

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

March 14, 2024

3:03 p.m.

**MEMBERS PRESENT**

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

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

CONFIRMATION HEARING(S):

Board of Certified Direct-Entry Midwives

Bethel Belisle-Anchorage

- CONFIRMATION(S) ADVANCED

HOUSE BILL NO. 363

"An Act relating to the placement of foster children in psychiatric hospitals."

- HEARD & HELD

HOUSE BILL NO. 187

"An Act relating to utilization review entities; exempting certain health care providers from making preauthorization requests for certain services; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 205

"An Act interpreting the right to privacy under art. I, sec. 22, Constitution of the State of Alaska; defining 'abortion,' 'birth,' 'child,' 'conception,' 'natural person,' and 'preborn

child'; relating to civil actions and liability under the Act; relating to murder of a child; repealing abortion procedures; amending the definition of 'person' for crimes against a person; repealing murder of an unborn child and penalties and provisions related to that crime; relating to the powers of guardians; relating to powers of attorney for health care decisions; relating to regulation of abortion; relating to medical treatment for minors; relating to relocation of a child; relating to the office of public advocacy; repealing medical assistance payment for abortions; relating to duties of the attorney general; relating to the limitation on the use of assets; and providing for an effective date."

- HEARD & HELD - ASSIGNED TO SUBCOMMITTEE

**PREVIOUS COMMITTEE ACTION**

BILL: HB 363

SHORT TITLE: FOSTER CHILDREN PSYCHIATRIC TREATMENT

SPONSOR(s): REPRESENTATIVE(s) GRAY

02/20/24	(H)	READ THE FIRST TIME - REFERRALS
02/20/24	(H)	HSS
03/14/24	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HB 187

SHORT TITLE: PRIOR AUTH EXEMPT FOR HEALTH PROVIDERS

SPONSOR(s): REPRESENTATIVE(s) SUMNER

05/03/23	(H)	READ THE FIRST TIME - REFERRALS
05/03/23	(H)	HSS, L&C
02/15/24	(H)	HSS AT 3:00 PM DAVIS 106
02/15/24	(H)	Heard & Held
02/15/24	(H)	MINUTE(HSS)
03/14/24	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HB 205

SHORT TITLE: CRIMINALIZE ABORTION; PRIVACY; COURTS

SPONSOR(s): REPRESENTATIVE(s) EASTMAN

05/16/23	(H)	READ THE FIRST TIME - REFERRALS
05/16/23	(H)	HSS, JUD, FIN
05/16/23	(H)	HSS RPT RECD W/CS AWAIT TRANSMITTAL NXT
03/14/24	(H)	HSS AT 3:00 PM DAVIS 106

**WITNESS REGISTER**

BETHEL BELISLE, Appointee  
Board of Certified Direct Entry Midwives  
Anchorage, Alaska

**POSITION STATEMENT:** Testified as an appointee to the Board of Certified Direct Entry Midwives.

REPRESENTATIVE ANDREW GRAY  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** As prime sponsor, gave the sponsor statement for Version S of HB 363.

MATTHEW TURNER, Staff  
Representative Andrew Gray  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** On behalf of Representative Gray, prime sponsor, explained the changes made in the proposed committee substitute to HB 363.

MATEO JAMIE  
Anchorage, Alaska

**POSITION STATEMENT:** As a foster care child, gave invited testimony on HB 363, Version S.

SARAH LEWIS  
Anchorage, Alaska

**POSITION STATEMENT:** As a foster care child, gave invited testimony on HB 363, Version S.

NANCY MEADE, General Counsel  
Alaska Court System  
Anchorage, Alaska

**POSITION STATEMENT:** Answered committee questions relating to HB 363, Version S.

KIM SWISHER, Deputy Director  
Office of Children's Services  
Department of Family & Community Services  
Anchorage, Alaska

**POSITION STATEMENT:** Gave invited testimony on HB 363, Version S.

JEANNIE MONK, Senior Vice President  
Alaska State Hospital & Healthcare Association  
Juneau, Alaska

**POSITION STATEMENT:** Testified in support of HB 187.

REPRESENTATIVE JESSE SUMNER  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** As prime sponsor, answered committee questions on HB 187.

TAMMY THIEL, Executive Director  
Denali Oncology Group  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 187.

PAM VENTGEN, Executive Director  
Alaska State Medical Association  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of HB 187.

MARC REECE, Director of Public Policy  
AETNA

Denver, Colorado

**POSITION STATEMENT:** Testified in opposition to HB 187.

PREET KLAUR, Policy & Legislative Manger  
Premera Blue Cross Blue Shield of Alaska  
Seattle, Washington

**POSITION STATEMENT:** Testified in opposition to HB 187.

STEVE RAMOS, Acting Chief Health Administrator  
Division of Retirement & Benefits  
Department of Administration  
Juneau, Alaska

**POSITION STATEMENT:** Answered committee members' questions during the hearing on HB 187.

REPRESENTATIVE DAVID EASTMAN  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** As prime sponsor, introduced HB 205.

PAT MARTIN, Outreach Director  
Alaska Right to Life  
Anchorage, Alaska

**POSITION STATEMENT:** Gave invited testimony on HB 205.

RICHARD CLAYTON TROTTER, General Counsel  
Justice Foundation  
Eagle River, Alaska

**POSITION STATEMENT:** Testified in support of HB 205.

ROBERT M. BIRD, Past President  
Alaska Right to Life  
Kenai, Alaska

**POSITION STATEMENT:** Spoke in support of HB 205.

**ACTION NARRATIVE**

[3:03:58 PM](#)

CHAIR PRAX called the House Health and Social Services Standing Committee meeting to order at 3:03 p.m. Representatives McCormick, Saddler, Fields, Sumner, and Prax were present at the call to order. Representatives Ruffridge and Mina arrived as the meeting was in progress.

**CONFIRMATION HEARING(S):**

**Board of Direct Entry Midwives**

[3:06:07 PM](#)

BETHEL BELISLE, Appointee, Board of Certified Direct Entry Midwives, reviewed her qualifications for her appointment to the Board of Certified Direct Entry Midwives.

[3:07:47 PM](#)

MS. BELISLE, in response to questions from Representative Saddler, said two issues that need to be addressed are regulatory "clean-up" to make sure regulations and statutes are in alignment and staying fiscally responsible so as to meet the terms of a legislative audit. She said that the 2022 legislative audit highlighted what the board was missing. She said that concerns with hiring practices were brought about and stressed that the board itself does the hiring for the Division of Corporations, Business, and Professional Licensing, not the division itself. Regarding recruitment, she said it has been difficult to fill every spot on the board. She said there are several direct-entry midwives who are ready to apply should HB 175 come up with any new amendments that require three direct-entry midwives. She said the Midwife Association of Alaska (MAA) has been working with doctors and families to encourage more direct-entry midwives to apply to the board.

[3:12:54 PM](#)

MS. BELISLE, in response to a question from Representative Fields regarding outcomes of regulations, noted that there was one particular outcome with a patient under the care of a midwife, an obstetrician gynecologist, and a family doctor regarding a particularly difficult delivery. She said that the patient wouldn't have delivered if not for the presence of a midwife, whom Ms. Belisle credited with saving the patient's life.

MS. BELISLE gave her final statement on her appointment and thanked the committee for the opportunity to present her application to the board.

[3:17:02 PM](#)

CHAIR PRAX opened public testimony on the appointment of Ms. Belisle to the Board of Certified Direct-Entry Midwives. After ascertaining that there was no one who wished to testify, he closed public testimony.

[3:18:06 PM](#)

CHAIR PRAX stated that the House Health and Social Services Standing Committee has reviewed the qualifications of the governor's appointees and recommends that the following name be forwarded to a joint session for consideration: Bethel Belisle, Board of Certified Direct Entry Midwives. He said that signing the report regarding appointments to boards and commissions in no way reflects an individual member's approval or disapproval of the appointee, and the nomination is merely forwarded to the full legislature for confirmation or rejection.

[3:18:34 PM](#)

The committee took an at-ease from 3:18 p.m. to 3:21 p.m.

**HB 363-FOSTER CHILDREN PSYCHIATRIC TREATMENT**

[3:21:11 PM](#)

CHAIR PRAX announced that the next order of business would be HOUSE BILL NO. 363, "An Act relating to the placement of foster children in psychiatric hospitals."

REPRESENTATIVE ANDREW GRAY, Alaska State Legislature, as prime sponsor, introduced HB 363. He encouraged the committee to adopt the proposed committee substitute.

[3:23:08 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt the proposed committee substitute (CS) for HB 363, Version 33-LS1049\S, Bergerud, 3/13/24, as the working document.

REPRESENTATIVE SADDLER objected for the purpose of discussion.

[3:23:45 PM](#)

MATTHEW TURNER, Staff, Representative Andrew Gray, Alaska State Legislature, on behalf of Representative Gray, prime sponsor of HB 363, explained the summary of changes from the original bill version to Version S {included in the committee packet}, which read as follows [original punctuation provided]:

Title Change

Add: and amending Rule 12.1(b), Alaska Child in Need of Aid Rules Procedure

Eliminate Section

Eliminate section 1 from version A.

Section 1

Amends AS 47.10.087(b) to conform to subsequent changes.

Section 2

Adds two definitions to this section: "acute psychiatric hospital" and "contemporaneous two-way video conference".

Section 3

Adds new rules specifically for how the Department of Family and Youth Services may place a child into an acute psychiatric hospital, how the Department must immediately begin search for a less restrictive placement for when the child is released from the acute psychiatric hospital, rules for assuring a timely initial court hearing to review the placement of the child, and for establishing regular ongoing hearings to assure the child does not remain in the acute psychiatric hospital for longer than necessary.

[3:25:10 PM](#)

The committee took a brief at-ease at 3:25 p.m.

[3:25:36 PM](#)

REPRESENTATIVE GRAY gave the sponsor statement for Version S of HB 363 [included in the committee packet]. He explained that HB 363 aims to require children in the custody of the Office of Children's Services (OCS), also known as foster children, to receive a hearing in front of a judge in a timely manner to ensure that they meet the criteria to be placed under the care of a psychiatric hospital. He cited Native Village of Quinhagak vs State of Alaska, heard in the Alaska Supreme Court, and highlighted the judge's opinion that "there is no doubt that children in OCS custody are at substantial risk of being hospitalized for longer than they need" and the statement made that "clarifying the legal protections for a vulnerable population of children in state custody is of utmost public importance." He said the Alaska Supreme Court determined that the current 46-day wait between a child's first admission and court hearing is far too long to satisfy due process. When a young person is hospitalized in a psychiatric institution, that person has limitations placed on their rights and freedoms that are not placed onto others. He said the chance that a foster child's rights could be restricted are much higher than that of other children. He said that often, one of the greatest traumas experienced by foster children is the process of admission to a psychiatric institution; it is akin to a form of incarceration. He advised that children have suffered from admissions that were too long and unnecessary, which is what HB 363 Version S aims to solve. He opined that the priority should not be on the child, not on making the legal process surrounding foster childcare and custody more convenient for the adults involved.

[3:31:27 PM](#)

MR. TURNER began the associated PowerPoint presentation to HB 363, Version S [hardcopy included in committee packet]. He started on slide 1, which explained the purpose of HB 363, Version S, by giving context with an article of the Constitution of the State of Alaska. He moved through slides 3-4, which gave context to the reality of the situation faced by acute psychiatric care facilities across Alaska. He continued to slide 5, which touched on the Alaska Supreme Court ruling that OCS children are at risk of being hospitalized longer than is necessary. He moved forward to slide 6, which explained the authority that OCS has with regard to the placement of foster children in psychiatric care. He continued to slide 7, which

showed a graph of OCS youth placements into acute psychiatric care from 2017-2022. Finally, he moved through slides 8-9, which explained what HB 363, Version S, would do if put into law to solve the issues surrounding OCS childcare in Alaska.

[3:36:33 PM](#)

MR. TURNER offered the sectional analysis for HB 363, Version S [included in committee packet], which read as follows [original punctuation provided]:

#### Section 1

AS 47.10.087 Placement in secure residential psychiatric treatment centers.

Amends AS 47.10.087(b) to conform to subsequent changes.

#### Section 2

AS 47.10.087(d) Definitions

Adds two definitions to AS 47.10.087(d) and renumbers the section to conform to these changes.

The first defines an "acute psychiatric hospital" as a facility that primarily provides diagnosis and short-term treatment of mental, emotional, and behavioral disorders.

The second defines a "contemporaneous two-way video conference".

#### Section 3

AS 47.10.087 Child in need of aid procedures

Adds new subsections to AS 47.10.087 that do the following:

(e) Allows OCS to place a child in its custody into an acute psychiatric hospital if it is the least restrictive placement available, and the person in charge of admittance to the facility finds that acute psychiatric care is the best course of action for the child.

(f) Within 24 hours after placing a child in an acute psychiatric hospital under OCS shall notify the court, the child's parents, and any other parties to an ongoing child-in-need-of-aid case involving the child of the placement.

(g) A court shall review a placement made under (e) of this section within 48 hours after receiving notification of the child's placement in an acute psychiatric hospital. The court shall notify the child, the child's attorney, the child's parents, the department, and any parties to a child-in-need-of aid case involving the child of the time and place of the hearing once the hearing is scheduled.

Additional language defines the 48-hour period to allow for weekends and holidays, and allows the court an additional two day continuance if the concerned parties cannot meet earlier. To make the hearing easier, it may be held via teleconference.

The hearing will determine whether continued placement in an acute psychiatric hospital is in the best interest of the child. If the child remains in the acute psychiatric hospital, there will be review hearings held every 30 days or at the request of the child or another party after showing good cause.

[3:39:34 PM](#)

MATEO JAMIE, as a foster child, gave invited testimony on HB 363, Version S. He described his experience being placed in a psychiatric facility and said when he was admitted, all of his belongings were taken from him and he was forced to wear medical scrubs, all of which were distressing. He said he was placed in a psychiatric facility because there were no available foster homes, which the doctor at the facility acknowledged was common practice. He said that during his two-month stay at the facility, his OCS worker visited him only twice to determine if the facility was the correct placement or not. He described situations where staff physically attacked the youth staying at the facility and police were called in to maintain order, and he cited these situations as causes for post-traumatic stress disorder (PTSD). He said that if they didn't obey every command, children at the psychiatric facility would receive a chemical sedative via injection, which further contributed to

the trauma and humiliation of being admitted to a psychiatric institution. He explained that he felt "like a zombie" for the two months he was admitted to the institution and had no say over anything in his life. He emphasized that psychiatric care should not be used as a substitute for proper placement in a foster home and said that foster youth deserve placement decisions within three days of admittance to OCS.

[3:42:48 PM](#)

REPRESENTATIVE MINA gave her thanks to Mr. Jamie for sharing his experience in the foster care system in Alaska.

REPRESENTATIVE PRAX speculated that just being at the psychiatric facility was enough to cause trauma.

MR. JAMIE confirmed that is correct; he still has PTSD attacks to this day.

[3:43:51 PM](#)

SARAH LEWIS, as a foster care child, gave invited testimony on HB 363, Version S. She described her own experience in the foster care system, saying she was in the system until she aged out when she turned 21. She said foster youth are being placed in psychiatric hospitals even though the public has been made aware of the fact that these institutions are not the right place for many of them. She shared a story of her younger brother and sister's experience in the foster care system, in which they were made to wait 29 days in a psychiatric facility after being removed from a previous foster home. She emphasized how traumatizing this process was for both her and her siblings and said that the child has no say in their placement of foster care. She recounted a visit to a psychiatric hospital that her youngest sister was placed in where a nurse was taunting a foster child and threatening them with an injected chemical sedative. She described her visit to her younger sister as heartbreaking, saying it was as though she was a zombie due to the heavy volume of sedative medication they were giving her at the institution. She said that OCS has created this trauma and done nothing to remedy it, all the while the foster child has no say in their placements in the system.

[3:49:37 PM](#)

REPRESENTATIVE RUFFRIDGE asked Ms. Lewis to expound on why her role as a placement caregiver in the foster care system wasn't the first option in a foster youth's journey.

MS. LEWIS said she did not know why OCS chose not to give her immediate custody of her younger siblings; she only won custody after she obtained an attorney.

[3:52:09 PM](#)

REPRESENTATIVE FIELDS said he was baffled by the accusation pertaining to NorthStar Psychiatry and asked how those grievances could have occurred.

NANCY MEADE, General Counsel, Alaska Court System, answered committee questions relating to HB 363, Version S, deferred the question to OCS.

REPRESENTATIVE FIELDS asked what mechanism beside making an appeal would be available if OCS doesn't help in regard to an alleged abuse at NorthStar Psychiatry.

MS. MEADE answered that she is not aware of litigation surrounding NorthStar Psychiatry but would investigate it.

[3:53:51 PM](#)

KIM SWISHER, Deputy Director, Office of Children's Services, Department of Family & Community Services, gave invited testimony on HB 363, Version S. She said she isn't able to speak to ongoing litigation relating to NorthStar Psychiatry, but she said that there are very few acute psychiatric hospital settings in Alaska where OCS is able to give urgent care to foster youth experiencing urgent mental health needs.

REPRESENTATIVE FIELDS asked what it would take for OCS to find an alternative to NorthStar Psychiatry after years of documented abuse.

MS. SWISHER responded that she has seen the number of children who need to use NorthStar decline and added that OCS is working with NorthStar to remedy complaints that are put forward.

REPRESENTATIVE FIELDS asked if OCS has worked with nonprofit or tribal health providers to establish other options for foster care placement.

MS. SWISHER replied that she would have to get back to Representative Fields later.

[3:56:50 PM](#)

CHAIR PRAX asked how OCS makes the choice for which psychiatric facility to use and how OCS verifies that the care being provided is adequate.

MS. SWISHER answered that often, acute care settings are chosen when OCS is awaiting evaluation of a foster child's evaluation, which she emphasized is performed by a qualified mental health professional.

[3:58:58 PM](#)

REPRESENTATIVE RUFFRIDGE asked if there is a potential to have a position within OCS whose sole job is to evaluate foster children for placement options.

MS. SWISHER answered that OCS utilizes acute care settings when a foster child meets the criteria for that need. She said that OCS doesn't have an in-house mental health professional to evaluate foster children but does partner with outside providers, and she said she would follow up with more information later.

[4:01:20 PM](#)

REPRESENTATIVE MINA asked Ms. Meade to compare the standard timelines for court hearings of an adult and a child being considered for psychiatric facility.

MS. MEADE responded that in the comparable scenario for an adult, a court hearing is required within 72 hours of a placement in a psychiatric facility. She said that with regard to children's psychiatric placement, there is no timeline under current statute, which is what HB 363, Version S, aims to address. She said if a court determines that an adult who is being considered during the 72-hour hearing does not meet the criteria of acute care, the adult is released; whereas a child isn't just let go and must be sent somewhere, psychiatric institutions often being the only least-restricting alternative. She acknowledged that it does take longer for a child to get a hearing than an adult because of the number of people and entities involved in the process. She said that 3 days might be too short but agreed that anything over 14 days is too long.

She advised that it is up to the legislature to set the adequate timeline that the courts must follow.

[4:07:15 PM](#)

REPRESENTATIVE MINA echoed her understanding that there is currently no requirement to have a court hearing unless it is requested by someone.

MS. MEADE answered that the current statute that governs OCS childcare says a court hearing must be granted within 30 days of the child being taken into care, and said that statute would be amended by HB 363, Version S.

[4:09:07 PM](#)

CHAIR PRAX asked whether a foster child has an advocate beside OCS. He clarified the timeline of a foster child's court hearing and gave a hypothetical scenario of a child under OCS care to clarify his understanding of how the OCS childcare system currently functions.

MS. MEADE responded that the intent of HB 363, Version S, is to shorten the timelines of court case hearings for foster children. She clarified that HB 363, Version S, would address foster children who are already in state custody, not children who are in need of emergency assistance by OCS.

CHAIR PRAX gave another hypothetical scenario to clarify his understanding of the OCS childcare system.

MS. SWISHER confirmed that Chair Prax' understanding is correct: a qualified mental health professional evaluates a foster child, and then OCS works with a care provider to find the least-restrictive option for the child. In response to a series of follow-up questions from Representative Prax, said that sometimes foster children are evaluated and immediately sent back to lower levels of care but the challenge in Alaska is locating safe, appropriate step-down care services. She added that OCS has recently been doing safety checks and takes direct consultation with foster children.

[4:18:09 PM](#)

REPRESENTATIVE GRAY gave context to the proposed 72-hour figure as written in HB 363, Version S. He said he asked the Department of Law and spoke with OCS about the proposed 72-hour

figure and acknowledged that the Native Village of Quinhagak vs State of Alaska, Office of Children's Services case recognizes that the 72-hour figure might be too tight of a timeline, but said it is incumbent upon the legislature to select the absolute [maximum time in which foster child must be placed].

[4:19:49 PM](#)

REPRESENTATIVE MINA asked how many court hearings have teleconference or hybrid hearing capabilities.

MS. MEADE answered that OCS has a robust video presence and hybrid court options are viable for most who can't make it to the hearing.

[4:22:05 PM](#)

REPRESENTATIVE RUFFRIDGE gave his thanks to Representative Gray for putting HB 363, Version S, forward and suggested that there be language added to include an obligation to a child being released should they not meet the criteria for acute psychiatric care. He asked Ms. Meade to speak to the burden of proof of the state, and asked Ms. Swisher whether OCS had noticed any of the complaints brought forward or taken any action to remedy them.

[4:25:57 PM](#)

MS. SWISHER, responding to Representative Ruffridge, said that she has seen changes with NorthStar Psychiatry in working with its personnel, and OCS takes these complaints seriously and will continue to investigate them.

MS. MEADE explained that the standard of evidence for admitting a foster child to acute psychiatric care is "clear and convincing" evidence that the child is suffering from a mental illness. She cited page 3, line 9 of HB 363, Version S, which clarifies that the court can authorize OCS to continue the placement into acute psychiatric care, but said the presumption is to not place them into care if not necessary. She said in child cases, an individual's will is not as important as in adult cases. She said the decision is based off of a consideration of all of the evidence presented by all parties involved in the case and emphasized that there is a statewide problem with quality mental health facilities and treatment in Alaska.

[4:29:28 PM](#)

CHAIR PRAX expressed interest in how a decision is considered between adults and children.

REPRESENTATIVE GRAY, in response to Representative Ruffridge, said that he believes OCS is doing its best to get foster children the placements and care they need but is inhibited by a lack of resources. He emphasized that the moment a foster child says the words, "I'm going to kill myself," a child must be taken away from their current placement and reevaluated. Making a statement is sometimes a method used by children in OCS custody to escape an unhappy placement, whether true or not.

[4:31:59 PM](#)

MS. LEWIS added to Representative Gray's testimony, clarifying that she was referencing her brother, Jeremy Redmond, who passed away in October 2020 due to a lack of care by OCS. She said that the job of OCS is to take care of the children in its custody, but it didn't follow through with that promise. She said that OCS chose to wait until there was a crisis in her home with her brother. She recalled going to court to testify against her brother's foster home placement and said her calls had been ignored. She said that after placement in this foster home, her brother was staying with an adult still under OCS care that she pleaded with the OCS to be removed but was not. She said this adult under OCS care provided her little brother drugs, and it was OCS who notified Ms. Lewis of her little brother's overdose death, even after her pleas to have the person removed.

CHAIR PRAX asked why Ms. Lewis was disqualified from custody of her little brother.

MS. LEWIS said that she was disqualified from foster parenthood because she could not provide her little brother with the behavioral health services that he was required to be receiving under OCS care.

[4:37:48 PM](#)

A roll call vote was taken. Representatives McCormick, Ruffridge, Sumner, Fields, Mina, and Prax voted in favor of adopting the proposed CS for HB 363, Version 33-LS1049\S, Bergarud, 3/13/24, as a working document. [Representative Saddler was absent.] Therefore, by a vote of 6-0, Version S was before the committee.

[4:39:14 PM](#)

REPRESENTATIVE FIELDS commented that one of the reasons institutions with histories of abuse can still exist is because of the for-profit motive of psychiatric care facilities. REPRESENTATIVE MINA added that the Department of Health (DOH) and the Department of Family and Community Services (DFCS) have a draft of a youth behavioral health plan that seeks to address downstream services of the departments. There is a public comment period open until March 17.

[4:41:02 PM](#)

CHAIR PRAX announced that HB 363, Version S, was held over.

[4:41:14 PM](#)

The committee took an at-ease from 4:41 p.m. to 4:42 p.m.

**HB 187-PRIOR AUTH EXEMPT FOR HEALTH PROVIDERS**

[4:42:43 PM](#)

CHAIR PRAX announced that the next order of business would be HOUSE BILL NO. 187, "An Act relating to utilization review entities; exempting certain health care providers from making preauthorization requests for certain services; and providing for an effective date."

[4:44:22 PM](#)

CHAIR PRAX opened public testimony on HB 187.

JEANNIE MONK, Senior Vice President, Alaska State Hospital & Healthcare Association, testified in support of HB 187, saying it would reduce the wait time for certain healthcare services by exempting healthcare providers from the preauthorization process. She said that HB 187 represents a step forward in ensuring timely access to essential medical care. She said that prior authorization can be extremely frustrating and stressful for patients and said the last thing a patient wants to worry about is whether or not their insurance company will cover their medical bills. She said for patients in rural areas, the issue of prior authorization is exacerbated by the remote nature of rural medical care. She emphasized that the prior authorization process is extremely time consuming for medical providers as

well. Often a healthcare provider will hire teams of staff just to manage insurance and prior authorization requests. She said the proposed legislation would strike a good balance between all aspects of the prior authorization process, and she urged the committee to pass HB 187.

[4:48:00 PM](#)

REPRESENTATIVE FIELDS asked how many medical conditions exist where the treatment might be longer than 12 months.

MS. MONK said she would follow up with an answer later.

[4:48:37 PM](#)

REPRESENTATIVE RUFFRIDGE asked Representative Fields to clarify his question as to how it relates to prior authorization.

REPRESENTATIVE FIELDS asked if a hypothetical treatment regime that would need to be executed for longer than 12 months is addressed in HB 187.

[4:49:36 PM](#)

REPRESENTATIVE JESSE SUMNER, Alaska State Legislature, as prime sponsor, in response to Representative Fields, cited psoriasis medication as an ongoing treatment regime and said that the exemption for prior authorization, as addressed under HB 187, is for the healthcare provider, not the patient.

CHAIR PRAX asked Ms. Monk how often prior authorization requests are denied and how long payment would take if a request were approved.

MS. MONK replied that it varies greatly, but there is no data set on it. She said there are hundreds of procedures all over Alaska that have to be authorized every day.

[4:52:05 PM](#)

TAMMY THIEL, Executive Director, Denali Oncology Group, testified in support of HB 187. She gave context to the primary role of the Denali Oncology Group (DOG) and explained how the current prior authorization process is negatively affecting medical care in Alaska. She said HB 187 prescribes a solution for these issues by introducing the concept of a "gold card" that grants exemption to healthcare providers who consistently

follow evidence-based medicine and achieve an 80 percent approval rating on prior authorization requests. She said this could greatly streamline the process of prior authorization and urged the committee's support for HB 187.

[4:55:11 PM](#)

PAM VENTGEN, Executive Director, Alaska State Medical Association, testified in support of HB 187. She said that prior authorization is a process that serves a purpose but can often inhibit timely and quality healthcare. She said the "gold card" provision of HB 187 is sensible and would make the process of prior authorization smoother for all parties involved. She gave a note on statistics surrounding prior authorization approval/disapproval rates, along with patient outcomes depending on the approval or disapproval of the prior authorization. She cited a survey from the American Medical Association (AMA) that found that prior authorization requirements delay necessary treatment and care in 94 percent of cases. She said the physical, emotional, and financial impact to patients from delays caused by prior authorization are significant and devastating, and change should be made. She said that HB 187 makes sound and logical changes to these problems and urged the committee's support of HB 187.

[4:59:48 PM](#)

MARC REECE, Director of Public Policy, AETNA, testified in opposition to HB 187. He said that HB 187 is not a good solution to the ailments that currently exist in the prior authorization system. He explained that the purpose of prior authorization is to ensure that healthcare is paid for and administered as soon as possible and said that HB 187 doesn't help with that purpose. He said that the bill sponsor doesn't recognize the impact of the proposed legislations' proposed "gold card" exemption program. The 80 percent threshold is far lower than every other state that has tried to implement an exemption program.

[5:03:06 PM](#)

REPRESENTATIVE MINA asked what mechanisms are currently in place that insurance companies can pursue to reduce the wait time for prior authorization.

MR. REECE responded that AETNA is actively trying to reduce the prior authorization approval process by removing certain

services from prior authorization and by automating the approval process through clinical standards that must be met.

[5:05:14 PM](#)

PREET KLAUR, Policy & Legislative Manger, Premera Blue Cross Blue Shield of Alaska, testified in opposition to HB 187. She said the proposed bill would be costly and confusing for insurance companies and their members. She warned that HB 187 would increase the risk for adverse medical events, citing an unnamed study that found that over 10 percent of authorization reviews prevented adverse drug events and medical errors. She emphasized that prior authorization is a critical tool in ensuring that healthcare is cost-effective and safe, and added that all prior authorization requests are resolved within 5 days, or within 24 hours if it is an emergency request. She explained an existing support structure for medical providers that allows for a reevaluation process if there were wrongful disapproval of a prior authorization request.

REPRESENTATIVE MINA asked what mechanisms Premera Blue Cross Blue Shield of Alaska was pursuing to reduce prior authorization approval times.

MS. KLAUR answered that Premera Blue Cross Blue Shield of Alaska has created a reevaluation process for a denied approval and implemented an electronic portal online for easier access to information regarding its prior authorization approval.

[5:10:18 PM](#)

REPRESENTATIVE MINA asked whether HB 187 applies to the healthcare plans utilized by the State of Alaska.

STEVE RAMOS, Acting Chief Health Administrator, Division of Retirement & Benefits, Department of Administration, answered that HB 187 is housed under Title 21 under Alaska Statute, and the Alaska Care plans as administered by the Division of Retirement and Benefits are not insurance plans, so they are subject to Title 39 under Alaska Statute.

REPRESENTATIVE MINA asked Representative Sumner, "Is your intent to also cover the state plan and [Employee Retirement Income Security Act] (ERISA) plans or are you only sticking to Title 21?"

REPRESENTATIVE SUMNER answered that is correct.

[5:11:56 PM](#)

CHAIR PRAX, after ascertaining there was no one else who wished to testify, closed public testimony on HB 187.

CHAIR PRAX announced that HB 187 was held over.

**HB 205-CRIMINALIZE ABORTION; PRIVACY; COURTS**

[5:12:35 PM](#)

CHAIR PRAX announced that the final order of business would be HOUSE BILL NO. 205, "An Act interpreting the right to privacy under art. I, sec. 22, Constitution of the State of Alaska; defining 'abortion,' 'birth,' 'child,' 'conception,' 'natural person,' and 'preborn child'; relating to civil actions and liability under the Act; relating to murder of a child; repealing abortion procedures; amending the definition of 'person' for crimes against a person; repealing murder of an unborn child and penalties and provisions related to that crime; relating to the powers of guardians; relating to powers of attorney for health care decisions; relating to regulation of abortion; relating to medical treatment for minors; relating to relocation of a child; relating to the office of public advocacy; repealing medical assistance payment for abortions; relating to duties of the attorney general; relating to the limitation on the use of assets; and providing for an effective date."

[5:13:10 PM](#)

The committee took an at-ease from 5:13 p.m. to 5:16 p.m.

[5:16:09 PM](#)

REPRESENTATIVE DAVID EASTMAN, Alaska State Legislature, as prime sponsor, introduced HB 205. He explained that the bill is also referred to as the "Life at Conception Act" and "Preborn Child Equality Act of 2024" and deals with the constitutional rights of children.

[5:17:10 PM](#)

PAT MARTIN, Outreach Director, Alaska Right to Life, gave invited testimony in support of HB 205. He began his testimony by drawing attention to an article in a 1965 issue of Life

Magazine and proffering that the article anticipated Alaska Right to Life's overarching theory that life begins at conception. He explained the article was published seven years before Roe v. Wade, and in the magazine issue "there are articles which were very publicly published, and these indicate that in 1965 we had the scientific knowledge that life begins at conception and, in fact, we had not just the knowledge that life begins at conception, but we had actual imagery that life begins at conception."

MR. MARTIN referred to the committee's previous consideration of a healthcare bill, using that to bolster his major points. He purported the following [bullet-pointed for clarity]:

- Performing an abortion is murder.
- The act of performing an abortion falls under the heading of healthcare.
- When an egg and a sperm meet, life begins.
- An individual human being in the womb is alive but separate from the mother.
- An individual human being is killed during an abortion, no matter what the stage of gestation.
- Whether the fetus is eight days or six weeks it is an individual human being that is alive.
- The constitution gives an inherent right to equality and equal protection under the law.
- Equal right to protection under the law applies to a fetus.
- The Alaska constitution and Alaska judicial system are in conflict regarding the right to life of an unborn child.
- Children in the womb deserve to be protected from violence.
- We make it legal for doctors to murder a child in the womb and pay them to do so.
- We pay for abortions because our tax dollars pay for half of the abortions performed in Alaska.
- In 1969 Senator Rayder moved to Alaska from California and introduced bills legalizing abortion until one finally passed and became law after a 2/3 vote by the legislature to override the governor's veto.
- It has been known for 800 years that abortions kill.
- We ignore science and wantonly legalize killing babies in the womb.
- Alaska's supreme court has a duty and the authority to create new constitutional rights.

- Our constitutions are designed to recognize the rights that are given to us from God.
- The legislature and the people can change the Alaska constitution to recognize the rights of the unborn.
- Alaska's supreme court has determined that abortion is a fundamental right, but the court does not have the authority to make that determination.
- The Alaska courts have said reproductive rights are unamenable, but they technically lack the authority to make that determination.
- A child's health is not a concern in abortion jurisprudence in the state of Alaska.
- We deny the health of the life of a child when we say a woman can kill him [sic].
- A brutal gruesome brutal death is not good for the health of a child.
- Anyone advocating for abortion in Alaska does so with total disregard for the health of the child as well as disregard for the existence of the child.
- The statute that governs abortion in Alaska doesn't mention the child; it says the process is a termination of pregnancy.
- One of the results of the Dobbs decision is that states can determine abortion policy.

MR. MARTIN, as part of his discourse, proffered as proof that a being in the womb is alive by purporting that blood transfusions, open heart surgery, and spinal bifida surgeries have been performed on children in the womb. He also alleged that there were active murder cases in Alaska in which men were being prosecuted for killing babies in the womb. He described several of these cases, explaining that in one instance the baby in the womb was murdered by another man when it was 36 weeks. He added, "In some of these cases, the mothers died in the process as well." He also drew the committee's attention to the phrase "reproductive rights," characterizing it as abortion activism. He claimed that in 1997 abortion advocates and activists "created out of whole cloth, out of thin air, a right for a woman to kill her child in total violation of that child's constitutional rights to life, to equality among persons, and equal protections under the law."

[5:32:03 PM](#)

CHAIR PRAX responded by commenting on the Roe v. Wade and the Dobbs decision and stated that these were huge matters.

MR. MARTIN asked Chair Prax to enter a set of petitions into the record, specifying that there were 4,822 signed petitions.

[5:36:04 PM](#)

RICHARD CLAYTON TROTTER, General Counsel, Justice Foundation, gave invited testimony in support of HB 205. He described his background and how it relates to HB 205, explaining that the Justice Foundation filed four briefs in the Dobbs decision and that the foundation has approximately 5,000 related cases. He explained that he has copies of testimony from Alaska post-aborted women and women from all over the United States which he would be happy to provide to the committee. He noted that some of the stories would bring a person to tears, relating one story about a woman who terminated a pregnancy and has spent the subsequent years "lamenting and grieving over" the child she thought she murdered in her own womb.

MR. TROTTER continued his testimony by describing one of his briefs which said that a person is a person no matter how small and quoted Dr. Suess. He described the continuum of conception to birth, explaining that barring unforeseen circumstances such as being shot or killed, the child will be born into the world and become a human being. He went on to tell the story of a person known as Hannah S, who never occupied her mother's womb as a baby but instead started life as an egg that came out of her mother's womb and was placed in a petri dish and frozen for 2 1/2 years and then the egg was fertilized. The fertilized egg was subsequently stored for 2 1/2 years; thawed out and put in a woman's womb; and was born "in the regular way" nine months later. She is now a graduate of Baylor University in the graduate school of Social Studies, and her goal is to stand up for in vitro babies. He explained that during the Dobbs deliberations, she was waving her hands in the air figuratively saying, "I'm alive! I'm alive! I was alive for two years frozen."

MR. TROTTER opined that modern technology is proving, beyond a reasonable doubt, that life begins at conception and that every time an embryo in a petri dish is destroyed, a human being is murdered or man slaughtered. He touched upon the recent Alabama statute regarding in vitro fertilization and again emphasized that life begins at conception. The Dobbs case said that Roe v. Wade and the Casey decision must be overturned and that abortion is not a constitutional right. He went on to say the people elected as representatives of each state must be allowed to

determine their laws on the issue. He emphasized to the committee that it was up to citizens to persuade one another and then go vote. It therefore becomes the purview of the committee and the legislature to make decisions protecting the life of the unborn. He then reviewed findings of the Dobbs case as it related to the Alaska court system and the Alaska legislature, discussing who, in his view, had the authority to make such judgments.

MR. TROTTER commented that the state recently voted down having a constitutional convention saying he understood there was a lot of outside money influencing Alaska voters. He described the Alaska Supreme Court and the [1997] Valley Hospital case and how rational basis review was not the standard that should have been applied. He expressed appreciation to the committee for hearing his testimony, closing with a final comment about how the aforementioned Hannah S stands as proof of his primary hypothesis.

[5:51:13 PM](#)

ROBERT M. BIRD, Past President, Alaska Right to Life, gave invited testimony in support of HB 205. He described his background as a political candidate, a retired schoolteacher, and a radio talk show host. He began his testimony by describing the Alaska Constitution and the Alaska Supreme Court. He posited that the Supreme Court could make decisions regarding Alaska cases relevant to the constitution. The courts can then reverse those decisions regarding the constitution in such a way that they can say whatever they want about what it means which basically results in there being no Alaska Constitution at all. He pointed out that people say the constitution is a living document, but it is not alive. It is dead. He that the Supreme Court can do unconstitutional things and opined that the idea of three co-equal branches of government is nonsense. He referred to a section of Federalist No. 45, [an essay in the Federalist Papers series written by James Madison and published in 1788], which he interpreted as saying the US Supreme Court is of absolutely no use and their decisions depend entirely on an executive enforcing its opinion.

MR. BIRD continued by saying that there was a "blatant, obvious, impeachable offense" that goes way back to Article 1, Section 22, the Right to Privacy, which was added to the state constitution in 1972. He pointed out the language that gave the legislature the right to implement or define the right to privacy. He questioned the limits of the right to privacy,

purporting that the courts "absconded their duty to intercept the definition of where the right to privacy should be limited," and so abortion came to be defined as a privacy right. "As such, any ability of the legislature to restrict abortion has to go according to the whims of the judiciary."

[5:55:33 PM](#)

CHAIR PRAX reminded Mr. Bird that the House Health and Social Services Standing Committee was focusing on the health aspects of the issue and that the House Judiciary Standing Committee would consider the legal aspects.

MR. BIRD responded that he did not think he was going to be asked about the health aspects. He went on to point out that if HB 205 did not have some sort of rider on it saying that "this statute shall not be reviewable by the judiciary," then the judiciary would simply fall back on its own established case law. He quoted Article 4, Section 1, which states that "the jurisdiction of the courts shall be proscribed by law," which means that the legislature does, in fact, have the right and the ability to keep the judiciary's hands off whatever statute emerges.

[5:57:07 PM](#)

REPRESENTATIVE SUMNER asked whether it would prevent enforcement of the law by the courts if a section was added which said the law should not be reviewed by the judiciary.

MR. BIRD responded that courts do not enforce laws; the executives do. He referred again to the Valley Hospital case, using that to advance his theories concerning the right to enforce laws pertaining to abortion and how that is the purview of the executive branch not the courts.

REPRESENTATIVE SUMNER asked for clarification regarding whether such a section would prevent courts from adjudicating a murder charge subsequent to the passage of HB 205.

MR. BIRD responded that the courts could adjudicate and pass on the opinions, but enforcement is up to the executives. He referred to Abe Lincoln's inaugural address of 1861 when he spoke out against the Dredd Scott decision having the courts strike down laws as being unconstitutional. He posited that it is a false tradition that all court decisions have to be obeyed.

[5:59:23 PM](#)

REPRESENTATIVE RUFFRIDGE asked whether Mr. Bird had read through HB 205, particularly the language in Sections 5 and 6, which states that "this chapter is not subject to judicial review".

MR. BIRD said he supports that part of the bill. He then stated that the Alaska Pipeline would never have been built unless in 1972, Congress had placed the construction of the pipeline under such an override.

[6:00:39 PM](#)

REPRESENTATIVE SUMNER asked for further clarification regarding whether such a section would prevent the court from taking up the previously mentioned murder prosecutions.

MR. BIRD suggested that such a section in statute would make it non-reviewable. He cautioned that an executive could choose not to enforce certain elements of any law he doesn't like; therefore, it is an imperfect section.

[6:02:20 PM](#)

MR. MARTIN brought up Representative Sumner's previous question and explained that the section in HB 205 on judicial review would not hinder criminal prosecution. Rather, the language is to protect against judicial activism, but in the case of someone who performs an illegal abortion, the prosecution of that person would be protected.

REPRESENTATIVE SUMNER said that answered his question.

[6:03:43 PM](#)

REPRESENTATIVE EASTMAN summarized the points made by the witnesses and commented that "we have the science, it's established, and there is very little question about that." He concluded that the questions from decades ago are now resolved, thus, he opined, it is time for "our statutes" to catch up with "our science."

[6:04:50 PM](#)

CHAIR PRAX announced that HB 205 was held over.

[6:05:03 PM](#)

**ADJOURNMENT**

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 6:05 p.m.