

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

March 8, 2022

1:32 p.m.

**MEMBERS PRESENT**

Senator David Wilson, Chair  
Senator Shelley Hughes, Vice Chair  
Senator Lora Reinbold  
Senator Tom Begich

**MEMBERS ABSENT**

Senator Mia Costello

**COMMITTEE CALENDAR**

HOUSE CONCURRENT RESOLUTION NO. 10  
Proclaiming February 2022 as American Heart Month.

- HEARD & HELD

SENATE BILL NO. 156  
"An Act relating to COVID-19 immunization rights; and relating to objection to the administration of a COVID-19 vaccine."

- MOVED CSSB 156(HSS) OUT OF COMMITTEE

SENATE BILL NO. 124  
"An Act relating to admission to and detention at a subacute mental health facility; establishing a definition for 'subacute mental health facility'; establishing a definition for 'crisis residential center'; relating to the definitions for 'crisis stabilization center'; relating to the administration of psychotropic medication in a crisis situation; relating to licensed facilities; and providing for an effective date."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: HCR 10  
SHORT TITLE: AMERICAN HEART MONTH  
SPONSOR(S): REPRESENTATIVE(S) GILLHAM

02/09/22 (H) READ THE FIRST TIME - REFERRALS  
02/09/22 (H) RLS  
02/16/22 (H) TRANSMITTED TO (S)  
02/16/22 (H) VERSION: HCR 10  
02/22/22 (S) READ THE FIRST TIME - REFERRALS  
02/22/22 (S) HSS  
03/08/22 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 156

SHORT TITLE: PROHIBIT COVID-19 VACCINE DISCRIMINATION  
SPONSOR(s): SENATOR(s) REINBOLD

01/18/22 (S) PREFILE RELEASED 1/7/22  
01/18/22 (S) READ THE FIRST TIME - REFERRALS  
01/18/22 (S) STA, HSS  
02/03/22 (S) STA AT 3:30 PM BUTROVICH 205  
02/03/22 (S) Heard & Held  
02/03/22 (S) MINUTE(STA)  
02/08/22 (S) STA AT 3:30 PM BUTROVICH 205  
02/08/22 (S) Heard & Held  
02/08/22 (S) MINUTE(STA)  
02/10/22 (S) STA AT 3:30 PM BUTROVICH 205  
02/10/22 (S) Moved SB 156 Out of Committee  
02/10/22 (S) MINUTE(STA)  
02/11/22 (S) STA RPT 2DP 1AM  
02/11/22 (S) DP: SHOWER, REINBOLD  
02/11/22 (S) AM: HOLLAND  
03/01/22 (S) HSS AT 1:30 PM BUTROVICH 205  
03/01/22 (S) Heard & Held  
03/01/22 (S) MINUTE(HSS)  
03/08/22 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 124

SHORT TITLE: MENTAL HEALTH FACILITIES & MEDS  
SPONSOR(s): RULES BY REQUEST OF THE GOVERNOR

04/12/21 (S) READ THE FIRST TIME - REFERRALS  
04/12/21 (S) HSS, FIN  
04/27/21 (S) HSS AT 1:30 PM BUTROVICH 205  
04/27/21 (S) Heard & Held  
04/27/21 (S) MINUTE(HSS)  
04/29/21 (S) HSS AT 1:30 PM BUTROVICH 205  
04/29/21 (S) -- MEETING CANCELED --  
05/04/21 (S) HSS AT 1:30 PM BUTROVICH 205  
05/04/21 (S) Heard & Held  
05/04/21 (S) MINUTE(HSS)  
05/05/21 (S) JUD REFERRAL ADDED AFTER HSS

05/06/21 (S) HSS AT 1:30 PM BUTROVICH 205  
05/06/21 (S) <Bill Hearing Canceled>  
03/08/22 (S) HSS AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

REPRESENTATIVE RON GILLHAM  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Sponsor of HCR 10.

EDRA MORLEDGE, Staff  
Representative Ronald Gillham  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions on HCR 10.

JAMIE MORGAN, Government Relations Director  
Western States Region  
American Heart Association  
Sacramento, California

**POSITION STATEMENT:** Testified by invitation on HCR 10.

ED MARTIN, representing self  
Kenai, Alaska

**POSITION STATEMENT:** Testified during the hearing on HCR 10 and spoke off-topic.

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

**POSITION STATEMENT:** Answered questions during the hearing on SB 156.

STEPHEN WILLIAMS, Chief Executive Officer  
Alaska Mental Health Trust Authority  
Anchorage, Alaska

**POSITION STATEMENT:** Provided an overview of SB 124 and answered questions.

HEATHER CARPENTER, Health Care Policy Advisor  
Office of the Commissioner  
Department of Health and Social Services (DHSS)  
Juneau, Alaska

**POSITION STATEMENT:** Provided background information on SB 124.

JAMES COCKRELL, Commissioner  
Department of Public Safety  
Anchorage, Alaska

**POSITION STATEMENT:** Provided invited testimony on SB 124.

MARK REGAN, Legal Director  
Disability Law Center of Alaska  
Anchorage, Alaska

**POSITION STATEMENT:** Provided invited testimony on SB 124.

ALBERT WALL, Deputy Commissioner  
Department of Health and Social Services (DHSS)  
Juneau, Alaska

**POSITION STATEMENT:** Answered questions during the hearing on SB 124.

#### **ACTION NARRATIVE**

[1:32:23 PM](#)

**CHAIR DAVID WILSON** called the Senate Health and Social Services Standing Committee meeting to order at 1:32 p.m. Present at the call to order were Senators Reinbold, Begich, Hughes, and Chair Wilson.

#### **HCR 10-AMERICAN HEART MONTH**

[1:33:15 PM](#)

**CHAIR WILSON** announced the consideration of HOUSE CONCURRENT RESOLUTION NO. 10 Proclaiming February 2022 as American Heart Month.

[1:33:30 PM](#)

**REPRESENTATIVE RON GILLHAM**, Alaska State Legislature, Juneau, Alaska, sponsor of HCR 10, stated that he became interested in promoting American Heart Month because he had a heart attack on January 26, 2022. He recalled his medical providers lamenting that the public lacked information about cardiovascular disease and preventative measures despite 690,000 deaths per year being attributed to heart-related issues. He said most heart issues are due to lifestyle choices, but 33 percent are due to genetics. He explained that calcium scoring is a diagnostic test that can prevent a heart attack.

[1:36:40 PM](#)

**SENATOR BEGICH** said he was glad Mr. Gillham survived.

[1:36:56 PM](#)

SENATOR HUGHES pointed out that the calcium scoring test doesn't prevent a heart attack because it is a diagnostic test. She asked whether doctors could prescribe medication if they identified a problem.

[1:37:35 PM](#)

REPRESENTATIVE GILHAM stated that calcium scoring is similar to an ultrasound. He explained that a routine exam could have shown that he had a blocked artery, but it may not have indicated he was prone to a heart attack. However, it would have been a better indicator if he had undergone calcium scoring. He related that the higher the score, the more likely the person was to have a heart attack. He said the calcium scoring diagnosis could help prevent a heart attack. He stated his goal was to help prevent others from having heart attacks.

[1:38:38 PM](#)

SENATOR HUGHES asked if this was the first year this resolution was introduced.

[1:38:57 PM](#)

EDRA MORLEDGE, Staff, Representative Ronald Gillham, Alaska State Legislature, Juneau, Alaska, related that the legislature passed a similar resolution in 2012.

[1:39:16 PM](#)

CHAIR WILSON turned to invited testimony.

[1:40:45 PM](#)

JAMIE MORGAN, Government Relations Director, Western States Region, American Heart Association (AHA), Sacramento, California, began invited testimony on HCR 10. She stated that cardiovascular disease is the world's leading cause of preventable death. She said cardiovascular disease affects men, women, and children of every age and race in the United States.

MS. MORGAN reported that deaths from heart disease increased by 4.8 percent from 2019-2020, which was the largest increase in heart disease deaths since 2012. She related that stroke deaths increased by 50 percent during that same timeframe. Cardiovascular disease continues to be the leading cause of death in the US, exacting a financial toll. Direct and indirect costs of cardiovascular disease was \$378 billion from 2017-2018.

[1:40:53 PM](#)

MS. MORGAN related that the US had made great progress in reducing the death rate, but it has been more modest concerning

cardiovascular disease in women and minorities. Furthermore, cardiovascular diseases are the number one killer of women in the US, killing more than all forms of cancer combined, and the leading cause of maternal death in the US. She said heart disease is the number one killer of new moms.

MS. MORGAN stated that AHA believes that the research is clear that community-based and preventative-based strategies can increase survival rates from cardiovascular disease. AHA feels that thousands of lives could be saved by raising awareness, speaking out about heart disease, and empowering others to reduce their risk for cardiovascular disease. She urged members to support HCR 10.

[1:42:02 PM](#)

At ease

[1:43:00 PM](#)

CHAIR WILSON reconvened the meeting and opened public testimony.

[1:43:27 PM](#)

ED MARTIN, representing self, Kenai, Alaska, stated he has resided in Alaska for 56 years and had his first heart attack in his late 40s and a second one years later. He said he has six stents in his heart, and he currently has a blocked carotid artery. The remainder of his testimony was off-topic.

CHAIR WILSON noted that written testimony could be submitted to the committee at [shss@akleg.gov](mailto:shss@akleg.gov).

[1:45:52 PM](#)

CHAIR WILSON, after first determining no one else wished to testify, closed public testimony on HCR 10.

[1:46:02 PM](#)

REPRESENTATIVE GILHAM said he had considered introducing a bill but decided to introduce a resolution each year to raise awareness.

[1:46:40 PM](#)

CHAIR WILSON held HCR 10 in committee.

[1:46:54 PM](#)

At ease

**SB 156-PROHIBIT COVID-19 VACCINE DISCRIMINATION**

[1:49:00 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of SENATE BILL NO. 156 "An Act relating to COVID-19 immunization rights; and relating to objection to the administration of a COVID-19 vaccine."

CHAIR WILSON solicited amendments.

[1:49:20 PM](#)

SENATOR REINBOLD moved to adopt Amendment 1, work order 32-LS1352\I.7.

32-LS1352\I.7  
Dunmire/Foote  
3/4/22

**AMENDMENT 1**

OFFERED IN THE SENATE

BY SENATOR REINBOLD

Page 1, line 1:  
Delete "**and**"

Page 1, line 2, following "**vaccine**":  
Insert "**; and providing for an effective date**"

Page 2, following line 30:  
Insert a new bill section to read:  
"**\* Sec. 2.** This Act takes effect immediately under AS 01.10.070(c)."

[1:49:23 PM](#)

CHAIR WILSON objected for discussion purposes.

[1:49:25 PM](#)

SENATOR REINBOLD explained that Amendment 1 would insert an immediate effective date. She related that, in her experience, sometimes bills were delayed because they lacked sufficient votes on the Senate floor to adopt the effective date clause.

[1:49:43 PM](#)

SENATOR BEGICH stated that adding an effective date to this bill could delay it if the Senate did not have a two-thirds vote to adopt the effective date clause.

[1:50:05 PM](#)

At ease

[1:50:39 PM](#)

CHAIR WILSON reconvened the meeting.

[1:50:46 PM](#)

SENATOR BEGICH stated his question was whether Amendment 1 was to add an effective date to the bill that would require 14 votes for the effective date clause to pass the Senate. He advised that if the bill does not have an effective date, it will default to becoming effective 90 days after passage.

[1:51:033 PM](#)

SENATOR REINBOLD stated she intended to add an immediate effective date in SB 156 because the unvaccinated were being discriminated against.

[1:51:26 PM](#)

CHAIR WILSON removed his objection; he found no further objection, and Amendment 1 was adopted.

[1:51:38 PM](#)

SENATOR REINBOLD moved to adopt Amendment 2, work order 32-LS1352\I.8.

32-LS1352\I.8  
Dunmire/Foote  
3/4/22

## AMENDMENT 2

OFFERED IN THE SENATE

BY SENATOR REINBOLD

Page 1, line 1:

Delete "**and**"

Page 1, line 2, following "**vaccine**":

Insert "**; and relating to COVID-19 vaccination status and eligibility for health care insurance**"

Page 2, following line 30:

Insert a new bill section to read:

"\* **Sec. 2.** AS 21.54.100(a) is amended to read:

(a) A health care insurer that offers, issues for delivery, delivers, or renews a health care

insurance plan in the group market may not establish rules for eligibility, including continued eligibility and waiting periods under the plan, for an individual or dependent of an individual based on

(1) health status;  
(2) medical condition, including physical and mental illnesses;

(3) claims experience;  
(4) receipt of health care;  
(5) medical history;  
(6) genetic information;  
(7) evidence of insurability, including conditions arising from acts of domestic violence;  
[OR]

(8) disability; or  
**(9) the individual's COVID-19 vaccination status; in this paragraph, "COVID-19" has the meaning given in AS 18.09.290."**

[1:51:40 PM](#)

CHAIR WILSON objected for discussion purposes.

[1:50:41 PM](#)

SENATOR REINBOLD stated that members received 500 emails on SB 156, noting that several constituents requested adding eligibility for health care insurance. She explained that Amendment 2 would say that insurance could not deny a claim based on vaccine status.

[1:52:27 PM](#)

SENATOR BEGICH pointed out that her concern was already covered under current law. He referred to page 1, lines 15-19 of Amendment 1, to AS 21.54.100(a)(1)-(5). He stated that health status, medical condition, including physical and mental illnesses, claims experience, receipt of health care, and medical history cannot be used as reasons. Further, the Affordable Care Act (ACA) also prohibits pre-existing conditions. He said he would not oppose Amendment 2 but wanted to point out that in his discussions with the Division of Insurance and in reading the statutes, adding paragraph (9) would add redundancy.

[1:54:06 PM](#)

SENATOR HUGHES asked if Title 21 relates to insurance, so adding this language to the statute would clarify that COVID-19 vaccination status cannot be discriminated against.

[1:54:26 PM](#)

LORI WING-HEIER, Director, Division of Insurance, Department of Commerce, Community and Economic Development (DCCED), Anchorage, Alaska, responded that Title 21 relates to the insurance code. She agreed with Senator Begich that a health care insurer could not ask any questions related to pre-existing conditions. Thus, a health care insurer cannot ask if someone has received polio, shingles, or pneumonia vaccines.

SENATOR BEGICH said it might not be necessary to add the language.

[1:55:02 PM](#)

SENATOR REINBOLD asked if Amendment 2 would complement current statute.

MS. WING-HEIER replied that Amendment 2 would likely create confusion because people may wonder about the intent. The current statute does not need to be complemented because it is already addressed in the five paragraphs.

SENATOR REINBOLD offered her belief that discrimination regarding COVID-19 vaccination status was occurring nationwide. She offered her view that insurance claims were being denied for vaccinations and for those who were unvaccinated.

[1:56:13 PM](#)

SENATOR HUGHES asked whether federal and state laws prohibit insurers from asking about vaccination status or pre-existing conditions.

[1:56:34 PM](#)

MS. WING-HEIER replied that it was based on federal law, but state law mimics federal law as much as possible.

[1:56:47 PM](#)

CHAIR WILSON removed his objection; he found no further objection, and Amendment 2 was adopted.

[1:56:58 PM](#)

SENATOR BEGICH moved to adopt Amendment 3, work order 32-LS1352\I.6.

32-LS1352\I.6  
Foote  
3/3/22

**AMENDMENT 3**

OFFERED IN THE SENATE

BY SENATOR BEGICH

Page 1, following line 3:

Insert a new bill section to read:

**"\* Section 1.** The uncodified law of the State of Alaska is amended by adding a new section to read:

LEGISLATIVE INTENT. It is the intent of the legislature that every person should have the right to choose their own medical interventions because art. I, sec. 22, of the Constitution of the State of Alaska protects a person's right to privacy."

Page 1, line 4:

Delete "**Section 1**"

Insert "**Sec. 2**"

[1:57:00 PM](#)

CHAIR WILSON objected for discussion purposes.

[1:57:02 PM](#)

SENATOR BEGICH stated that numerous arguments had been made in committee and on the floor about tying legislation to a person's autonomy and right to make medical decisions. He explained that Amendment 3 would add legislative intent that every person has the right to choose their medical intervention and a right to privacy.

[1:57:57 PM](#)

SENATOR REINBOLD asked for assurance that Amendment 3 did not eliminate Section 1.

SENATOR BEGICH answered that Amendment 3 does not delete any language in the bill, but the sections are renumbered.

[1:58:52 PM](#)

CHAIR WILSON removed his objection; he found no further objection, and Amendment 3 was adopted.

SENATOR REINBOLD stated that SB 156 would provide for individual choice without discrimination based on COVID-19 vaccination status. She said it would prohibit immunity passports. She expressed concern that a hostess at a restaurant would ask for a vaccination card.

[2:01:28 PM](#)

CHAIR WILSON solicited the will of the committee.

[2:01:34 PM](#)

SENATOR HUGHES moved to report SB 156, work order 32-LS1342\I, as amended, from committee with individual recommendations and attached Statement of zero fiscal impact.

CHAIR WILSON found no objection and CSSB 156(HSS) was reported from the Senate Health and Social Services Standing Committee.

[2:01:57 PM](#)

At ease

**SB 124-MENTAL HEALTH FACILITIES & MEDS**

[2:05:05 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of SENATE BILL NO. 124 "An Act relating to admission to and detention at a subacute mental health facility; establishing a definition for 'subacute mental health facility'; establishing a definition for 'crisis residential center'; relating to the definitions for 'crisis stabilization center'; relating to the administration of psychotropic medication in a crisis situation; relating to licensed facilities; and providing for an effective date."

[2:05:52 PM](#)

CHAIR WILSON solicited a motion.

[2:05:55 PM](#)

SENATOR HUGHES moved to adopt the committee substitute (CS) for SB 124, work order 32-GS1730\B, as the working document.

[2:06:07 PM](#)

CHAIR WILSON objected for purposes of discussion.

[2:06:25 PM](#)

STEPHEN WILLIAMS, Chief Executive Officer, Alaska Mental Health Trust Authority, Anchorage, Alaska, offered to provide a brief overview of SB 124. He said he would cover the components of the Crisis Now model. The state would like to implement this model in many communities throughout the state to address Alaskans experiencing a behavioral health crisis more appropriately. This bill would relieve the first responders, such as law enforcement and emergency medical technicians (EMT), from the current

default response. He envisioned that the Crisis Now model would allow for early intervention by mental health professionals to assist Alaskans experiencing a mental health crisis. Currently, if an Alaskan facing a behavioral health crisis calls 911, law enforcement or EMTs would respond. While that response is good, those professionals are not trained for or have the necessary tools to address someone in a behavioral health crisis.

MR. WILLIAM explained that the goal is to provide the person in crisis with the appropriate care by the appropriate professionals to address the situation, keeping the person and others safe. He elaborated that taking someone into care is currently limited to the designated evaluation treatment facilities in Anchorage, Mat-Su, Fairbanks, and Juneau. However, when beds in those facilities are full, the only other option is to transport the person to a hospital emergency room or a correctional facility. Neither of those settings is appropriate for someone experiencing a behavioral health crisis, and neither is designed to address the individual and their mental health needs.

[2:08:41 PM](#)

MR. WILLIAMS stated that SB 124 would use the framework of the Crisis Now model that has demonstrated success in other states. That model would consist of a crisis call center, a mobile crisis team that includes a mental health professional, and a trained peer, such as someone in recovery or someone who had experienced a behavioral health crisis. It would establish a 23-hour 59-minute crisis stabilization center that law enforcement, EMTs, and a mobile crisis team will accept as the appropriate facility to transport a person facing a behavioral health crisis. The 23-hour 59-minute crisis stabilization center would accept the individuals and place them under their care, relieving the entity from dropping them off to resume their traditional duties. He related that it would create a short-term crisis residential center that would allow someone to receive a longer period of care if needed, up to 7 days, and receive the services and support needed to return to their community. He summarized that SB 124 would effectuate the various pieces of the model, so the behavioral health crisis system of care provides a full continuum of services to provide early intervention in the least restrictive manner.

[2:10:36 PM](#)

HEATHER CARPENTER, Health Care Policy Advisor, Office of the Commissioner, Department of Health and Social Services (DHSS), Juneau, Alaska, reminded members about the work done last year

on SB 124. She explained that SB 124 builds on the 1115 behavioral health waiver that sets up a Medicaid payment structure for these services, by instituting a mobile crisis team, a crisis stabilization center, and a crisis residential center. She highlighted that the bulk of care when someone needs mental health services is voluntary, just as the current care provides.

[2:11:06 PM](#)

MS. CARPENTER said unfortunately, when a situation arises, such as when a person with "grave disability" as defined in statute, poses imminent harm to themselves or others, law enforcement and other providers must be able to act appropriately to ensure that person can receive care. She indicated that was the reason for a narrow change to the state's involuntary commitment statutes, which are used very heavily today. She indicated that this bill comes from the Department of Health and Social Services settlement with the Disability Law Center. She explained that the department and state were sued in late 2018 due to some individuals being held in correctional facilities while experiencing mental health crises because the Alaska Psychiatric Institute or other locations lacked room. The judge in that case ordered the department to do more than increase its beds at API.

[2:12:11 PM](#)

MS. CARPENTER reviewed some key takeaways on SB 124. She said the bill would create a no-wrong door approach to providing medical care to a person in a psychiatric crisis. This means that if a police officer were to drop someone off at a crisis stabilization center or crisis residential center, those facilities would act as emergency facilities because they would not turn someone away. SB 124 would provide law enforcement with additional tools to protect public safety. It would also expand the number of facilities allowed to conduct a 72-hour evaluation, which is required by statute if someone is held on an ex parte hold. It would add less restrictive levels of care outside of inpatient hospital settings. These facilities could act faster and provide a more appropriate response to a crisis, expanding the number of first responders that can transport a person in crisis to an appropriate facility.

[2:13:10 PM](#)

MS. CARPENTER stated that the bill would not change an officer's authority or ability to make an arrest. It does not change who has the current statutory authority to administer crisis medication, who can order an involuntary commitment, or reduce the individual rights of an adult or juvenile in crisis or

parental rights, or the existing due process rights of an individual in crisis.

MS. CARPENTER highlighted some key improvements that were made in the committee substitute (CS) for SB 124. She stated that new language would define a "health officer" in Section 22 because the definition of "peace officer" was changed to reflect the definition as given elsewhere in statute. She related that it would also change the length of stay at a crisis residential center from "up to 5 days" to "up to 7 days."

[2:14:18 PM](#)

At ease

[2:14:28 PM](#)

CHAIR WILSON reconvened the meeting.

[2:14:29 PM](#)

MS. CARPENTER explained that it increases the stay in a crisis residential center in recognition of adding provisions for protecting patient rights. One of the key things the department worked on during the interim was to obtain feedback from patient advocates and from the Disability Law Center and the court. The 72-hour clock must start when a person enters a crisis stabilization center, the 23-hour, 59-minute center, or a crisis residential center, whichever is entered first. That change mirrors precisely how the system works today when someone goes on an ex parte hold to API, a hospital, or Designated Evaluation and Treatment (DET) facilities. The bill will also ensure that an attorney is appointed immediately. Based on feedback from the legislature, she noted that one key change was to add a requirement that guardians are notified of any hearings. The Alaska Court System (ACS) will notify them. She related that there are more private guardians than public guardians in the state. One provision added in Section 26 would direct the department and the Alaska Mental Health Trust Authority (AMHTA) to work together and submit a report and recommendations called an action plan for patient rights. It would include patient grievance and appeal policies, data collection on patient grievances, appeals and resolution, and patient reports of harm, restraint, and resolution.

MS. CARPENTER offered to provide a detailed sectional analysis.

[2:16:22 PM](#)

CHAIR WILSON stated that in the interest of time, the committee would forgo a detailed sectional analysis of SB 124 and move to invited testimony.

2:17:12 PM

CHAIR WILSON opened invited testimony on SB 124.

2:17:26 PM

JAMES COCKRELL, Commissioner, Department of Public Safety, Anchorage, Alaska, began invited testimony on SB 124. He emphasized his view that the state needs to provide more mental health services. He clarified that this was his personal view, not the department's opinion, based on his law enforcement experience and a relative that suffered a mental health breakdown. He said his relative spent 81 days in a state correctional facility when they should have been in a mental health facility. While he said he did not fault the officer for making the arrest, the state needs to keep mental health patients out of jail and in professional mental health facilities.

COMMISSIONER COCKRELL paraphrased prepared remarks. He spoke in support of SB 124. He stated that the Department of Public Safety supports sub-acute mental health facilities for people experiencing mental health crises. The department views law enforcement responses to mental health calls as a serious priority. Troopers often respond to incidents where people are experiencing suicidal thoughts, manic or delusional episodes, depression, or due to drugs or alcohol. The person is not safe and poses a risk to themselves or others.

COMMISSIONER COCKRELL related that law enforcement officers often must choose between taking the person to the hospital or to jail, when neither seems appropriate, creating tension between their duty to serve and their duty to protect. Troopers may investigate a crime and discover that the subject needs immediate assistance. This provides the type of situation in which a crisis stabilization center can offer an alternative to placing the person having a behavioral health crisis in jail, providing full scale medical services, or simply leaving them alone to suffer. Currently, if troopers have a Title 47 hold in Mat-Su, they will transport the person to the Mat-Su Regional Hospital emergency room.

COMMISSIONER COCKRELL indicated that first responders spend excessive time waiting to transfer those experiencing mental health crises from emergency holding facilities. Although this

experience is difficult and frustrating, it is a common experience for many Alaska State Troopers throughout the state. Often, an officer must seek care for an individual in crisis. Even though that person has not committed a crime, officers must keep them in custody, usually handcuffed in the back of a law enforcement vehicle. In his personal experience, the trooper would transport the person from the Mat-Su to Anchorage only to discover that the Alaska Psychiatric Institute (API) is full, which means they must drive them back to the Mat-Su.

COMMISSIONER COCKRELL recalled that it was not uncommon for troopers to spend their entire shift trying to find a suitable place to leave a person in crisis. He offered his view that it is not fair to the person in crisis and prevents troopers from performing other important public safety duties.

[2:21:16 PM](#)

COMMISSIONER COCKRELL said the bill would create an additional option for individuals in crisis by promptly connecting them to the appropriate care needed. Under the bill, law enforcement could take individuals experiencing a mental health crisis to a 23-hour, 59-minute crisis stabilization center, or a crisis residential center rather than transport them to local emergency rooms or jails. SB 124 would ensure that people have access to swift, appropriate care, minimizing the impact on first responders. The centers described in SB 124 were developed in collaboration with stakeholders to provide a person in a mental health crisis who is perceived likely to harm themselves or others better access to care. He highlighted that the existing options in the community are limited by current law. He urged members to take prompt and favorable action on SB 124 to provide additional tools for police officers in Alaska.

[2:22:31 PM](#)

SENATOR HUGHES asked whether SB 124 would be less or more restrictive.

COMMISSIONER COCKRELL answered that the options in SB 124 will give officers the discretion to take a person experiencing a mental health crisis to a place where they can receive immediate help.

[2:23:16 PM](#)

SENATOR HUGHES related her understanding that taking a person experiencing a mental health crisis to a crisis stabilization center or a crisis residential center would be less restrictive than taking them to jail or a hospital emergency room.

COMMISSIONER COCKRELL agreed that it would be less restrictive for an individual to go to a crisis residential center than an emergency room or prison.

[2:23:51 PM](#)

SENATOR HUGHES expressed concern that provisions in SB 124 could be wrongfully used against someone. Suppose someone voices a position on something controversial, and the person is taken to a medical facility and drugged. She said she did not believe that was what SB 124 does. Still, she needed to know the types of behavior officers use to identify that the person is suffering from mental illness rather than the person being disagreeable or holding an opposing view. She surmised that officers would need to observe incoherent speech or other behaviors that indicate the person needed to go to a crisis residential center and be given psychotropic drugs.

[2:25:16 PM](#)

COMMISSIONER COCKRELL stated that the department currently has the authority in Title 47 to take the person into protective custody. SB 124 would not change law enforcement's authority to take someone into protective custody under Title 47 or to a treatment center. He emphasized that police must currently protect first amendment rights, including freedom of speech. The US Constitution is clear that police cannot arrest someone for speech, so law enforcement must ensure that the individual is at risk of harming themselves or others. For instance, a person at the Walmart store protesting something has the right to do so. Currently, law enforcement could charge the person with disorderly conduct or trespassing. However, he was unsure that any law enforcement agency in the state had been accused of being overzealous regarding Title 47. He said he did not envision that law enforcement would make any changes regarding arrests.

[2:26:39 PM](#)

SENATOR HUGHES asked what officers look for to determine if someone is having a behavioral health crisis and ensure they are not interfering with someone's individual liberties and constitutional rights.

COMMISSIONER COCKRELL answered that the individual officer's experience would determine their actions. He highlighted that incoherent speech alone would not suffice and that the officer must determine that the person was at risk of harming themselves or another person. Someone running back and forth through

traffic trying to get hit would be at risk of harming themselves and would likely be identified as someone suffering from a mental health crisis. Officers encounter people who are under the influence of drugs or alcohol daily, but they don't arrest them. He said police officers are trained to make assessments and use discretion when assessing behavior, such as someone is brandishing a weapon, threatening people, or taking some action to harm themselves or others. However, an officer would not take someone into custody for talking.

SENATOR HUGHES thanked him for his examples.

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SENATOR REINBOLD said he addressed several of her concerns.

[2:29:10 PM](#)

CHAIR WILSON removed his objection to adopt the committee substitute (CS) for SB 124, work order 32-GS1730\B; he found no further objection, and Version B was adopted as the working document.

[2:29:17 PM](#)

SENATOR REINBOLD expressed concern that Tamara Lich was arrested for organizing a convoy protest in Canada, which she viewed as disturbing. She noted that many countries arrest their political enemies. She stated that she wants to avoid those types of issues and ensure that the bill doesn't have loopholes. She referred to a letter dated March 7, 2022, from Jim Gottstein. She asked whether he would support the definition of gravely disabled. She asked whether she should read the letter for the record.

CHAIR WILSON answered no. He offered his belief that the department would address the letter.

[2:31:22 PM](#)

SENATOR REINBOLD noted that Mr. Gottstein had highlighted four pages of concerns. She further noted that the Commission on Human Rights and others had listed concerns.

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CHAIR WILSON reconvened the meeting.

[2:32:44 PM](#)

SENATOR BEGICH asked whether it was fair to say each case that officers deal with is individualized and different. He related his understanding that SB 124 would offer law enforcement less intrusive means to get people who may be experiencing mental health crisis to professionals who are more able to make that determination.

COMMISSIONER COCKRELL answered that he viewed SB 124 as providing a much more humane approach to those experiencing a behavioral health crisis.

[2:33:24 PM](#)

CHAIR WILSON related that some people might be experiencing an episode of active psychosis, noting that law enforcement handles numerous calls from people who are suicidal. He asked how many of these cases troopers handle and if SB 124 would help them.

COMMISSIONER COCKRELL offered to provide those figures to the committee. He noted that rural Alaska experiences a high volume of suicides.

[2:34:07 PM](#)

SENATOR HUGHES asked if a minor was struggling with suicide if law enforcement or someone else would pick them up.

COMMISSIONER COCKRELL responded that it would depend on the community. He stated that the parents, Office of Children's Services (OCS), or law enforcement agencies could get involved.

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CHAIR WILSON stated that one emergency physician in the Mat-Su Valley indicated that they had kids in their emergency room for up to 30 days. He said he couldn't imagine they could not place an individual. He further recalled that the Department of Corrections indicated they still use facilities in the state for that purpose. He highlighted the need to fix this situation.

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SENATOR BEGICH, in response to Senator Hughes' question, stated that the ability to place someone in protective custody extends to juveniles.

[2:35:49 PM](#)

SENATOR REINBOLD expressed concern about parental rights and informed consent. She expressed concern about using psychotropic drugs for children and the process for appointing a guardian ad litem.

[2:37:39 PM](#)

MARK REGAN, Legal Director, Disability Law Center of Alaska, Anchorage, Alaska, provided invited testimony, noting he had submitted written testimony. He offered his view that improvements from last year were that everyone is appointed a lawyer at the beginning of the process. Everyone is entitled to a hearing within 72 hours to decide whether someone should stay in the system, which is an important improvement.

MR. REGAN stated that he would like to testify in response to Senator Hughes' initial questions to the commissioner. She had asked whether SB 124, the Crisis Now bill, would impose a less restrictive or more restrictive system. He provided examples to show this was a less restrictive system. For example, suppose a person was picked up in Anchorage and taken to a hospital on hold because API was at capacity and not taking patients. In that case, the person might be taken to Alaska Regional Hospital. He stated that he had been in the holding areas used to hold those with mental health issues. He characterized it as a very sterile, nontherapeutic place that is not peaceful or calming. He related that if a person was picked up in Haines, the person could be held in the Haines jail cell awaiting transportation to Juneau. He offered his view that a cell is not where a person suffering a mental health crisis belongs. He said he knew someone in Bethel who had been in a cycle of short-term mental health treatment for suicidal or other threats. While suffering a mental health crisis, he was taken to and held at the Yukon Kuskokwim Hospital, flown to Anchorage for evaluation and short-term treatment at API, and flown back to Bethel. He recalled hearing him describe his experience as frightening.

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MR. REGAN stated that under SB 124, people experiencing these mental health crises could be transported to a center where they receive short-term treatment instead of short-term holds. They would receive attention from medical professionals who are there to help them recover their mental health. He highlighted that often mental health treatment is short-term treatment. He indicated that SB 124 allows the legislature to improve the situation for hundreds of Alaskans by making it possible for them to receive short-term treatment closer to where they live. For example, he envisioned that Bethel could have a crisis residential center so the person experiencing a mental health crisis would not need to be transported to Anchorage for evaluation. Haines could have a crisis stabilization center where the person could calm down and not be held in jail.

Anchorage could provide centers that are much less sterile and less threatening than an Alaska Regional Hospital holding area. He offered the Disability Law Center of Alaska's approval for the changes incorporated in SB 124.

[2:42:24 PM](#)

SENATOR REINBOLD stated she still has concerns but thanked him for assisting [a constituent] to obtain a hearing and legal counsel.

MR. REGAN noted that most of the work was done by the department, the Alaska Mental Health Trust Authority, and other advocates.

[2:43:36 PM](#)

SENATOR BEGICH noted that Mr. Jim Gottstein was one of the people who has written about involuntary commitment and the potential damage to individuals. He stated that stakeholder groups have requested that SB 124 include several recognized ways to enshrine patient rights, some of which have been accomplished in the bill. He asked whether he was open to working on a Patient's Bill of Rights.

[2:44:35 PM](#)

MS. CARPENTER answered that the department had discussed this with patient advocates, including Mr. Gottstein. She offered her view that Section 26 would be a great spot to address a comprehensive Patient's Bill of Rights.

CHAIR WILSON asked whether she suggested referencing it but not including it in statute.

MS. CARPENTER agreed.

[2:45:23 PM](#)

SENATOR BEGICH said he hoped to work with the department and advocate for it. He stated that he spoke to the department about the report to the legislature, providing assessment recommendations from the stakeholders. He asked whether the committee supports the department in creating an annual dashboard and reporting data. He acknowledged that it might require some department expenditure, but it would provide citizens access to the information. He indicated he was not requesting information on individuals that would violate the Health Insurance Portability and Accountability Act of 1996 (HIPAA) but to post aggregate data.

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MS. CARPENTER agreed that the department could consider a dashboard. Still, she hoped that the department would have flexibility on the design. She offered to work with patient advocates and providers to understand how to make that data public.

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SENATOR BEGICH said he received a letter from Mr. Gottstein, dated March 7, 2022, regarding SB 124 with four excellent recommendations. He expressed an interest in the department's viewpoint.

[2:48:08 PM](#)

MS. CARPENTER responded that she found the letter addressing the committee substitute (CS) for SB 124, Version B, helpful. She said DHSS, the Department of Law, and AMHTA reviewed and agreed with his recommendations. She related that the first two recommendations came from old court hearings. The first one would update the definition in AS 47.39.015 (7), for "gravely disabled," which would match a lawsuit outcome. The second one would update the court-ordered administration of medication statutes. She indicated the department supports this concept but would like to carefully review the language to ensure that it is correct. She directed attention to the changes Mr. Gottstein suggests at the bottom of page 3 of the letter. She highlighted a similar recommendation to AS 47.30.707, the crisis stabilization, and AS 47.30.708, which had a typo. She offered her view that it would add clarity. Still, it might be a bit repetitive, so a court might interpret that a respondent is suffering from an acute behavioral health crisis and is likely to cause harm to self or others. However, the department has no problem offering the language to ensure that it is clear to professionals. Finally, Mr. Gottstein added a small recommendation to add to the report section to consider things that could improve patient outcomes, which the department supports.

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SENATOR BEGICH responded that made him feel more comfortable with the legislation. He recalled hearing some criticism about the House version of the bill, and he was unsure whether it was a valid criticism. However, he had observed such effort by the department and the trust. He would like to see the bill meet the needs of advocates for patient rights and have mental health professionals evaluate those with behavioral health crises, not the police. He related that in the early 2000s, the legislature

provided the department with screening and assessment tools for youth experiencing substance use or mental health issues. He offered his view that placing mental health practitioners in the department ensured that youth received the appropriate treatment, which is key. He emphasized lowering the level of escalation into the system. He characterized SB 124 as a good faith effort. He offered to help draft amendments.

[2:52:30 PM](#)

CHAIR WILSON asked whether the court-ordered administration of medication would be a separate bill since SB 124 doesn't address it as a separate in-depth item.

MS. CARPENTER answered that the department did not rewrite the involuntary commitment statutes in order to narrowly focus on crisis stabilization and crisis residential centers. The bill would allow the court-ordered and involuntary psychotropic medication to be administered by the same medical providers but allow these drugs to be given in crisis stabilization and crisis residential centers when someone is in imminent danger to themselves or others.

[2:53:29 PM](#)

SENATOR HUGHES recalled the opening statement indicated that there were more private than public guardians. She asked how many have guardians, the difference between private and public guardians, and whether the guardians must consent to administer psychotropic drugs.

[2:54:48 PM](#)

CHAIR WILSON deferred to Mr. Wall. He recalled that psychotropic drugs could be given in times of crisis without obtaining permission.

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ALBERT WALL, Deputy Commissioner, Department of Health and Social Services (DHSS), Juneau, Alaska, responded that a public guardian is assigned by the court. In contrast, a person establishes a private guardian through their attorney. He elaborated that the court assigned public guardians to those individuals who cannot make decisions for themselves, primarily due to their mental condition. Suppose a person were to show up in court but obviously suffered from some mental health condition and did not have a guardian. In that case, the court will assign a public guardian, typically via the Office of Public Advocacy. Some individuals with a disability, such as dementia, but have the means can hire someone to care for them,

often a family member. Suppose his mother had dementia, but while she was still lucid, she asked him to become her guardian. In that instance, an attorney would draft her wishes, and he would become her private guardian.

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SENATOR HUGHES asked how many have guardians.

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MR. WALL indicated that the number changes over time. He offered to report figures to the committee. He stated that crisis medications are given in an inpatient setting when their clinical and mental condition is such that they pose a danger to themselves or others. Suppose a person is in a heightened state of anxiety and may be exhibiting suicidal ideation and is uncontrolled, such that the medical staff cannot reason with them. A psychiatrist would make a clinical determination and prescribe medication. He stated that the court would be involved. He explained that crisis stabilization is separate. It is not addressing bringing people to crisis stabilization centers and administering medication against their will. Instead, a crisis stabilization center is a place where a person goes to become stable over time. If they need inpatient care, an ex parte or inpatient care can be prescribed. Still, a crisis stabilization center is not considered inpatient care, nor where crisis medications would routinely be administered. Those medications would not be administered without court oversight. He deferred to one of the attorneys to further elaborate on the process.

[3:00:15 PM](#)

SENATOR HUGHES offered her view that if someone has a guardian, the guardian should be involved if any medication will be administered. She said she would like to see that happen at the crisis stabilization centers. She acknowledged that if someone was suicidal, there might not be time to involve the guardian.

[3:00:56 PM](#)

MR. WALL assured the committee that a guardian is always involved. The issue relates to the moment of crisis. For instance, if an individual goes to an emergency room with a heart attack and is unconscious, the doctors will administer medication to keep them alive. He highlighted that medical professionals are trained to do so. The psychiatric matter is similar to that because crisis medications are only given to patients hurting themselves or others, so there is no time to call someone to ask. He characterized it as a life-or-death

matter. He indicated that the court is involved in the crisis med order, and guardians and patients are always informed.

[3:02:53 PM](#)

MR. WILLIAMS added that crisis medications are the last resort for intervention. Other approaches are built into this least restrictive system, which is designed to protect the individual. He indicated that if the lower levels of intervention fail, crisis medications provide a medically-trained professional with a means to keep the person safe from further harm.

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CHAIR WILSON held SB 124 in committee.

[3:04:32 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 3:04 p.m.