

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

April 12, 2022

1:48 p.m.

**MEMBERS PRESENT**

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

**MEMBERS ABSENT**

Senator Lora Reinbold

**COMMITTEE CALENDAR**

SENATE BILL NO. 175

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

- MOVED CSSB 175 (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."

- MOVED CSSB 124 (HSS) OUT OF COMMITTEE

SENATE BILL NO. 216

"An Act relating to dementia awareness."

- HEARD & HELD

SENATE BILL NO. 184

"An Act relating to Alaska Native settlement trusts and eligibility for adult public assistance, senior benefits, and the Alaska Pioneers' Home."

- SCHEDULED BUT NOT HEARD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 175

SHORT TITLE: HEALTH CARE SERVICES BY TELEHEALTH

SPONSOR(s): SENATOR(s) WILSON

02/01/22	(S)	READ THE FIRST TIME - REFERRALS
02/01/22	(S)	HSS, L&C
02/24/22	(S)	HSS AT 1:30 PM BUTROVICH 205
02/24/22	(S)	-- Invited & Public Testimony --
03/03/22	(S)	HSS AT 1:30 PM BUTROVICH 205
03/03/22	(S)	Heard & Held
03/03/22	(S)	MINUTE(HSS)
03/10/22	(S)	HSS AT 1:30 PM BUTROVICH 205
03/10/22	(S)	Heard & Held
03/10/22	(S)	MINUTE(HSS)
03/17/22	(S)	HSS AT 1:30 PM BUTROVICH 205
03/17/22	(S)	<Bill Hearing Canceled>
03/31/22	(S)	HSS AT 1:30 PM BUTROVICH 205
03/31/22	(S)	Heard & Held
03/31/22	(S)	MINUTE(HSS)
04/12/22	(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
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  
03/29/22 (S) Heard & Held  
03/29/22 (S) MINUTE(HSS)  
04/07/22 (S) HSS AT 1:30 PM BUTROVICH 205  
04/07/22 (S) Heard & Held  
04/07/22 (S) MINUTE(HSS)  
04/12/22 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 216

SHORT TITLE: DEMENTIA AWARENESS  
SPONSOR(s): COSTELLO

02/22/22 (S) READ THE FIRST TIME - REFERRALS  
02/22/22 (S) HSS, FIN  
04/12/22 (S) HSS AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

KATIE MCCALL, Staff  
Senator Mia Costello  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Presented the sponsor statement and sectional analysis for SB 216 on behalf of the sponsor.

PAM KELLEY, Executive Director  
Alzheimer's Resource of Alaska  
Anchorage, Alaska

**POSITION STATEMENT:** Testified by invitation on SB 216.

NONA SAFRA, Member  
Alaska Commission on Aging  
Homer, Alaska

**POSITION STATEMENT:** Testified by invitation on SB 216.

ELIZABETH BOLLING, Public Policy Manager  
Alzheimer's Association  
Anchorage, Alaska  
**POSITION STATEMENT:** Answered questions on SB 216.

**ACTION NARRATIVE**

[1:48:17 PM](#)

**CHAIR DAVID WILSON** called the Senate Health and Social Services Standing Committee meeting to order at 1:48 p.m. Present at the call to order were Senators Costello, Hughes, and Chair Wilson. Senator Begich arrived thereafter.

**SB 175-HEALTH CARE SERVICES BY TELEHEALTH**

[1:49:16 PM](#)

**CHAIR WILSON** announced the consideration of SENATE BILL NO. 175 "An Act relating to telehealth; relating to the practice of medicine; relating to medical assistance coverage for services provided by telehealth; and providing for an effective date."

[1:49:39 PM](#)

At ease.

[1:50:01 PM](#)

**CHAIR WILSON** reconvened the meeting and solicited a motion.

[1:50:05 PM](#)

**SENATOR HUGHES** moved to report SB 175, work order 32-LS1421\G, from committee with individual recommendations and attached fiscal note(s).

[1:50:17 PM](#)

**CHAIR WILSON** found no objection and CSSB 175(HSS) was reported from the Senate Health and Social Services Standing Committee.

[1:50:23 PM](#)

At ease.

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

[1:51:58 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."

He noted that this was the ninth hearing and the committee had worked through all the amendments.

[1:52:17 PM](#)

CHAIR WILSON solicited a motion.

[1:52:25 PM](#)

SENATOR HUGHES moved to adopt [the committee substitute for] SB 124, work order 32-GS1730\I, as the working document.

[1:52:36 PM](#)

CHAIR WILSON objected for discussion purposes. He explained that version I incorporates all the amendments that passed during the previous hearings and it also amends the language in what is now Section 29 to conform to Emergency Order 121 and the bifurcation of the Department of Health and Social Services (DHSS). Items in Section 29 refer to the Department of Health.

[1:53:03 PM](#)

CHAIR WILSON found no questions and removed his objection; he found no further objection, and version I was adopted as the working document.

[1:53:31 PM](#)

CHAIR WILSON discerned there were no questions from the administration.

[1:53:37 PM](#)

SENATOR HUGHES said she was committed to giving the bill additional scrutiny in the next committee of referral. A question that came up among her constituents was whether a person could be taken to a crisis stabilization center for their beliefs. On three separate occasions the committee was assured on the record that is not the case. That is the intent in this bill, which is one reason for it to pass.

SENATOR HUGHES also noted the concerns about the potency of the medications that may be used, but it has been emphasized repeatedly that they are used as a last resort to prevent injury or death. She added that she was aware of a faith-based organization in her area that was interested in opening a crisis

stabilization center and if she had a family member in crisis she would prefer to have this bill in place so her family member could go to this center instead of jail or a hospital. Those are the options today and being detained in either a hospital or jail is more restrictive and less humane than these crisis centers. These centers are essentially outpatient clinics and the person in crisis would be able to have a friend, family member, or pastor be there too.

SENATOR HUGHES highlighted that the bill was also improved from the initial version in terms of notification and consent. The committee also heard from Mr. Gottstein about the patient rights that the bill addresses. She said the bill still needs work, but it is far better than the status quo and therefore she is supporting passage.

[1:57:37 PM](#)

SENATOR HUGHES moved to report CSSB 124(HSS), work order 32-GS1730\I, from committee with individual recommendations and attached fiscal note(s).

[1:57:51 PM](#)

CHAIR WILSON found no objection and CSSB 124(HSS) was reported from the Senate Health and Social Services Standing Committee.

[1:57:57 PM](#)

At ease.

### **SB 216-DEMENTIA AWARENESS**

[1:59:57 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of SENATE BILL NO. 216 "An Act relating to dementia awareness."

[2:00:22 PM](#)

SENATOR MIA COSTELLO, speaking as sponsor, stated that SB 216 is important because Alzheimer affects so many Alaskans. The bill does two things. First, it would create a statewide Dementia Awareness Program to educate Alaskans about dementia. Second, it would set the state up to receive federal funding for dementia education through the 2018 Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act. She deferred further introduction to Katie McCall.

CHAIR WILSON recognized that Senator Begich had joined the committee.

[2:02:01 PM](#)

KATIE MCCALL, Staff, Senator Mia Costello, Alaska State Legislature, Juneau, Alaska, read the sponsor statement for SB 216 on behalf of the sponsor:

Senate Bill 234 addresses the growing number of people living with Alzheimer's disease and related dementias by directing the Department of [Health] to develop a statewide dementia awareness program with the goal of educating the public about the importance of early detection, diagnosis, and treatment.

Fewer than half of Americans living with Alzheimer's disease receive a formal diagnosis, meaning that many Alaskans with dementia have yet to receive a diagnosis, which further delays valuable treatment options. Senate Bill 234 is intended to improve the rate of diagnosis for dementia in Alaska and to educate clinicians, health professionals, and the public on the early warning signs of dementia.

Alzheimer's disease is one of ten types of dementia and is the ninth leading cause of death for Alaskans. More than 12,500 Alaskans are currently living with dementia, and with the implementation of a statewide dementia awareness program, the number of Alaskans who receive an early diagnosis is expected to increase.

The creation of a dementia awareness campaign will help diagnose those suffering from dementia and help Alaska be prepared for what has been called "the most underrated threat to public health in the 21st century." Additionally, the creation of the dementia awareness program within the Department of [Health] will position the state to receive federal funding for dementia education, which is available through the 2018 federal legislation known as the "Building Our Largest Dementia Infrastructure for Alzheimer's Act," or the BOLD Act.

[2:03:58 PM](#)

MS. MCCALL read the sectional analysis for SB 216 on behalf of the sponsor:

**Sec. 1 - AS 18.09.300 Page 1, Lines 3-15 & Page 2, Lines 1-29**

Is amended by adding a new section that would create a statewide dementia awareness program within the Department of [Health]. This new section requires the program to secure the full benefits available to the state under the federal law 42 U.S.C. 280c-3 - 280c-5.

The department is required to create and provide dementia educational materials to health boards, physicians, hospitals, and medical clinics for distribution to the public.

The department must also develop educational programs for the court system, law enforcement, firefighters, social service providers, and emergency responders to educate those individuals on recognizing the symptoms and needs of persons with dementia.

This new section of law requires the department to maintain a list of state providers who diagnose, evaluate, or manage dementia.

The department is also required to develop and implement a public awareness campaign by coordinating with the major state and national nonprofit dementia organizations.

The public awareness campaign will implement community-based programs to educate the public about dementia and encourage the public to seek diagnosis. Additionally, the awareness campaign will publicize the scope and magnitude of dementia in the state, promote the benefits of early detection and diagnosis, increase awareness of methods to minimize the risk of developing dementia, and inform Alaskans about services available in the state to diagnose and treat dementia.

[2:05:48 PM](#)

SENATOR HUGHES asked how much funding the state expects to receive, when it would be available, and what it could be used for related to dementia.

MS. MCCALL deferred to Elizabeth Bolling to speak to the federal legislation.

SENATOR HUGHES said she would wait until Ms. Bolling testifies, and she might also be the one to talk about whether early diagnosis of dementia might improve the prognosis.

MS. MCCALL offered her understanding that early diagnosis improves outcomes for both the person experiencing Alzheimer's and their family.

[2:07:41 PM](#)

CHAIR WILSON turned to invited testimony on SB 216.

[2:07:59 PM](#)

PAM KELLEY, Executive Director, Alzheimer's Resource of Alaska (ARA), Anchorage, Alaska, stated that ARA is the largest dementia services organization operating in the state, with offices in MatSu, Anchorage, Fairbanks, and Juneau. She advised that she also chairs the Alaska Dementia Action Collaborative that is a workgroup of more than 35 public, private, tribal, and nonprofit stakeholders working to improve the state's ability to prepare for the growing number of Alaskans who experience dementia.

MS. KELLEY reported that ARA has assisted tens of thousands of Alaskans affected by dementia over the last 38 years. Many approach ARA after they or a family member has begun to experience symptoms. By then it's usually too late for preventative measures, but ARA works with the individuals to help slow the rate of cognitive decline, maintain engagement in their community and environment, and help them plan and adapt to these progressive and ultimately fatal conditions.

MS. KELLEY stressed the need to build greater awareness in those Alaskans who are not experiencing the wearying symptoms dementia, because that is what it will take to reduce the grim forecast. The Dementia Action Collaborative current estimate is that 12,500 Alaskans experience dementia today and that by 2030 that number will have reached 23,000. She said most people in their 20s, 30s, or 40s aren't thinking about dementia, but that is when the risk factors can be modified.

MS. KELLEY said she didn't want the committee to think that there's no public awareness work on dementia being done in Alaska, There is, but it's being done piecemeal. ARA and many other organizations work at health fairs, community events, and at speaking engagements, but what SB 216 would do is help Alaska create a population-wide campaign. It would include messages in

many languages about early lifestyle choices to minimize risk and the value of early detection.

MS. KELLEY said she supports SB 216 because she wants the state to have better data about the extent of dementia in Alaska. She knows the Division of Public Health has the expertise to refine that data and operate a health campaign that has impact. She relayed that she also knows that federal dollars are available to help in that effort and that to have dedicated expertise in the department that is focused on dementia will be an important resource for Alaska in the years to come. She said it is for all these reasons that the Alzheimer's Resource of Alaska and the Dementia Action Collaborative support SB 216.

[2:13:19 PM](#)

SENATOR BEGICH asked if she worked with or was aware of the Commission on Aging's position on the bill.

MS. KELLEY answered yes; the Commission on Aging supports SB 216. That organization is part of the Dementia Action Collaborative.

CHAIR WILSON noted that Nona Safra with the Commission on Aging was also invited to testify and she was up next.

[2:14:39 PM](#)

NONA SAFRA, Member, Alaska Commission on Aging, Homer, Alaska, stated support for SB 216 on behalf of the commission. She read the following prepared testimony:

We are currently working on the next five-year plan for senior services, and dementia awareness will be part of that plan as it has become a public health crisis that's devastating to Alaska. The Commission on Aging works with partners such as the Mental Health Trust, Alzheimer's Resources, and the Traumatic and Acquired Brain Injury Council to explore what is working and what isn't so we can best understand the impact dementia has on Alaskans, their caregivers, and their families in our ever-growing population of seniors, people with disabilities, and veterans. And we can better understand the challenges of those whose dementia is complicated by mental illness, brain injury, developmental disabilities, and substance abuse. But our workforce and budget may be impacted by the sheer number of Alaskans who will be diagnosed

with dementia in the next decade. So Alaska needs a better way to handle this.

MS. SOFRA continued her testimony:

A staggering example of the scope of the issue can be seen in the Pioneer Homes where it is estimated that 58 percent of the residents have dementia, and that number will be rising.

SB 216 helps Alaskans who have or are caring for someone already diagnosed with dementia and those who have yet to be properly diagnosed by raising awareness of changes that can be made to their lifestyles and behaviors to mitigate the onset of dementia.

Today, I'm also speaking as an Alaska who has a brain injury, which increases my odds for dementia. Imagine my anxiety every time I'm forgetful. This bill will teach Alaskans like me how to delay that onset. But I'm also a caregiver for someone who has been diagnosed with Alzheimer's, so I'm speaking from experience and my heart. It would be an understatement to say it was challenging to navigate the path to get help once I understood someone I care about had dementia. It was too late for him to benefit from the awareness programs but it's not too late for other Alaskans and those who love them. SB 216 will help them get better access to diagnosis, evaluations, and to manage this disease.

So I speak for Alaskans who have brain injuries from accidents, health conditions, as well as the thousands of survivors in our state of domestic abuse who don't understand that their odds have increased and that things can be done now to change their odds. The passage of SB 216 gives Alaskans a safety net, which provides Alaskans a viable alternative before crisis intervention is necessary. We're moving Alaska in the right direction with its passage. With federal receipt authority written in, Alaska can access funds under the BOLD Act. Not applying for these funds would be a missed opportunity for Alaska families.

MS. SOFRA continued her testimony:

As an advocate for seniors, veterans, and others with disabilities, I ask you, 'If I'm not for others, who am I? And if not now, when?'

Alaskans like me depend on you, our senators, to do this so I urge the committee to support this bill.

2:18:40 PM

CHAIR WILSON noted who was available to answer questions and asked Elizabeth Bolling if she had any comments or responses to the member's ongoing questions.

2:19:00 PM

ELIZABETH BOLLING, Public Policy Manager, Alzheimer's Association, Anchorage, Alaska, started that she could provide an explanation of the federal funding available for dementia education through the 2018 BOLD Infrastructure for Alzheimer's Act. She credited the federal delegation for helping to get an additional \$25 million for the program that has four levels of grants for which states can apply. Because Alaska has no dementia education programs, SB 216 will help the state qualify for the Core Capacity Grant, which is typically between \$300 thousand and \$500 thousand.

2:20:00 PM

SENATOR COSTELLO asked if she could provide information about the four levels of federal grants in the program.

MS. BOLLING stated that the Core Capacity Grant is to create a public awareness program. The next level is to create a statewide dementia coalition. She noted that Alaska currently has an informal coalition that is funded through the Alaska Mental Health Trust, but to qualify for this level of grant the state would need to create an officially designated organization to do statewide coalition dementia work. To qualify for the third level would require updating the strategic plan using federal roadmaps for dementia as a guide. The last grant level is the Enhanced Recipient Level, which is for states that have robust dementia programs that usually engage with tribes on a variety of services or implement activities that are aligned with federal strategic plans.

2:22:01 PM

CHAIR WILSON asked her to send the details to his office about the grant levels and how the state might qualify, and he would distribute the information to the committee.

MS. BOLLING said she would send the grant information, information about the BOLD Act, and the Health Brain Initiative Road Map to his office

[2:22:41 PM](#)

CHAIR WILSON opened public testimony on SB 216; finding none, he closed public testimony.

[CHAIR WILSON held SB 216 in committee.]

[2:23:19 PM](#)

At ease.

[2:28:31 PM](#)

CHAIR WILSON reconvened the meeting and reviewed the committee's schedule.

[2:29:22 PM](#)

SENATOR BEGICH thanked the committee for the good work it did on SB 124.

[2:29:55 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 2:29 p.m.