

**ALASKA STATE LEGISLATURE**  
**SENATE JUDICIARY STANDING COMMITTEE**

May 2, 2022

1:34 p.m.

**MEMBERS PRESENT**

Senator Roger Holland, Chair  
Senator Mike Shower, Vice Chair  
Senator Shelley Hughes  
Senator Robert Myers  
Senator Jesse Kiehl

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 246 (FIN)

"An Act restricting the release of certain records of convictions; relating to misconduct involving marijuana by persons 18, 19, or 20 years of age; amending Rule 17(h), Alaska Rules of Minor Offense Procedure; and providing for an effective date."

- MOVED SCS CSHB 246 (JUD) 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: HB 246

SHORT TITLE: ACCESS TO MARIJUANA CONVICTION RECORDS

SPONSOR(S): REPRESENTATIVE(S) KREISS-TOMKINS

01/18/22            (H)            PREFILE RELEASED 1/7/22

01/18/22 (H) READ THE FIRST TIME - REFERRALS  
 01/18/22 (H) JUD, FIN  
 01/19/22 (H) JUD AT 1:00 PM GRUENBERG 120  
 01/19/22 (H) Heard & Held  
 01/19/22 (H) MINUTE(JUD)  
 01/28/22 (H) JUD AT 1:30 PM GRUENBERG 120  
 01/28/22 (H) Heard & Held  
 01/28/22 (H) MINUTE(JUD)  
 01/31/22 (H) JUD AT 1:00 PM GRUENBERG 120  
 01/31/22 (H) Moved CSHB 246(JUD) Out of Committee  
 01/31/22 (H) MINUTE(JUD)  
 02/04/22 (H) JUD RPT CS(JUD) 4DP 2NR  
 02/04/22 (H) DP: DRUMMOND, KREISS-TOMKINS, SNYDER,  
 CLAMAN  
 02/04/22 (H) NR: EASTMAN, VANCE  
 03/03/22 (H) FIN AT 9:00 AM ADAMS 519  
 03/03/22 (H) Heard & Held  
 03/03/22 (H) MINUTE(FIN)  
 03/11/22 (H) FIN AT 9:00 AM ADAMS 519  
 03/11/22 (H) Heard & Held  
 03/11/22 (H) MINUTE(FIN)  
 03/28/22 (H) FIN AT 1:30 PM ADAMS 519  
 03/28/22 (H) Moved CSHB 246(FIN) Out of Committee  
 03/28/22 (H) MINUTE(FIN)  
 04/04/22 (H) FIN RPT CS(FIN) NEW TITLE 3DP 4NR  
 04/04/22 (H) DP: ORTIZ, EDGMON, WOOL  
 04/04/22 (H) NR: LEBON, THOMPSON, JOSEPHSON, MERRICK  
 04/13/22 (H) FIN CS ADOPTED Y25 N6 E7 A2  
 04/15/22 (H) TECHNICAL SESSION 4/15 - ON 4/19  
 CALENDAR  
 04/19/22 (H) NOT TAKEN UP 4/19 - ON 4/20 CALENDAR  
 04/20/22 (H) BEFORE HOUSE IN THIRD READING  
 04/20/22 (H) TRANSMITTED TO (S)  
 04/20/22 (H) VERSION: CSHB 246(FIN)  
 04/25/22 (S) READ THE FIRST TIME - REFERRALS  
 04/25/22 (S) JUD, FIN  
 04/25/22 (S) JUD AT 1:30 PM BUTROVICH 205  
 04/25/22 (S) Heard & Held  
 04/25/22 (S) MINUTE(JUD)  
 04/29/22 (S) JUD AT 1:30 PM BUTROVICH 205  
 04/29/22 (S) <Bill Hearing Canceled>  
 05/02/22 (S) JUD 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  
 04/12/22 (S) Moved CSSB 124(HSS) Out of Committee  
 04/12/22 (S) MINUTE(HSS)  
 04/15/22 (S) HSS RPT CS 1DP 2AM NEW TITLE  
 04/15/22 (S) DP: WILSON  
 04/15/22 (S) AM: COSTELLO, HUGHES  
 04/27/22 (S) JUD AT 1:30 PM BUTROVICH 205  
 04/27/22 (S) Heard & Held  
 04/27/22 (S) MINUTE(JUD)  
 04/29/22 (S) JUD AT 1:30 PM BUTROVICH 205  
 04/29/22 (S) <Bill Hearing Canceled>  
 05/02/22 (S) JUD AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

ED KING, Staff  
Senator Roger Holland  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** As committee aide, reviewed the changes in the Senate committee substitute (SCS) for HB 246 from Version I to Version W.

REPRESENTATIVE KREISS-TOMKINS  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Sponsor of HB 246.

NANCY MEADE, General Counsel  
Office of the Administrative Director  
Alaska Court System  
Anchorage, Alaska

**POSITION STATEMENT:** Answered questions during the discussion of HB 246.

ROBERT BARR, Deputy City Manager  
City and Borough of Juneau  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of SB 124.

ALBERTA UNOK, President and CEO  
Alaska Native Health Board  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 124.

LISA GENTEMANN, representing self  
Eagle River, Alaska

**POSITION STATEMENT:** Testified in opposition to SB 124 due to concerns about psychiatric care.

SHAYNE LACROIX, Commander  
Palmer Police Department  
Palmer, Alaska

**POSITION STATEMENT:** Testified in support of SB 124.

MICHAEL CARSON, Vice President & Recovery Specialist  
My House of Mat-Su; Chair  
Mat-Su Opioid Task Force  
Wasilla, Alaska

**POSITION STATEMENT:** Testified in support of SB 124.

KATHLEEN WEDEMEYER, Deputy Director  
Northwest Chapter  
Citizens Commission on Human Rights  
Seattle, Washington

**POSITION STATEMENT:** Testified in opposition to SB 124, unless amended.

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

**POSITION STATEMENT:** Answered questions on amendments to SB 124.

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

**POSITION STATEMENT:** Answered legal questions on amendments to SB 124.

#### **ACTION NARRATIVE**

[1:34:12 PM](#)

**CHAIR ROGER HOLLAND** called the Senate Judiciary Standing Committee meeting to order at 1:34 p.m. Senators Myers, Hughes, Shower, Kiehl, and Chair Holland were present at the call to order.

#### **HB 246-ACCESS TO MARIJUANA CONVICTION RECORDS**

[Contains discussion of SB 207.]

[1:34:46 PM](#)

**CHAIR HOLLAND** announced the consideration of CS FOR HOUSE BILL NO. 246(FIN) "An Act restricting the release of certain records of convictions; relating to misconduct involving marijuana by persons 18, 19, or 20 years of age; amending Rule 17(h), Alaska Rules of Minor Offense Procedure; and providing for an effective date."

**CHAIR HOLLAND** noted that this was the second hearing in this committee and there was a Senate committee substitute for the committee to consider. HB 246 is the companion to SB 207, which the committee previously heard.

[1:35:18 PM](#)

SENATOR SHOWER moved to adopt the Senate committee substitute (SCS) for HB 246, work order 32-LS1300\W, as the working document.

[1:35:27 PM](#)

CHAIR HOLLAND objected for discussion purposes.

[1:35:39 PM](#)

ED KING, Staff, Senator Roger Holland, Alaska State Legislature, Juneau, Alaska, stated that Version W replaces the language in HB 246 with the language in SB 207. This leaves the bill with changes in Section 1 related to legislative intent and removes references to ages 18, 19, and 20 throughout the bill.

[1:36:26 PM](#)

REPRESENTATIVE KREISS-TOMKINS, Alaska State Legislature, Juneau, Alaska, sponsor of HB 246, related his understanding that the Senate committee substitute, Version W, would reverse the changes made in the House Finance Committee. He stated that he was entirely on board with the changes.

[1:36:43 PM](#)

CHAIR HOLLAND removed his objection; he heard no further objection, and Version W was adopted.

[1:36:53 PM](#)

SENATOR SHOWER related his understanding that the intent was to provide relief for those charged with possessing marijuana before marijuana was legalized. He offered his view that the bill morphed into a bill related to future marijuana crimes. He noted that passing Version W would help people obtain jobs and housing and get them back into society by removing their marijuana convictions from CourtView. He said he did not support Version I.

[1:37:44 PM](#)

CHAIR HOLLAND solicited amendments from members.

[1:37:55 PM](#)

SENATOR HUGHES moved to adopt Amendment 1, work order 32-LS1300\W.1.

32-LS1300\W.1  
Radford  
5/2/22

AMENDMENT 1

OFFERED IN THE SENATE

TO: SCS CSHB 246 (JUD), Draft Version "W"

Page 3, line 7, following "**possession.**":

Insert "(a)"

Page 3, following line 14:

Insert a new subsection to read:

"(b) The Alaska Court System shall post a general notice on its publicly available Internet website that

(1) court records under (a) of this section have been removed from the publicly available Internet website; and

(2) provides information on how to obtain a criminal history record that includes the information removed under (a) of this section."

[1:38:01 PM](#)

CHAIR HOLLAND objected for discussion purposes.

[1:38:10 PM](#)

SENATOR HUGHES explained Amendment 1 would ensure that the public realizes that CourtView does not provide a full report on individuals. She offered her view that larger businesses and employers understand this, but small business owners may not know that aspect and rely entirely on CourtView. She stated that the Alaska Court System must manage the system, so she was aware that legislative requests create a burden without any appropriation. However, this provides a public service not mandated in statute that Alaskans rely on, so the legislature should provide funding to manage it. She noted it might not matter whether someone had a marijuana conviction, but some jobs require squeaky clean employees. She acknowledged that CourtView has a disclaimer that it is not a complete record. Amendment 1 would require the court system to continue to disclose that statement or something similar.

[1:42:25 PM](#)

SENATOR MYERS offered his view that in some ways Amendment 1 kills the point of the bill. He stated the goal of HB 246 was to help people try to move on. The person may have made a mistake years ago. He said as a truck driver, he is subject to random drug testing, so drug use is important in some professions.

However, society as a whole tends not to view it as important. He offered his view that it seemed disingenuous to provide someone's record in CourtView but also indicate there's more to the record.

[1:43:47 PM](#)

NANCY MEADE, General Counsel, Office of the Administrative Director, Alaska Court System, Anchorage, Alaska, stated that she discussed Amendment 1 with the sponsor because it does cause some concern for the court system, primarily because this is not necessary. As the sponsor mentioned, the court system already does these things. She noted that the court system has always had cases removed from CourtView. In 2015, the legislature required the court system to remove all criminal cases that resulted in dismissals or acquittals, and the court system did not object. Since then, the legislature has continued identifying different categories the court system cannot post to CourtView, including minor consuming cases. The court has a rule relating to cases the Alaska Supreme Court wants removed from CourtView, such as suspended imposition of sentence (SIS) cases when the person satisfactorily met the conditions. In 2015, the court system started a page of cases removed from the public index that allows someone to see the cases that are not listed. Although she is actively involved in consultation with the court's administrative office, she has not been responsible for initiating changes to CourtView.

MS. MEADE referred to paragraph (2) on lines 10-11, which also provides a notice. When someone opens CourtView, the notice states, "A search of case records is not a criminal history records check of a person ...." It links to the Department of Public Safety so people can request a criminal history records check. She acknowledged that it causes some problems for the legislature to dictate at this level what the court must put on CourtView or its notices. She explained that it was qualitatively different from the legislature identifying categories of cases that the legislature does not want on CourtView. The court system can easily accomplish those requests, which have public policy implications. However, going deeper into what words the court system should post is problematic. She characterized it as similar to the court system telling the legislature that it must post the following six items on BASIS or that the Department of Commerce, Community and Economic Development (DCCED) must post something on its website.

[1:47:17 PM](#)

SENATOR SHOWER asked, if she no longer served as the executive director, would the court system eliminate CourtView.

MS. MEADE responded that she had no plans to leave; however, she did not have full control over the court system's website. She stated that she makes suggestions, and the administrative director and the Alaska Supreme Court decide what happens with CourtView and cases. She did not anticipate that CourtView would change if she were no longer the general counsel for the court system.

[1:48:18 PM](#)

SENATOR HUGHES asked if she had posted the current information on the website.

MS. MEADE explained that the legislature requested the court system remove categories of crimes from Court View. She acknowledged that she suggested the notice informing the public that CourtView does not constitute a criminal history after she held discussions with members. She said it seemed a good idea to provide that type of information to the public. She drafted it for the administrative director's review, held several discussions, revised the language several times, and the administrative director sent the notice language to the webmaster.

[1:49:20 PM](#)

SENATOR HUGHES asked if Amendment 1 prescribes specific wording to be included on the court system's website.

MS. MEADE responded that specific words aren't required, but Amendment 1 dictates that the court must actively do something to its general pages, and that is different than not listing certain cases.

[1:50:16 PM](#)

SENATOR HUGHES stated that this would be like the judiciary branch instructing the legislature to do certain things. She offered her view that the courts sometimes instruct the legislature to do certain things. She indicated that Amendment 1 sets policy for public awareness. She suggested that when providing a public service that it relies on, there is a responsibility to be sure the public understands what information is being provided. She pointed out that Amendment 1 requires a general statement on the court system's home page, not on the individual's record. She indicated her support for

CourtView and her desire to have it available to the next generation.

[1:51:53 PM](#)

CHAIR HOLLAND asked whether the court system's website was mandated by statute.

MS. MEADE answered no; the Alaska Court System's website is not mandated by statute.

[1:52:07 PM](#)

CHAIR HOLLAND maintained his objection.

A roll call vote was taken. Senators Shower, Hughes, and Kiehl voted in favor of Amendment 1 and Senators Myers and Holland voted against it. Therefore, Amendment 1 was adopted by a 3:2 vote.

CHAIR HOLLAND stated that Amendment 1 was adopted on a vote of 3 yeas and 2 nays.

CHAIR HOLLAND found no further amendments and he solicited the will of the committee.

[1:53:05 PM](#)

SENATOR SHOWER moved to report the Senate committee substitute (SCS) for HB 246, work order 32-LS1300\W, as amended, from committee with individual recommendations and attached fiscal note(s).

CHAIR HOLLAND found no objection, and SCS CSHB 246(JUD) was reported from the Senate Judiciary Standing Committee.

[1:53:31 PM](#)

At ease

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

[1:58:16 PM](#)

CHAIR HOLLAND 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."

CHAIR HOLLAND noted that this was the second hearing in this committee. The intention was to take public testimony, take questions, and begin the amendment process.

[1:58:55 PM](#)

CHAIR HOLLAND opened public testimony on SB 124.

[1:59:25 PM](#)

ROBERT BARR, Deputy City Manager, City and Borough of Juneau, Juneau, Alaska, spoke in support of SB 124. He stated that the local police and fire departments report to him. He noted that he had recently been engaged with several internal and external organizations to create a Crisis Now response model in Juneau.

MR. BARR stated that he would provide general comments rather than discuss the technical elements of SB 124. He suggested that legislators might wonder whether the public could benefit from the bill more than the status quo. He surmised that legislators' primary concern with SB 124 relates to involuntary admission to crisis stabilization centers or crisis residential centers because SB 124, and its companion bill, would enable new types of involuntary admissions under specific circumstances.

MR. BARR acknowledged the importance of the legislature being very careful when implementing policies that affect an individual's freedom. He stated that many people are insulated from the harsh reality of mental, emotional, and behavioral health crises. However, any police officer or trooper in the state could provide plenty of anecdotal evidence about these crises.

MR. BARR offered his belief that these crises break the systems to have police officers and troopers dealing with most mental health crises. Police do not have the time or training to handle these cases, and the value police provide to communities suffers when they must do so. As with most emergent community problems, absent another option, the problems will fall to the police to handle. Thus, the status quo is not a viable one.

[2:01:15 PM](#)

MR. BARR stated that SB 124 would grant additional powers and responsibilities to public servants with the certifications, training, and appropriate oversight to help people successfully get through crises. He acknowledged that if he were a

legislator, he would ask whether he trusted the institutions in place who would gain additional authority to do their jobs and if the language was good. It will matter how legislation is interpreted and executed.

MR. BARR said due to COVID-19, he had worked closely with the Juneau Fire Department, the Juneau Police Department, the Juneau Alliance for the Mentally Ill (JAMI), and the Alaska Mental Health Trust Authority (AMHTA), as well as numerous professionals at the Department of Health and Social Services (DHSS) in the past two years. He reported being impressed with their desire and ability to serve those in need. He offered his belief police and troopers do excellent work and that it is a lot to ask of them. In closing, he stated that if a family member were in crisis, he would prefer to have medical personnel respond to them rather than an officer. He would want these medical professionals to have the tools to help his family member achieve success. He offered his belief that this bill would be a big step.

[2:02:43 PM](#)

CHAIR HOLLAND related his understanding that the execution would be the final test. He asked whether he was speaking in favor of SB 124.

MR. BARR answered that he was very much in favor of SB 124.

[2:02:57 PM](#)}

ALBERTA UNOK, President and CEO, Alaska Native Health Board, Anchorage, Alaska, paraphrased prepared remarks in support of SB 124.

[Original punctuation provided.]

Thank you for introducing House Bill 172 and Senate Bill 124, the "Crisis Now" legislation. The Alaska Native Health Board (ANHB)<sup>1</sup> fully supports the passage of the House Judiciary Committee Substitute for House Bill 172 which establishes the legal framework for the operation of crisis stabilization and crisis residential centers throughout Alaska. We share your concern that crisis facilities, programs and services need to be stood up across Alaska as soon as possible, especially considering the behavioral health impacts of the pandemic.

The behavioral health continuum of care in Alaska is in dire need of investment and reform. The state agencies and private sector groups who have worked on establishing crisis services are to be commended. Right now, the continuum of care mostly consists of outpatient clinical services, a few hospital-based facilities, and API.

Alaskans facing a psychiatric emergency often cannot access care at API or hospital facilities leading to long waits in emergency departments or jails. Both of these locations are not staffed or designed to provide needed services to individuals experiencing a behavioral health emergency. These crisis programs will help plug major gaps in that continuum and give Alaskans the care they need in the environment that best suits them.

[2:04:57 PM](#)

Several Tribal Health Organizations are planning to develop programs and facilities that meet the behavioral health care needs of the community which includes crisis stabilization centers and crisis residential center. Southcentral Foundation is currently planning and designing a crisis stabilization center on the Alaska Native Medical Center campus which will be jointly managed with the Alaska Native Tribal Health Consortium.

With these programs in development the legal framework found in CSHB 172 is timely and passage vital in order for these programs to operate successfully. Providers standing up these services will rely on the laws and policies that will be enacted by the legislation to safely and effectively operate crisis services. ANHB strongly urges the passage of this law in this legislative session to allow crisis services to meet the needs of all recipients (voluntary and involuntary) by giving providers the options needed to deliver care in the best way possible.

Thank you for championing House Bill 172 and Senate Bill 124. ANHB stands with you and partners to urge all legislators to take the time to understand the issues facing the behavioral health system and why this is so important to accomplish this legislative

session. Alaskans depend on it, please act quickly to pass this legislation into law.

2:07:19 PM

LISA GENTEMANN, representing self, Eagle River, Alaska, spoke in opposition to SB 124 because of the potential for abuse of power. She offered her view that the bill was unconstitutional. She related a scenario that occurred at a military base outside of Alaska to support her view.

MS. GENTEMANN stated that when a person is abruptly and unexpectedly pulled from their daily routine, it will destabilize them, not stabilize them. It may be terrifying to a person detained against their will when they have committed no crime. Further, the bill would allow medical personnel to force patients to take psychotropic medications against their will. However, these medications have many serious side effects. She stated that when she worked as a dental hygienist, she always had to have permission to treat a patient.

MS. GENTEMANN stated that once admitted, a patient loses many of their constitutional rights. She said she firmly believes that patient consent is necessary for successful medical treatment, including mental health. She asked whether the many problems reported at the Alaska Psychiatric Institute or other facilities in Alaska were ever resolved.

2:10:25 PM

SHAYNE LACROIX, Commander, Palmer Police Department, Palmer, Alaska, spoke in support of SB 124. He informed members that the department had seen an increase in individuals experiencing mental health and behavioral health crises in recent years. He indicated that law enforcement officers have limited training to interact with those experiencing mental health crises or to provide the services they need. Typically, they are released to resolve issues on their own or taken into custody and placed in a pretrial facility or hospital. He offered his view that the Crisis Now model would provide a facility with appropriate services to help them overcome their crises, perhaps so they will not need future interventions. He urged members to vote yes on the bill.

2:12:03 PM

MICHAEL CARSON, Vice President & Recovery Specialist, My House of Mat-Su; Chair, Mat-Su Opioid Task Force, Wasilla, Alaska, stated that he fully supports the Crisis Now model in SB 124, in

particular the 23-hour stabilization center and the mobile crisis team.

MR. CARSON shared Kelsey Green's story with her father's permission. He said that Kelsey was trapped in heroin addiction. When she was arrested, she was in poor health, weighing 100 pounds. She lost 20 pounds during five days spent in jail. Her kidneys failed, her liver shut down, and she died at 24.

MR. CARSON offered his belief that if Kelsey had a chance to stabilize, she might be alive today. He cautioned that he was not inferring that she should not be held responsible for her behavior. The possibilities for her life were endless if she could have survived. He suggested that the crisis stabilization center proposed in SB 124 could have saved her life. For example, she could have worked as a peer-to-peer specialist or in some other role in the recovery field.

[2:14:39 PM](#)

KATHLEEN WEDEMEYER, Deputy Director, Citizens Commission on Human Rights, Northwest Chapter, Seattle, Washington, stated the Citizens Commission on Human Rights is a mental health watchdog group. SB 124 relates to improving crisis response to Alaskans. It also pertains to the deprivation of liberties of Alaskan citizens in the psychiatric system for Alaska. The commission is against any increased detention for evaluation and any forced treatment provisions of SB 124 that would affect the constitutional rights of Alaska citizens. No one should be held for more than 72 hours and up to 120 hours without judicial review. She said, "This is not justice for all." She wondered how many individuals already struggling would lose their jobs or housing because they were detained for longer. She highlighted the importance of having a uniform 72 hours for everyone to facilitate recovery for those most in need.

[2:16:15 PM](#)

MS. WEDEMEYER stated that she had heard an argument in other hearings that a clinician might not have time to do an adequate evaluation over a weekend or holiday. She offered her view that the facilities do not have adequate staff during weekends or holidays. Alaskans who are detained longer must pay the price for staff shortages. She offered her view that the timeframe should be consistent, whether it begins on Tuesday or Friday.

MS. WEDEMEYER stated that the bill was amended to address minors and notify parents/guardians upon admittance to facilities before psychotropic drugs are administered. She noted that the

commission finds this a step forward in protecting vulnerable youth and asks committee members not to dilute or remove these protections.

[2:17:18 PM](#)

MS. WEDEMEYER speculated that to administer psychotropic drugs, a patient would most likely be seized by several people, wrestled to the ground, or held on a table or bed and forcibly injected. She emphasized the need for safeguards for minors facing this situation.

MS. WEDEMEYER acknowledged that people suffering from a mental health crisis could harm themselves or others. Thus, the legislature must work out a system to safeguard the public, but the system must have safeguards for individuals.

[2:18:13 PM](#)

CHAIR HOLLAND asked if she was opposed to SB 124.

MS. WEDEMEYER responded that the commission is opposed to SB 124 unless amended. She noted that she sent amendments to the committee members.

CHAIR HOLLAND acknowledged that he had received amendments, including one that addressed the 72-hour confinement and other points.

[2:19:04 PM](#)

SENATOR HUGHES asked her to identify her physical location and affiliation for the record.

MS. WEDEMEYER stated she is in Seattle, but the Northwest Chapter operates in Alaska and Montana. She stated that the commission is an international group advocating for individuals and is funded by individual donations.

[2:20:22 PM](#)

CHAIR HOLLAND found no further testimony, and closed public testimony on SB 124.

[2:20:56 PM](#)

At ease

[2:20:58 PM](#)

CHAIR HOLLAND reconvened the meeting and invited Heather Carpenter, Department of Health and Social Services (DHSS), and Nancy Meade, Alaska Court System, to the table.

[2:21:56 PM](#)

CHAIR HOLLAND moved to adopt Amendment 1, work order 32-GS1730\I.3.

32-GS1730\I.3  
Dunmire  
4/15/22

**AMENDMENT 1**

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

Page 5, line 18, following "cause":  
Insert "serious"

Page 6, line 15, following "cause":  
Insert "serious"

Page 7, line 11, following "cause":  
Insert "serious"

Page 8, line 5, following "cause":  
Insert "serious"

[2:21:59 PM](#)

SENATOR SHOWER objected for discussion purposes.

[2:22:10 PM](#)

HEATHER CARPENTER, Health Care Policy Advisor, Office of the Commissioner, Department of Health and Social Services, Juneau, Alaska, explained that Mr. Jim Gottstein asked for this clarification in the previous committee. Amendment 1 would insert the word "serious" before mental illness in several places in the bill. She stated that Amendment 1 would further align with a court ruling, and the department supports Amendment 1.

[2:22:45 PM](#)

At ease

[2:23:09 PM](#)

CHAIR HOLLAND reconvened the meeting.

[2:23:15 PM](#)

MS. CARPENTER stated that she misspoke. She stated that the word "serious" goes before harm in several places in the bill. She noted that the previous committee held a robust discussion on this language.

[2:23:31 PM](#)

SENATOR MYERS asked whether there was a legal difference between harm and serious harm.

[2:24:13 PM](#)

STEVEN BOOKMAN, Senior Assistant Attorney General, Human Services Section, Civil Division, Department of Law, Anchorage, Alaska, characterized Amendment 1 as a clean-up amendment. He stated that he could talk for hours about the differences between the terms, but it does not make a difference in this statute. He elaborated that this statute was not intended to address someone who harms someone in the mildest way possible. It would not be the reason someone would seek an involuntary commitment.

[2:25:06 PM](#)

SENATOR SHOWER removed his objection.

[2:25:14 PM](#)

CHAIR HOLLAND found no further objection, and Amendment 1 was adopted.

[2:25:22 PM`](#)

CHAIR HOLLAND moved to adopt Amendment 2, work order 32-GS1730\I.4.

32-GS1730\I.4  
Dunmire  
4/20/22

## AMENDMENT 2

OFFERED IN THE SENATE BY SENATOR HOLLAND  
TO: CSSB 124 (HSS)

Page 1, line 2, following the first occurrence of  
"facilities;":

Insert "relating to representation by an  
attorney;"

Page 3, following line 30:

Insert a new bill section to read:

**"\* Sec. 11.** AS 18.85.100(a) is amended to read:

(a) An indigent person who is under formal charge of having committed a serious crime and the crime has been the subject of an initial appearance or subsequent proceeding, or is being detained under a conviction of a serious crime, or is on probation or parole, or is entitled to representation under the Supreme Court Delinquency or Child in Need of Aid Rules or at a review hearing under AS 47.12.105(d), or is isolated, quarantined, or required to be tested under an order issued under AS 18.15.355 - 18.15.395, or **is a respondent in a proceeding under AS 47.30** [AGAINST WHOM COMMITMENT PROCEEDINGS FOR MENTAL ILLNESS HAVE BEEN INITIATED], is entitled

(1) to be represented, in connection with the crime or proceeding, by an attorney to the same extent as a person retaining an attorney is entitled; and

(2) to be provided with the necessary services and facilities of this representation, including investigation and other preparation."

Renumber the following bill sections accordingly.

Page 5, line 25, following "application":

Insert "and appoint an attorney to represent the respondent"

Page 6, line 17, following "application":

Insert "and appoint an attorney to represent the respondent"

Page 15, lines 5 - 6:

Delete "secs. 1 - 33"

Insert "secs. 1 - 34"

Page 16, lines 3 - 4:

Delete "sec. 29"

Insert "sec. 30"

Page 16, line 5:

Delete "sec. 29"

Insert "sec. 30"

Page 16, line 14:

Delete "Section 34"

Insert "Section 35"

[2:25:30 PM](#)

SENATOR SHOWER objected for discussion purposes.

MS. CARPENTER deferred to Ms. Meade.

[2:25:41 PM](#)

MS. MEADE explained that Amendment 2 specifies that the public defender would provide an attorney in these proceedings. The bill states that the court system shall appoint an attorney; however, the public defender currently provides duties concerning mental health commitments. Since testimony indicates that this is different from a mental health commitment, she felt it should be clarified that the public defender would provide an attorney for these proceedings. She noted that if a statute says an attorney should be appointed, but none of the agencies have authorizing statutes, the court system must pay for it.

[2:26:55 PM](#)

SENATOR SHOWER asked, if someone had a mental health problem in their family, whether this language would require them to use the public defender or if the person could provide their own attorney.

MS. MEADE answered that the court must ensure that the person facing a mental health commitment has legal representation. If the person is not indigent, the person will supply their own lawyer. However, if the person is unable to communicate their financial circumstance, the court would appoint the public defender initially but would withdraw if the person had the financial means. She stated that the public defender statute only allows the agency to represent indigent persons.

[2:28:09 PM](#)

SENATOR SHOWER said he wanted to be sure that families could be involved.

[2:28:21 PM](#)

SENATOR SHOWER removed his objection.

[2:28:25 PM](#)

CHAIR HOLLAND found no further objection, and Amendment 2 was adopted.

[2:28:35 PM](#)

CHAIR HOLLAND moved to adopt Amendment 3, work order 32-GS1730\I.5.

32-GS1730\I.5  
Dunmire  
4/22/22

**AMENDMENT 3**

OFFERED IN THE SENATE BY SENATOR HOLLAND  
TO: CSSB 124 (HSS)

Page 15, line 6:

Delete "and Social Services"  
Insert ", the Department of Family and Community Services,"

Page 15, line 23:

Delete "and Social Services"  
Insert ", the Department of Family and Community Services,"

Page 15, line 28:

Delete "and Social Services"  
Insert ", the Department of Family and Community Services"

Page 16, line 4:

Delete "and Social Services"

Page 16, line 10, following "Services":

Insert ", the Department of Health, or the Department of Family and Community Services, as applicable,"

[2:28:38 PM](#)

SENATOR SHOWER objected for discussion purposes.

[2:28:42 PM](#)

MS. CARPENTER explained that Amendment 3 was a clean-up amendment based on executive order (EO) 121, which will go into effect on July 21, 2022. She stated that the bill lists the Department of Health and Social Services (DHSS), but EO 121 splits DHSS into the Department of Health and the Department of Family and Community Services, so this renames the appropriate department.

[2:29:17 PM](#)

SENATOR SHOWER removed his objection.

CHAIR HOLLAND found no further objection, and Amendment 3 was adopted.

[2:29:40 PM](#)

CHAIR HOLLAND moved to adopt Amendment 4, work order 32-GS1730\I.11.

32-GS1730\I.11  
Dunmire  
4/29/22

#### **AMENDMENT 4**

OFFERED IN THE SENATE  
TO: CSSB 124 (HSS)

BY SENATOR HOLLAND

Page 3, following line 30:

Insert a new bill section to read:

"\* **Sec. 11.** AS 47.30.693 is amended to read:

**Sec. 47.30.693. Notice to parent or guardian [OF MINOR].** When a minor under 18 years of age is detained at or admitted or committed to a treatment facility, the facility shall inform the parent or guardian of the location of the minor as soon as possible after the arrival of the minor at the facility. When an adult for whom a guardian has been appointed is detained at or admitted or committed to a treatment facility and the facility is aware of the appointment, the facility shall inform the guardian of the location of the adult as soon as possible after the arrival of the adult at the facility."

Renumber the following bill sections accordingly.

Page 4, lines 1 - 7:

Delete all material and insert:

"(c) When a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility admits a minor respondent under this section, the center or facility shall inform the parent or guardian of the location of the minor as soon as possible after the arrival of the minor at the facility. When a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility admits an adult for whom a

guardian has been appointed and the center or facility is aware of the appointment, the center or facility shall inform the guardian of the location of the adult as soon as possible after the arrival of the adult at the center or facility."

Page 5, lines 4 - 8:

Delete all material and insert:

"(d) When a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility admits a minor under this section, the center or facility shall inform the parent or guardian that the minor has been admitted as soon as possible after the arrival of the minor at the facility. When a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility admits an adult for whom a guardian has been appointed and the center or facility is aware of the appointment, the center or facility shall inform the guardian that the adult has been admitted as soon as possible."

Page 15, lines 5 - 6:

Delete "secs. 1 - 33"

Insert "secs. 1 - 34"

Page 16, lines 3 - 4:

Delete "sec. 29"

Insert "sec. 30"

Page 16, line 5:

Delete "sec. 29"

Insert "sec. 30"

Page 16, line 14:

Delete "Section 34"

Insert "Section 35"

[2:29:43 PM](#)

SENATOR SHOWER objected for discussion purposes.

[2:29:57 PM](#)

MS. CARPENTER explained Amendment 4. She stated that the language in Sections 11 and 13 was added in the Senate Health and Social Services Committee (SHSS), [Version I], to address someone entering a crisis stabilization center, crisis residential center, evaluation facility or treatment facility. The bill requires facilities to contact certain family members,

such as parents or guardians. Version I contained a few provisions that were somewhat concerning to the department. She stated that the previous language on page 4, line 4, had the facilities immediately notifying family members, but it might raise domestic violence concerns. For instance, if she were a patient going into one of these facilities, it would not be the person she put as her emergency contact. She said the department felt those privacy concerns were very important. However, the department thought it would be a good idea for these facilities to communicate early with parents, guardians, or someone the adult patient selected. She further explained that the department thought it might work better to place this language in a part of the statutes that relates to notifications to parents and guardians. Amendment 4 would replace the language currently found in Sections 11 and 13 and insert it in AS 47.30.693. It would expand the notification to parents of a minor when admitted or committed to a treatment facility and expand that to include other facilities.

[2:31:51 PM](#)

MS. CARPENTER stated that it would take the other material and make it clearer. It would combine three concepts into one. The language in Secs. 11 and 13 mirrors the process used in the Division of Juvenile Justice facilities. Instead of immediate notice, the facilities communicate with someone as soon as possible if they can be located. She stated that in terms of guardians, the court system keeps the records, so the facility may not know if the person being admitted has a guardian. She stated it could be a public guardian, such as someone from the Office of Public Advocacy, or a private guardian.

[2:32:50 PM](#)

SENATOR SHOWER asked for more detail on parental rights, for instance, if they had a runaway child picked up and placed in one of the facilities. He asked whether they could take the child and arrange for private care. However, he noted his primary interest was the minor's rights.

[2:33:41 PM](#)

MS. CARPENTER responded that the facility must adhere to criteria to hold someone in the new facilities, just as it is today. She explained that an individual must exhibit signs of mental illness or be gravely disabled and at risk of imminent harm to be placed in these facilities. The facilities are not meant to take runaway minors from their parents. Parents have certain protections, including the right to their own counsel for any hearings. The minor and the parent could have their own

attorneys. Thus, if the guardian ad litem believes the minor should stay at the facility, but the parent disagrees, the minor would have their own legal counsel.

[2:34:51 PM](#)

MR. BOOKMAN added that the minor would be appointed counsel by the public defender, and if the parent could not afford an attorney, the Office of Public Advocacy (OPA) would appoint one. If the mother and father had differing views, OPA would appoint an attorney for each parent. He highlighted that the bill offers new places for people to go, but it retains existing rights. He noted that the guardian ad litem falls under OPA, so if one was appointed, the office has attorneys who could argue the case before a judge.

[2:35:57 PM](#)

SENATOR SHOWER referred to the 72-hour rule. He related a scenario in which a 12-year was left home with someone while the parents were out of town. Suppose the minor ran away and was picked up, perhaps screaming, so they ended up at a facility, but the facility couldn't reach the parents. He wondered if the minor would be held all weekend while medical staff continued to try to locate the parents.

MS. CARPENTER answered that it would depend. She recapped that a youth would be taken to one of the facilities because the youth was exhibiting mental health behaviors and needed to be examined by a mental health professional to see if they met the criteria for a 72-hour commitment. If they do not meet the criteria at any time, the youth cannot be held, and the patient will be released. A safe discharge would be necessary for a minor, so the facility would work with a parent or guardian.

MS. CARPENTER said if the youth met the criteria, the court would schedule a hearing related to the 72-hour commitment. She noted the committee would consider an amendment that could change it, but the 72-hour period does not include Saturday, Sunday, or legal holidays, which is also how it currently works. Thus, no hearings would be heard on those days.

[2:37:59 PM](#)

SENATOR HUGHES expressed concern that the amendment pertains to treatment facilities, which are the longer-term facilities such as the Alaska Psychiatric Institute (API). She asked about the 24-hour outpatient crisis stabilization center and the 7-day crisis residential center. She expressed an interest in reaching

out to the parent or guardian. She asked why the other facilities had dropped off.

[2:38:51 PM](#)

MS. CARPENTER apologized for not fully explaining Amendment 4. She stated that Sec. 11 relates to treatment centers. It deletes but reinserts the language currently found in Sec. 11 on page 4, lines 1-7, and in Sec. 13. It does exactly what Senator Hughes related. She read subsection (c):

When a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility admits a minor respondent under this section, the center or facility shall inform the parent or guardian of the location of the minor as soon as possible after the arrival of the minor at the facility. When a crisis stabilization center, crisis residential center, evaluation facility, or treatment facility admits an adult for whom a guardian has been appointed and the center or facility is aware of the appointment, the center or facility shall inform the guardian of the location of the adult as soon as possible after the arrival of the adult at the center or facility.

[2:40:19 PM](#)

MS. MEADE stated that it might clarify that the first part of the amendment would amend existing AS 47.30.693, which is for voluntary admissions for treatment. She said this could be viewed as a clean-up of existing law for voluntary admissions.

MS. MEADE indicated that AS 47.30.775 provides a robust statute related to committing minors involuntarily, which outlines their rights. As Mr. Bookman discussed, parents are notified and can be appointed their own attorney. The statute begins with AS 47.30.700, and all the rights apply equally to the minor. The parent can become a party to the case, which is unique and a significant right, so there are many protections for minors that have not been specifically discussed at this hearing.

[2:41:35 PM](#)

SENATOR HUGHES recalled Senator Begich and she expressed concern in the previous committee of referral that abusive family members or guardians should not be notified. She recalled it did not need to be specified because those protections were in place. She related her understanding that if a guardian became an abuser, it might not be known at this point, but it may have

triggered the mental health crisis. However, someone would not be appointed as a guardian if they have a history of abuse.

MS. CARPENTER, as a follow-up to the Senate Health and Social Services Committee, stated that she is correct, which is why the amendment removes the term, immediate family member. She highlighted that the department believes this is the more appropriate approach to protect an individual's rights and rights to privacy. She emphasized that special consideration was given to minors; that the parents need to know as soon as possible. This language provides enough flexibility for facilities if the parent or guardian is known. If frequent crises occur, the facilities will know the guardian or parent, which will improve notification. Further, it ties in with the Division of Juvenile Justice statutes, which provides similar laws.

[2:43:36 PM](#)

SENATOR SHOWER removed his objection.

[2:43:43 PM](#)

CHAIR HOLLAND found no further objection, and Amendment 4 was adopted.

CHAIR HOLLAND said he would not offer Amendment 5, work order 32-GS1730\I.10.

[2:44:20 PM](#)

CHAIR HOLLAND moved to adopt Amendment 6, work order 32-GS1730\I.12.

32-GS1730\I.12  
Dunmire  
4/28/22

#### **AMENDMENT 6**

OFFERED IN THE SENATE  
TO: CSSB 124 (HSS)

BY SENATOR HOLLAND

Page 11, lines 19 - 20:  
Delete ", guardian, or other family member"  
Insert "or guardian"

Page 11, line 21, following "and":  
Insert ", if available,"

Page 11, line 22:  
Delete "triggers,"

Page 11, line 30, through page 12, line 3:  
Delete all material and insert:

"(e) Before determining whether a minor patient should be given psychotropic medication under this section, a mental health professional shall, to the extent time and the nature of the crisis permit, consult with a parent or guardian of the minor, evaluate the minor for drug withdrawal and medical psychosis caused by currently prescribed drugs or self-medication, and, if available, review the minor's family history, diet, medication, and other possibly relevant factors."

[2:44:22 PM](#)

SENATOR SHOWER objected for discussion purposes.

[2:44:33 PM](#)

MS. CARPENTER stated that Amendment 6 pertains to Sections 19 and 20. Section 19 relates to AS 47.30.836, which is non-crisis medication. Amendment 6 would delete "guardian, or other family member" and insert "or guardian." On page 11, line 21 it would add "if available." It would also delete "triggers" on page 11, line 22. She reiterated that it would apply to non-crisis situations to ensure that before psychotropic medication is administered to a minor, the mental health professional would consult with a parent or guardian. The department recommended removing "other family member" because they generally do not have standing with a minor patient.

MS. CARPENTER said "triggers" is removed on line 22 because it is not defined in statute. The department held discussions with two psychiatrists at API, who said that they consult with parents when a minor is admitted in voluntary and involuntary commitments. She stated that Sec. 19 was added in the Senate HSS committee.

[2:46:11 PM](#)

MS. CARPENTER stated that the second half of Amendment 6 relates to Sec. 21 on the bottom of page 11 and pertains to crisis medication. The department requested a redraft of this section, retaining the intent of working with a minor's parent prior to administering psychotropic medication. She read:

Page 11, line 30, through page 12, line 3:

Delete all material and insert:

"(e) Before determining whether a minor patient should be given psychotropic medication under this section, a mental health professional shall, to the extent time and the nature of the crisis permit, consult with a parent or guardian of the minor, evaluate the minor for drug withdrawal and medical psychosis caused by currently prescribed drugs or self-medication, and, if available, review the minor's family history, diet, medication, and other possibly relevant factors."

MS. CARPENTER explained that to the extent possible, the department mirrors the language in both sections, but allowing that for a true crisis, where there is immediate harm to the patient or the provider, the providers could give crisis medication in those scenarios. The psychiatrists relayed that they would speak to the parents when the patients are brought in. Still, they must be able to address a crisis and provide crisis medications when that is the only safe option.

[2:47:52 PM](#)

SENATOR SHOWER said he understood administering the crisis medication to prevent patient self-harm or to protect the provider, but in non-crisis situations, it reads "and, if available." He asked why it reads "and" instead of requiring it in a non-crisis situation. He expressed concern about contraindications. He said it seemed that the psychiatrist wouldn't want to administer psychotropic medication until the information was available.

MS. CARPENTER stated that the language "and, if available" is in both sections. Thus, if the providers have the family history, diet, medication, and other possibly relevant factors, they will review it. However, if there isn't any way to obtain it, the providers would not be held responsible.

SENATOR SHOWER acknowledged it would be important during a crisis, but he has an issue with administering the drugs without having the information. He expressed concern that patients might experience more significant complications.

[2:49:50 PM](#)

SENATOR HUGHES stated that a single parent might not have access to the other parent's family history. Amendment 6 requires the consultation with a parent or guardian, and the family medical

history be reviewed. Still, if there is no known knowledge or way to access it, and the consulted parent gives their permission, she feels comfortable with it. The health care professional also must understand the dangers of contraindications. To uphold their oath, they would not administer something that would create a bad result.

[2:51:12 PM](#)

SENATOR KIEHL related his understanding that Amendment 6 adds to a list of restrictions in current law and that subsection (e) provides another limitation when a facility can administer psychotropic medications and not an expansion.

MS. CARPENTER agreed. She stated that it was important to remember that this goes to hospitals actually administering the medications, including API, Bartlett Regional Hospital, Fairbanks Memorial Hospital, and Mat-Su Regional Medical Center, which serve as the designated evaluation and treatment centers. It relates more to non-crisis scheduled medication.

[2:52:24 PM](#)

SENATOR SHOWER indicated that the language seems to suggest that it was forcing patients to be administered psychotropic drugs. He paraphrased a portion of the bill related to psychotropic drugs. He expressed concern that the medical professionals that could not obtain the family history and other information would administer the psychotropic medication anyway to a patient that does not involve a crisis.

[2:53:29 PM](#)

MS. CARPENTER responded that the parent or guardian must consent to the medication.

[2:53:52 PM](#)

SENATOR MYERS asked for the meaning of "triggers" since it was not defined.

MS. CARPENTER said she was unsure, which was why the department asked to have that term removed.

[2:54:11 PM](#)

SENATOR HUGHES indicated that the previous committee held more discussions on psychotropic drugs. She referred to Amendment 6, line 30, and stated that the phrase "to the extent time and nature of the crisis permit" was added. She related a scenario in which a young man, age 17, had a heart attack on the basketball court and was rushed by ambulance to the emergency

room. The parents might not have been present, but the hospital staff must administer lifesaving medication without parental consent in order to save the minor's life. Further, a minor might be doing something life-threatening. She stated that the goal is to get parental consent, but if the child is about to kill themselves, it's important to allow the health care professional to save the child's life. She indicated that the administration of these drugs would be limited to extreme situations. She related a situation in which a young person was beating their head against glass, and the glass was breaking, and they bled profusely, but the parent was not available. She emphasized the importance of allowing medical professionals to calm children in those situations. She stated that the goal was to contact the parent and obtain consent, but it is not always possible to do so.

[2:56:54 PM](#)

CHAIR HOLLAND offered his view that the committee might need further clarification on this issue.

CHAIR HOLLAND withdrew Amendment 6.

[2:57:22 PM](#)

CHAIR HOLLAND moved to adopt Amendment 7, work order 32-GS1730\I.13.

32-GS1730\I.13  
Dunmire  
4/29/22

#### AMENDMENT 7

OFFERED IN THE SENATE BY SENATOR HOLLAND  
TO: CSSB 124(HSS)

Page 13, lines 28 - 29:

Delete "state, municipal, or other local health officer"

Insert "federally certified health care provider"

[2:57:26 PM](#)

SENATOR SHOWER objected for discussion purposes.

[2:57:34 PM](#)

MS. CARPENTER stated that Amendment 7 provides the definition of a health officer. She explained that a prior committee

substitute that split out the definition of a peace officer in Sec. 27 of the bill on page 13 was changed to a more common meaning used in law enforcement. She indicated that they reviewed the terms that were deleted and came up with the term "health officer." However, the department initially defined it as "as 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." Amendment 7 would delete "state, municipal, or other local health officer" from the definition.

MS. CARPENTER related that the department consulted with numerous individuals who work under these statutes. She indicated that "state, municipal, or other local health officer" was a term no longer used, so they deleted it. However, in conversations with tribal partners, the department understood the desire to have community health aides, or behavioral health aides added. Amendment 7 would do that by inserting the language "federally certified health care provider." She noted that their tribal partners work through the authority of the Indian Health Services. Thus, their providers are federally certified and not licensed by the state.

MS CARPENTER stated that the health officers were the individuals that would see some people in rural Alaska in crisis. They could intervene and ask for that initial hold, similar to how a Village Police Safety Officer (VPSO) would operate. She characterized the health officers as the front-line providers.

[2:59:53 PM](#)

SENATOR SHOWER removed his objection.

[2:59:58 PM](#)

CHAIR HOLLAND found no further objection, and Amendment 7 was adopted.

[3:00:26 PM](#)

CHAIR HOLLAND held SB 124 in committee.

[3:00:40 PM](#)

There being no further business to come before the committee, Chair Holland adjourned the Senate Judiciary Standing Committee meeting at 3:00 p.m.