

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 6, 2021

1:40 p.m.

MEMBERS PRESENT

Senator David Wilson, Chair
Senator Shelley Hughes, Vice Chair (via teleconference)
Senator Lora Reinbold
Senator Tom Begich

MEMBERS ABSENT

Senator Mia Costello

COMMITTEE CALENDAR

SENATE BILL NO. 91

"An Act relating to the duties of the commissioner of corrections; relating to the detention of minors; relating to minors subject to adult courts; relating to the placement of minors in adult correctional facilities; and providing for an effective date."

- MOVED CSSB 91(HSS) OUT OF COMMITTEE

SENATE BILL NO. 92

"An Act relating to missing persons under 21 years of age."

- MOVED SB 92 OUT OF COMMITTEE

SENATE BILL NO. 80

"An Act relating to mental health education."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: SB 91

SHORT TITLE: DETENTION OF MINORS

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

02/22/21	(S)	READ THE FIRST TIME - REFERRALS
02/22/21	(S)	HSS, STA

03/09/21 (S) HSS AT 1:30 PM BUTROVICH 205
03/09/21 (S) Heard & Held
03/09/21 (S) MINUTE(HSS)
04/06/21 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 92

SHORT TITLE: MISSING PERSONS UNDER 21 YEARS OLD

SPONSOR(s): RULES BY REQUEST OF THE GOVERNOR

02/22/21 (S) READ THE FIRST TIME - REFERRALS
02/22/21 (S) HSS, STA
03/23/21 (S) HSS AT 1:30 PM BUTROVICH 205
03/23/21 (S) Scheduled but Not Heard
03/30/21 (S) HSS AT 1:30 PM BUTROVICH 205
03/30/21 (S) Heard & Held
03/30/21 (S) MINUTE(HSS)
04/06/21 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 80

SHORT TITLE: PUBLIC SCHOOLS: MENTAL HEALTH EDUCATION

SPONSOR(s): SENATOR(s) GRAY-JACKSON

02/12/21 (S) READ THE FIRST TIME - REFERRALS
02/12/21 (S) EDC, HSS, FIN
03/10/21 (S) EDC AT 9:00 AM BUTROVICH 205
03/10/21 (S) Heard & Held
03/10/21 (S) MINUTE(EDC)
03/19/21 (S) EDC AT 9:00 AM BUTROVICH 205
03/19/21 (S) -- Invited & Public Testimony --
03/22/21 (S) EDC AT 9:00 AM BUTROVICH 205
03/22/21 (S) Moved CSSB 80(EDC) Out of Committee
03/22/21 (S) MINUTE(EDC)
03/24/21 (S) EDC RPT CS 1DP 2NR SAME TITLE
03/24/21 (S) NR: HOLLAND, HUGHES
03/24/21 (S) DP: BEGICH
04/06/21 (S) HSS AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

MATT DAVIDSON, Social Services Program Officer
Division of Juvenile Justice
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Presented the changes in the CS for SB 91.

TRACY DOMPELING Director
Division of Juvenile Justice

Department of Health and Social Services
Fairbanks, Alaska

POSITION STATEMENT: Testified by invitation on SB 91.

SENATOR ELVI GRAY-JACKSON
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Sponsor of SB 80.

DELANEY THIELE, Intern
Senator Elvi Gray-Jackson
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented the sectional analysis for SB 80.

JASON LESARD, Executive Director
National Alliance on Mental Illness (NAMI) Alaska
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 80.

SHIRLEY HOLLOWAY, Ph.D., President
National Alliance on Mental Illness (NAMI) National Board;
Vice President, NAMI Alaska
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 80.

CLAIRE RHYNEER
Mental Health Advocacy through Storytelling (MHATS); and
West High School Senior
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 80.

GABRIEL LAIPENIEKS, MHATS Alumni
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 80.

KATIE BOTZ, representing self
Juneau, Alaska

POSITION STATEMENT: Testified in support of SB 80.

STEWART THOMPSON, representing self
Wasilla, Alaska

POSITION STATEMENT: Testified with concerns about SB 80.

ANNIE MASSEY, representing self
Eagle River, Alaska

POSITION STATEMENT: Testified in opposition to SB 80.

STEVEN PEARCE, Director
Citizen Commission on Human Rights
Seattle, Washington

POSITION STATEMENT: Testified with concerns on SB 80.

ACTION NARRATIVE

[1:40:33 PM](#)

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 1:40 p.m. Present at the call to order were Senators Reinbold, Begich, Hughes via teleconference, and Chair Wilson.

SB 91-DETENTION OF MINORS

[1:41:35 PM](#)

CHAIR WILSON announced the consideration of SENATE BILL NO. 91 "An Act relating to the duties of the commissioner of corrections; relating to the detention of minors; relating to minors subject to adult courts; relating to the placement of minors in adult correctional facilities; and providing for an effective date."

He requested a motion to adopt the work draft committee substitute (CS).

[1:41:45 PM](#)

SENATOR BEGICH moved to adopt the work draft committee substitute(CS) for SB 91, work order 32-GS1576\I, as the working document.

[1:41:58 PM](#)

CHAIR WILSON objected for purposes of discussion.

[1:42:05 PM](#)

At ease

[1:42:45 PM](#)

CHAIR WILSON reconvened the meeting and called on Matt Davidson to explain the changes in the committee substitute.

[1:43:18 PM](#)

MATT DAVIDSON, Social Services Program Officer, Division of Juvenile Justice, Department of Health and Social Services (DHSS), Juneau, Alaska, presented the changes in the CS for SB 91 as making the bill more precise. A summary of changes to the

bill were provided to the committee. The main components changed in the bill start in Section 8.

Section 8 allows the division to hold waived minors in juvenile justice facilities until they reach eighteen years of age. It only deals with waived minors. The processes, which describe the transfer of eighteen-year-olds to the Department of Corrections (DOC), only apply to waived minors. The processes do not apply to delinquent minors who are already a part of the Division of Juvenile Justice (DJJ) system. Delinquent minors can be kept at DJJ facilities longer than age eighteen. The CS created a new definition for waived minors. This definition is just for the delinquency statute in Section 8.

He stated the CS clarifies the expectation that waived minors be held in DJJ facilities until age eighteen and provides provisions for when they might be held in adult correctional facilities. There are only six DJJ detention facilities in the state. When first arrested, delinquent and waived minors may be temporarily held in an adult facility pending law enforcement transport to a DJJ facility.

Waived minors can be held temporarily in an adult lock up, or court holding facility, while they are attending their court proceedings. Coinciding with current practice, part B of Section 8 clarifies that waived minors do not have to be sight and sound separated in an adult court lock up if they are held for less than four hours.

Minors can be held in an adult facility if the department requests the court consider an exception. Considered exceptions include:

- An extended trail for a waived minor in a community without a juvenile justice facility. This is to avoid transferring a minor multiple times to attend trail. This provides the option for a court to allow a minor to be held in an adult facility pending trail. If convicted and the minor is under eighteen, transport will be to a juvenile facility.
- A minor is unsuitable for a DJJ facility, is close to turning eighteen and would be moved to an adult facility within a month or two.
- A minor is extremely difficult to handle and is a danger to the facility, staff and other juveniles.

[1:47:55 PM](#)

He stated the Public Defender Agency requested Section 8 include language allowing public defenders to participate in Section 8 parts C and D. These parts concern process, need and court considerations when an exception for an adult facility is requested.

Another major change in the CS addresses how minors are held pending transport to a juvenile facility. Section 12 emphasizes waived minors are to be transported to juvenile facilities in the same manner as delinquent minors.

He stated that by federal law delinquent minors can be held temporarily in adult facilities pending transport. The rural extension provision allows minors traveling from remote areas to be held longer. Section 17 specifies that law enforcement will transport minors to a juvenile facility or in some cases temporarily to an adult facility.

The final major change was the removal of Section 14. DJJ has strict confidentiality standards for minors. Allowing DOC and the adult court system to provide a waived minor's confidential information, unintentionally extended juvenile justice restrictions to these agencies. Guidance on handling juvenile confidentiality rules was instead placed in the bill.

[1:51:42 PM](#)

SENATOR BEGICH commented that the rural extension provision was put into law in September 1992. Federal reauthorization was stopped until language he provided to Senator Stevens was put into the bill. It benefited many states. Senator Begich asked if the Juvenile Justice and Delinquency Prevent Act is being put at risk.

MR. DAVIDSON answered no. The point of the bill is to comply with federal law.

SENATOR BEGICH questioned whether a waived juvenile must ask for adult legal representation or if it is done by the court.

MR. DAVIDSON deferred to Ms. Dompeling.

[1:53:24 PM](#)

TRACY DOMPELING Director, Division of Juvenile Justice, Fairbanks, Alaska, testified by invitation on SB 91. She offered her belief that a minor tried as an adult is representation by the Public Defender Agency, if court requirements are met. The court would appoint the public defender, if appropriate.

[1:54:03 PM](#)

CHAIR WILSON removed his objection. Finding no further objection, he announced version I was adopted

He asked for SB 91 amendments. Finding none he asked for the will of the committee.

[1:54:31 PM](#)

SENATOR BEGICH moved to report the proposed committee (CS) for SB 91, work order 32-GS1576\I, from committee with individual recommendations and attached fiscal note(s).

CHAIR WILSON found no objection and CSSB 91(HSS) was reported from the Senate Health and Social Services Standing Committee.

[1:54:46 PM](#)

At ease.

SB 92-MISSING PERSONS UNDER 21 YEARS OLD

[1:55:47 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of SENATE BILL NO. 92 "An Act relating to missing persons under 21 years of age."

He stated public testimony was heard on 3/23/21. After discerning there were no amendments, he solicited the will of the committee.

[1:56:24 PM](#)

SENATOR BEGICH moved to report SB 92, work order 32-GS1581\A, from committee with individual recommendations and attached fiscal note(s).

CHAIR WILSON found no objection and SB 92 was reported from the Senate Health and Social Services Standing Committee.

[1:56:34 PM](#)

At ease

SB 80-PUBLIC SCHOOLS: MENTAL HEALTH EDUCATION

[1:58:26 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of SENATE BILL NO. 80 "An Act relating to mental health education."

[CSSB 80(EDC) was before the committee.]

1:58:59 PM

SENATOR ELVI GRAY-JACKSON, Alaska State Legislature, Juneau, Alaska, sponsor of SB 80, read the sponsor statement:

SB 80 amends the existing health education curriculum statute to include mental health curriculum in all K-12 health classrooms to adequately educate students on vital information pertaining to mental health symptoms, resources, and treatment.

Currently, the health curriculum guidelines include prevention and treatment of diseases, learning about good health practices, including diet, exercise, and personal hygiene and bad health habits, such as substance abuse, alcoholism, and patterns of physical abuse. But the guidelines do not address mental health.

Following passage of SB 80, the Alaska State Board of Education and Early Development and the Alaska Department of Education and Early Development (DEED) will develop guidelines for instruction in mental health in consultation with the Alaska Department of Health and Social Services (DHSS) and representatives of national, state, and tribal mental health organizations. Such organizations include, but are not limited to, the National Council for Behavioral Health, Providence Health and Services Alaska, Southcentral Foundation, Anchorage Community Mental Health Services, Inc., North Star Behavioral Health System, and the National Alliance on Mental Health Illness Alaska. The standards will be developed in consultation with counselors, educators, students, administrators, and other mental health organizations to form effective guidelines for school boards, teachers, and students.

After standards have been developed, the Alaska State Board of Education and Early Development and DEED will be responsible for implementation throughout the Alaska school system. As with existing health education curriculum, the DEED, the DHSS, and the Council on Domestic Violence and Sexual Assault will provide technical assistance to school districts in

the development of personal safety curricula. An existing school health education specialist position will assist in coordinating the program statewide.

The State has a responsibility to treat the current mental health crisis in Alaska as a serious public health issue. By creating mental health education standards and encouraging schools to teach a mental health curriculum, SB 80 aims to decrease the stigma surrounding mental illnesses and increase students' knowledge of mental health, encouraging conversation around and understanding of the issue.

[2:01:22 PM](#)

DELANEY THIELE, Intern, Senator Elvi Gray-Jackson, Alaska State Legislature, Juneau, Alaska* presented the sectional analysis for SB 80:

[Original punctuation provided.]

Section 1: This section adds intent language stating it is the intent of the Legislature that the Board of Education and Early Development develop guidelines for instruction in mental health in consultation with representatives of mental health organizations and regional tribal health organizations, including the National Council for Behavioral Health, Providence Health and Services Alaska, Southcentral Foundation, Anchorage Community Mental Health Services, Inc., North Star Behavioral Health System, and the National Alliance on Mental Health Illness Alaska.

Section 2: This section amends AS 14.30.360 by removing the word "physical" when referencing instruction for health education and adding "mental health" to the list of curriculum items each district includes in their health education programs.

Section 3: Amends AS 14.30.360 by clarifying that health guidelines developed by the Board of Education and Early Development must provide standards for instruction in mental health and be developed in consultation with the Department of Health and Social Services and representatives of national and state mental health organizations.

Ms. Thiele added, guidelines for the developmentally appropriate instruction and mental health shall be developed in consultation with the Department of Health and Social Services, regional tribal health organizations and representatives of national and state mental health organizations.

Section 4: Amends the uncodified law of the State of Alaska by adding a new section to read "the state Board of Education and Early Development shall develop the mental health guidelines required by AS 14.30.360(b), as amended by sec. 3 of this Act, within two years after the effective date of this Act.

[2:03:26 PM](#)

SENATOR GRAY-JACKSON showed a short video created last session in support of House Bill 181, "An Act relating to mental health education".

[2:07:35 PM](#)

SENATOR BEGICH commented that staff for the Mental Health and Suicide Prevention Council and the Mental Health Board made recommendations that have been incorporated into the CS.

SENATOR REINBOLD surmised many COVID interventions have had a negative impact on children. The interventions need to be addressed quickly because they are causing problems for children. She is glad that this bill is before the committee.

[2:09:42 PM](#)

SENATOR HUGHES noted that there are support letters from school districts and nonprofit healthcare organizations. She asked if any parents or parent groups sent letters reflecting their desires.

SENATOR GRAY-JACKSON replied she can reach out to the Anchorage School District and superintendent for correspondence from parents.

SENATOR REINBOLD opined that we are social beings who need emotional connection. Masks and social distancing keep this from happening. She requested testifiers weigh in on the impact.

[2:11:30 PM](#)

CHAIR WILSON announced invited testimony.

[2:12:08 PM](#)

JASON LESARD, Executive Director, National Alliance on Mental Illness (NAMI) Alaska, Anchorage, Alaska, Testified by invitation on SB 80. He stated mental health is health. The National Alliance on Mental Illness (NAMI) advocates for mental health education in school curricula because incorporating it has been a struggle. He focused on two data points. First, one in five US adults experience a mental illness. He encouraged contemplation of this statistic. In addition to a student's own mental wellness and selfcare, the bill is about an evidence-based curricula that discusses and demystifies illnesses that affect 20 percent of the adult population.

The next data point was 50 percent of all life-time mental illnesses begin by age 14 and 75 percent by age 24. The onset of mental illness largely happens in the teenage brain. It is critical that curricula be changed to promote early intervention, so students understand mental illness and mental wellness, have the language to talk about it safely and the understanding of how and where to find resources for themselves and others. He stated that this bill addresses mental health topics in an evidence based, proactive and thoughtful way.

[2:15:36 PM](#)

SHIRLEY HOLLOWAY, Ph.D., President, National Alliance on Mental Illness (NAMI) National Board, Vice President, NAMI Alaska, Anchorage, Alaska, stated that she has served on the Alaska State Board of Education and has been a Commissioner for the Alaska Department of Education and Early Development.

She learned about NAMI following the suicide of her mentally ill daughter. NAMI is the nation's largest grassroots mental health organization and helps families build better lives. Its signature programs are evidence-based. She stated that education, early recognition, intervention and prevention are keys to minimizing mental health issues common in youth. Increased understanding of psychiatric diseases decreases stigma and negative peer perception, which increases the likelihood of youth accepting treatment. Early intervention leads to improved outcomes for the state. She stated 70 to 80 percent of children living with mental illness do not receive treatment, which leads to decreased performance in schools. Twenty-two million adolescents ages 12-17 have experienced a major depressive episode; it is estimated 60 percent did not receive treatment.

[2:19:24 PM](#)

DR. HOLLOWAY said the dropout rate for children with severe emotional and mental health issues is twice that of other

students. According to the 2017 Youth Risk Behavioral Health Survey, one in three Alaskan students reported feeling sad or hopeless every day for two weeks; 22.8 percent had seriously considered suicide. This last year, with isolation and associated pandemic issues, significantly more children were seen in emergency rooms with mental health issues. She read the following from the CDC:

Beginning in April 2020, the proportion of children's mental health related ER visits among all pediatric ER visits increased and remained elevated through October. Compared with 2019, the proportion of mental health related visits for children aged 5-11 and 12-17 years increased approximately 24 percent [and] 31 percent respectively.

DR. HOLLOWAY asserted that strengthening the existing Alaska public school health curriculum to include mental health education and awareness will teach students to recognize the warning signs of mental distress and provide them with the language and resources to access help. This legislation expands existing health education requirements to include mental health in all K-12 health classrooms.

DR. HOLLOWAY said that NAMI committees, strive for parental and youth involvement. She is hopeful the Department of Education and Early Development will create a curriculum where parents, youth and people with lived experiences are represented. In this challenging time, it is important to act, address mental health and provide guidance to those impacted. There is no physical health without mental health.

[2:22:02 PM](#)

SENATOR REINBOLD thanked Ms. Holloway for the heartfelt testimony. She admires those who turn difficult situations into positive help for others.

[2:22:27 PM](#)

CLAIRE RHYNEER, Mental Health Advocacy through Storytelling (MHATS); and as a West High School Senior, Anchorage, Alaska, shared that in seventh grade she was depressed and self-harming. Confused about her behavior, she turned to Google for answers. In hindsight, she is terrified to realize she was physically harming herself but uncertain if she needed help. She is aware of close friends who also experienced suicidal ideation. They too filled the gap of mental health education with scrappy online resources. In 2019 twenty percent of Anchorage School District

(ASD) students reported attempting suicide one or more times. HB 80 will teach youth how to recognize symptoms of mental illness and how to proceed. She does not wish her 7th grade experience on anyone. The best way to achieve this is education. Do not be satisfied with Google "university." She asked that HB 80 be passed so students avoid her experience.

[2:24:39 PM](#)

SENATOR REINBOLD commented that legislators are listening and thanked her for speaking up.

[2:25:08 PM](#)

GABRIEL LAIPENIEKS, MHATS Alumni, Anchorage, Alaska, testified by invitation on SB 80. She stated she was a member of MHAT and graduated from West High School in 2020. In middle school she struggled with an episode of depression. She feels that had she received education that destigmatized mental illness she would not have been as scared and would have gotten help sooner. Proportionally, Alaska has higher rates of mental illness and suicide. She feels fortunate to have been taught coping skills through MHATS and other avenues. These skills assisted her in successfully completing her first year of college when, as a result of the pandemic, social interactions were limited. A lot of students don't have this knowledge, SB 80 can help.

[2:27:55 PM](#)

SENATOR BEGICH disclosed a potential conflict; Ms. Laipeniaks received a scholarship he provides through the Nick Begich Scholarship Intern Fund.

[2:28:26 PM](#)

SENATOR HUGHES stated she knows many students struggle and does not deny that mental health is an important matter. She also knows there are supersensitive subjects, like sex education, where parents can choose if their child participates. Mental health issues can be triggered by supersensitive issues such as abuse, teen pregnancy or sexual identity. She referenced Bree's Law as an example. She stated she would like to see an amendment to the bill allowing parents to review the curriculum and choose if their child participates.

[2:30:43 PM](#)

SENATOR GRAY-JACKSON acknowledged it will be considered and discussed with the Anchorage School District.

[2:31:10 PM](#)

CHAIR WILSON opened public testimony on SB 80.

[2:31:29 PM](#)

STEWART THOMPSON, representing self, Wasilla, Alaska, testified with concerns about SB 80. He stated he understands the bill attempts to improve mental health in Alaska through public school education. He cautioned against establishing mental health instructional guidelines based on fads such as: critical race theory, gender identity, protest resolution guesses, sloppy diagnoses of ADHD, popularizing psychotropic drugging to suppress still incomprehensible mental conditions, and mind-controlled teaching of ethics. He stated an educated person can reason, an indoctrinated person cannot. He encouraged the inclusion of diverse professionals, the employment of the checks and balance theory and openly verifiable assessments to create effective education guidelines. He added legislators should periodically hold open public hearings concerning the promulgated guidelines to confirm continued use. In this way guidelines can be created and advanced scientifically, rather than through consensus of fallacious experts and lobbyists.

[2:34:44 PM](#)

KATIE BOTZ, representing self, Juneau, Alaska, testified in support of SB 80. She stated she is a school bus driver who was diagnosed with a mental illness three years ago. She knows the hardship children and adults face without adequate mental health advocacy. COVID-19 isolation made the past year difficult. As a bus driver, it was painful knowing students did not get needed socialization. She attests, mental health is a factor of overall health, as every night depression and suicidal thoughts attack her ability to sleep. Fighting suicidal thoughts is hard at any age. She requested legislators make mental health a priority so people who struggle can be their best and fully participate in society.

[2:39:18 PM](#)

At ease

[2:39:02 PM](#)

CHAIR WILSON reconvened the meeting.

[2:40:56 PM](#)

ANNIE MASSEY, representing self, Eagle River, Alaska, testified in opposition to SB 80. She opined that the number one way to help students' mental health is to keep schools open. She feels school districts ignored sound data regarding the safety of attending school. Two, when making decisions about mental health in schools, remember institutions are there for education.

Students are not learning because multiple subjects are being brought into the education realm that don't belong. If a person needs mental health assistance, they should be redirected to existing mental health agencies. She asked that parent rights be protected. Parents possess the right to give access to and treatment for the mental health of their children. If enacted, there should be an opt-out or election-only option for curriculum participation. As this crisis is temporary due to COVID, there should be a stop date. Parents should have the option to review all materials and privacy must be protected.

[2:44:54 PM](#)

STEVEN PEARCE, Director, Citizen Commission on Human Rights, Seattle, Washington, testified with concerns about SB 80. He stated the intent to improve mental health education must focus on improving youth health. From the "National Health Education Standards," *CDC Healthy Schools* publication, he read standard three, "Students will demonstrate the ability to access valid information, products and services to enhance health." He asked what information, products and services will training materials present as valid.

He referenced Dr. Allen Frances, chair of The Diagnostic and Statistical Manual of Mental Disorders (DSM) task force. He stated that Dr. Frances sees problems with the current diagnoses and labeling of children, as evidenced in the following quote:

In the past 20 years the diagnoses rates of Attention Deficient and Hyperactivity Disorder have tripled while Autistic Disorder and Child Bipolar Disorder have each increased by a remarkable 40-fold. This is not because our kids have suddenly become sicker, it's just diagnoses are applied to them more loosely. It is a mass public health experiment that has been done without anyone's informed consent. We have no idea about the long term affects. Being wrongly told you have mental health problem at a young age can have a crippling affect for life.

Mr. Pearce contended that there is a lot of information being ascribed to mental health, with the supposition that the way to manage mental illness is through public mental health systems or psychotropic drugs. Psychiatry is turning behavior into a disease. Dr. Mary Ann Block, an osteopathic doctor and author, said:

The majority of her patients who have been prescribed psychiatric drugs did not have a psychiatric disorder. Normal life experiences or underlying medical problems actually lie at the heart of their symptoms.

Mr. Pearce noted that he provided the committee emailed testimony showing medical and underlying causes for mental health issues. It also contains alternative ways to handle mental health, that psychiatry never shares. He stated that parents should be made aware of these trainings, which can be done remotely and independently.

The integrity of informed consent should be preserved by teaching the pros and cons of psychiatric and behavioral treatments. Students do not often understand the risks of missing doses, dosage abuse, addiction, withdrawal and multiple side effects that psychiatric drugs pose. He offered his belief that it is a gamble to teach kids that behavior be treated with drugs. It teaches them that behavior is disease and pills solve problems. Having the bill specify non-drug approaches would benefit consumers and citizens.

[2:48:49 PM](#)

CHAIR WILSON closed public testimony on SB 80.

[2:49:07 PM](#)

SENATOR BEGICH stated he wants to clarify the bill does not impose curriculum. The Board of Education and Early Development will develop guidelines for instruction in mental health, in consultation with numerous entities, within two years. It encourages rather than mandates guidelines be adopted. The bill adds mental health to the health education program for curriculum development under existing guidelines. He requested the recommendations from testifiers provided to the committee be recorded and passed on to the department for consideration. Suicide rates have been a tragedy in Alaska for a long time. The ability to address it comes with understanding and comprehension of mental health.

CHAIR WILSON asked Senator Gray-Jackson for any closing comments.

[2:50:50 PM](#)

SENATOR GRAY-JACKSON said she appreciated the committee hearing her bill and Senator Begich's comments about exactly what the bill does.

[CHAIR WILSON held SB 80 in committee.]

2:51:35 PM

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 2:51 p.m.