

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 29, 2022

1:33 p.m.

MEMBERS PRESENT

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

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

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: 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
03/08/22	(S)	Heard & Held
03/08/22	(S)	MINUTE(HSS)
03/15/22	(S)	HSS AT 1:30 PM BUTROVICH 205
03/15/22	(S)	Heard & Held
03/15/22	(S)	MINUTE(HSS)
03/17/22	(S)	HSS AT 1:30 PM BUTROVICH 205
03/17/22	(S)	Heard & Held
03/17/22	(S)	MINUTE(HSS)
03/22/22	(S)	HSS AT 1:30 PM BUTROVICH 205
03/22/22	(S)	Heard & Held
03/22/22	(S)	MINUTE(HSS)
03/23/22	(S)	JUD AT 1:30 PM BUTROVICH 205
03/23/22	(S)	<Bill Hearing Canceled>
03/25/22	(S)	JUD AT 1:30 PM BUTROVICH 205
03/25/22	(S)	-- MEETING CANCELED --
03/29/22	(S)	HSS AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

LEON MORGAN, Deputy Commissioner
 Department of Public Safety
 Juneau, Alaska

POSITION STATEMENT: Answered questions on SB 124.

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

POSITION STATEMENT: Answered questions on SB 124.

STEVEN BOOKMAN, Senior Assistant Attorney General
 Human Services Section
 Civil Division
 Department of Law
 Anchorage, Alaska

POSITION STATEMENT: Answered questions on SB 124.

ACTION NARRATIVE

1:33:00 PM

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 1:33 p.m. Present at the call to order were Senators Begich, Costello, Reinbold, Hughes, and Chair Wilson.

SB 124-MENTAL HEALTH FACILITIES & MEDS

[1:33:21 PM](#)

CHAIR WILSON 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."

[SB 124 was previously heard on 4/27/21, 5/4/21, 3/8/22, 3/15/22, 3/17/22, and 3/22/22.]

CHAIR WILSON stated that the committee would continue to consider amendments.

[1:34:17 PM](#)

SENATOR REINBOLD moved to adopt Amendment 15, work order 32-GS1730\B.5.

32-GS1730\B.5
Ambrose/Dunmire
3/14/22

AMENDMENT 15

OFFERED IN THE SENATE BY SENATOR REINBOLD
TO: CSSB 124(HSS), Draft Version "B"

Page 6, line 5:
Delete "does not include"
Insert "includes"

Page 10, line 7, following "facility":
Insert ", and computations of a 72-hour evaluation period under AS 47.30.708 do not include any period of time necessary to transport the respondent to the treatment facility"

[1:34:20 PM](#)

CHAIR WILSON objected for discussion purposes.

[1:34:21 PM](#)

SENATOR REINBOLD explained that Amendment 15 would include transportation time when computing the 72-hour evaluation period.

[1:34:48 PM](#)

CHAIR WILSON asked for the reference in the bill.

SENATOR REINBOLD referred to page 10, line 7.

[1:35:21 PM](#)

SENATOR COSTELLO asked what was meant by transportation time.

[1:35:27 PM](#)

CHAIR WILSON asked for a description of transportation time and if it begins when the person is picked up or dropped off.

[1:35:42 PM](#)

SENATOR REINBOLD directed attention to page 6, line 5, and read, "The hearing shall be held at the crisis residential center"

[1:36:33 PM](#)

SENATOR BEGICH expressed concern with Amendment 15. He stated that when working in the Juvenile Justice System, staff was concerned about adequate time to provide counseling during the review. He offered his belief that the Alaska Psychiatric Institute time was 72 hours for the full evaluation as an optimal time for a clinical psychologist to evaluate the patient. Amendment 15 would change the standard. For example, if a youth were picked up in Unalakleet but took two days to obtain a flight, it would not allow time for a complete clinical evaluation. He suggested that could limit the service provided to the patient. He explained that the intent was not to have the patient in limbo. However, including travel time could harm the patient. He pointed out a technical error on line 11. It reads "treatment facility," which should be "crisis residential center."

[1:38:21 PM](#)

SENATOR REINBOLD read, [page 6, lines 4-5 "Computation of the 72-hour period at a crisis residential center before a hearing does not include Saturdays, Sundays, and legal holidays." She stated that Amendment 15 would insert:

Page 10, line 7, following "facility":

Insert ", and computations of a 72-hour evaluation period under AS 47.30.708 do not include any period of time necessary to transport the respondent to the treatment facility"

SENATOR REINBOLD related that the language in the bill goes on to say that the hearing shall be held at the crisis residential center in person, by contemporaneous two-way video conference, or by teleconference. She wondered why 72 hours would not be enough.

[1:39:05 PM](#)

SENATOR BEGICH explained that 72 hours was necessary for clinical interaction to determine the best resources for the patient. He expressed concern that including the transportation time and Saturdays and Sundays might mean the clinician has no time for clinical interaction with the patient.

[1:39:51 PM](#)

SENATOR HUGHES asked if this includes the travel time from when the law enforcement officer picks up the person and takes them to the crisis residential center.

[1:40:06 PM](#)

SENATOR REINBOLD responded by reading, "When under this section the court grants an application to admit the respondent within the crisis center, the court shall set a time for the hearing to be held within 72 hours after the respondent's arrival at the crisis stabilization center."

[1:40:27 PM](#)

SENATOR HUGHES asked if she wanted to exclude the travel time from the moment the law enforcement officer picks up the patient and takes them to the crisis residential center.

SENATOR REINBOLD directed attention to page 6, line 5. The language "does not include" would be deleted and the term "includes" would be inserted.

CHAIR WILSON acknowledged that Amendment 15 would include any transportation by law enforcement or emergency medical services.

[1:41:19 PM](#)

SENATOR HUGHES envisioned that transportation in Anchorage or Palmer might be 30 minutes. However, she imagined a person could be stranded in a village due to bad weather, perhaps for 38 hours.

1:42:03 PM

LEON MORGAN, Deputy Commissioner, Department of Public Safety Juneau, Alaska, related his understanding the question was the length of time to transport someone to a crisis stabilization center. He stated that in urban Alaska transportation time is short, but it would vary in Western, Southeast, and rural areas on the road system. He emphasized that it is a priority to transport people on mental health holds to the proper facility. He estimated it would likely take 24 hours.

1:43:17 PM

HEATHER CARPENTER, Health Care Policy Advisor, Department of Health and Social Services (DHSS), Juneau, Alaska, agreed with Deputy Commissioner Morgan that the department sometimes must coordinate or secure transport from a rural location or off the road system. She recalled a recent case in Southeast Alaska that was outside the Juneau community where the Designated Evaluation and Treatment Center (DET) is located. In that instance, it took over 24 hours to get transportation. She suggested that if a rural hospital established a crisis residential center in Kotzebue, it might be necessary to coordinate a flight to get the patient to the center. She stressed the necessity for 72 hours for the clinical assessment.

1:44:07 PM

SENATOR HUGHES said she shares Senator Reinbold's concern that someone who was delayed by weather could be detained for five days, which seemed like an infringement. She hoped that the providers could use teleconferencing to provide counseling when the person was detained by bad weather. She asked for suggested remedies.

MS. CARPENTER stated that the department uses telehealth where possible. She said in cases where someone cannot be transported, per the settlement with the Disability Law Center, the department must perform a reevaluation to ensure that the person still meets the criteria after 48 hours. She stated that it was rare for this to occur. However, it could take close to 24 hours to transport the person by flight and arrive at the facility.

1:45:56 PM

SENATOR HUGHES highlighted that most villages have primary care clinics. She suggested that if a person was held in the primary care center, treatment could begin using telehealth. She agreed it would not be the same as at the crisis residential center,

but services could start and not put rural residents in an unfair situation.

[1:46:45 PM](#)

CHAIR WILSON stated that a billing disparity occurs in telehealth and the legislature was considering a bill that would address that. However, many providers will not offer services without being reimbursed.

MS. CARPENTER responded that it would depend on the location. She noted that not all patients would be transported to API because they would use the three evaluation treatment center hospitals located in Fairbanks, Mat-Su (Palmer), and Juneau. She offered to reach out to the hospitals regarding telehealth capabilities.

[1:48:01 PM](#)

SENATOR HUGHES stated that this section refers to crisis stabilization centers, not hospitals. She highlighted that the crisis stabilization centers must conduct hearings through two-way video conferences. She offered her view that the primary care clinics, which are part of the Community Health Center system, have that capability. She did not see why treatment couldn't begin once the law enforcement officer transported the person to the clinic. She said she was uncomfortable that some residents would be held for longer than 72 hours.

[1:49:01 PM](#)

SENATOR COSTELLO referred to the language in the second part of Amendment 15 and asked the sponsor whether she intended to exclude the crisis evaluation centers in that part of the amendment.

[1:49:49 PM](#)

SENATOR REINBOLD related a scenario in which she lost a crown on a Friday, the dentist is closed on Saturday and Sunday, and Monday was a holiday. She offered her view that it is not fair to the patient to be trapped because of holidays. She stated that her goal was to help patients as quickly as possible. She noted that the department and DPS said 24 hours is the typical transportation in rural Alaska. She said Amendment 15 seemed very reasonable.

[1:50:48 PM](#)

SENATOR COSTELLO suggested that excluding Saturdays, Sundays, and legal holidays doesn't seem right because the person would be rushed to a crisis residential center during that time only

to wait for treatment. However, Amendment 15 would change existing statute. She referred to lines 5-7 of Amendment 15, which would delete new provisions related to detention at a crisis residential center. She expressed concern that this means the person would not be taken to a crisis residential center.

[1:51:46 PM](#)

CHAIR WILSON deferred to Mr. Bookman.

[1:52:08 PM](#)

STEVEN BOOKMAN, Senior Assistant Attorney General, Human Services Section, Civil Division, Department of Law, Anchorage, Alaska, stated that Senator Costello's concerns were correct. It does not make sense to separate the new and existing facilities.

[1:52:34 PM](#)

SENATOR COSTELLO suggested tabling Amendment 15.

CHAIR WILSON noted the bill has two more committees of referral to fix some of these issues. He suggested that the committee should proceed.

[1:53:11 PM](#)

SENATOR COSTELLO asked what currently happens when someone is brought in for evaluation on a Saturday, Sunday, or holiday. She wondered whether the 72 hours begin after the weekend or holiday.

MS. CARPENTER deferred to Mr. Bookman.

MR. BOOKMAN responded that is correct. If the person were brought to the facility on a Saturday, the clock would start on Monday.

[1:53:56 PM](#)

CHAIR WILSON said he shares Senator Begich's concern about the need to provide health care professionals adequate time to perform an evaluation.

[1:54:06 PM](#)

SENATOR REINBOLD stated that the intent of Amendment 15 was to have the patient seen within 72 hours, including transportation time, regardless of the facility.

[1:54:36 PM](#)

CHAIR WILSON maintained his objection.

[1:54:39 PM](#)

At ease

[1:57:21 PM](#)

CHAIR WILSON reconvened the meeting.

[1:57:29 PM](#)

A roll call vote was taken. Senator Reinbold voted in favor of the motion to adopt Amendment 15, and Senators Begich, Hughes, Costello, and Wilson voted against it. Therefore, Amendment 15 failed on a 1:4 vote.

CHAIR WILSON announced that Amendment 15 failed on a vote of 1 yea and 4 nays.

[1:57:53 PM](#)

SENATOR HUGHES expressed concern about the additional time patients in rural areas are held before receiving treatment, noting that it could be for eight days.

[1:58:20 PM](#)

SENATOR REINBOLD moved to adopt Amendment 16, work order 32-GS1730\B.6.

32-GS1730\B.6
Dunmire/Foote
3/14/22

AMENDMENT 16

OFFERED IN THE SENATE BY SENATOR REINBOLD
TO: CSSB 124(HSS), Draft Version "B"

Page 5, following line 7:

Insert a new subsection to read:

"(c) The examination under (a) of this section must include evaluation of whether the respondent is suffering from medication-induced psychosis or psychosis caused by drug withdrawal. The mental health professional shall consult with qualified medical personnel to address any findings."

[1:58:24 PM](#)

CHAIR WILSON objected for discussion purposes.

[1:58:26 PM](#)

SENATOR REINBOLD read Amendment 16.

[1:59:03 PM](#)

SENATOR BEGICH asked whether "qualified medical personnel" was a medical doctor, a registered nurse, or someone else.

CHAIR WILSON offered his view that the term is not defined.

[1:59:31 PM](#)

SENATOR REINBOLD suggested that this would be addressed in later amendments. She stated her preference was for the term to refer to licensed medical professionals, including a psychiatrist, psychologist, physician assistant, or physician.

[1:59:53 PM](#)

SENATOR COSTELLO asked whether this was the whole point of the evaluation and it would happen anyway.

MS. CARPENTER answered that she was correct that the medical personnel, including the mental health professionals on site at these locations would assess what this amendment would require.

[2:00:18 PM](#)

SENATOR REINBOLD suggested that the mental health advocates and a psychiatrist she's worked with thought it was important to discriminate between someone with a medication-induced psychosis or psychosis caused by drug withdrawal.

CHAIR WILSON stated that there is no definition of it in the bill or statute.

[2:01:01 PM](#)

SENATOR REINBOLD responded that the mental health professional would be the person treating the patient, or it would be a qualified medical person.

[2:01:28 PM](#)

SENATOR BEGICH acknowledged it was redundant language. He asked whether it caused any harm.

MS. CARPENTER responded that the language "shall consult with qualified medical personnel" offers some confusion because that term is not defined. The department believes the "mental health professional" would be considered the "qualified medical personnel."

[2:02:00 PM](#)

SENATOR REINBOLD stated that she did not think the term needed to be defined. She said that Amendment 16 was to determine whether the episode was caused by drug withdrawal or a medication-induced psychosis.

MS. CARPENTER stated that without a definition, the department would need to define it in regulation. She noted that there would not be a statutory definition to reference.

2:02:53 PM

SENATOR REINBOLD related her understanding that a mental health professional would conduct the examination and consult with a qualified medical person to address any findings.

2:03:37 PM

CHAIR WILSON highlighted that the issue could be who somebody would consult with if there was an individual who had both medical and mental health expertise.

SENATOR REINBOLD asked who has the legal ability to do the exam.

MS. CARPENTER answered that the "mental health professional" is defined in AS 47.30.915(13). She paraphrased the definition, which read:

(13) "mental health professional" means a psychiatrist or physician who is licensed by the State Medical Board to practice in this state or is employed by the federal government; a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners; a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners; an advanced practice registered nurse or a registered nurse with a master's degree in psychiatric nursing, licensed by the State Board of Nursing; a marital and family therapist licensed by the Board of Marital and Family Therapy; a professional counselor licensed by the Board of Professional Counselors; a clinical social worker licensed by the Board of Social Work Examiners; and a person who

(A) has a master's degree in the field of mental health;

(B) has at least 12 months of post-masters working experience in the field of mental illness; and

(C) is working under the supervision of a type of licensee listed in this paragraph;

[2:05:23 PM](#)

SENATOR REINBOLD asked if the department was concerned about the mental health professional consultation.

MS. CARPENTER responded that as drafted, Amendment 15, lines 5-6, has a qualifier "shall consult with qualified medical profession" that is not defined.

[2:05:52 PM](#)

SENATOR REINBOLD wondered why the department wouldn't want someone with that expertise. She said that the mental health advocates flagged this amendment as critically important.

SENATOR HUGHES related her understanding that the determination was standard procedure. She noted that Ms. Carpenter listed the "mental health professionals" and said it would be odd for them to consult with themselves. She stated that some of the "mental health professionals" do not have prescribing authority. She asked whether these professionals would be in touch with medical providers as a standard part of this process.

[2:08:08 PM](#)

MS. CARPENTER answered yes, they would be in touch with other medical personnel, including the medical "professional person in charge," which is also defined. She read:

(17) "professional person in charge" means the senior mental health professional at a facility or that person's designee; in the absence of a mental health professional it means the chief of staff or a physician designated by the chief of staff;

[2:08:31 PM](#)

SENATOR HUGHES stated that since this is a standard procedure and already occurs, she would like to call the question.

[2:08:43 PM](#)

SENATOR REINBOLD asked for a specific statutory reference. She said she was unsure that this actually would happen. She stated that Amendment 16 would protect patients.

CHAIR WILSON offered his view that the committee went through the explanations.

SENATOR HUGHES stated that medical professionals could lose their licenses if they do not follow standard best practices. She said she was comfortable that this was happening.

[2:09:37 PM](#)

A roll call vote was taken. Senator Reinbold voted in favor of the motion to adopt Amendment 16, and Senators Begich, Hughes, Costello, and Wilson voted against it. Therefore, Amendment 16 failed on a 1:4 vote.

CHAIR WILSON announced that Amendment 16 failed on a vote of 1 yea, and 4 nays.

[2:10:00 PM](#)

SENATOR REINBOLD moved to adopt Amendment 17, work order 32-GS1730\B.7.

32-GS1730\B.7
Ambrose/Foote
3/14/22

AMENDMENT 17

OFFERED IN THE SENATE BY SENATOR REINBOLD
TO: CSSB 124(HSS), Draft Version "B"

Page 8, line 9, following "AS 47.30.838":

Insert ", and only if the crisis stabilization center or crisis residential center

(1) ascertains the date the respondent last underwent a physical examination;

(2) administers the psychotropic medication only as a last resort; and

(3) conducts an examination based on a checklist developed by the department to exclude commonly known issues that may contribute to conditions and symptoms that mimic psychiatric disorders"

[2:10:03 PM](#)

CHAIR WILSON objected for discussion purposes.

[2:10:05 PM](#)

SENATOR REINBOLD explained that Amendment 17 would provide a checklist for the examination and require the medical professional to use the most natural interventions, using psychotropic medications as a last resort.

[2:10:53 PM](#)

CHAIR WILSON stated that Amendment 17 relates to a discussion on a previous amendment, such that psychotropic medication would be administered only in crisis situations when there was risk of immediate harm to self or others. He offered his belief that it might not be possible to ascertain the patient's last physical examination. He said this provision does not apply to a residential treatment center. He referred to paragraphs (2) and (3). He offered his view that administering the psychotropic medication only as a last resort and conducting and examining based on a checklist were current practices. He clarified that psychotropic medication would only be administered for crisis situations, which are life and death situations. He related that medical professionals would not administer other drugs without the patient's consent, and the patient would be informed about any side effects of long-term medications before being prescribed.

[2:12:14 PM](#)

SENATOR REINBOLD offered her view that it was important to know a person's medical history to provide a baseline and to administer psychotropic drugs as a last resort because those medications could have serious side effects. She expressed concern that other conditions might mimic psychiatric disorders. She stated these concerns were flagged by physicians and patient advocates. She asked to read Faith Myer's letter into the record.

CHAIR WILSON denied the request and stated that Ms. Myer's letter was available on BASIS for the public to read and that the committee needed time to consider the remaining amendments.

[2:14:44 PM](#)

SENATOR COSTELLO offered her support for paragraph (3) on lines 6-8, but pointed out that the way the amendment is crafted, the crisis residential center cannot help the individual unless they determine the date they last had a physical examination. She said she doesn't recall the last time she had a physical exam. She expressed concern that adhering to these provisions could prevent the patient from receiving treatment.

[2:15:29 PM](#)

SENATOR HUGHES related a scenario where a person had a heart attack and medical professionals needed to administer medication to save the life. Medical professionals would not have time to review the person's medical history. She related her understanding that a person in a crisis residential center could be experiencing an extreme mental health episode. She stated that medical professionals need to be able to administer lifesaving treatment in these life-and-death situations and would not have time to use the checklist to determine when they had their last physical. She indicated that she would not support Amendment 17.

[2:16:40 PM](#)

SENATOR REINBOLD stated that the amendment is added at the end of subsection (d) on page 8, [lines 7-9] of Version B. It reads:

(d) A crisis stabilization center or crisis residential center may administer psychotropic medication to an involuntarily held or detained respondent only in a manner that is consistent with AS 47.30.838.

[2:17:04 PM](#)

SENATOR REINBOLD emphasized the importance of ascertaining the medical history because the respondent may have a side effect. She related that her previous pharmaceutical work heightened her concerns about drug interactions. She expressed concern that instead of saving someone's life, medical professionals would administer drugs that could potentially cause an adverse drug reaction and result in their death. She maintained support for paragraphs (2) and (3), which she read. She said, "I guess you guys are really pro-injecting people with psychotropic medications ..."

SENATOR BEGICH objected, stating that this was not germane to this topic.

CHAIR WILSON called for a roll call vote.

[2:18:13 PM](#)

A roll call vote was taken. Senator Reinbold voted in favor of the motion to adopt Amendment 17, and Senators Begich, Hughes, Costello, and Wilson voted against it. Therefore, Amendment 17 failed on a 1:4 vote.

[2:18:24 PM](#)

CHAIR WILSON announced that Amendment 17 failed on a vote of one ye and 4 nays.

[2:18:34 PM](#)

CHAIR WILSON stated Amendment 18 is identical to Amendment 5, which the committee previously adopted.

SENATOR REINBOLD withdrew Amendment 18.

[2:18:48 PM](#)

SENATOR REINBOLD moved to adopt Amendment 19, work order 32-GS1730\B.10.

32-GS1730\B.10
Dunmire
3/15/22

AMENDMENT 19

OFFERED IN THE SENATE BY SENATOR REINBOLD
TO: CSSB 124(HSS), Draft Version "B"

Page 4, line 29:

Delete "the professional person in charge"

Insert "a physician licensed to practice in this state"

Page 7, line 24:

Delete "the professional person in charge"

Insert "a physician licensed to practice in this state"

Page 7, line 26:

Delete "professional person in charge"

Insert "physician"

Page 8, line 4:

Delete "the professional person in charge"

Insert "a physician licensed to practice in this state"

[2:18:50 PM](#)

CHAIR WILSON objected for discussion purposes.

[2:18:51 PM](#)

SENATOR REINBOLD explained that Amendment 19 provides that a licensed physician would be in charge by replacing the language "the professional person in charge" with "a physician licensed to practice in this state."

[2:19:37 PM](#)

CHAIR WILSON offered his belief that Amendment 19 would limit the number of physicians but that the state lacks medical professionals, restricting the level of care that evaluation centers could offer. It would change the definition of "mental health professionals" Ms. Carpenter read earlier that evaluation centers currently use.

SENATOR REINBOLD stated that Section 13 adds new sections to AS 47.30. She paraphrased AS 47.30.707 Admission to and hold at a crisis stabilization center.

- (a) Except as provided in (b) of this section, when a crisis stabilization center admits a person on an emergency basis under AS 47.30.705, the crisis stabilization center may hold the person at the center for a period not to exceed 23 hours and 59 minutes. A mental health professional shall examine the respondent within three hours after the respondent arrives at the center.
- (b) If the professional person in charge at the crisis stabilization center determines that there is probable cause to believe that the respondent's acute behavioral health crisis...

[2:21:01 PM](#)

SENATOR REINBOLD explained that Amendment 19 would require that a physician with expertise would be in charge to ensure the respondent would receive medical care.

[2:21:32 PM](#)

CHAIR WILSON offered his view that requiring a physician would remove the ability for the centers to use a licensed advanced nurse practitioner that practices psychiatric medicine.

[2:21:40 PM](#)

SENATOR BEGICH asked Mr. Bookman to confirm that existing statute defines a "professional person in charge."

[2:21:53 PM](#)

MR. BOOKMAN answered yes, the definition in AS 47.30.915(17) reads:

(17) "professional person in charge" means the senior mental health professional at a facility or that person's designee; in the absence of a mental health professional it means the chief of staff or a physician designated by the chief of staff;

2:22:30 PM

SENATOR REINBOLD stated that "chief of staff" is not necessarily a medical position.

MR. BOOKMAN answered that "chief of staff" is a term of art not addressed in these statutes. A "chief of staff" would be the chief of the medical staff, and federal regulations cover who can serve in that role. He said he believes that the person must be a physician, but he would follow up with the committee.

2:23:37 PM

SENATOR REINBOLD offered her view that this complements Amendment 19 and ensures that the person in charge is a physician. She highlighted the importance of having a physician in charge since psychotropic medications could be administered.

2:24:35 PM

SENATOR HUGHES stated that she knows someone who is a physician assistant who specializes in mental health. She said she would rather have that person making the decisions than an obstetrician, or ear, nose, and throat (ENT) doctor. She indicated that she was uncomfortable limiting it to physicians, especially given the shortage of physicians in the state. She emphasized that having those familiar with mental health care in charge would be better.

SENATOR REINBOLD directed attention to page 4, line 29, noting that this would refer to the professional in charge at the center, not at a hospital. She maintained her preference to have a licensed physician in charge.

2:25:51 PM

A roll call vote was taken. Senator Reinbold voted in favor of the motion to adopt Amendment 19, and Senators Begich, Hughes, Costello, and Wilson voted against it. Therefore, Amendment 19 failed on a 1:4 vote.

CHAIR WILSON announced that Amendment 19 failed on a vote of 1 yea, and 4 nays.

[2:26:31 PM](#)

SENATOR BEGICH expressed hope that the ambiguity Senator Reinbold highlighted would be addressed in the next committee of referral.

[2:26:38 PM](#)

SENATOR COSTELLO stated that farther along in Section 13, Sec. 47.30.707(b) says that if a respondent is unwilling to voluntarily go to the crisis residential center, a mental health professional may submit an ex parte application to the court. Thus, the statutes provide additional oversight. She said she understands the concerns raised, but a mental health professional will be involved in the action.

[2:27:37 PM](#)

SENATOR REINBOLD moved to adopt Amendment 20, work order 32-GS1730\B.11.

32-GS1730\B.11
Dunmire
3/15/22

AMENDMENT 20

OFFERED IN THE SENATE BY SENATOR REINBOLD
TO: CSSB 124(HSS), Draft Version "B"

Page 11, lines 9 - 10:

Delete "[LICENSED UNDER AS 47.32 OR] operated by the federal government **that performs evaluations**"

Insert "licensed under AS 47.32 [OR OPERATED BY THE FEDERAL GOVERNMENT]"

[2:27:39 PM](#)

CHAIR WILSON objected for discussion purposes.

[2:27:41 PM](#)

SENATOR REINBOLD explained that Amendment 20 would reinstate language that removed a licensing requirement in AS 47.32. The intent is to ensure that licensure is required.

[2:28:35 PM](#)

MS. CARPENTER stated that this refers to hospitals, crisis residential centers, and former evaluation centers, which are required to be licensed under AS 47.32. The department changed this definition because it was too broad. It included all

facilities licensed under AS 47.32, including assisted living homes, childcare facilities, hospices, free-standing birth centers, and other locations that would never be set up to perform mental health evaluations. She referred to page 11, lines [7-9], which specifically indicates that these facilities have been designated or operated by the department to perform the evaluations described in AS 47.30.660 - 47.30.915. She noted that this relates to the 72-hour evaluations. The reason to leave in the language "operated by the federal government" would include tribal facilities or military hospitals.

[2:29:59 PM](#)

SENATOR REINBOLD asked whether all of the facilities are required to be licensed under AS 47.32.

MS. CARPENTER answered yes, but tribal facilities are licensed a little differently. She added that crisis residential centers would have to be licensed by the state.

SENATOR REINBOLD offered her interpretation that this carves out an area so tribal facilities don't have to be licensed by the state.

MS. CARPENTER said that is not the proper interpretation, because of federal law and the way that tribes are recognized through the Indian Health Services.

SENATOR REINBOLD offered her understanding that tribal facilities do not have to be licensed by the state under AS 47.32.

[2:31:12 PM](#)

CHAIR WILSON related his understanding that tribal facilities are licensed under Indian Health Services, a separate federal licensing process. Amendment 20 would ensure they could not qualify to provide services at crisis stabilization or residential centers.

[2:31:38 PM](#)

MS. CARPENTER agreed; if Amendment 20 were to pass, the state's tribal partners would not be able to operate a crisis residential center that would serve as an evaluation center.

[2:31:59 PM](#)

SENATOR REINBOLD asked how many tribal facilities operate in Alaska. She indicated that her intent was to protect state sovereignty and state rights.

CHAIR WILSON stated that there are eight subregional hospitals and approximately 130 tribally-owned clinics in Alaska.

[2:32:56 PM](#)

SENATOR REINBOLD withdrew Amendment 20.

[2:33:11 PM](#)

SENATOR REINBOLD moved to adopt Amendment 21, work order 32-GS1730\B.12.

32-GS1730\B.12
Dunmire
3/15/22

AMENDMENT 21

OFFERED IN THE SENATE BY SENATOR REINBOLD
TO: CSSB 124(HSS), Draft Version "B"

Page 3, line 26:

Delete "**health officer,**"

Page 4, line 5:

Delete "**or health officer**"

Page 4, line 12:

Delete "**health officer,**"

Page 4, line 20:

Delete "or health officer"

Page 4, line 21:

Delete "or health officer"

Page 11, lines 22 - 24:

Delete all material.

Re-number the following paragraph accordingly.

[2:33:14 PM](#)

CHAIR WILSON objected for discussion purposes.

[2:33:15 PM](#)

SENATOR REINBOLD explained that Amendment 21 would remove "health officer." The definition of "health officer" is on page 11, lines 22-24.

(23) "health officer" means a state, municipal, or other local health officer, public health nurse, emergency medical technician, paramedic, firefighter, or a person authorized by the court to carry out AS 47.30.660 - 47.30.915;

SENATOR REINBOLD said this definition seemed too broad.

[2:34:16 PM](#)

SENATOR BEGICH stated that the definition of "health officer" was extensively discussed in earlier meetings. He indicated that the record was clear that a "health officer" was a way of clarifying definitions and cleaning up statutes. He offered his view that Amendment 21 was not necessary.

[2:34:51 PM](#)

MS. CARPENTER agreed that the definition of "health officer" was updated in Version B, which revised the definition of "peace officer" on page 11, lines 12-17 to provide a more standard definition found in AS 01.10.060(a). Section 21 deleted the officials that do not fall under the definition of "peace officer" and Section 22 added the new definition of "health officer," which included emergency medical technician, paramedic, firefighter, to address individuals who were operating the mobile crisis teams in communities, including Anchorage and Fairbanks.

[2:35:39 PM](#)

SENATOR REINBOLD referred to Section 22, AS 47.30.915, which defines "crisis residential center, crisis stabilization center, and health officer." She characterized the definitions as very broad. She maintained that the definition of "health officer" was too broad.

[2:36:22 PM](#)

SENATOR HUGHES asked Ms. Carpenter if she said intervention teams include emergency medical service providers such as paramedics.

MS. CARPENTER answered that is correct. For example, the fire department operates the crisis mobile team in Anchorage, and she understands that paramedics are part of the team. The department

gave paramedics a variance to operate to allow for Medicaid reimbursements.

[2:37:11 PM](#)

SENATOR COSTELLO related her understanding that the individuals on the crisis mobile team would identify a person who was "gravely disabled" or "suffering from mental illness and likely to cause serious harm to themselves or others." This team would take the person into custody, take them to the crisis stabilization center, fill out the forms, and be interviewed by a mental health professional. She asked whether that covered the crisis mobile team's activities.

MS. CARPENTER agreed. She directed attention to Section 11 of the bill, starting on page 3, line 25, through page 4, lines 16. It's the initial protective hold.

[2:38:13 PM](#)

SENATOR COSTELLO related her understanding that the definition of "health officer" doesn't exist anywhere else in statute. The term "health officer" was defined to avoid having to list each professional every time the individual profession was referenced in the bill, making the statutory language less wordy and easier to understand.

MS. CARPENTER agreed.

[2:38:32 PM](#)

SENATOR REINBOLD maintained that the term "health officer" was too broad, and reread the definition.

[2:39:20 PM](#)

A roll call vote was taken. Senator Reinbold voted in favor of the motion to adopt Amendment 21, and Senators Begich, Hughes, Costello, and Wilson voted against it. Therefore, Amendment 21 failed on a 1:4 vote.

CHAIR WILSON announced that Amendment 21 failed on a vote of 1 yea and 4 nays.

[2:39:44 PM](#)

SENATOR REINBOLD moved to adopt Amendment 22, work order 32-GS1730\B.13.

32-GS1730\B.13
Dunmire
3/15/22

AMENDMENT 22

OFFERED IN THE SENATE BY SENATOR REINBOLD
TO: CSSB 124(HSS), Draft Version "B"

Page 3, lines 26 - 31:

Delete "health officer, mental health professional, or physician assistant licensed by the State Medical Board to practice in this state, [A PSYCHIATRIST OR PHYSICIAN WHO IS LICENSED TO PRACTICE IN THIS STATE OR EMPLOYED BY THE FEDERAL GOVERNMENT, OR A CLINICAL PSYCHOLOGIST LICENSED BY THE STATE BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS] "

Insert "a physician assistant licensed by the State Medical Board to practice in this state, a psychiatrist or physician who is licensed to practice in this state [OR EMPLOYED BY THE FEDERAL GOVERNMENT], or a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners"

Page 4, lines 12 - 13:

Delete "health officer, [OR] mental health professional, or physician assistant"

Insert "psychiatrist or physician licensed to practice in the state, clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners, or physician assistant [OR MENTAL HEALTH PROFESSIONAL] "

[2:39:46 PM](#)

CHAIR WILSON objected for discussion purposes.

[2:39:48 PM](#)

SENATOR REINBOLD explained that Amendment 22 would delete "health officer, mental health professional, or physician assistant" and replace it with a psychiatrist or physician licensed to practice in the state, clinical psychologist licensed by the state Board of Psychologists and Psychological Associate Examiners or physician assistant.

SENATOR REINBOLD related her understanding that some issues needed to be addressed. She expressed a willingness to offer a conceptual amendment to Amendment 22 to address tribal health.

It would add in the language on line 9 of Amendment 22, which read, [OR EMPLOYED BY THE FEDERAL GOVERNMENT].

[2:40:54 PM](#)

CHAIR WILSON offered his view that Amendment 22 was similar to Amendment 19 and Amendment 21.

[2:41:10 PM](#)

SENATOR COSTELLO asked the record to reflect that this language refers to the individual who would transport the Alaskan to the crisis residential center and not someone at the center. She highlighted that the "health officer" would come in contact with the individual, such as a firefighter, not a physician assistant licensed by the state medical board. She offered her view that the physician assistant would be at the crisis residential center. She said she was comfortable with the language in the bill and would be a no vote on Amendment 22.

[2:42:30 PM](#)

SENATOR REINBOLD explained Amendment 22 pertains to the language on page 3, line 16, Section 11. AS 47.30.705 (a). She paraphrased the language, which read, in part:

A peace officer, health officer, mental health professional, or physician assistant licensed by the State Medical Board to practice in this state, who has probable cause to believe that a person is gravely disabled or is suffering from a mental illness....

SENATOR REINBOLD offered her view that people trained to make a medical determination in this area, such as a physician assistant should play a role in these decisions.

[2:43:44 PM](#)

A roll call vote was taken. Senator Reinbold voted in favor of the motion to adopt Amendment 22, and Senators Begich, Hughes, Costello, and Wilson voted against it. Therefore, Amendment 22 failed on a 1:4 vote.

CHAIR WILSON announced that Amendment 22 failed on a vote of one yea, and 4 nays.

[2:44:12 PM](#)

SENATOR REINBOLD withdrew Amendment 23. She explained that Amendment 23, was the same as Amendment 1.

[2:44:28 PM](#)

SENATOR REINBOLD withdrew Amendment 24. She explained that Amendment 24, was the same as Amendment 3.

[2:44:50 PM](#)

SENATOR REINBOLD remarked on the issue in Amendment 25, which she was considering withdrawing. She explained that the committee discussed the language ", as a result, is likely to cause harm to self or others or is gravely disabled, and,".

SENATOR REINBOLD stated that the committee held a long discussion about "serious" and decided not to insert it. She said that Mr. Jim Gottstein wrote a long letter [not specifically identified] on the reason it was so important. She said she would consider withdrawing Amendment 25 if "serious" could be added in Amendment 4 so it would read "is likely to cause serious harm to self or others."

[2:45:48 PM](#)

CHAIR WILSON offered his belief that the committee considered adding "serious" as a conceptual amendment, and it failed.

SENATOR REINBOLD said she did not believe that the committee considered a conceptual amendment. She offered her view that it was important to add the word "serious" so the language would read, "is likely to cause serious harm to self or others".

[2:46:23 PM](#)

SENATOR BEGICH reminded members that Amendment 25 was not before the committee. He offered his belief that Mr. Bookman addressed "serious" and "harm." He recalled that a conceptual amendment was considered, and it failed.

[2:47:14 PM](#)

MR. BOOKMAN stated that the Alaska Supreme Court noted that in existing statutes, the definitions for the phrases "serious harm to others" and "harm to others" are the same.

[2:47:46 PM](#)

SENATOR REINBOLD expressed concern that someone might misinterpret the language "causing harm to self or others" or not give that phrase the seriousness it deserves. She said people might not be aware of the court case, and since the legislature sets policy, she would like it defined.

[2:48:28 PM](#)

CHAIR WILSON offered his belief that was accomplished in Amendment 4. He recalled that the discussion characterized the phrases as indistinguishable.

SENATOR BEGICH highlighted that the committee asked the Department of Law to confirm that for the record. He said he would state it again for the record. He stated that when he reads "is likely to cause harm to self or others," he interprets it to mean serious harm because that is how the courts interpret it. He indicated that he was comfortable with the language in the amendment that previously passed. He offered his belief that it speaks to the committee's concern and advocates for those suffering from psychotic episodes that when speaking about harm, it means serious harm.

[2:49:34 PM](#)

SENATOR REINBOLD offered her view that very few people will listen to this meeting. She said she did not understand why the committee would not add "serious" to make it clear.

[2:50:06 PM](#)

SENATOR HUGHES asked whether the phrase "serious harm" was used anywhere else in statute.

MR. BOOKMAN said he was unsure. He explained that he does not work in the area of criminal law, and it could be defined in criminal statutes.

[2:50:46 PM](#)

SENATOR HUGHES said she understood the concern and said if "serious harm" is used elsewhere, she would seek to amend SB 124 in the Senate Judiciary Committee.

[2:51:27 PM](#)

SENATOR REINBOLD moved to adopt Amendment 25, work order 32-GS1730\B.16.

32-GS1730\B.16
Dunmire
3/15/22

AMENDMENT 25

OFFERED IN THE SENATE BY SENATOR REINBOLD
TO: CSSB 124(HSS), Draft Version "B"

Page 5, line 25, following "and":
Insert ", as a result, is likely to cause harm to self
or others or is gravely disabled

[2:51:28 PM](#)

CHAIR WILSON objected.

[2:51:30 PM](#)

A roll call vote was taken. Senator Reinbold voted in favor of the motion to adopt Amendment 25, and Senators Begich, Hughes, Costello, and Wilson voted against it. Therefore, Amendment 25 failed on a 1:4 vote.

CHAIR WILSON announced that Amendment 25 failed on a vote of 1 yea and 4 nays.

[2:51:53 PM](#)

SENATOR REINBOLD moved to adopt Amendment 26, work order 32-GS1730\B.17.

32-GS1730\B.17
Dunmire
3/15/22

AMENDMENT 26

OFFERED IN THE SENATE BY SENATOR REINBOLD
TO: CSSB 124(HSS), Draft Version "B"

Page 1, line 3, following "**situation;**":
Insert "**relating to the administration of
psychotropic medication to minors;**"

Page 10, following line 26:
Insert a new bill section to read:

"* **Sec. 18.** AS 47.30.836 is amended by adding a new subsection to read:

(b) Before administering psychotropic medication to a minor patient under this section, a mental health professional shall consult with a parent, guardian, or other family member of the minor, evaluate the minor for drug withdrawal and medical psychosis caused by currently prescribed drugs or self-medication, and review the minor's family history, diet, medications, triggers, and other contributing factors."

Renumber the following bill sections accordingly.

Page 11, following line 1:

Insert a new bill section to read:

"* **Sec. 20.** AS 47.30.838 is amended by adding a new subsection to read:

(e) Before administering psychotropic medication to a minor patient under this section, a mental health professional shall consult with a parent, guardian, or other family member of the minor, evaluate the minor for drug withdrawal and medical psychosis caused by currently prescribed drugs or self-medication, and review is likely to cause serious harm to self or others".

Renumber the following bill sections accordingly.

Page 13, lines 1 - 2:

Delete "secs. 1 - 27"

Insert "secs. 1 - 29"

Page 13, lines 27 - 28:

Delete "sec. 23"

Insert "sec. 25"

Page 13, line 29:

Delete "sec. 23"

Insert "sec. 25"

Page 14, line 7:

Delete "Section 28"

Insert "Section 30"

[2:51:55 PM](#)

CHAIR WILSON objected for discussion purposes.

[2:51:58 PM](#)

SENATOR REINBOLD explained that Amendment 26 focuses on the administration of psychotropic medication to minors. It would require that a mental health professional consult with a parent, guardian, or other family members to evaluate the minor for drug withdrawal and medical psychosis caused by currently prescribed drugs or self-medication, and review the minor's family history, diet, medications, triggers, and other contributing factors. She stated that it would not require informed consent but a consultation.

[2:53:05 PM](#)

SENATOR BEGICH recalled the committee discussed the safety issue and if the parent, guardian, or other family members would have the patient's best interests in mind. He pointed out that they could have caused the psychotic episode, or the patient may not have given permission. He suggested that there were issues with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or related to abuse. He stated that he would not support Amendment 26.

[2:54:20 PM](#)

SENATOR HUGHES commented that she had offered to take the matter of involving a family member or guardian who may have abused the minor patient when the bill is heard in the Senate Judiciary Committee.

[2:54:36 PM](#)

SENATOR COSTELLO stated that she supports the intention but noted it was placed in AS 47.30.836, relating to psychotropic medication in non-crisis situations. She wondered why the statutes did not contain a subsection (a), so it may need redrafting. She offered her support for Amendment 26.

[2:55:21 PM](#)

SENATOR REINBOLD maintained that parents, guardians, or family members of the minor should be consulted because psychotropic medications can have tremendous side effects.

[2:56:16 PM](#)

A roll call vote was taken. Senators Hughes, Costello, and Reinbold voted in favor of the motion to adopt Amendment 26, and Senators Begich and Wilson voted against it. Therefore, Amendment 26 was adopted on a 3:2 vote.

CHAIR WILSON announced that Amendment 26 was adopted on a vote of 3 yeas and 2 nays.

[2:56:39 PM](#)

SENATOR REINBOLD moved to adopt Amendment 27, work order 32-GS1730\B.18.

32-GS1730\B.18
Dunmire
3/15/22

AMENDMENT 27

OFFERED IN THE SENATE BY SENATOR REINBOLD
TO: CSSB 124(HSS), Draft Version "B"

Page 1, line 9:

Delete "believes in good faith"
Insert "**observes** [BELIEVES IN GOOD FAITH]"

Page 1, line 10, following "crisis":

Insert "**according to standards and measurements**"

[2:56:41 PM](#)

CHAIR WILSON objected for discussion purposes.

[2:56:43 PM](#)

SENATOR REINBOLD explained that Amendment 27 would require officers to observe rather than believe in good faith that a person is suffering from an acute behavioral health crisis. She highlighted that the second part of the amendment would add language "according to standards and measurements." She expressed concern about false accusations.

[2:57:24 PM](#)

CHAIR WILSON asked how a person would observe in good faith.

[2:57:43 PM](#)

MR. MORGAN directed attention to page 2, lines 5-13 to Section 1, of Version B. He noted that subsection (a) states, "As an alternative to arrest...." He explained that the officer has probable cause in these cases that the subject committed a crime. Thus, the officer has already assessed the situation and decided they could arrest or cite them for a criminal offense. He said at that point, the officer would believe in good faith. He related that "good faith" is a legal standard that officers are held accountable to in many adjudicative proceedings, including search warrant applications and executions. He emphasized that officers wouldn't simply find someone and make observations.

MR. MORGAN stated that law enforcement officers had a choice to arrest the person and take them to jail based on their observations and probable cause.

[2:58:59 PM](#)

SENATOR REINBOLD said the arresting officer believes in good faith that the person is suffering from an acute behavioral

health crisis. The officer could arrest but alternatively take the person to a crisis stabilization center. She said it gives her more reason to support the bill.

[3:00:16 PM](#)

MR. MORGAN noted that he was reading from the bill. He referred to subsection (a) in Section 1, which begins, "As an alternative to arrest, a peace officer may...." He directed attention to paragraph (1), "the arresting officer believes in good faith" The law enforcement officer would have probable cause that a crime has occurred, and the officer could make an arrest. He stated that some people are good candidates for diversion into a crisis stabilization center.

[3:00:59 PM](#)

SENATOR BEGICH asked what standards and measurements would mean to law enforcement officers.

[3:01:08 PM](#)

MR. MORGAN answered that there is no measurement or standard in law enforcement. He stated that the core statement was "the arresting officer believes in good faith. He characterized it as a statement often repeated in terms of why officers take action, which is the legal standard. He reiterated that in these cases, the officer already determined that probable cause exists that a crime has occurred and that the officer, in good faith, recognized that this person was experiencing a mental episode. It would better serve the person to be diverted to a crisis stabilization center. He offered his view that the language in Amendment 27 was not consistent with police standards.

[3:02:06 PM](#)

SENATOR HUGHES related her understanding that "believes in good faith" involved "observing." She asked whether "believes in good faith" would include observation.

MR. MORGAN answered yes.

[3:02:38 PM](#)

SENATOR HUGHES asked what else "believes in good faith" would include.

[3:02:52 PM](#)

MR. MORGAN responded that the good faith standard is reasonable for all officers' actions. He characterized it as a reasonable standard. Officers act in good faith based on their training and experience. He explained that law enforcement officers

automatically make observations when determining probable cause. He emphasized that determining probable cause for an arrest requires observation. He stated that under SB 124, instead of taking someone who is having a psychotic episode to jail, the officer could take them to a crisis stabilization center.

SENATOR HUGHES thanked him for putting it on the record.

[3:04:20 PM](#)

SENATOR REINBOLD noted that the bill doesn't say "probable cause to believe they committed a crime." She said when someone is arrested, the offenders know the charges and their rights. She read, "(a) As an alternative to arrest, a peace officer may, at the officer's discretion, deliver a person to a crisis stabilization center, a crisis residential center, or an evaluation facility or decline to arrest the person if (1) the officer believes in good faith that the person is suffering from an acute behavioral health crisis; and" She asked whether good faith was defined in statute or if it is a standard.

[3:05:17 PM](#)

MR. MORGAN responded that "good faith" is a criminal standard applied to law enforcement when the courts adjudicate the matter. The court determines whether law enforcement actions were reasonable and whether that officer acted in good faith.

[3:05:49 PM](#)

SENATOR REINBOLD expressed concern that if the individuals are not arrested and are taken to crisis stabilization centers or crisis residential centers, they lose many rights. She stated that Amendment 27 would help ensure protection instead of relying on the officer's beliefs.

[3:06:31 PM](#)

A roll call vote was taken. Senator Reinbold voted in favor of the motion to adopt Amendment 27, and Senators Begich, Hughes, Costello, and Wilson voted against it. Therefore, Amendment 27 failed on a 1:4 vote.

CHAIR WILSON announced that Amendment 27 failed on a vote of 1 yea and 4 nays.

[3:06:51 PM](#)

CHAIR WILSON held SB 124 in committee.

[3:07:26 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 3:07 p.m.