/22 (S) EDC AT 9:00 AM BUTROVICH 205
 02/23/22 (S) Moved CSSB 174(EDC) Out of Committee
 02/23/22 (S) MINUTE(EDC)
 02/25/22 (S) EDC RPT CS 1DP 4NR SAME TITLE
 02/25/22 (S) DP: HOLLAND
 02/25/22 (S) NR: HUGHES, STEVENS, BEGICH, MICCICHE
 02/28/22 (S) L&C AT 1:30 PM BELTZ 105 (TSBldg)
 02/28/22 (S) Heard & Held
 02/28/22 (S) MINUTE(L&C)
 03/23/22 (S) L&C AT 1:30 PM BELTZ 105 (TSBldg)
 03/23/22 (S) Moved CSSB 174(EDC) Out of Committee
 03/23/22 (S) MINUTE(L&C)
 03/25/22 (S) L&C RPT CS(EDC) 3DP SAME TITLE
 03/25/22 (S) DP: COSTELLO, GRAY-JACKSON, MICCICHE
 03/30/22 (S) TRANSMITTED TO (H)
 03/30/22 (S) VERSION: CSSB 174(EDC)
 04/04/22 (H) READ THE FIRST TIME - REFERRALS
 04/04/22 (H) L&C
 04/11/22 (H) L&C AT 3:15 PM BARNES 124

BILL: HB 176

SHORT TITLE: DIRECT HEALTH AGREEMENT: NOT INSURANCE
 SPONSOR(s): REPRESENTATIVE(s) RASMUSSEN

04/16/21 (H) READ THE FIRST TIME - REFERRALS
 04/16/21 (H) L&C, HSS
 05/03/21 (H) L&C AT 3:15 PM BARNES 124
 05/03/21 (H) Heard & Held
 05/03/21 (H) MINUTE(L&C)
 05/07/21 (H) L&C AT 8:00 AM GRUENBERG 120
 05/07/21 (H) Heard & Held
 05/07/21 (H) MINUTE(L&C)
 05/12/21 (H) L&C AT 3:15 PM BARNES 124
 05/12/21 (H) <Bill Hearing Canceled>
 03/23/22 (H) L&C AT 3:15 PM BARNES 124
 03/23/22 (H) Heard & Held
 03/23/22 (H) MINUTE(L&C)
 04/06/22 (H) L&C AT 3:15 PM BARNES 124
 04/06/22 (H) -- MEETING CANCELED --
 04/11/22 (H) L&C AT 3:15 PM BARNES 124

BILL: HB 276

SHORT TITLE: PSYCHOLOGISTS: LICENSING AND PRACTICE
 SPONSOR(s): LABOR & COMMERCE

01/18/22	(H)	READ THE FIRST TIME - REFERRALS
01/18/22	(H)	L&C, FIN
02/07/22	(H)	L&C AT 4:30 PM BARNES 124
02/07/22	(H)	-- MEETING CANCELED --
02/09/22	(H)	L&C AT 4:30 PM BARNES 124
02/09/22	(H)	Heard & Held
02/09/22	(H)	MINUTE(L&C)
02/14/22	(H)	L&C AT 3:15 PM BARNES 124
02/14/22	(H)	<Bill Hearing Canceled>
04/11/22	(H)	L&C AT 3:15 PM BARNES 124

WITNESS REGISTER

SENATOR DAVID WILSON
 Alaska State Legislature
 Juneau, Alaska

POSITION STATEMENT: As prime sponsor, introduced CSSB 174(EDC).

JASMIN MARTIN, Staff
 Senator David Wilson
 Alaska State Legislature
 Juneau, Alaska

POSITION STATEMENT: On behalf of Senator Wilson, prime sponsor of SB 174, explained the two differences between CSSB 174(EDC) and its companion bill, HB 312.

CHELSEA WARD-WALLER, Staff
 Representative Ivy Spohnholz
 Alaska State Legislature
 Juneau, Alaska

POSITION STATEMENT: During the hearing on HB 176, reviewed the changes made in the proposed CS for HB 176, Version B.

LORI WING-HEIER, Director
 Division of Insurance
 Alaska Department of Commerce, Community, and Economic
 Development
 Anchorage, Alaska

POSITION STATEMENT: During the hearing on HB 176, answered questions.

HEATHER CARPENTER, Health Care Policy Advisor
 Department of Health and Social Services
 Juneau, Alaska

POSITION STATEMENT: During the hearing on HB 176, answered a question.

GRACE KUBITZ, Staff
Representative Zack Fields
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced the proposed CS for HB 276, Version I, on behalf of the House Labor and Commerce Standing Committee, sponsor.

MARVO REGUINDIN, Executive Director
Alaska Psychological Association (APA)
Spokane, Washington

POSITION STATEMENT: During the hearing on HB 276, provided testimony regarding the proposed committee substitute, Version I.

ERIN JOHNSON, PhD, Chair
Alaska Board of Psychologist and Psychological Associate Examiners
Anchorage, Alaska

POSITION STATEMENT: During the hearing on HB 276, provided testimony regarding the proposed committee substitute, Version I.

ACTION NARRATIVE

[3:17:00 PM](#)

CO-CHAIR IVY SPOHNHOLZ called the House Labor and Commerce Standing Committee meeting to order at 3:17 p.m. Representatives Kaufman, McCarty, Snyder, Schrage (via teleconference), and Spohnholz were present at the call to order. Representatives Fields (via teleconference) and Nelson arrived as the meeting was in progress.

SB 174-ALLOW NATURAL HAIRSTYLES

[3:17:53 PM](#)

CO-CHAIR SPOHNHOLZ announced that the first order of business would be CS FOR SENATE BILL NO. 174(EDC), "An Act relating to dress codes and natural hairstyles."

[3:18:31 PM](#)

SENATOR DAVID WILSON, Alaska State Legislature, as prime sponsor, introduced CSSB 174(EDC). He noted that the committee has already heard the companion bill, HB 312 [heard on 4/4/22].

He explained that the bill would prohibit schools and workplaces from enacting a dress code that restricts someone from wearing their natural hair. He said the bill addresses an issue that most people deal with and endure in silence, and that no employee or student should be prohibited from participating in a workplace or attending school just because they are wearing their natural hair.

SENATOR WILSON stated that people choose to wear their natural hair for many reasons, including cultural connectedness [and tradition], protection of hair texture and growth, and preference. Whatever the reason, hairstyle has no correlation to workplace performance. One study has shown that people of color must change their hair from its natural state just to fit in the office. Another study published last year confirmed that in job recruitment, natural hairstyle puts people of color at disadvantage for getting interviewed and subsequently hired. For both the workplace and schools, this bill clarifies that this does not apply to health or safety rules or regulations or ordinance. For example, hairnets still need to be worn in food services or someone with long hair in dreads should not be working a woodchipper or welding. The bill defines what standards are acceptable for the school districts and employers to place on hair and help end hair discrimination.

SENATOR WILSON noted there is a difference between CSSB 174(EDC) and HB 312, and deferred to his staff person, Ms. Jasmin Martin, to outline those differences.

[3:20:56 PM](#)

JASMIN MARTIN, Staff, Senator David Wilson, Alaska State Legislature, on behalf of Senator Wilson, prime sponsor of SB 174, explained the two differences between CSSB 174(EDC) and its companion bill, HB 312. She stated that Sections 1 and 2 are basically identical to each other: one deals with the school-student relationship and the other deals with the employer-employee relationship. She explained that first difference is on page 1, line 7, and page 2, line 5, which include the term headwraps, but headwraps are not included in HB 312. The second difference, she continued, is on page 1, line 10, and page 2, line 8, which include the terms afros, cornrows, and bantu knots, but these terms are not included in HB 312. She said these terms were added in a Senate committee and that this list is not exhaustive of all the natural hairstyles, but the Senate committee thought it important to include some more examples in the bill.

[3:21:56 PM](#)

REPRESENTATIVE KAUFMAN drew attention to page 1, line 11, which states, "requires a student to permanently or semi-permanently alter the student's hair". He asked what has occurred to cause that requirement to be in the bill.

SENATOR WILSON recounted an event in which a young gentlemen had to cut his hair to be able to participate in a wrestling tournament. He said this would be an example of where the governing body of a school cannot say that a student's hair must be altered [to participate]. Another example, he stated, would be a place of employment that says employees cannot wear pink hair or must straighten their hair. Straightening hair requires use of a chemical relaxer, which can burn the person's head, he explained. He noted that in places where people of color make up less than five percent of the population, most local hairdressers do not work on type 4c hair. Responding further to Representative Kaufman, Senator Wilson explained that because many hairdressers do not have enough practice on 4c hair, which is a coarse texture of hair, they choose not to work on that type of hair.

[3:23:54 PM](#)

REPRESENTATIVE MCCARTY inquired about the reason for including headwraps in CSSB 174(EDC) while HB 312 does not.

SENATOR WILSON explained that the Senate Education Standing Committee made this addition because the committee thought that protective headwraps help in the maintaining of hair appearance.

MS. MARTIN pointed out that this is not necessarily headwraps that are associated with religion because that is already protected in different parts of statute. In this case, she continued, the committee worried that headwraps, such as silk headwraps that protect the texture of the hair from environmental damage, was not underneath this legislation. The committee therefore [included headwraps] so there would be no ambiguity as to whether [headwraps] were included.

[3:25:33 PM](#)

REPRESENTATIVE MCCARTY asked about the implications of some group of individuals claiming that this is something they are entitled to wear which symbolizes something else and they know

it symbolizes something else. He recalled that many years ago schools [prohibited] wearing a certain color hat because it represented gang symbols. He inquired about what protects the intended concept regarding hair rather than extending out to someone who wants to wear a symbol.

MS. MARTIN answered that she would provide members with a letter written by an invited testifier regarding headwraps as gang affiliations. She said that to her knowledge there is no evidence that there are gangs in Alaska high schools that are using headwraps to identify. A student, she added, is going to be part of a gang regardless of whether that student is wearing a certain thing on his or her head. That isn't relevant to a student's gang affiliation and does nothing to stop gangs or gang activity.

[SB 174 was held over.]

[3:27:48 PM](#)

The committee took an at-ease from 3:27 p.m. to 3:28 p.m.

HB 176-DIRECT HEALTH AGREEMENT: NOT INSURANCE

[3:28:05 PM](#)

CO-CHAIR SPOHNHOLZ announced that the next order of business would be HOUSE BILL NO. 176, "An Act relating to insurance; relating to direct health care agreements; and relating to unfair trade practices."

[3:28:38 PM](#)

The committee took a brief at-ease.

[3:28:52 PM](#)

REPRESENTATIVE SNYDER moved that the committee adopt the proposed committee substitute (CS) for HB 176, version 32-LS0784\B, Marx, 4/7/22 ("Version B"), as the working document.

[3:29:12 PM](#)

REPRESENTATIVE SNYDER objected for the purpose of discussion.

[3:29:23 PM](#)

CO-CHAIR SPOHNHOLZ noted that the proposed CS is substantive and the intention in adopting Version B is to get a new version on the record for the committee to review in depth. She explained that Version B includes consumer protections as recommended by Ms. Lori Wing-Heier, Director, Division of Insurance, Alaska Department of Commerce, Community, and Economic Development (DCCED), during a previous hearing on the bill.

[3:30:13 PM](#)

CHELSEA WARD-WALLER, Staff, Representative Ivy Spohnholz, Alaska State Legislature, reviewed the changes made in the proposed CS for HB 176, Version B. She spoke from a document in the committee packet, titled "Summary of Changes, CSHB 176(L&C) Version A to Version B," which read:

Section 1

Page 1, [line 7]; Removes "or the representative of the patient" and makes conforming changes throughout the bill.

Page 1, line [8]; Replaces "periodic" with "annual" and makes conforming changes throughout the subsection.

Page 1, [lines 9-11]; Adds new subsection (b), reordering language from version A].

Page 1, [lines 11-14]; Inserts new language requiring that annual fees must be comparable for comparable services and may not be based solely on the patient's health status or sex.

Page 2, [lines 5-6]; Adds a new subsection (c) and reorders following subsections accordingly. [Adds language to clarify what entities are involved in direct health care agreements.]

Page 2, lines [14-23];

Removes language in subsection (4) and replaces it with additional requirements for the direct health care agreement as follows:

(4) it must be printed in a font not smaller than 12 points and written using plain language that an individual with no medical training can understand;

(5) it must identify and include contact information for the person responsible for receiving and addressing a complaint made by a patient; and
(6) it must state that the annual fee under the agreement for services must be comparable to other patients under the provider's other direct health care agreements and may not be based solely on the patient's health status or sex.

Page 2, [lines 24-30];

Inserts a new subsection (d), which allows a patient to terminate a health care agreement in writing within 30 days of entering the agreement. This subsection also provides that if a patient terminates an agreement, the provider must refund to the patient payments made less payments made for services already performed within 30 days. A nominal termination fee may be charged.

Page 2, [line 31 - page 3, line 13];

Adds language [in subsection (e)] and a new subsection (f) to state that a direct health care agreement may be terminated in writing after at least 30 days' notice or in accordance with the agreement. An agreement must provide for a refund and may provide for a nominal termination penalty or nominal termination fee.

Additionally, a new subsection (g) is added, which allows the parties to a direct health care agreement to modify or renew the agreement by written agreement of the parties. A health care provider may not change the annual fee under the agreement more than once a year and shall provide at least 45 days' written notice of a change in the annual fee.

Page 3, lines [14-16]; Reverses language in version A to make direct health care agreements subject to AS 21.07 (Patient Protections Under Health Care Insurance Policies) and AS 21.36 (Trade Practices and Frauds).

Page 3, line [28 - page 4, line 20];

Inserts new subsection (j), that a person may not make, publish, or disseminate an assertion, representation, or statement with respect to the business of direct health care agreements, or with respect to a person in the conduct of the person's

direct health care agreement business, if that is untrue, deceptive, or misleading, and may not[:]

(1) misrepresent the benefits, advantages, conditions, sponsorship, source, or terms of a direct health care agreement;

(2) use a name or title of a direct health care agreement misrepresenting its true nature; or

(3) make a false or misleading statement as to a direct health care agreement.

Additionally, inserts a new subsection (k), which requires that health care providers entering into health agreements file a report with the division of insurance no later than [September] 1 that includes

(1) the number of health care providers in the health care practice;

(2) the number of direct health care patients the health care practice has the capacity to serve;

(3) the number of government entities, patients, and employers of patients that entered or maintained a direct health care agreement with the health care practice in the preceding calendar year and the annual fee paid by each government entity, patient, and employer of a patient, as applicable, under the direct health care agreement; and

(4) other information requested by the division.

Page [4, lines 22-23]; Inserts a new subsection (1) defining a "health care practice" as "a firm, corporation, association, institution, or other person licensed or otherwise authorized in this state to provide health care services;" and renumbers subsections accordingly.

Page [5, lines 20-22]; Inserts a new subsection (c), which allows health care providers to decline entering into a direct care agreement with a new patient if the health care provider does not have the capacity to accept new patients.

Page [5, line 26]; References the definition for "health care provider" in AS 21.03.025(1).

Page [5, line 28]; Inserts a new subsection (58), to add violating AS 21.03.025 (direct health care agreements) under the unlawful acts and practices statute of Article 3, Unfair Trade Practices and

Consumer Protection, and renumbers the following subsection accordingly.

[3:34:59 PM](#)

CO-CHAIR SPOHNHOLZ noted that the page numbers and line numbers in the Summary of Changes are incorrect, but the content is correct. She stated that a [corrected] summary of changes would subsequently be provided to members.

[3:35:40 PM](#)

REPRESENTATIVE SNYDER removed her objection to adopting the proposed CS, Version B, as the working document.

[3:35:50 PM](#)

REPRESENTATIVE MCCARTY objected. He asked when members would be receiving the corrected summary of changes.

CO-CHAIR SPOHNHOLZ replied that members would receive the corrected summary of changes by 10:00 a.m. [on 4/12/22]. She reiterated that the content presented was correct, but the line numbers and page numbers were off. She explained that adopting the proposed CS will allow for getting Version B of HB 176 on the public record so the committee can then start drafting amendments to Version B.

REPRESENTATIVE MCCARTY removed his objection to adopting Version B as the working document.

[3:37:30 PM](#)

CO-CHAIR SPOHNHOLZ announced that there being no further objection, the proposed CS for HB 176, Version B, was adopted as the working document.

[3:38:09 PM](#)

REPRESENTATIVE KAUFMAN stated that a concern he had with the original version of the bill [on page 3, Section 2(b), lines 20-26] was the intractability for the health care provider to shift somebody to another provider or to cease.

[3:39:01 PM](#)

LORI WING-HEIER, Director, Division of Insurance, Alaska Department of Commerce, Community, and Economic Development (DCCED), responded that she's not sure whether that continuity of care provision is included in Version B, which includes many consumer protections.

CO-CHAIR SPOHNHOLZ interjected that the continuity of care provision referenced by Representative Kaufman is included in Version B, Sec. 2(b), on page 5, lines 10-16.

[3:39:37 PM](#)

REPRESENTATIVE SNYDER stated she wants to keep close attention on the issue of primary care providers. She offered her appreciation for decreasing the patient panel size which increases the amount of time a provider can spend with an individual patient, but expressed her concern that reducing the provider's patient panel effectively means fewer primary care providers per the population. She related that, according to what she is reading, the patient panels with direct primary care agreements are between one-half and one-third.

MS. WING-HEIER answered that before the committee's next meeting she will pull the number of primary care facilities for providers in Alaska. Regarding patient panels, she surmised Representative Snyder is asking how many patients a doctor would take under a direct primary care agreement. She said it would be subject to what the doctor wanted, but she believes that, in testimony, it was stated that the number is somewhere around 600.

REPRESENTATIVE SNYDER recalled that according to what she is reading the typical target panel size is between 400 and 1,000. She asked what the current panel size is under the present model of care so it can be used for comparison moving forward.

MS. WING-HEIER replied that she would get back with an answer.

[3:41:52 PM](#)

REPRESENTATIVE MCCARTY recalled testimony [on 3/23/22, provided by Dr. Lee Gross of Epiphany Health Direct Primary Care, North Port, Florida], in which [Dr. Gross] stated that this is the only model his clinic does and any patients needing more intense treatment are referred outside his practice. He expressed his concern that Alaska does not have as many physicians as do Florida and other states. He asked whether Ms. Wing-Heier would

have any concerns if providers were to do direct primary care agreements as well as being a preferred provider organization (PPO) with insurance companies under which the provider uses a CPT code for charges, but the provider is doing the exact same services under the direct agreement.

MS. WING-HEIER requested clarification on whether Representative McCarty is asking if the provider is basically double billing because the provider would get the fee under the contract as well as billing the insurance company.

REPRESENTATIVE MCCARTY clarified maybe not double dipping but maybe choosing which is going to pay them the most.

MS. WING-HEIER responded that the doctor or provider will be able to determine what services are going to be offered in the [direct primary care agreement] contract. She posed a scenario in which the provider charges \$100 per month under the agreement and someone wants an MRI or other test that is going to cost more than the annual fee. Such tests, she said, should be outside the direct care agreement because otherwise the facility would go underwater. That will be watched by the division, she continued, and providers will be given the benefit of a doubt that they know how to price for the flus, sore throats, and annual exams that will be covered in these agreements, and that anything of real extensive cost or that takes a specialist will be referred out and/or the insurance company charged.

CO-CHAIR SPOHNHOLZ added that from a consumer protection standpoint the committee must ensure that there is not a situation where folks are gaming the system. She suggested that the committee may therefore need to explore this area further to ensure that consumers don't get hurt along the way.

[3:45:21 PM](#)

REPRESENTATIVE MCCARTY stated he can see clients getting services while providers spend money on billing trying to get paid and perhaps must write off a tremendous amount because they can't go after the patient. Through this [proposed] format, he continued, providers would get paid lots of money upfront and would be responsible for following the contract's format. He said he is concerned about physicians who make money through referrals to a lab they own or a procedure they do and that they may make unnecessary referrals as a "bait and switch operation."

MS. WING-HEIER replied that those are the things any state would have to watch for. However, she noted, attendees at today's Lunch and Learn by Senator Wilson will hear providers talk about how hard it is to recruit and retain physicians and staff overall. Yet [during the bill's previous hearing], speakers said that doctors or providers prefer these types of agreements because they don't become so burned out and they are not trying to chase making money off referrals to labs or other additional tests. Part of [the division's] issue with the cost for health care under the fee-for-service is that the more [a physician] sends [a patient] out, the more the physician can make. It is an antiquated model without a doubt, she said, and this is a new model that has not been tried in Alaska, but it has some merit.

REPRESENTATIVE MCCARTY stated he is not labeling health care people as scoundrels, but he wants to make sure there are provisions in the bill which will make it easy to spot scoundrels if they do show up.

MS. WING-HEIER expressed her agreement and advised that this is going to be trial and error. She said the committee has put in for an annual report to come back to the division and perhaps there will be facts or data that can be tracked to see if there is a concern with the way these are being utilized.

CO-CHAIR SPOHNHOLZ added that the annual report was put in by the committee partly to be able to get some recommendations and prompt feedback from the division. She said it will provide clarity on what is happening, whether retooling is needed to protect Alaskans, and that health care "spend" is not actually growing rather than improving the experience of folks on both ends of the health care relationship.

[3:49:37 PM](#)

CO-CHAIR FIELDS stated he wants to ensure that people do not migrate from a health insurance plan to a direct primary care plan because it is cheaper. He asked whether this has happened in states that have legalized or encouraged direct primary care.

MS. WING-HEIER responded that she has neither heard nor read anything about that. But, she advised, [the division] will watch for that during the first few years as these roll out after the bill's enactment.

CO-CHAIR FIELDS clarified that he supports greater primary care access but wants to ensure [the bill] would not unintentionally encourage a migration away from health insurance.

[3:51:08 PM](#)

REPRESENTATIVE KAUFMAN drew attention to page 5, lines 10-18, and asked whether there might be other language that wouldn't be so prohibitive from someone entering into the agreement as this is presently phrased.

[3:51:52 PM](#)

HEATHER CARPENTER, Health Care Policy Advisor, Department of Health and Social Services (DHSS), answered that she would look at this. She noted that when it comes to Medicaid in this bill it is a little bit more complicated. The stance of the department, she advised, is that it would be cleaner if Medicaid was exempted from direct health care agreements because of concern over audit trails as well as Medicaid is a care of last resort and DHSS must track down any third-party liability before Medicaid can be a payer. In terms of looking at agreements it gets really complicated fast when there are direct health care agreements and consideration for a Medicaid population.

REPRESENTATIVE KAUFMAN said he would like to have a conversation off-line about this. He said his concern is that the committee comes up with something that works, and that nothing is built into it that is an impediment on either side of the arrangement.

[3:53:09 PM](#)

CO-CHAIR SPOHNHOLZ announced that HB 176 was held over.

HB 276-PSYCHOLOGISTS: LICENSING AND PRACTICE

[3:53:27 PM](#)

CO-CHAIR SPOHNHOLZ announced that the final order of business would be HOUSE BILL NO. 276, "An Act relating to licensing of psychologists and psychological associates; and relating to the practice of psychology."

CO-CHAIR SPOHNHOLZ explained that HB 276 is a House Labor and Commerce Standing Committee bill that is being carried by Representative Fields. She explained that work was done with stakeholders to draft a committee substitute (CS), and today's

hearing will get the working document into the public sphere and will allow Legislative Legal Services to draft amendments.

[3:54:04 PM](#)

REPRESENTATIVE SNYDER moved to adopt the proposed CS for HB 276, version 32-LS0963\I, Ambrose, 3/30/22 ("Version I"), as the working document.

[3:54:21 PM](#)

REPRESENTATIVE SNYDER objected for the discussion purpose.

[REPRESENTATIVE KAUFMAN objected.]

[3:54:26 PM](#)

GRACE KUBITZ, Staff, Representative Zack Fields, Alaska State Legislature, introduced the proposed CS for HB 276, Version I, on behalf of the House Labor and Commerce Standing Committee, sponsor. She deferred to Mr. Marvo Reguindin and Dr. Erin Johnson to address the changes that have been made.

[3:55:23 PM](#)

The committee took a brief at-ease.

[3:55:51 PM](#)

CO-CHAIR SPOHNHOLZ invited Mr. Reguindin and Dr. Johnson to provide testimony as representatives of the two leading stakeholder groups working on the proposed CS for HB 276.

[3:57:07 PM](#)

MARVO REGUINDIN, Executive Director, Alaska Psychological Association (APA), as the representative of a stakeholder group, provided testimony regarding the proposed CS for HB 276, Version I. He related that the APA committee working on HB 276 came to agreement on dropping several sections. Subsequently, the association met with the state licensing board to review Section 2, where there was concern that public trust could be violated, and it was agreed to drop Section 2. Part-time licensing was also dropped, he continued, because the time to process a part-time license would be the same as a full-time license and there would not be a reduction of fees. Further, monitoring the number of part-time hours would not be possible. He said

Sections 10 and 11 were dropped as well, which included tribal health organizations under a description of what is not included in psychology plus the aspect of what a tribal health organization is. There wasn't enough agreement or reaching out to the tribal health organizations for APA to get clear concise agreement of whether they would be agreeable to that.

[3:59:45 PM](#)

ERIN JOHNSON, PhD, Chair, Alaska Board of Psychologist and Psychological Associate Examiners, as the representative of a stakeholder group, provided testimony regarding the proposed CS for HB 276, Version I. She stated that all board members met with Mr. Reguindin on 3/18/[2022] and voted to approve the bill with edits. She said [Version I] appears to have all the edits included.

[4:00:29 PM](#)

MS. KUBITZ reviewed the changes from the original bill [Version A] to Version I. She explained that in Section 2 [page 2, lines 18-20 of the original bill] language was deleted which stated, "completed at least 3,000 hours of supervised professional experience gained through practicum, internship, or postdoctoral experience approved by the board, or organized through a combination of those". Also deleted on page 2 of the original bill was the language on lines 25-27 which stated, "has submitted an application on a form approved by the board that includes a brief written account of the person's education, qualifications, and work history and proof of the person's competence to practice psychology".

MS. KUBITZ explained that in Section 3 [on page 3, lines 10-11,] of the original bill the words "three" and "recommendation" were deleted and words added so that in Version I [on page 3, lines 4-6], the language reads, "letters of reference, as established in regulations adopted by the board, from professional sources in the field of behavioral health familiar with the applicant's clinical level work of the previous five years."

MS. KUBITZ said Section 4 of the original bill was eliminated, which would have amended the statute by adding a new section that outlined the qualifications required for the board to issue a part-time psychologist license. She further noted that removed from the list of fees under Section 5 of the original bill were "initial part-time license" and "part-time license renewal" since these were deleted in the rest of the bill.

MS. KUBITZ explained that in Section 6 of the original bill [on page 4, line 9], the words "without unreasonable delay" were deleted. In Section 7 of the original bill [on line 17], the words "or part-time" were deleted to conform with the rest of the bill. She said Section 8 of the original bill was deleted, which would have amended AS 08.86 by adding a new section that outlined the board's ability to issue a part-time psychological associate license and the requirements to obtain such a license. Additionally, she continued, in Section 9 of the original bill [on page 5, line 13], the words "or part-time" were deleted to conform with the rest of the bill. Ms. Kubitz stated that Section 10 of the original bill was deleted, which would have amended AS 08.86.180(b) to add a "contractor" of "a tribal organization who is licensed to practice psychology in another state" to the list of psychologists to whom this section would not apply. Further, Section 11 of the original bill was deleted which would have added a new subsection that defined "tribal organization".

[4:03:36 PM](#)

REPRESENTATIVE MCCARTY inquired about Section 7, subsection (a).

MS. KUBITZ replied that she is referring to Version A, Section 7, subsection (a), where the words "or part-time" were deleted.

[4:04:47 PM](#)

The committee took an at-ease from 4:04 p.m. to 4:06 p.m.

[4:06:51 PM](#)

REPRESENTATIVE MCCARTY pointed out that in the original bill the words "or part-time" appear in Section 7(a), [on page 4], lines 17 and 23, and those words are deleted in Version I.

MS. KUBITZ concurred and said this error would be corrected in the summary of changes and the summary would be redistributed to the committee.

[4:07:49 PM](#)

REPRESENTATIVE MCCARTY expressed his appreciation for the effort involved in making these changes because he was not interested in moving the original version of the bill. He observed that Version I, page 1, line 10, would add the words "and a code of

ethics" [to AS 08.86.070]. He submitted that in this profession there is already a code of ethics. He further observed that Version I, page 2, lines 5-6, would add the words "maintain an active membership with a national association of psychology boards." He asked whether "and a code of ethics" is referring to a national code of ethics.

DR. JOHNSON responded that the most widely used code of ethics is the American Psychological Association's (APA's) code of ethics that is adopted in [the Alaska board's] regulations, and [Version I] specifically outlines it in the statutes. She said the "national association of psychology board" is a member organization. Currently, she continued, [the Alaska board] is a member of [the Association of State and Provincial Psychology Boards (ASPPB)], which oversees and supports boards in Canada and all the United States.

REPRESENTATIVE MCCARTY concurred that Alaska should have a code of ethics. He expressed his concern that sometimes a national group of individuals creates a code of ethics that doesn't fit for Alaska. For example, he said, the state was using the code of ethics of an association he was part of, but the association changed its code of ethics to talk about not having any kind of relationship with a patient, which is appropriate. However, the association also applied this to any extended family members, which eliminates a lot of Alaska. A psychologist in a remote area may find himself or herself romantically infatuated with someone who is not his or her patient but who is an extended family member of a patient.

DR. JOHNSON answered that this gives [the Alaska board] the leeway to change the code of ethics to which it would adhere. At this point, she continued, [the Alaska board] believes that APA is appropriate for Alaska as it does not put such a narrow focus on the topic mentioned by Representative McCarty; also [the board] can change the regulation if needed.

[4:11:25 PM](#)

REPRESENTATIVE KAUFMAN drew attention to [Version I], page 2, line 22, which read: "provides the documents specified in (c) of this section." He requested confirmation that the reference is correct.

CO-CHAIR SPOHNHOLZ responded that subsection (c) is located under Section 3.

REPRESENTATIVE KAFUFMAN asked whether, to provide clarity, the reference should state "in (c) of Section 3".

MS. KUBITZ agreed that that is correct and said it would be a good clarification.

[4:12:49 PM](#)

REPRESENTATIVE SNYDER removed her objection to adopting the proposed CS, Version I, as the working document.

REPRESENTATIVE KAUFMAN removed his objection to adopting the proposed CS, Version I, as the working document. There being no further objection, Version I was before the committee.

[4:13:12 PM](#)

DR. JOHNSON, responding to Co-Chair Spohnholz, said she had nothing more to add regarding HB 276.

MR. REGUINDIN, responding to Co-Chair Spohnholz, said he had nothing more to add regarding HB 276.

[4:14:02 PM](#)

CO-CHAIR SPOHNHOLZ opened public testimony on HB 276, then closed it after ascertaining that no one wished to testify.

[HB 276 was held over.]

[4:15:27 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Labor and Commerce Standing Committee meeting was adjourned at 4:15 p.m.