

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

March 16, 2023

3:04 p.m.

**MEMBERS PRESENT**

Representative Mike Prax, Chair  
Representative Justin Ruffridge, Vice Chair  
Representative CJ McCormick  
Representative Dan Saddler  
Representative Jesse Sumner  
Representative Zack Fields  
Representative Genevieve Mina

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

HOUSE BILL NO. 43

"An Act relating to professional and occupational licensing; and relating to treatment to change the sexual orientations or gender identities of children and vulnerable adults."

- HEARD & HELD

HOUSE BILL NO. 52

"An Act relating to the right of patients and residents to have a support person in person during treatment and during stays at certain facilities; and relating to a requirement that health care facilities make certain information available to the public."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: HB 43

SHORT TITLE: CONVERSION THERAPY PROHIBITIONS

SPONSOR(S): REPRESENTATIVE(S) HANNAN

01/23/23	(H)	READ THE FIRST TIME - REFERRALS
01/23/23	(H)	HSS, JUD, L&C
02/18/23	(H)	HSS AT 3:00 PM DAVIS 106
02/18/23	(H)	-- MEETING CANCELED --

03/16/23 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 52

SHORT TITLE: NO PATIENT LEFT ALONE ACT

SPONSOR(S): REPRESENTATIVE(S) VANCE

01/30/23 (H) READ THE FIRST TIME - REFERRALS  
01/30/23 (H) HSS, STA  
03/02/23 (H) HSS AT 3:00 PM DAVIS 106  
03/02/23 (H) Heard & Held  
03/02/23 (H) MINUTE (HSS)  
03/16/23 (H) HSS AT 3:00 PM DAVIS 106

**WITNESS REGISTER**

REPRESENTATIVE SARA HANNAN

Alaska State Legislature

Juneau, Alaska

**POSITION STATEMENT:** As the prime sponsor, introduced HB 43, Version B.

HUNTER MEACHAM, Staff

Representative Sara Hannan

Alaska State Legislature

Juneau, Alaska

**POSITION STATEMENT:** On behalf of Representative Hannan, prime sponsor, presented the sectional analysis for HB 43, Version B.

MATHEW SHURKA, Co-Founder and Chief Strategist

National Center for Lesbian Rights

Born Perfect Campaign

New York City, New York

**POSITION STATEMENT:** Provided invited testimony on HB 43, Version B.

CASEY PICK, Director

Law and Policy

The Trevor Project

Alexandria, Virginia

**POSITION STATEMENT:** Provided invited testimony on HB 43, Version B.

DUSTIN MORRIS, Alaska Director

American Foundation for Suicide Prevention

Anchorage, Alaska

**POSITION STATEMENT:** Provided invited testimony on HB 43, Version B.

LEVI FOSTER, representing self  
New York City, New York

**POSITION STATEMENT:** Provided invited testimony on HB 43,  
Version B.

REPRESENTATIVE SARAH VANCE  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** As the prime sponsor, presented HB 52.

KRISTIN HILLS, representing self  
Big Lake, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

JENNIFER KADAKE, representing self  
Kake, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

RITA TROMETTER, representing self  
North Pole, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

JARED KOSIN, President, CEO  
Alaska Hospital and Health Care Association  
Anchorage, Alaska

**POSITION STATEMENT:** Provided testimony in opposition of HB 52.

NATHAN DAHL, representing self,  
Wasilla, Alaska

**POSITION STATEMENT:** Provided testimony on HB 52.

BARBARA TYNDALL, representing self  
North Pole, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

DAVID WALLACE, CEO,  
Mat-Su Regional Medical Center  
Palmer, Alaska

**POSITION STATEMENT:** Provided testimony on HB 52.

CHRIS TUCK, representing self  
Juneau, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

LARISA FONOV, representing self  
Wasilla, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

KELLI TOTH, representing self  
Chugiak, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

ALISON LIBBY, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

CONNIE GRAFF, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

PEGGY ROTAN, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

EVELYN DUTTON, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

BERNADETTE WILSON, State Director  
Americans for Prosperity  
Anchorage, Alaska

**POSITION STATEMENT:** Provided testimony in support of HB 52.

#### **ACTION NARRATIVE**

[3:04:40 PM](#)

**CHAIR MIKE PRAX** called the House Health and Social Services Standing Committee meeting to order at 3:04 p.m. Representatives Ruffridge, McCormick, Saddler, Sumner, Fields and Prax were present at the call to order. Representative Mina arrived as the meeting was in progress.

#### **HB 43-CONVERSION THERAPY PROHIBITIONS**

[3:05:55 PM](#)

CHAIR PRAX announced that the first order of business would be HOUSE BILL NO. 43, "An Act relating to professional and occupational licensing; and relating to treatment to change the sexual orientations or gender identities of children and vulnerable adults."

[3:06:36 PM](#)

REPRESENTATIVE SARA HANNAN, Alaska State Legislature, as prime sponsor, introduced HB 43. She stated that the proposed legislation came out of her work on the Suicide Prevention Council, as it is tasked to find the root causes of suicide and ways to promote harm reduction for Alaskans. She reported that conversion therapy had been found to be a contributor to suicidal behavior and ideation. She expressed the opinion that the first step to solve Alaska's mental health crisis is to look at the statistics for at risk populations. She reported that people who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ) are at a higher risk of suicide than peers, and people who have been subjected to conversion therapy to change their sexual orientation exhibit an additional rate of risk. She reported that 20 other states have conversion therapy bans. She added that it has been deemed by multiple national psychology organizations as an unscientific practice. She iterated that HB 43 focuses on the licensure and regulation of health care practitioners. She noted that a committee substitute has been drafted to remove unwanted language from the original version and to keep the focus on licensure, as intended.

[3:10:12 PM](#)

REPRESENTATIVE Ruffridge moved to adopt the proposed committee substitute (CS) for HB 43, Version 33-LS0186\B, Dunmire, 2/14/23, ("Version B") as the working document. There being no objection, Version B was before the committee.

[3:10:53 PM](#)

HUNTER MEACHUM, Staff, Representative Sara Hannan, Alaska State Legislature, on behalf of Representative Hannan, prime sponsor, presented the sectional analysis for HB 43, Version B [copy included in the committee packet], which reads as follows [original punctuation provided]:

HB 43 would prohibit physicians, physician assistants, psychiatrists, psychologists, psychological associates, and other "practitioners of the healing arts" licensed by the state from treating a person under the age of 18 or a vulnerable adult with a therapy or regimen that seeks to change their sexual orientation or gender identity.

**Section 1** amends AS 08.01.077 to include treating an individual under the age of 18 or a vulnerable adult with

a "conversion therapy" as among the grounds a department or board may consider for disciplining or sanctioning a person licensed, certified, or regulated by that department or board.

**Section 2** adds a new subsection under AS 47.17.024 to stipulate that a practitioner of the healing arts licensed under state statute may not treat an individual under the age of 18 with a therapy or other regimen that seeks to change the individual's sexual orientation or gender identity. Religious healing practitioners are exempted from the prohibition. Section 2 also specifies certain varieties of counseling to which the prohibition does not apply.

**Section 3** of the bill adds a new subsection to AS 47.24 to stipulate that a practitioner of the healing arts licensed under state statute may not treat a vulnerable adult with a therapy or other regimen that seeks to change the individual's sexual orientation or gender identity. Again, religious healing practitioners are exempted from the prohibition, and the section also specifies certain varieties of counseling to which the subsection does not apply.

**Section 4** states that the provisions of the bill apply to conduct that occurs on or after the effective date of the Act.

[3:13:59 PM](#)

MATHEW SHURKA, Co-Founder and Chief Strategist, National Center for Lesbian Rights, Born Perfect Campaign, provided invited testimony on HB 43, Version B. He explained that the Born Perfect Campaign represents survivors of conversion therapy. He stated that 20 states and 120 municipalities have passed similar legislation and ordinances prohibiting conversion therapy have been passed, all with bipartisan support. He asserted that evidence backs the understanding that conversion therapy is harmful, fraudulent, and can cause lifelong damage, including potential suicide. He explained that he is 1 of the 700,000 Americans who have experienced conversion therapy. He stated that Born Perfect tracks conversion therapy survivors and their experiences from first-hand accounts. He expressed the understanding that in Alaska there is a referral system between licensed practitioners, pastors, and other individuals who recommend conversion therapy. As an example, he shared his personal history of 5 years in conversion therapy, which started

at the age of 16. He emphasized that all the therapists he saw were licensed by their corresponding state. He shared that after coming out as gay to his father, his father found a therapist who believed that being gay was a curable mental illness. The therapist insisted that all people were innately heterosexual and being gay was caused by childhood trauma. He stated that he had trusted his father and began the therapy; however, the therapist was puzzled because of the lack of any childhood trauma present. His therapists posited that he was experiencing "same sex attraction" because he was too close to his mother and sisters and not close enough to his father. The treatment began by removing his ability to speak to his mother or his sisters for three years, and this was to discourage his use of "feminine behaviors."

MR. SHURKA stated that he developed severe depression and suicidal thoughts during the second year of his treatment, even though he believed that the treatment was working. He shared that he was eventually encouraged to engage sexually with women and given step-by-step instructions on how to do so. However, he expressed that this form of treatment had caused him extreme anxiety, to the point he was not able to perform sexually. Even though he was a "healthy 17-year-old boy" who did not suffer from erectile dysfunction, his therapist gave him Viagra through a prescription written in his father's name, claiming this would allow him to be more confident in pursuing relationships with the opposite sex. He reported that his parents spent over \$35,000 for the conversion therapy and he eventually dropped out of college because of anxiety and depression. He described the experience as artificial, humiliating, and demeaning. He argued that every licensed therapist should know conversion therapy is fraudulent, as it has no scientific backing. He argued that no therapist licensed by the state should be able to prescribe conversion therapy to children. He said that his organization has been working with therapists who used to conduct conversion therapy for decades but now publicly denounce the practice. He stated that 25 of these therapists have signed a letter in support of HB 43.

[3:20:48 PM](#)

CHAIR PRAX asked whether the letter was included in the committee materials.

MR. SHURKA stated that it was not yet but would be given to the committee as soon as possible.

3:21:30 PM

CASEY PICK, Director, Law and Policy, The Trevor Project, provided invited testimony on HB 43, Version B, via a written statement, which was read for the record by Mr. Shurka. The statement read as follows [original punctuation provided]:

Good afternoon, my name is Casey Pick and I am the Director of Law and Policy for the Trevor Project. I am also an attorney with over a decade's experience with LGBTQ legislation [in support] of laws like this one. I'd like to thank [you for] the opportunity to express the Trevor Project's strong support of House Bill 43, which protects youth under the age of 18 from sexual orientation/gender identity change efforts, sometimes known as conversion therapy, at the hands of licensed professionals. 20 states and nearly 100 municipalities have passed similar legislation, which has been consistently upheld, was carefully crafted, and now tailored to protect the mental health and wellbeing of LGTBQ youth. Alaska should be proud to join their ranks. The Trevor Project is the leading suicide prevention and crisis intervention organization dedicated to serving LGBTQ young people. They work every day to save young lives by providing support through free and confidential 24/7 telephone lifeline, chat, and text platforms. To further our mission of ending LGBTQ youth suicide, Trevor is dedicated to seeing the end of conversion therapy. In doing so, we are aligning with every major medical and mental health organization in condemning these practices as harmful, ineffective, unethical, and founded on unscientific theories [which have] been debunked for decades. Trevor also conducts in-depth research into issues effecting the mental health of the youth we serve. Our 2022 national survey on LGBTQ mental health surveyed nearly 34,000 respondents between the ages of 13-24 and found that 17 percent of these youth reported being threatened with subjected to conversion therapy (the breakdown is 11 percent threatened and 6 percent subjected to the practice). Tragically, LGBT youth who reported being subjected to or threated with conversion therapy have also attempted suicide at more than twice the rate of their peers who did not, at rates of 28 percent versus 11 percent. However, research also shows these youth are more than two and a half times more likely to report

multiple suicide attempts in the previous 12 months (between 2021 and 2022). You can read more about this peer reviewed article in the American Journal of Public Health. In the past year alone, our crisis services have responded to over 700 contacts from Alaska alone, which we estimate is a small fraction of the LGBTQ youth in Alaska who seriously considered suicide in the past year. Nationally, many of the young people we serve are conversion therapy survivors or are afraid their family members will put them through this. Our counselors don't ask about conversion therapy directly when a youth calls in during a crisis, but in the last year 1,300 contacts across the U.S. explicitly raised the topic themselves. These contacts came from almost every state and from more than 600 different cities and towns across the country. Some of these youth contact us because their parents are threatening to send them to conversion therapy. Others call us because they are actually undergoing such treatments and it's not working, and their feelings of isolation and failure contribute to suicidal thoughts and behaviors. Many are afraid to come out because they fear it will result in somebody trying to change them. Some are looking for support to get out of conversion therap. Especially relevant to our discussion today, it is not uncommon for young people to call us expressing relief that conversion therapy is illegal where they live currently. There is one more piece of research I would like to share with you today. Medical experts have known for decades that conversion therapy contributes to elevated rates of mental health struggles, including depression, anxiety, substance abuse, and suicide attempts. In 2022 JAMA Pediatrics, a peer reviewed journal of the American Medical Association, published an article which used health economics to find an annual direct cost of conversion therapy in the United States, which is \$650 million. Worse, the indirect cost associated with depression, suicide attempts, etcetera, totals more than \$8 billion nationwide. While it is powerful to hear these harms put in terms of dollars and cents, I need to remind you that these astronomical figures represent the suffering of individuals, of our friends, neighbors, students, and children. As to the concern that is sometimes raised that protections like this interfere with the ability of parents to raise their children,

that is simply not the case. It is long established that the fundamental rights of parents do not include endangering their children by forcing them to undergo medical practices that have been rejected by the scientific community [and] had [been] discredited [as] harmful. The law protects against the forms of child endangerment. In fact, this bill will protect parents from being taken advantage of and from the heartbreaking way these practices tear families apart. As to questions raised by conversion therapy proponents about the constitutionality of protections for youth from these practices, policy makers can be assured that multiple federal courts, including the ninth circuit court of appeals once again in January of this year, have upheld similar laws protecting youth from conversion therapy. The power of states to regulate medical treatments including professional therapy to insure the public's health and safety is long established in supreme court precedent. Indeed, it is [the] core purpose of professional licensing boards to regulate potentially dangerous medical treatments, conversion therapy is no exception. This bill does not restrict any protected first amendment speech, it prohibits discredited treatments by state licensed mental health care professionals. It does not apply to clergy or to individuals who provide purely religious instruction. It also does not prevent anyone from publishing, discussing, or advocating any viewpoints or beliefs regarding sexual orientation, gender identity, or anything else. We want youth in Alaska to grow up knowing they are loved supported, [and] can thrive as their authentic selves. This bill [would] not only provide a real remedy for survivors of conversion therapy but also serve to educate the families of these youth who come out that this practice [is] discredited and dangerous. For these reasons, on behalf of the youth who depend on our services, the Trevor Project strongly supports House Bill 43. Thank you for your consideration.

[3:29:08 PM](#)

DUSTIN MORRIS, Alaska Director, American Foundation for Suicide Prevention, expressed support for HB 43, Version B, on behalf of the foundation. He stated that the mission of the foundation is to save lives and provide hope to those who are suicidal. He

mentioned that in addition to the states that have already passed similar legislation, Utah is posed to be the twenty-first state. He asserted that Alaska should be on par with the rest of the country in protecting Alaska's children. He suggested that passing Version B would align with Governor Dunleavy's promise to make Alaska the most pro-child state in the nation. He reported that one in eight LGBTQ children have attempted suicide in the last year, and this has contributed to the rising suicide rates in Alaska. He noted that the 220 suicides in 2021 serves as the highest on record in the state. He stated that more could be done to support all Alaskans, but especially youth and vulnerable populations. He reiterated that passing the proposed legislation would meet this goal. He emphasized that every major health organization has negated conversion therapy, as it has no scientific basis. He posited that the committee members are aware of the mental health issues facing Alaskans, and he argued that this would be one step forward towards a solution.

[3:31:48 PM](#)

LEVI FOSTER, representing self, shared that he was born in Anchorage and raised in Wasilla. He stated that he came out as gay at the age of 16. He related that he had been "terrified" of the potential consequences of coming out; however, he did not want to hide an integral part of himself from his family. He stated that after his parents sought advice from a bishop at their church, a therapist was suggested. He reported that the therapist told his family he suffered from "same sex attraction," and the therapist described it as a "curable psychological disorder." He stated that, as a 16-year-old, he was told by the therapist he was "broken and needed to be fixed" and was "unlovable." He explained that this was damaging, as it became a subconscious fear, which took decades to undo. He stated that he had expressed to his therapist that he wanted a happy life and love from his parents; however, his therapist had said he would only achieve this if he "pushed" himself to be straight. He reported that after the original treatments were unsuccessful, his therapist suggested he be sent to a more intensive therapy program. From the experience at the new facility, he began questioning the efficacy of the treatments to be "reprogrammed." He recalled that at the new facility emotional abuse and manipulation was extremely transparent, as there were no signs of it accomplishing its purpose, as not a single individual in therapy had changed. He described that the other patients had deep despair, which was proof the treatments were breaking their mental health into pieces.

MR. FOSTER stated that the teachings of conversion therapy stressed the concept that being gay was to be forever alone, and this caused many patients to hide their true nature. He shared that he had reached a breaking point and decided to either leave the facility or end his life. While he was able to escape, most of the patients he met have since taken their own lives. He explained that after leaving the facility he did not have contact with his parents until he was 18, and this was to ensure they could not send him back. He shared that when he did reconnect with his parents, they were remorseful and angry, as they felt deceived by the therapists and religious leaders. He shared that before his mother passed away in 2016, she had conveyed to him that she wished she had provided the support he needed when he came out. He said that today he lives with his husband in New York and has found happiness and love despite the trauma he experienced. He stated that he is still healing from the past, and he expressed the hope that sharing his story will help prevent similar hurt to LGBTQ children across Alaska. He asked the committee to take this bill as an opportunity to stand with the consensus of medical professionals in the awareness that conversion therapy is an unscientific practice, so the perpetuation of "abuse disguised as therapy" will stop.

[3:38:28 PM](#)

REPRESENTATIVE HANNAN urged the committee to listen and feel these testimonies. She pointed out that Alaska has "horrifying" statistics for suicide. She stated that breaking down the complex issue of providing legislative help for the mental health crisis is difficult; however, she asserted that Version B could make real headway in reducing harm for at-risk youth.

[3:39:43 PM](#)

REPRESENTATIVE SUMNER noted that Section 2 of the bill lists the types of therapy and treatments being prohibited; however, gender transition therapy would not be effected by the bill. He questioned an explanation of the difference between conversion and gender transition therapy.

[3:40:20 PM](#)

MS. MEACHUM explained that the proposed legislation defines what conversion therapy is and states which therapies are acceptable. She directly quoted the definition of conversion therapy found in Section 2, as follows:

a therapy or another regimen that seeks to change the individual's sexual orientation or gender identity, including efforts to change behavior or gender expression or reduce or eliminate sexual or romantic attraction or feelings toward a person of the same gender. This subsection does not apply to counseling that provides support and assistance to an individual undergoing gender transition or counseling that provides acceptance, support, and understanding of an individual or facilitates an individual's coping, social support, and identity exploration and development.

[3:41:43 PM](#)

REPRESENTATIVE SUMNER expressed his continuing confusion about the difference between providing counseling to change someone's gender and conversion therapy to change someone's sexual orientation. He noted other issues, positing that a child could be convinced to receive other types of [potentially harmful] therapy.

[3:43:04 PM](#)

REPRESENTATIVE HANNAN clarified that the language of the bill was designed to prohibit therapy harmful to those coming out as gay, but not meant to restrict practitioners who support transgender children through therapy. She reiterated that the goal of the proposed legislation would be to prevent licensed therapists from "converting" someone.

[3:44:11 PM](#)

REPRESENTATIVE RUFFRIDGE expressed that he shared Representative Sumner's confusion on Section 2. He stated that from an objective standpoint, the bill reads as a prohibition of all therapy seeking to change a patient's gender identity or sexual orientation, and it is not specific to conversion therapy.

MS. MEACHUM expressed the opinion that the bill would not prohibit counselling to support gender-affirming care, as it does not dictate that a particular kind of orientation is "not okay." She explained that the first part of the subsection defines "conversion therapy" as treatments that seek to change the sexual orientation or gender identity of an individual.

[3:46:41 PM](#)

REPRESENTATIVE FIELDS inquired how other states have defined conversion therapy bans. He posited that not including language about what would still be allowed would make the bill easier to interpret.

MS. MEACHUM replied that she would report back to the committee with the requested information.

[3:47:18 PM](#)

CHAIR PRAX announced that CSHB 43, Version B, was held over.

[3:47:24 PM](#)

The committee took a brief at-ease.

**HB 52-NO PATIENT LEFT ALONE ACT**

[3:47:31 PM](#)

CHAIR PRAX announced that the final order of business would be HOUSE BILL NO. 52, "An Act relating to the right of patients and residents to have a support person in person during treatment and during stays at certain facilities; and relating to a requirement that health care facilities make certain information available to the public."

[3:49:04 PM](#)

REPRESENTATIVE SARAH VANCE, Alaska State Legislature, as the prime sponsor, introduced HB 52. She stated that the proposed legislation relates to patients' rights in regard to having a support person available during treatment, and it would require health care facilities to make certain information available to the public.

[Public testimony was opened.]

[3:49:54 PM](#)

KRISTIN HILLS, representing self, provided testimony in support of HB 52, on behalf of her grandmother and brother [because of poor reception, parts of the testimony were indiscernible]. She shared that her grandmother had repeatedly expressed the desire not to die alone. Her grandmother had been diagnosed with a

brain tumor, and in 2020 she was placed in hospice care during the COVID-19 pandemic. She expressed the opinion that because of "unconstitutional" policies put into place during the pandemic, her grandmother's friends and family were kept from visiting during the five months before she passed. She described her grandmother as being angry, depressed, and scared. She acknowledged that the intention behind the policy was to keep her grandmother from contracting COVID-19; however, her grandmother was infected anyway, and it was the cause of her death. She reported that her family had to say goodbye to her grandmother online, and they were not able to grant the wish of her not dying alone.

MS. HILLS asserted that both the legislative and executive branches chose not to change any policies, and hospitals were allowed to separate patients from their families. This further affected her family, as she shared that her mentally disabled brother caught COVID-19 in 2021 and was in the hospital for six days without being able to see any family. She compared being denied the ability to sit with your family while they are sick or dying to "Nazi Germany." She expressed disbelief that this could happen in a free society. She expressed support for HB 52; however, she suggested an amendment to increase the number of people allowed to visit, positing that patients do not want just one person with them. She argued that no one should be denied the right to see family while on his/her death bed. She argued that not being with a loved one at the end of life impedes the family's grieving process because the family is unable to say a proper goodbye.

[3:54:05 PM](#)

JENNIFER KADAKE, representing self, testified in support of HB 52. She stated that the proposed legislation would bring attention to the rights of patients living in rural Southeast Alaska. She expressed the understanding that there are no policies or procedures in emergency facilities that require patients be made aware of their rights, and this includes the right to have a support person. She shared that she had recently been involved in a severe motor vehicle accident; however, she remained cognizant. She shared her belief that if a support person were able to be with her during treatment, a traumatic medical experience could have been avoided. She stated that this experience continues to give her nightmares. She explained that she has had professional experience in emergency medical interventions, including the intraosseous infusion (IO) procedure, which was conducted on her after the

accident. She explained the IO process, which involves inserting a needle into the bone marrow of a leg, so medication can be administered through a catheter. During her emergency treatment she heard an IO order, which she vocally refused, while begging and screaming. She stated that the IO procedure had to be done twice, after which she passed out from the pain. She asserted that if she had had the right to a support person, her wishes to not have the IO procedure would not have been ignored. She testified that she supports HB 52, as it would include the right to deny medical advice, reduce patient fear and anxiety, and improve the overall patient experience. She posited that with the passage of HB 52 inhumane medical practices, like the one she experienced, would be unlikely to happen again.

[3:58:05 PM](#)

MS. KADAKE, in response to a question from Chair Prax, replied that her accident occurred in August of 2020. In response to a follow-up question concerning whether she was refused a support person, she responded that she was not informed of the right to have a person with her.

[3:58:40 PM](#)

REPRESENTATIVE SADDLER referred to Ms. Kadake's claim that if the bill had been in place her negative experience would not have happened. He shared the understanding that the proposed legislation would allow patients to have a support person present; however, it would not fundamentally change the authority of either party to accept or refuse medical treatment. He asked whether she could point to a place in the bill where it would change these rights.

MS. KADAKE shared her belief that if the bill were passed and patients were allowed to have a support person present during any medical procedure, informed consent would be more likely. She suggested that if the patient were in a mental or physical state of being unable to advocate for themselves, the support person would be able to advocate for the patient.

REPRESENTATIVE SADDLER sought confirmation that passing HB 52 would allow patients who may not have medical training or be affected by pain and fear to have an extra advocate in the room to help make their case for or against suggested treatments.

MS. KADAKE confirmed the statement by using the example of her grandfather who went into the hospital during the period when visitors were restricted. She shared that he did not have a strong understanding of medical language and his understanding and ability to communicate was impacted because of the severity of his sickness. She opined that codifying the right for patients to have a support person would create a more overall ethical treatment of patients.

[4:01:37 PM](#)

RITA TROMETTER, representing self, testified in support of HB 52. She shared that her adult son was diagnosed with a terminal condition several years ago, and as part of his care she promised he would never be alone. She stated that she had slept in his hospital room overnight, and she shared her belief that being able to give her son constant support helped both her and her son cope with the many complex components of his treatment. She argued that the policies put into place during what she described as the "plan-demic" removed any opportunity for families and patients to feel secure during treatments. She expressed the opinion that any future controls set by the government would further reduce the public's trust in medical professionals.

[4:03:51 PM](#)

JARED KOSIN, President, CEO, Alaska Hospital and Health Care Association, testified in opposition to HB 52. He acknowledged that the stories of limited visitations during COVID-19 are tragic, and patients were critically impacted. He pointed out that visitation restrictions like the ones put into place for COVID-19 have never happened before, and he argued that putting an indefinite standard in place in reaction to this extreme, once in a lifetime event would not make sense. He reported that patient rights are already outlined in federal law, and regularly surveyed. He stated that the requirement for written disclosure in HB 52 already exists explicitly in federal law. He noted that the necessary clinical exemptions included in HB 52 are also already provided in federal law. He argued that HB 52 is attempting to penalize visitor limitations through data requirements, fines, and newly created cause of action claims, even though the federal law already has an enforcement system in place through a standardized survey, appeal, and penalty process. He stated that every facility in the country is already required to follow this. He expressed the opinion that the main problem with HB 52 is that it attempts to regulate

something already regulated but with a new set of terminology, enforcement mechanisms, and requirements. He argued that this would lead to confusion and competing standards. He emphasized that the experiences of patients and families were tragic and something the medical field never wants to see happen again; however, he explained that the policy decisions were made by medical professionals and experts "on the ground" within each facility and not by the government. He stated that his organization does not support HB 52, as written, because of its vague requirements and the civil liability it would create; however, he reported that the association would be willing to work with Representative Vance and the committee to make the language more congruent with existing federal law.

[4:07:09 PM](#)

REPRESENTATIVE SUMNER stated that if visitation rights were already protected by federal regulation, questioned how the COVID-19 policy changes were put into place.

MR. KOSIN reiterated that the policy decisions made by hospitals and other health care facilities were not made based on the state or federal level emergency declarations. He explained that both HB 52 and the current federal regulations include language referencing situations where it is clinically necessary and reasonable to limit visitation. He explained that clinicians have always had the ability to use their judgment and training to limit visitation. He gave the example of a doctor limiting visitors for a patient who is recovering from an overdose, as a visitor may attempt to bring the patient illegal narcotics. He emphasized that all hospital policies are based on current law, as it allows physicians to use their best judgement to make visitation decisions. He explained that during the pandemic, care teams had made visitation policies based on the many factors faced with the COVID-19 virus, including its high rate of transmission. He reiterated that decisions had not been based on any disaster declarations or statements from government officials.

[4:09:24 PM](#)

REPRESENTATIVE SUMNER asked Mr. Kosin to provide the committee with written visitation policies for some of the hospitals in Alaska.

MR. KOSIN said he would be able to provide copies of the policies, which he reiterated were maintained and surveyed by the joint commission.

[4:09:53 PM](#)

REPRESENTATIVE FIELDS shared his concern that HB 52 could cause unanticipated consequences, such as the possibility a sex trafficking victim could be accompanied by the trafficker. He asked whether HB 52 would put a hospital under legal risk and ambiguity when it makes a choice to admit the "support" person.

MR. KOSIN responded that in regard to HB 52 this concern is something medical professionals are also struggling with. While medical professionals agree with Representative Vance and previous testifiers about the importance of visitors, he reported that there are times when it is important for a visitor to not be present, as the patient may not be comfortable speaking up for themselves. He explained that under current law, medical professionals can use their expertise to pick up on signals when a patient may be in a sex or human trafficking situation, and a visitation limit can be made based on this clinical judgement to protect the patient. He stated that the limit to visits must be documented and surveyed in accordance with existing laws. He reiterated that HB 52 would create a new ambiguous standard, with civil liability and state sanctions attached. He posited that it would cause medical professionals to question which standards should be applied and whether health care facilities are allowed to "turn people away" at all. He opined that denying hospitals the ability to limit visitation, when necessary, could put patients in harms way and lead to poor outcomes.

MR. KOSIN, in response to a follow-up question, stated that hospital facilities do treat youth victims of domestic abuse or sexual assault.

REPRESENTATIVE FIELDS questioned whether the bill could create a situation where a hospital would be forced to admit the perpetrator of the abuse as the patient's visitor.

MR. KOSIN expressed concern that HB 52 could create a situation where clinicians feel pressure to admit visitors who would otherwise be denied access. He reiterated his belief that creating a uniform standard based solely on a "once in a century" event of the COVID-19 pandemic has the potential to lead to unseen consequences.

[4:13:20 PM](#)

REPRESENTATIVE SADDLER pointed out that this question may be addressed on page 4 of the bill, as it states that a health care facility may not separate a minor from their parent or guardian unless abuse was suspected. He sought the confirmation that during the pandemic there were no changes made to visitor policy, rather there was an implementation of already existing, but rarely used, policy.

MR. KOSIN reiterated that there has been no record of restricted visitation to the degree seen during the COVID-19 pandemic, and the written policy had not changed during this time. He stated that the policies have always acknowledged there may be situations when restricted visitation would be clinically needed, and it would be up to the medical team to use reasonable judgement to do so. He argued that during the pandemic hospitals did not change their policies; however, policies were exercised, as written, to create protocols in response to a large-scale medical crisis. He emphasized that the concept of the visitation policy did not change, but protocols were implemented, and these were based on judgement calls afforded to teams based on the situation created by COVID-19.

[4:15:37 PM](#)

REPRESENTATIVE SADDLER asked for an explanation of how it was possible for the policy to not change when the protocols changed.

MR. KOSIN replied that federal policy written for the [hospital] environment has always recognized there could be situations where it is medically necessary for a medical team to limit visitation; therefore, it allows for the medical professionals to make these decisions based on their judgement. He asserted that during the pandemic clinical leaders across the country called upon this judgement because of the highly infectious nature of the virus, and visitation was limited based on the severity of the situation. He stated that the concept of clinical latitude for the visitation policy existed before, during, and after the pandemic, and how it is exercised is contingent on the circumstances of the moment.

[4:17:16 PM](#)

REPRESENTATIVE SADDLER mentioned Mr. Kosin's acknowledgement of the horrific situations families went through because of visitation limits. He questioned whether the same procedures would be implemented should there be another pandemic in the future.

MR. KOSIN responded that the problem with trying to predict procedure is the medical community has no way of knowing what the next pandemic will look like and how it will need to be handled. He explained that this is why policy allows for judgements to be made when situations arise; this is so decisions can be made based on the circumstances in the moment. He argued that he cannot predict what the clinical judgement is going to be for the next massive event, because it is not known how severe the event will be. He maintained that putting a mandate into place requiring visitation in all circumstances circumvents clinical judgement. He expressed the opinion that medical clinicians should remain in control of visitation policy rather than the government. He advised the committee to "shore up" the intent with HB 52 by comparing it to federal law. This would ensure a new standard that deviates from existing federal policy would not be created.

[4:19:35 PM](#)

REPRESENTATIVE MINA referred to the section in the proposed legislation that would require care facilities to make visitation policies available to the public online or in a printed format. She questioned the current federal requirements for making such policies publicly available.

MR. KOSIN stated that medical facilities already publish visitation policies. He deferred to other experts.

[4:21:08 PM](#)

REPRESENTATIVE MINA shared her interest in the possibility that the support person proposed in HB 52 could function as an additional advocate for the patient's medical decisions. She pointed out that there are preventative measures, such as power of attorney, and this would be so a person could advocate on a patient's behalf. She questioned what it would take to have a person act as an advocate if there was a restriction on visitation.

MR. KOSIN deferred to other experts to answer the question. He reiterated that there is an understanding across the medical

profession that having visitors at the bedside is important, and this includes advocacy. He continued that the desire to limit visitation does not exist outside of extreme circumstances, which explains the degree of limitations during COVID-19.

[4:23:36 PM](#)

REPRESENTATIVE FIELDS asked whether Mr. Kosin is aware of other sections of state law that expose medical professionals to civil liability in the same way HB 52 would.

MR. KOSIN asserted that introducing civil liability for medical professionals like this is a new concept the medical field is not used to seeing.

REPRESENTATIVE FIELDS posited that any costs such as this would likely be passed on to the patients [through an increase in health care prices]. He asked whether he was correct in this assumption.

MR. KOSIN stated that he could not predict exactly how much costs would increase or how it would be dealt with, but he confirmed the assumption that extra costs traditionally get passed on to the patient.

REPRESENTATIVE FIELDS questioned what would happen if a low-income litigant sued a health care facility and lost. He asked whether the facility would be forced to "eat" the legal fees even though it won the case.

MR. KOSIN opined that litigation would be the worst option for all parties involved, no matter who wins. He posited that in the event of increased lawsuits from patients who were unhappy with visitation limits, valuable resources would be used, even if the suits were handled quickly or dismissed.

[4:25:35 PM](#)

REPRESENTATIVE SADDLER posited that a conflict exists between epidemiology and humanity. He questioned whether there would be a way for the health care industry to issue an apology to the families of patients who died alone during the COVID-19 pandemic.

MR. KOSIN shared his belief that all medical practitioners are sorry for any families and patients who were denied visitation during the pandemic. However, he stressed that the members of

the medical community are human, and everyone went through significant loss and hardship. He stated that the doctors, nurses, and other medical staff who worked through the pandemic saw extreme trauma and experienced personal loss on a level never seen before. He described the pandemic as the biggest catastrophe anyone currently in the medical profession has had to face and "nobody won, everybody lost." He apologized to the families on his own behalf and expressed his sincere hope that no one experiences similar trauma from visitation limits again; however, he reiterated that creating reactionary regulations to prevent issues with visit limitations would not solve the problem.

[4:27:46 PM](#)

NATHAN DAHL, representing self, shared his longtime experience as an administrator for multiple assisted living facilities in Alaska, and he stated that currently he runs Maple Springs Living in Wasilla. He stated that he is not testifying for or against HB 52, rather he expressed the hope to provide context for what staff at nursing facilities went through during the pandemic. He reported that all skilled nursing facilities are licensed and regulated differently, and the skilled nursing program at Maple Springs Living is surveyed and regulated through the Centers for Medicaid and Medicare Services (CMS), which is a federal agency that provides policy updates on a yearly basis. However, he stated that their assisted living program is regulated by the Division of Corporations, Business, and Professional Licensing at the Alaska Department of Commerce, Community, and Economic Development (DCCED). He shared that during the pandemic he was in a unique position to see the differences between how the two organizations reacted and how this affected care facilities. He reported that at the smaller assisted living facilities licensed by the state, policy was changed to require reporting to the state epidemiology division and to require masking to prevent the spread. He explained that between the time visitation was allowed and the restrictions were put into place, COVID-19 was introduced into the facilities. He stated that at times the entire population of a facility was infected. Because so many people across the state were infected at the same time, he said he was getting calls asking for spare caregivers, and caregivers had to work for five or six days on end to provide coverage until others could return to work.

MR. DAHL shared that he administrated one small facility with only 12 bedrooms, and it experienced an outbreak that caused the

death of 5 residents, and this had been traced back to a single visitor. He shared how hard it was to experience the loss of these patients and the struggles of staff, many of whom experienced pay issues because they were not able to come into work. In contrast, he described the policies put into place by CMS for the skilled nursing program at Maple Springs, which included much stricter regulations, including a requirement of testing for anyone coming into the building. He reported that because of this difference, the skilled nursing program did not have a single death for a year and a half. He acknowledged that there were cases where patients passed away without anyone being allowed to be with them because of the restrictions, and he described the pandemic as a "terrible time." He stated that he and the staff were tasked with protecting the residents in their care, and he asserted that when more people were allowed access to the care facilities, it increased the chance of spreading COVID-19. He emphasized that knowing how to proceed with providing services safely was difficult for everybody, and care providers had done their best while combating work shortages and experiencing loss themselves. He expressed the hope that any new regulations would not be based solely on the two-year period of the COVID-19 crisis, as this had been a time of extreme uncertainty, and care providers were "flying by the seat of our pants." He opined that there may have been a better way to do things, but COVID-19 was a new, complex danger the medical community did not fully understand. He shared that there was trauma, hurt, and death on all sides of the pandemic experience.

[4:34:23 PM](#)

REPRESENTATIVE MINA thanked Mr. Dahl for explaining the differences between how assisted living homes and skilled nursing facilities are regulated. She questioned whether there was any ability to restrict visitation within assisted living homes during the pandemic.

MR. DAHL responded that in the case of any infectious outbreak, each home has the ability to restrict visitation; therefore, during COVID-19 it was up to each home to decide. He asserted that the residents' rights and visitation policies were in place throughout, but the facilities were told they were able to restrict visitation if they chose to, and many did not.

[4:35:59 PM](#)

BARBARA TYNDALL, representing self, testified in support of HB 52. She shared the story of a woman who was refused access to

visit her husband when he was being treated for COVID-19. When the woman was finally able to be with her husband, she had to do so in "full hazmat." She suggested that the woman had been treated poorly by the medical staff. She expressed concern over the large fiscal note associated with HB 52 and suggested that it would not be needed to stop impending lawsuits. She suggested the reason for the bill is it would be a stop gap for the creation of future policies. She stated that it also would underscore the importance of visitation rights for medical staff and administrators, as it has been her experience not all of the medical field understand the critical nature of a patient's right to visitors.

[4:38:15 PM](#)

DAVID WALLACE, CEO, Mat-Su Regional Medical Center Provided testimony in support of HB 52. He argued that the proposed legislation is in reaction to the extreme situation of the COVID-19 crisis. He reiterated previous testimony that care facilities are dedicated to their patients and an important part of making patients better is incorporating visitation from family and friends. Currently, he reported that guidelines passed down from the Center for Disease Control (CDC) and the Occupational Safety and Health Association (OSHA) put into place during COVID-19 have been lifted, and care centers can now allow visitors if it is best for the patient. He echoed other testimony by stating that the mystery surrounding how to combat the spread of the disease caused unfortunate circumstances for all who lived through it. He emphasized how helpful visitors can be to a patient's overall care and for advocacy; however, he noted some redundancies in HB 52, as patient visitation rights are already in federal law, and all hospitals are required to publicly post these rights. Concerning the availability of visitation policies, he stated that most facilities post these on their websites. He added that during the COVID-19 pandemic his facility compiled a communication guide on the internet and each patient was given a form to help communicate safety procedures. He reported that his facility has left the guide online because it continues to be helpful in connecting patients with loved ones.

[4:42:47 PM](#)

REPRESENTATIVE SADDLER questioned whether there is a "blanket" visitation policy for an entire facility or separate policies for each unit.

MR. WALLACE stated that there are facility-wide policies that allow caregivers the ability to make decisions, but there are differences in the policies for different units. He said that the appropriate number of visitors a patient can have at one time varies in every situation, which is why having a single written policy would be hard. He gave an example of the varied needs of patients, explaining that the number of people allowed to visit could be different, depending on what is best for the patient at the time. He reported that there are different rules for specific units, and this is in order to meet the needs of patients who would be in the unit. For example, he stated that the rules for who can accompany a patient in the family birthing unit for the entire time are different than the overall policy.

[4:44:59 PM](#)

REPRESENTATIVE SADDLER questioned the mechanisms for appealing visitation limit decisions.

MR. WALLACE replied that care teams communicate to families as situations happen because waiting until after the fact is not beneficial for anyone. He reported that when a conflict arises and a family feels the visitation limits are too strict, medical staff work with them to help them better understand the reasons for the restriction, often through a patient and family conference. He stated that a policy implemented during the pandemic, which continues to be used, is the designation of one primary contact to receive information from caregivers. He acknowledged that there can be conflict within families about who to designate; however, once the primary contact is established, this allows for better communication, ensuring important documents are filed, such as the power of attorney or an advance directive.

[4:46:42 PM](#)

REPRESENTATIVE SADDLER sought confirmation that there may be consultation with the family, but it is the hospital's decision and there is no formal way to appeal the decision.

MR. WALLACE replied that any appeal process would be internal and usually originates with a nurse, and then the appeal would move up the chain of command, as needed. He said that decisions would be made in the best interest of the patient, and this is done with as much consistency across the facility as possible.

[4:47:35 PM](#)

CHRIS TUCK, representing self, testified in support of HB 52. He expressed the opinion that having a family member present with the patient would be beneficial, as the family member could act as an observer and answer questions for the doctor. He shared that [prior to the pandemic] his cousin had gone to the emergency room for an intense migraine, received treatment, but returned two days later with the same symptoms. He said that during the second visit, her husband had noticed she stopped breathing. He suggested that if her husband had not been there, she would not have been noticed as quickly. Although fatal damage to her brain had already been done, he posited that if her husband had not been present, she would not have been saved. He shared that another close friend had been in the hospital prior to the pandemic, and he had been able to stay with him at the hospital, providing extra care overnight. By talking with him through the night and helping him drink water, the next morning his friend was better. He suggested that if he had not been there, his friend would not have lasted more than five months. He expressed the hope that in the future if safety protocols do need to be put into place, protocols would still include access to visitation. He shared his belief that completely cutting people off from visitors hinders overall care. He pointed to studies showing that patients heal much quicker when deeper questions are asked and shown more personal care. He opined that love, friendship, and the power of words have a strong effect on healing and incorporating personal connection should be taken into consideration for treatment, rather than just prescribing medicine.

[4:53:22 PM](#)

LARISA FONOV, representing self, testified in support of HB 52. She acknowledged the immense conflict and pain associated with this issue. She shared that she is in support of HB 52 because she was concerned about unnecessary overreach. She shared that she gave birth in the Mat-Su Regional Hospital in 2021 and was fortunate her supporting partner was not barred from being physically present with her. She expressed her fear about not having her partner present, especially as she came close to losing the baby. She argued that most conflicts around visitation limits could be resolved and avoided if unnecessary overreach is addressed.

[4:55:30 PM](#)

KELLI TOTH, representing self, testified in support of HB 52. She expressed the understanding of the necessity of medical professionals to have latitude for decision making within the written policy; however, she expressed the belief that this latitude is not in the best interest of patients or families. She shared her mother's experience in a hospital out of state during COVID-19. She stated that the emergency room had the same policies as Alaska. She reported that because of her medical condition, her mother was pulling out the intravenous medications, and this was very difficult to control. She shared that the nurses expressed their appreciation for her help; however, after 24 hours of supporting her mother, her mother was transferred to a unit where she was unable to visit. She asserted that her presence had been extremely important because she was able to advocate for her mother to receive medication for a previously existing condition, as the condition was not on her chart. Without having knowledge of this medication, she reported that the medical team was going to put her mother on a feeding tube, which would have been detrimental. She emphasized the importance of having access to a support person for the purposes of advocacy and described the limitations put into place as "unreasonable." She posited that HB 52 would help reinforce the existing CDC and OSHA regulations, which give family visitation rights. She recommended an amendment to the proposed bill that would include long term care facilities.

[5:00:06 PM](#)

ALISON LIBBY, representing self, testified in support of HB 52. She expressed gratitude for the health care providers who saved her husband's life, and she expressed empathy for families who lost loved ones during the pandemic. Although her husband survived, she stated that her family experienced trauma and psychological harm, and she argued that this should not have been tolerated in Alaska, where freedom and caring for each other are core values. She opined that the mistakes that happened [with visitation limits] during the pandemic need to be remedied so this does not happen again. She reported that her husband was admitted to the hospital and intubated in October of 2021 and was not discharged until April of 2022. She had been denied access to visit him, and it had been extremely difficult to get information about his care. She stated that she was only able to visit her husband after he had been labeled as "end of life." When she was able to visit, she stated that he was visibly malnourished, at which point she had her husband transferred to another hospital. She stated that she continued to experience visitation limits and denials at the new hospital.

She expressed the opinion that this had led to his decline. She reported that she had spoken with medical staff who agreed having visitors is necessary for the wellbeing of patients and families; however, access to him was still not allowed because of policies put forth by the administration. She implored that the committee vote yes on HB 52 to keep health care choices in the hands of patients and families and to prevent the traumas she and many others experienced during the pandemic.

[5:04:33 PM](#)

CONNIE GRAFF, representing self, testified in support of HB 52. She shared that her husband was admitted to Alaska Regional Hospital [while restrictions were still in place] and during the admission process she was denied access, and she was never allowed access throughout his stay. Through daily contact, she stated that he reported being hungry because no one would take off his mask when he was given meals. She had requested that the doctors give him medications, such as ivermectin, but they refused. She stated that once her husband was taken to the intensive care unit (ICU), there was no communication with him. She shared that she was not able to see her husband until after he had passed. She expressed the opinion that doctors had murdered him with their choice of drugs. She stated that he had fought against the treatments and had to be restrained. She questioned why doctors and nurses were allowed to come and go when her original request was to stay by his side without leaving until he was able to be discharged. She described not being able to sit by your loved one's side as a "sin" and emphasized this should never happen to future families.

[5:06:36 PM](#)

PEGGY ROTAN, representing self, testified in support of HB 52. She stated that in October of 2021 both her husband and she were infected with COVID-19; she had gotten better while his condition worsened. She stated that she had called an ambulance, but after the initial admission she was not allowed to see him. She said that he repeatedly reported to her that he was hungry. She shared that he did come home but had a relapse. Back in the hospital, she requested to have a visitation and offered to follow the health and safety protocols by utilizing personal protection equipment, but she was denied access. She expressed confusion because hospital staff could be there under these protocols. She expressed anguish over whether her husband would have survived if she had been able to be by his side. She argued that no one knows a patient better than family.

5:09:39 PM

EVELYN DUTTON, representing self, testified in support of HB 52. She expressed the opinion that the regulations put into place during COVID-19 went too far. She acknowledged that restricting access at the beginning to contain the spread had been reasonable; however, she argued that as understanding of the virus improved, the restrictions should have been lifted. She expressed the opinion that the extended use of visitation restriction was a gross abuse of power by hospitals and hospitals and medical practitioners should be held accountable. She reiterated that this kind of regulation would have never happened prior to COVID-19 because even during past pandemics care providers chose to act humanely and not out of cowardice. She referenced previous testimony that inferred that the clinical judgement in the visitation policies was a "loophole" used to criminalized people. She opined that hospitals should not assume patients are drug addicts or victims of sex trafficking, as the majority of patients are neighbors, friends, and relatives, who are being negatively affected by the current policy. She asserted that people should not have to give up their power because of decisions made by medical agencies, as there must be a more humane way to allow the use of clinical judgment without persecuting and neglecting patients.

5:12:45 PM

BERNADETTE WILSON, State Director, Americans for Prosperity (AFP) testified that her organization represents grass roots advocacy movements for patients across Alaska and it is in support of HB 52. She emphasized that the impetus of bringing HB 52 before the legislature is because people do not feel protected by hospitals. She expressed the opinion that the testimony brought forth by people who work for hospitals proves the medical care facilities oppose the idea of changing the visitation rights. She argued that there needs to be an intermediary between hospitals and patients. She commented that the testimony from the hospital representatives expressing importance of having visitors for the wellbeing of all parties was directly in contradiction to actions that denied access during the pandemic. She referenced previous statements that the COVID-19 pandemic was a "once in a lifetime" event, and she argued that the families affected by the limitations missed the true "once in a lifetime" event of being with their loved ones. She posited that hospital staff are just as susceptible to catching and spreading infection as visitors. She suggested

that people used to come together with compassion and understanding for each other during disasters of this magnitude. She argued that the legislature needs to "run interference" between the hospitals and patients. She expressed the opinion that medical facilities should focus on providing medical assistance and not acting as law enforcement. She continued that the implication that the bill is not needed because of federal law, is at odds with the reality seen in the thousands of stories from Alaskans during the pandemic. She shared her belief that it should be up to families to make decisions about health care.

[5:18:16 PM](#)

REPRESENTATIVE FIELDS asked whether this was the first time AFP has embraced sweeping regulations of the private sector.

MS. WILSON asked for clarification.

REPRESENTATIVE FIELDS shared that since he has been in the legislature, he has not seen a bill with such stringent regulations on the private sector. He expressed surprise that AFP was in support of the proposed legislation.

MS. WILSON responded that AFP works to break barriers to empower individuals and families and find ways to prevent "draconian" governments or entities from standing in the way of rights.

[5:19:18 PM](#)

CHAIR PRAX, after ascertaining that there was no one else who wished to testify, closed public testimony on HB 52.

[5:19:49 PM](#)

REPRESENTATIVE VANCE thanked the testifiers and stated that the bill does not address the long-term trauma many families are dealing with from the experience of not being able to be with their loved ones. She suggested that many policies restricted visitation for far too long during the COVID-19 crisis. She emphasized that HB 52 would simply be asking for humane practices by implementing reasonable policies, as Alaskans should not have to exchange health care for seeing family. She opined that quality of life should be the focus, as during the pandemic people learned the importance of physical connection with loved ones, and this was because hospital visitations were restricted so harshly. She posited that if allowing the right

of a support person to a patient during a time of extreme vulnerability is considered "sweeping," then something is deeply wrong with our society. She expressed respect for health care workers and the sacrifices made in the face of a nursing and medical professional shortage; however, she emphasized Alaskans should not have to forego health care out of fear of isolation. She asserted that HB 52 is not a health care rights bill but a patients' rights bill. As a state representative, she expressed the duty to protect the people's rights, which is the intention of the bill.

[5:23:29 PM](#)

CHAIR PRAX announced that HB 52 was held over.

[5:23:36 PM](#)

#### **ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:23 p.m.