

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 19, 2024

3:09 p.m.

MEMBERS PRESENT

Representative Mike Prax, Chair
Representative Justin Ruffridge, Vice Chair
Representative Dan Saddler
Representative Zack Fields
Representative Genevieve Mina

MEMBERS ABSENT

Representative CJ McCormick
Representative Jesse Sumner

COMMITTEE CALENDAR

CONFIRMATION HEARING(S)

State Medical Board

David Wilson - Anchorage

-CONFIRMATION(S) ADVANCED

HOUSE BILL NO. 275

"An Act relating to sexual assault examination kits; establishing the sexual assault examination kit tracking system; and providing for an effective date."

- MOVED CSHB 275 (HSS) OUT OF COMMITTEE

HOUSE CONCURRENT RESOLUTION NO. 9

Recognizing the need for parity in the provision of mental health and substance use disorder medical assistance benefits in the state; and urging the Department of Health to adopt regulations that ensure parity in the provision of mental health and substance use disorder medical assistance benefits in the state.

- MOVED HCR 9 OUT OF COMMITTEE

HOUSE BILL NO. 361

"An Act relating to the medical assistance program and mental health or substance use disorder benefit requirements; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 346

"An Act relating to grants to disaster victims."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 275

SHORT TITLE: SEXUAL ASSAULT EXAMINATION KITS/TRACKING

SPONSOR(S): RULES BY REQUEST OF THE GOVERNOR

01/18/24	(H)	READ THE FIRST TIME - REFERRALS
01/18/24	(H)	HSS, FIN
01/30/24	(H)	HSS AT 3:00 PM DAVIS 106
01/30/24	(H)	Heard & Held
01/30/24	(H)	MINUTE(HSS)
02/22/24	(H)	HSS AT 3:00 PM DAVIS 106
02/22/24	(H)	<Bill Hearing Rescheduled to 02/24/24>
02/24/24	(H)	HSS AT 3:00 PM DAVIS 106
02/24/24	(H)	Heard & Held
02/24/24	(H)	MINUTE(HSS)
03/12/24	(H)	HSS AT 3:00 PM DAVIS 106
03/12/24	(H)	Heard & Held
03/12/24	(H)	MINUTE(HSS)
03/19/24	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HCR 9

SHORT TITLE: MENTAL HEALTH/SUBSTANCE ASSISTANCE PARITY

SPONSOR(S): PRAX

02/15/24	(H)	READ THE FIRST TIME - REFERRALS
02/15/24	(H)	HSS
03/19/24	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HB 361

SHORT TITLE: BENEFIT REQS: MENTAL HLTH & SUBST ABUSE

SPONSOR(S): PRAX

02/20/24	(H)	READ THE FIRST TIME - REFERRALS
02/20/24	(H)	HSS
03/19/24	(H)	HSS AT 3:00 PM DAVIS 106

BILL: HB 346

SHORT TITLE: GRANTS TO DISASTER VICTIMS

SPONSOR(S): STORY

02/20/24	(H)	READ THE FIRST TIME - REFERRALS
02/20/24	(H)	HSS, FIN
03/19/24	(H)	HSS AT 3:00 PM DAVIS 106

WITNESS REGISTER

DAVID WILSON, Appointee
State Medical Board
Anchorage, Alaska

POSITION STATEMENT: Testified as appointee to the State Medical Board.

LISA PURINTON, Legislative Liaison
Department of Public Safety
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 275.

DAVID KANARIS, Chief
Forensic Laboratories
Division of Statewide Services
Department of Public Safety
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony during the hearing on HB 275.

RILEY NYE, Staff
Representative Mike Prax
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Mike Prax, prime sponsor, presented HCR 9 and HB 361.

JOHN SOLOMON, CEO
Alaska Behavioral Health Association
Anchorage, Alaska

POSITION STATEMENT: Gave a PowerPoint presentation during the hearing on HCR 9.

TRACY DOMPELING, Director
Division of Behavioral Health
Department of Health

Juneau, Alaska

POSITION STATEMENT: Answered committee questions on HCR 9.

RENEE GAYHART, Director

Health Care Services

Department of Health

Juneau, Alaska

POSITION STATEMENT: Answered committee questions on HCR 9.

JARED KOSIN, President & CEO

Alaska Hospital & Healthcare Association

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HCR 9.

LANCE JOHNSON, COO

Alaska Behavioral Health Association

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HCR 9; on behalf of Representative Mike Prax, prime sponsor, presented HB 361.

TRACY DOMPELING, Director

Division of Behavioral Health

Department of Health

Juneau, Alaska

POSITION STATEMENT: Answered committee questions on HB 361.

REPRESENTATIVE ANDI STORY

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HB 346.

JOAN WILKERSON, Staff

Representative Andi Story

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Andi Story, prime sponsor, presented HB 346.

ANGELA LAFLAMME, Legislative Liaison

Department of Military & Veteran's Affairs

Anchorage, Alaska

POSITION STATEMENT: Answered committee questions on HB 346.

WADE BRYSON, Member

Juneau Assembly

Juneau, Alaska

POSITION STATEMENT: Gave invited testimony on HB 346.

SYLVIA HEINZ, Tribal Emergency Manager
Chilkoot Indian Association
Haines, Alaska

POSITION STATEMENT: Gave invited testimony on HB 346.

ACTION NARRATIVE

[3:09:58 PM](#)

CHAIR PRAX called the House Health and Social Services Standing Committee meeting to order at 3:09 p.m. Representatives Ruffridge, Saddler, Fields, and Prax were present at the call to order. Representative Mina arrived as the meeting was in progress.

CONFIRMATION HEARING(S) :
State Medical Board

[3:12:03 PM](#)

CHAIR PRAX announced that the first order of business would be the confirmation hearing on the governor's appointee for the State Medical Board.

DAVID WILSON, Governor's Appointee, State Medical Board, began by reviewing his resume [included in the committee packet] to the committee and described his experience in working with the rural health care industry in Alaska. He explained his understanding of the challenges and expenses that face rural health care in Alaska and highlighted a few of the lessons he learned while working in Alaska's rural health care industry.

REPRESENTATIVE SADDLER asked Mr. Wilson if he'd previously served on the State Medical Board and asked what sort of issues he has faced during his tenure.

MR. WILSON answered that his confirmation hearing would move him into his second term on the State Medical Board and explained that the biggest issue he has faced while serving his first term on the board has been ensuring that medical professional standards are held across all fields of practice.

[3:18:17 PM](#)

CHAIR PRAX asked whether aviation's aeronautical decision making could be used as a parallel to the medical field's decision-making process.

MR. WILSON answered that it is important to make decisions systematically and said that safety, compliance, customer service, and efficiency are paramount when ensuring medical care be delivered properly and professionally.

[3:22:12 PM](#)

REPRESENTATIVE SADDLER asked whether the Department of Commerce, Community, and Economic Development (DCCED) has provided adequate administrative support for the State Medical Board.

MR. WILSON replied that the State Medical Board has had some recommendations from DCCED and said that the board will always take the department's recommendations into serious consideration.

[3:23:58 PM](#)

CHAIR PRAX opened public testimony on the confirmation hearing for the governor's appointee to the State Medical Board. After ascertaining that there was no one who wished to testify, he closed public testimony.

[3:24:30 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: David Wilson, State Medical Board. 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.

[3:25:08 PM](#)

The committee took an at-ease from 3:25 p.m. to 3:27 p.m.

HB 275-SEXUAL ASSAULT EXAMINATION KITS/TRACKING

[3:27:03 PM](#)

CHAIR PRAX announced that the next order of business would be HOUSE BILL NO. 275, "An Act relating to sexual assault examination kits; establishing the sexual assault examination kit tracking system; and providing for an effective date."

[3:27:51 PM](#)

CHAIR PRAX handed the gavel to Vice-Chair Ruffridge.

VICE CHAIR RUFFRIDGE announced the committee would entertain amendments. [Amendments 1-4 were included in the committee packet but never offered.]

[3:28:07 PM](#)

REPRESENTATIVE PRAX moved to adopt Amendment 5 to HB 275, labeled 33-GH2317\A.5, C. Radford, 3/15/24, which read as follows:

Page 1, following line 3:

Insert a new bill section to read:

"* Section 1. AS 12.61.010(a) is amended to read:

(a) Victims of crimes have the following rights:

(1) the right to be present during any proceeding in

(A) the prosecution and sentencing of a defendant if the defendant has the right to be present, including being present during testimony even if the victim is likely to be called as a witness;

(B) the adjudication of a minor as provided under AS 47.12.110;

(2) the right to be notified by the appropriate law enforcement agency or the prosecuting attorney of any request for a continuance that may substantially delay the prosecution and of the date of trial, sentencing, including a proceeding before a three-judge panel under AS 12.55.175, an appeal, and any hearing in which the defendant's release from custody is considered;

(3) the right to be notified that a sentencing hearing or a court proceeding to which the victim has been subpoenaed will not occur as scheduled;

(4) the right to receive protection from harm and threats of harm arising out of cooperation with law enforcement and prosecution efforts and to be

provided with information as to the protection available;

(5) the right to be notified of the procedure to be followed to apply for and receive any compensation under AS 18.67;

(6) at the request of the prosecution or a law enforcement agency, the right to cooperate with the criminal justice process without loss of pay and other employee benefits except as authorized by AS 12.61.017 and without interference in any form by the employer of the victim of crime;

(7) the right to obtain access to immediate medical assistance and not to be detained for an unreasonable length of time by a law enforcement agency before having medical assistance administered; however, an employee of the law enforcement agency may, if necessary, accompany the person to a medical facility to question the person about the criminal incident if the questioning does not hinder the administration of medical assistance;

(8) the right to make a written or oral statement for use in preparation of the presentence report of a felony defendant;

(9) the right to appear personally at the defendant's sentencing hearing to present a written statement and to give sworn testimony or an unsworn oral presentation;

(10) the right to be informed by the prosecuting attorney, at any time after the defendant's conviction, about the complete record of the defendant's convictions;

(11) the right to notice under AS 12.47.095 concerning the status of the defendant found not guilty by reason of insanity;

(12) the right to notice under AS 33.16.087 of a hearing concerning special medical parole of the defendant;

(13) the right to notice under AS 33.16.120 of a hearing to consider or review discretionary parole of the defendant;

(14) the right to notice under AS 33.30.013 of the release or escape of the defendant; [AND]

(15) the right to be notified orally and in writing of and receive information about the office of victims' rights from the law enforcement officer initially investigating the crime and from the prosecuting attorney assigned to the offense; at a

minimum, the information provided must include the address, telephone number, and Internet address of the office of victims' rights; this paragraph

(A) applies only to victims of felonies and to victims of class A misdemeanors if the class A misdemeanor is a crime involving domestic violence or a crime against a person under AS 11.41; if the victim is an unemancipated minor, the law enforcement officer and the prosecuting attorney shall also provide the notice required by this paragraph to the parent or guardian of the minor;

(B) is satisfied if, at the time of initial contact with the crime victim, the investigating officer and prosecuting attorney each give each crime victim a brochure or other written material prepared by the office of victims' rights and provided to law enforcement agencies for that purpose; and

(16) the right to be notified of the location and testing date of a sexual assault examination kit collected from the victim."

Page 1, line 4:

Delete "**Section 1**"

Insert "**Sec. 2**"

Renumber the following bill sections accordingly.

Page 3, line 27:

Delete "Section 7"

Insert "Section 8"

VICE CHAIR RUFFRIDGE objected for the purpose of discussion.

REPRESENTATIVE PRAX explained that Amendment 5 would give a sexual assault victim the right to be notified of the location and testing date of their sexual assault examination kit.

[3:28:47 PM](#)

REPRESENTATIVE FIELDS asked whether any organizations had given background or guidance in the creation of Amendment 5.

REPRESENTATIVE PRAX directed his answer to Lisa Purinton of the Alaska Department of Public Safety.

[3:29:04 PM](#)

LISA PURINTON, Legislative Liaison, Department of Public Safety (DPS), explained that the proposed Amendment was created while working with the Alaska Network on Domestic Violence and Sexual Assault (ANDVSA).

REPRESENTATIVE SADDLER asked whether Amendment 5 would effectively duplicate language on page 3, lines 12-15 of HB 275 and create any conflict in the bill language.

MS. PURINTON replied that Amendment 5 would codify victims' rights in statute and explained that DPS doesn't foresee any conflicts arising due to the proposed amendment's language.

[3:32:51 PM](#)

VICE CHAIR RUFFRIDGE asked whether a victim was already entitled to be notified of the time and location that their sexual assault examination kits would be tested.

MS. PURINTON explained that a victim would be given information into their case upon the beginning of the investigation.

VICE CHAIR RUFFRIDGE asked whether people aren't currently being notified of their sexual assault examination kit's test time and locations.

MS. PURINTON referred the question to David Kanaris of DPS.

[3:35:40 PM](#)

DAVID KANARIS, Forensic Laboratories, Division of Statewide Services, Department of Public Safety, responded that he doesn't have a comprehensive list of that which a victim is notified upon the beginning of the investigation of their sexual assault examination kit and said that the responsibility lies mainly upon the medical provider.

VICE CHAIR RUFFRIDGE removed his objection. There being no further objection, Amendment 5 to HB 275 was adopted.

[Vice Chair Ruffridge handed the gavel back to Chair Prax.]

[3:37:22 PM](#)

REPRESENTATIVE SADDLER asked about the practicality of the timeline of seven days to return a report on a sexual assault examination kit.

[3:38:47 PM](#)

MS. PURINTON answered that DPS would not be opposed to a change in the timeline.

REPRESENTATIVE SADDLER asked whether 14 days would be a better timeline for the investigation of a sexual assault examination kit.

MS. PURINTON explained that a 14-day timeline would restart at each stage of the investigation, so a longer timeline would have a cascading effect on the entire investigation process.

[3:41:36 PM](#)

REPRESENTATIVE MINA asked whether DPS has an idea of the average amount of time it takes for a nurse to test sexual assault examination kits.

MS. PURINTON answered that 6.8 days is the current average time it takes to perform testing on a sexual assault examination kit.

REPRESENTATIVE MINA asked whether there is any difference in the timeline for a rural case versus an urban case.

MS. PURINTON deferred to Mr. Kanaris.

[3:43:28 PM](#)

MR. KANARIS replied that there has been no data on the difference between rural and urban sexual assault examination kit test times aggregated within the last six months.

[3:44:29 PM](#)

REPRESENTATIVE SADDLER moved Conceptual Amendment [6] to HB 275, as follows:

Page 1, line 9:
Delete "Seven"
Insert "Fourteen"

REPRESENTATIVE RUFFRIDGE objected.

REPRESENTATIVE SADDLER explained that he offered Conceptual Amendment [6] to HB 275 because he doesn't want to overburden

the investigation system and said that he had heard enough evidence to prove the need for the change in the timeline of sexual assault examination kit testing.

[3:45:46 PM](#)

REPRESENTATIVE RUFFRIDGE commented that the current bill language contains no penalties for taking any longer than the current seven-day timeline that is codified in statute and further opined that the witness letter he is referencing is aspiring for a shorter timeline, not a longer one.

[3:47:44 PM](#)

REPRESENTATIVE FIELDS said that the DPS should aim for best standard achievable and shared his support of Representative Ruffridge's position on Conceptual Amendment [6] to HB 275.

[3:49:22 PM](#)

The committee took an at-ease from 3:49 p.m. to 3:50 p.m.

[3:50:25 PM](#)

MS. PURINTON clarified how medical timelines would work and said that a 10-day timeline would be better than a 14-day timeline.

[3:51:37 PM](#)

REPRESENTATIVE SADDLER moved to adopt Conceptual Amendment 1 to Conceptual Amendment [6] to HB 275, to change "Fourteen" to "Ten".

REPRESENTATIVE RUFFRIDGE objected.

A roll call vote was taken. Representatives Mina and Saddler voted in favor of Conceptual Amendment 1 to Conceptual Amendment [6] to HB 275. Representatives Fields, Ruffridge, and Prax voted against it. Therefore, Conceptual Amendment 1 to Conceptual Amendment [6] to HB 275 failed by a vote of 2-3.

CHAIR PRAX offered his understanding that the committee, in failing to adopt Conceptual Amendment 1 to Conceptual Amendment [6] now had HB 275, as amended, before it. [The motion to adopt Conceptual Amendment [6] was not addressed further; Conceptual Amendment [6] was treated as not adopted.]

[3:54:46 PM](#)

REPRESENTATIVE RUFFRIDGE moved to report HB 275, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 275 (HSS) was reported out of the House Health and Social Services Standing Committee.

[3:55:27 PM](#)

The committee took an at-ease from 3:55 p.m. to 3:58 p.m.

HCR 9-MENTAL HEALTH/SUBSTANCE ASSISTANCE PARITY

[3:58:34 PM](#)

CHAIR PRAX announced that the next order of business would be HOUSE CONCURRENT RESOLUTION NO. 9, "Recognizing the need for parity in the provision of mental health and substance use disorder medical assistance benefits in the state; and urging the Department of Health to adopt regulations that ensure parity in the provision of mental health and substance use disorder medical assistance benefits in the state."

[3:59:24 PM](#)

RILEY NYE, Staff, Representative Mike Prax, Alaska State Legislature, on behalf of Representative Prax, prime sponsor, presented HCR 9. He began by reading the sponsor statement [included in committee packet], which read as follows [original punctuation provided]:

House Concurrent Resolution 9 urges the State of Alaska to pass parity standard regulations, which would ensure that Alaskans have easy and fast access to behavioral health care.

Under parity standard regulations, private insurers would have to cover behavioral health services so that insurers, including Medicaid, can't make it harder to get behavioral health care than physical health care. Implementation of parity standard regulations would remove barriers that are slowing down the behavioral health treatment process such as extensive paperwork, health care stigmas, outdated insurance regulations, and restrictions to the amount of care patients receive. This will ensure patients are able to

transition between physical and behavioral health services smoothly and more time will be spent treating patients rather than completing administrative tasks.

The outcomes of parity legislation would be efficient and cost-effective care, reduced reliance on emergency rooms and correctional facilities, more Medicaid providers in the system, streamlined care coordination between health services, and programs based on outcomes and evidence. This would ensure Alaskans receive behavioral health care that is subject to the same terms and conditions as medical and surgical care. I urge you to support HCR 9.

[4:01:11 PM](#)

JOHN SOLOMON, CEO, Alaska Behavioral Health Association, gave a PowerPoint presentation during the hearing on HCR 9.

[4:01:58 PM](#)

The committee took an at-ease from 4:01 p.m. to 4:02 p.m. to address a technical issue.

[4:02:24 PM](#)

MR. SOLOMON began the PowerPoint presentation [hardcopy included in the committee packet] on slide 1, which gave a background to what the Alaska Behavioral Health Association (ABHA) is and what its goals are as an organization. He moved to slide 2, which explained what the concept of "parity" is with regard to medicine and mental health treatment. He continued to slide 3, which explained what barriers currently exist to obtaining adequate mental health treatment and how to overcome them. He moved through slides 4 and 5, both of which highlighted how community health centers function and how an individual's first appointment at one might transpire.

MR. SOLOMON continued the presentation to slide 6, which overviewed a behind-the-scenes look at the process of a community behavioral health center's operations and staff. He moved to slide 7, which displayed a three-color graph that outlined the differences between qualitative treatment limiters at healthcare facilities. He continued through slides 8 and 9, both of which displayed a continuation of the three-color graph as displayed on slide 7. He moved to slide 10, which described the effort to ensure the accessibility of mental health

treatment and the reasons that HCR 9 is being brought before the legislature this late in the fight for parity. He continued to slide 11, which highlighted certain real-world outcomes that could be expected from ensuring parity in mental health treatment. He continued to slide 12, which highlighted specific factors attaining to a legislative parity resolution and concluded the presentation on slide 13.

[4:20:27 PM](#)

REPRESENTATIVE SADDLER asked whether HCR 9 would call for parity under Alaska's Medicaid program.

MR. SOLOMON answered that Alaska is exempt from federal parity standards and said that Alaska is not beholden to Medicaid.

[4:22:58 PM](#)

REPRESENTATIVE FIELDS asked whether the legislature could pass a bill to achieve parity in mental health treatment.

MR. SOLOMON replied that there is a bill already in line to be passed after HCR 9 would be passed.

[4:24:08 PM](#)

REPRESENTATIVE RUFFRIDGE asked whether current Alaska regulations are to blame for a lack of access to mental health treatment, not necessarily parity.

[4:25:45 PM](#)

TRACY DOMPELING, Director, Division of Behavioral Health, Department of Health, answered committee questions on HCR 9. She said that HCR 9 would give guidance on Alaska's state healthcare plans and 1115 services.

REPRESENTATIVE RUFFRIDGE asked whether a lack of parity is a result of a failure of the state when the original state healthcare plan was created.

MS. DOMPELING replied that HCR 9 is possible and said that the Division of Behavioral Health, within the Department of Health (DOH) has been working with healthcare providers and facilities to ensure parity may be achieved.

[4:28:02 PM](#)

REPRESENTATIVE SADDLER asked whether DOH would seek to revise existing regulations.

MS. DOMPELING explained that DOH has been meaning to revise regulations surrounding parity for a while and said that HCR 9 would give DOH further guidance on the matter.

[4:29:27 PM](#)

REPRESENTATIVE MINA referenced Alaska Statute (AS) 21.54.151 and asked whether behavioral health parity already exists for private insurance.

MS. DOMPELING deferred to Renee Gayhart of DOH.

[4:29:51 PM](#)

RENEE GAYHART, Director, Division of Health Care Services, Department of Health, responded that she would follow up with an answer following the committee meeting.

[4:31:27 PM](#)

CHAIR PRAX asked whether HCR 9 is necessary to show the federal government Alaska's intentions with regard to parity.

MS. GAYHART indicated that's correct.

[4:32:06 PM](#)

The committee took an at-ease from 4:32 p.m. to 4:33 p.m.

[4:33:45 PM](#)

CHAIR PRAX opened public testimony on HCR 9.

[4:34:32 PM](#)

JARED KOSIN, Alaska Hospital & Healthcare Association, testified in support of HCR 9. He said that HCR 9 would align Alaska statutes, policies, and regulations with the Mental Health parity and the Addiction Equity Act of 2008 and explained how this would be beneficial to healthcare throughout Alaska.

[4:36:06 PM](#)

LANCE JOHNSON, COO, Alaska Behavioral Health Association, testified in support of HCR 9. He said that HCR 9 would well prepare Alaska's behavioral healthcare industry for the future and said that HCR 9 represents a lot of good work that has been done.

[4:37:31 PM](#)

CHAIR PRAX, after ascertaining that there was no one else who wished to testify, closed public testimony on HCR 9.

[4:37:54 PM](#)

The committee took a brief at-ease at 4:37 p.m.

[4:38:00 PM](#)

REPRESENTATIVE RUFFRIDGE moved to report HCR 9 out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, HCR 9 was reported out of the House Health and Social Services Standing Committee.

[4:38:46 PM](#)

The committee took an at-ease from 4:38 p.m. to 4:42 p.m.

HB 361-BENEFIT REQS: MENTAL HLTH & SUBST ABUSE

[4:42:23 PM](#)

CHAIR PRAX announced that the next order of business would be HOUSE BILL NO. 361, "An Act relating to the medical assistance program and mental health or substance use disorder benefit requirements; and providing for an effective date."

RILEY NYE, Staff, Representative Mike Prax, Alaska State Legislature, on behalf of Representative Mike Prax, prime sponsor, presented HB 361. He began by reading the sponsor statement [included in committee packet], which read as follows[original punctuation provided]:

House bill 361 seeks to change the burdensome requirements placed on behavioral health services under the State of Alaska Medicaid program. In 2000, Congress passed the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). This law prevents group health plans and

health insurers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations and requirements than on medical/surgical benefits. Today, 37 states have enacted parity laws of widely varying scope and efficacy. Since the beginning of 2018, 17 states have passed legislation requiring insurers to demonstrate compliance on an annual basis.

The State of Alaska Medicaid Program is exempt from federal MH/SUD Parity requirements because Alaska is a 'Fee-for-Service' State. This exemption has led to ineffective payment rates for providers AND overbearing regulatory requirements that further erode access to life-saving treatments. While commercial insurers are required to meet Federal parity requirements, House bill 361 seeks the same access to behavioral health services for Medicaid beneficiaries.

To the extent the State law mandates that an issuer provide some coverage for any mental health condition or substance use disorder, benefits for that condition or disorder must be provided in parity with medical/surgical benefits under MHPAEA." In other words, state laws can strengthen parity protections but not weaken them.

House bill 361 requires parity to reduce the administrative burden and less favorable benefit limitations for behavioral health services Alaska.

[4:44:58 PM](#)

LANCE JOHNSON, COO, Alaska Behavioral Health Association, provided invited testimony during the hearing on HB 361. He began by describing the necessity of the proposed legislation and why it was separate from HCR 9. He explained the difference in healthcare scenarios in which parity was present in one and not in the other. He highlighted the narrow window that currently exists for someone experiencing a mental health crisis to seek proper healthcare and explained the need to align integrated healthcare with what currently exists. He opined that HB 361 would be a good starting point to align those two aspects of the system.

[4:50:47 PM](#)

TRACY DOMPELING, Director, Division of Behavioral Health, Department of Health, as invited testifier, remarked that Mr. Johnson had covered the most important parts of the proposed legislation and informed the committee that DOH is prepared to work with the legislature in the implementation of the policies proposed under HB 361.

[4:51:44 PM](#)

CHAIR PRAX opened public testimony on HB 361. After ascertaining that there was no one who wished to testify, he closed public testimony.

[4:52:39 PM](#)

CHAIR PRAX announced that HB 361 was held over.

[4:53:59 PM](#)

The committee took an at-ease from 4:53 p.m. to 4:54 p.m.

HB 346-GRANTS TO DISASTER VICTIMS

[4:54:14 PM](#)

CHAIR PRAX announced that the final order of business would be HOUSE BILL NO. 346, "An Act relating to grants to disaster victims."

[4:54:36 PM](#)

REPRESENTATIVE ANDI STORY, Alaska State Legislature, as prime sponsor, presented HB 346. She began by reading the sponsor statement [included in committee packet], which read as follows [original punctuation provided]:

As a state, Alaska has experienced numerous natural disasters in the past few years, including typhoons, mudslides, rockslides and floods. Many of these occurrences do not meet the requirements to receive federal disaster funds. House Bill 346 changes two things regarding state-only disasters. First, under current law, Alaskans can receive \$21,000 from the state to pay for the damage experienced in the disaster. This amount has not been changed in decades. In most cases, the amount is too low to help victims replace what was lost. This bill increases that amount

to \$50,000 or half of the federal relief allowable, whichever amount is greater.

In addition, the current statute does not permit disaster victims who are condo owners to use the grants received to pay for assessments levied by the condo association to pay for condo-wide damage. For example, if the condo buildings' foundations are damaged, the condo association will impose an assessment upon each unit owner to help pay for repairs. Although this amount is significant and causes financial distress at a time that is already overwhelming, the current statute does not allow the use of state aid for that purpose. HB 346 will permit Alaskans who own condos to use the relief grant towards the assessment they owe for condo-wide damage repair costs.

I respectfully ask for support in the passage of HB 346.

[4:59:13 PM](#)

JOAN WILKERSON, Staff, Representative Andi Story, Alaska State Legislature, on behalf of Representative Andi Story, prime sponsor, gave the sectional analysis for HB 346 [included in committee packet], which read as follows [original punctuation provided]:

Section 1: Repeals and reenacts a previously existing section in statute without substantive changes so the format is consistent with later sections.

Section 2: Increases the maximum amount of state aid to the greater of \$50,000 or half of the federal maximum, which is approximately \$21,000 currently. Allows those receiving a grant who are members of a condominium association to use state aid to pay for the grantee's share of damage expenses incurred by the condominium association.

[5:00:27 PM](#)

REPRESENTATIVE SADDLER asked Representative Story what the relationship between private disaster insurance and state disaster grants is.

REPRESENTATIVE STORY referred her answer to Angela Laflamme of the Department of Military and Veteran's Affairs.

ANGELA LAFLAMME, Legislative Liaison, Department of Military & Veteran's Affairs, answered committee questions on HB 346. She said that the state disaster relief program is not currently designed to replace private insurance.

[5:02:22 PM](#)

REPRESENTATIVE FIELDS asked whether it would be cheaper for the State of Alaska to "buy out" residents living in areas affected by frequent natural disasters.

MS. LAFLAMME answered that the state individual assistance program does not currently cover ground movements and said that current regulations in Alaska are on par with federal disaster regulations.

REPRESENTATIVE FIELDS asked whether an insurance company would consider a home destroyed by a landslide a flood claim or a ground movement claim.

MS. LAFLAMME said that the statutory definition of a disaster is what would trigger a state disaster relief program.

[5:05:12 PM](#)

REPRESENTATIVE STORY commented that the fixes proposed under HB 346 are directed at two specific problems and acknowledged that there is more work to be done with regard to disaster relief funds in Alaska.

[5:05:49 PM](#)

WADE BRYSON, Juneau Assembly Member, gave invited testimony on HB 346. He began his testimony by speaking about the Mendenhall Rivers recent catastrophic flooding events and shared his experience as an elected official assisting and providing aid to those affected by the flood. He said the understanding of uncertainty that natural disasters pose is paramount in the understanding of the necessity of disaster preparedness and relief. He emphasized that no electoral district in Alaska is immune from disaster and said that HB 346 presents an acceptable solution for families and individuals that might inevitably be affected by a natural disaster in the future.

[5:13:42 PM](#)

REPRESENTATIVE FIELDS asked whether the City and Borough of Juneau (CBJ) is working to update its land hazard maps in wake of its recent flooding events.

MR. BRYSON replied that "Juneau is built on a landslide hazard" and said that the Juneau Assembly has removed some hazard areas on its current land hazard maps to allow for homeowners to better prepare for the possibility of a landslide.

[5:16:01 PM](#)

CHAIR PRAX asked whether the Federal Emergency Management Agency (FEMA) was working with CBJ to help provide disaster relief to affected families and individuals along the Mendenhall River.

MR. BRYSON replied that the land that is eroded away from the river banks by flooding water is considered "earth movement" and is not covered by FEMA.

[5:16:48 PM](#)

SYLVIA HEINZ, Tribal Emergency Manager, Chilkoot Indian Association, gave invited testimony on HB 346. She said that disasters are increasing in their frequency and intensity and said, "It is not if a disaster gets a community, but when." She described how the 2020 Haines flooding disaster impacted that community and emphasized that the state individual assistance funds were paramount in the recovery of people affected by the event. She said that the current disaster relief funds from the state are not sufficient to get people back on their feet. She highlighted that HB 346 would have a positive effect on Alaska's economy and explained how the money would stimulate a community's local economy. She added that she was impressed with the Alaska's Division of Homeland Security and its performance in the relief and support of Alaskans affected by natural disasters.

[5:23:18 PM](#)

CHAIR PRAX announced that HB 346 was held over.

[5:23:26 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.