

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

January 23, 2024

3:30 p.m.

MEMBERS PRESENT

Senator David Wilson, Chair
Senator James Kaufman, Vice Chair
Senator Löki Tobin
Senator Forrest Dunbar
Senator Cathy Giessel

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

SENATE BILL NO. 115

"An Act relating to physician assistants; relating to physicians; and relating to health care insurance policies."

- HEARD & HELD

PRESENTATION: STATE OF ALASKA DEPARTMENT OF HEALTH OVERVIEW

- HEARD

PREVIOUS COMMITTEE ACTION

BILL: SB 115

SHORT TITLE: PHYSICIAN ASSISTANT SCOPE OF PRACTICE

SPONSOR(S): SENATOR(S) TOBIN BY REQUEST

03/27/23	(S)	READ THE FIRST TIME - REFERRALS
03/27/23	(S)	HSS, L&C
01/23/24	(S)	HSS AT 3:30 PM BUTROVICH 205

WITNESS REGISTER

SENATOR LÖKI TOBIN, District I
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Testified as the sponsor of SB 115.

MACKENZIE POPE, Staff
Senator Löki Tobin
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided a sectional analysis for SB 115.

CHRISTI FROILAND, MD
Alaska Academy of Physicians Assistants
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 115.

HAROLD JOHNSTON, MD
Alaska Primary Care Association
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SB 115.

WENDY SMITH, PA
Alaska Academy of Physicians Assistants
Juneau, Alaska

POSITION STATEMENT: Testified in support of SB 115.

CHRIS DIETRICH, PA
Orion Behavioral Health Network
Eagle River, Alaska

POSITION STATEMENT: Testified in support of SB 115.

BETSY DOUDS-PACZAN, PA, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 115.

JOHN HALL, MD, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 115 with concerns.

JENNIFER FAYETTE, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 115.

MARY SWAIN, Executive Director
Cama'i Community Health Center
Naknek, Alaska

POSITION STATEMENT: Testified in support of SB 115.

KATHERINE VAN ATTA, representing self
Wasilla, Alaska

POSITION STATEMENT: Testified in support of SB 115.

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

POSITION STATEMENT: Testified in opposition to SB 115.

SYLVAN ROBB, Division Director
Corporations, Business and Professional Licensing
Department of Commerce, Community and
Economic Development (DCCED)
Juneau, Alaska

POSITION STATEMENT: Answered questions on SB 115.

EMILY RICCI, Deputy Commissioner
Department of Health
Anchorage, Alaska

POSITION STATEMENT: Co-presented the State of Alaska Department of Health Overview.

HEIDI HEDBERG, Commissioner
Department of Health
Anchorage, Alaska

POSITION STATEMENT: Co-presented the State of Alaska Department of Health Overview.

ACTION NARRATIVE

[3:30:13 PM](#)

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 3:30 p.m. Present at the call to order were Senators Tobin, Giessel, Dunbar, Kaufman, and Chair Wilson.

SB 115-PHYSICIAN ASSISTANT SCOPE OF PRACTICE

[3:30:42 PM](#)

CHAIR WILSON announced the consideration of SENATE BILL NO. 115 "An Act relating to physician assistants; relating to physicians; and relating to health care insurance policies."

[3:31:11 PM](#)

SENATOR LÖKI TOBIN, District I, Alaska State Legislature, Juneau, Alaska, as the sponsor of SB 115, stated that the purpose of the bill is to improve patient outcomes. Alaska has long wait times, and it is difficult to access care across the state. SB 115 will help reduce wait times and improve the quality of care for Alaskans. SB 115 would allow physician

assistants (PAs) to provide care to patients without direct oversight from collaborating physicians. She acknowledged that no one operates alone, and that PAs could still consult with physicians for complex and unusual issues. However, SB 115 would allow experienced PAs to operate independently.

SENATOR TOBIN noted that there is an inadequate number of physicians to meet the care demands of Alaskans. Over 69 percent of primary care providers are in the urban Mat-Su and Anchorage areas. Most PAs operate in rural areas and attempt to meet people's basic medical needs. SB 115 would allow PAs with more than 2,000 hours of professional experience to operate independently. PAs with less than 2,000 hours would need to maintain a collaborative agreement with a physician.

SENATOR TOBIN said healthcare needs and costs are high in Alaska. The state also has some of the most limiting regulations for PAs. SB 115 would help to improve patient outcomes by creating a more equitable space for PAs to operate independently. SB 115 would require PAs to:

- Be subject to the prescription drug monitoring program.
- Register with the Alaska Drug Enforcement Agency.
- Comply with all regulations while working under a collaborating physician.

[3:35:20 PM](#)

MACKENZIE POPE, Staff, Senator Löki Tobin, Alaska State Legislature, Juneau, Alaska, gave the sectional analysis for SB 115. READ sectional insert.

[Original punctuation provided.]

Senate Bill 115: Sectional Analysis

Section 1. Amends AS 08.64.107 by changing the term "regulation" to "licensure and scope of practice."

Section 2. Amends AS 08.64.107 by adding four new subsections:

Subsection (b) describes the procedures and evaluations physician assistants can perform, including their ability to: perform comprehensive health histories and physical examinations of

patients; treat disease and injury; and prescribe, dispense, order, and administer schedule II, III, IV, or V controlled substance under federal law if the physician assistant has a valid federal Drug Enforcement Administration registration number.

Subsection (c) establishes that a physician assistant with less than 2,000 hours of practice may practice only under collaborative agreement with one (or more) physician to provide care in a hospital, clinic, or other clinical setting. These collaborative agreements must be in writing and describe how the collaboration will be executed between the physician and physician assistant.

Subsection (d) requires that a physician assistant in a collaborative agreement or the collaborating physician shall provide a copy of their collaborative agreement and relevant documentation to the State Medical Board upon request.

Subsection (e) defines collaborative agreement.

Section 3. Amends 08.64.170 to authorize a physician assistant to practice medicine independently, with those practicing with less than 2000 hours required to operate under a collaborative agreement as authorized in the previous section. 33-LS0542\B | 12.22.2023 | 2

Section 4. Amends AS 11.71.900 to include physician assistants under the definition of "practitioner."

Section 5. Amends AS 21.07.010 to disallow a contract between a participating health care provider and health care insurer from including a provision that imposes a practice, education, or collaboration requirement on physician assistants which is inconsistent with or more restrictive than the requirements stipulated under AS 08.64.107.

Section 6. Removes the direct supervision requirement for physician assistants under the definition of "attending physician" as stated in AS 23.30.395, which allows employees to designate physician assistants as responsible for their care under the Alaska Workers Compensation Act.

Section 7. Removes the direct supervision requirement for physician assistants under the definition of "health care provider" as stated in AS 33.30.901, which allows physician assistants to provide medical services as a health care provider within the Department of Corrections statute definition.

[3:38:40 PM](#)

CHAIR WILSON announced invited testimony on SB 115.

[3:38:54 PM](#)

CHRISTI FROILAND, MD, Alaska Academy of Physicians Assistants, Anchorage, Alaska, said she is a dermatology-trained PA with over 16 years of direct clinical experience in Alaska. She emphasized the importance of SB 115, noting Alaska's challenging PA licensing and collaboration process, which delays access to care. SB 115 aims to allow PAs to practice to the full extent of their training, aligning statutes with how PAs currently practice in Alaska to better utilize the healthcare workforce.

MS. FROILAND explained that current statutes were enacted in 1974. The goal of SB 115 is to enhance collaboration, not diminish it. Medicine is a team sport, and SB 115 would allow experienced PAs to practice independently, providing quality and timely care. She provided examples of how SB 115 would help specialty PAs in smaller communities.

First, she pointed out that initially as a dermatology PA, she was mentored by a dermatologist, but 16 years later, they function like teammates. Without SB 115, if the dermatologist retires, she will need a new collaborating physician to continue seeing patients. This is impractical given her experience. Medicine is a team sport, and SB 115 strengthens the team by creating a level playing field.

Second, Fairbanks is a dermatology desert, with only one dermatologist and a nine-month waitlist. An experienced medical dermatologist like her could help alleviate this by serving the community a few days a month. Currently, residents face significant expenses traveling to Anchorage for care, leading to delayed diagnoses of serious conditions. She stated that allowing experienced PAs to serve more broadly could change lives.

Third, a local PA, embedded in her tribal corporation, was told by Copper River Native Association they would no longer hire PAs due to burdensome regulations, opting for physicians and nurse

practitioners instead. This PA was a crucial part of her community for over four years. Rural communities are dropping PAs not because of quality issues, but due to regulatory burdens, threatening access to specialty care.

MS. FROILAND concluded by asking for support in serving the greater Alaska community. Many PAs have been trained by nationally recognized experts in critical specialties that Alaska lacks. These specialists are needed but underrepresented.

[3:44:17 PM](#)

SENATOR GIESSEL stated that as an advanced nurse practitioner (NP), she was eager to co-sponsor SB 115 because it is absurd that PAs do not have plenary practice. She asked how many states offer non-collaborative whole scope of practice for PAs.

[3:44:45 PM](#)

MS. FROILAND replied five or six states.

SENATOR GIESSEL responded that Alaska would be leading the way if SB 115 passed and asked for clarification that the statutes on PA practice were written in 1974. She pointed out that NPs have had plenary practice since 1980 and no one has died.

[3:45:15 PM](#)

CHAIR WILSON asked how many states have similar practices for PAs.

[3:45:36 PM](#)

HAROLD JOHNSTON, MD, Alaska Primary Care Association, Anchorage, Alaska, replied he did not know the answer. He said he is a retired family physician and lifelong Alaskan who is speaking on behalf of the Alaska Primary Care Association (APCA). He highlighted his role as the architect and director of the Alaska Family Medicine Residency for 19 years. The APCA represents 29 community health centers across Alaska, serving over 100 sites, including both large urban areas and small rural practices. These centers provide comprehensive care regardless of patients' ability to pay. In 2022, APCA member clinics employed 83 PAs, accounting for about a third of healthcare providers in these centers, with 80,000 patient visits statewide.

DR. JOHNSTON emphasized that SB 115 modernizes the role of PAs, reflecting how healthcare is practiced, especially in rural Alaska. He noted that the bill would eliminate the need for experienced PAs to have a formal collaborative relationship with a specific physician, thereby reducing administrative burdens

and costs. He stated that SB 115 would improve provider recruitment and allow funds to be redirected to enhance access to care in rural communities. The bill also recognizes that while newly trained PAs need close support, experienced PAs can tailor their support to their individual needs. Dr. Johnston concluded by expressing strong support for the passage of SB 115 on behalf of the APCA.

[3:50:18 PM](#)

SENATOR TOBIN stated that as of June 2023, six states allow PAs to practice independently. Iowa was the most recent state to adopt similar legislation.

CHAIR WILSON stated the other states are Arizona, Wyoming, Utah, Montana, and North Dakota.

[3:50:41 PM](#)

CHAIR WILSON opened public testimony on SB 115.

[3:51:11 PM](#)

WENDY SMITH, PA, Alaska Academy of Physicians Assistants, Juneau, Alaska, testified in support of SB 115. She stated that as a physician assistant and lifelong resident of Juneau she has practiced primary care for the last 20 years. She pointed out that while working in a group clinic with many physicians, she always had collaborators. However, after moving to a smaller practice with only one physician, the task of finding a second collaborator was onerous. The administration had to pay a silent partner, whom she contacts only if necessary. She emphasized that in her daily practice of seeing 20 patients, she collaborates with multiple providers, including emergency room providers, primary care providers, and specialists in oncology and cardiology from various locations, including Texas and Anchorage.

MS. SMITH stated that the requirement of being responsible for all the care a PA provides can cause apprehension for physicians to sign a PA as a collaborator. She stated her belief that SB 115 would allow experienced PAs to officially take responsibility for the care they provide within their scope of practice. Addressing concerns about safety and rogue independent PAs, she noted that accountability issues exist among all healthcare providers, whether they are physicians, NPs, or PAs, and that everyone is ultimately responsible for their decisions. She expressed that as a professional, she should not have to depend on another professional to practice medicine. Currently, if she lost her second collaborating physician, she wouldn't be

able to see patients, which is a significant fear. She concluded by expressing her support for SB 115 and her optimism for the future of medicine in Alaska.

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SENATOR GIESSEL asked how much her administrators pay the second collaborating physician.

MS. SMITH replied that the average amount paid to a collaborator is around \$1,000 - \$1,500 per month. She stated that her collaborating physician works for free for the other doctor certain weeks out of the year.

[3:54:36 PM](#)

CHRIS DIETRICH, Medical Director, Orion Behavioral Health Network, Eagle River, Alaska, testified in support of SB 115. He highlighted that SB 115 offers significant hiring benefits and aids in the retention and promotion of mental health providers. He shared a recent challenge at Banyan Treatment Center in Wasilla, a 24-bed facility for veterans. Due to delays in securing licensure for a second collaborator, veterans lost access to the facility for 30 days. The clinic had to pay \$1,500 for a second collaborator who did nothing more than sign off, delaying patient care during a critical time. He emphasized that SB 115 would greatly benefit behavioral health and substance use treatment by extending access to experienced PAs, thus meeting healthcare needs more effectively.

[3:57:01 PM](#)

SENATOR GIESSEL asked where Mr. Dietrich's clinic is located.

MR. DIETRICH replied that Banyan Treatment Center is a nationwide organization that opened a clinic in Wasilla.

[3:57:39 PM](#)

SENATOR GIESSEL asked where he lives.

MR. DIETRICH replied that he lives in Palmer.

[3:57:55 PM](#)

BETSY DOUDS-PACZAN, PA, representing self, Anchorage, Alaska, testified in support of SB 115. She said she is a practicing licensed physician assistant (PA) in Alaska who provides care to those with substance use issues and behavioral health needs. She advocated for the passage of SB 115 to protect and expand the ability of PAs to provide excellent care. SB 115 will remove outdated licensing obstacles, making it easier to hire PAs and

allowing them to work to their full potential within their scope of practice as part of a collaborative team. Modernizing the statutes will ensure that PAs can perform duties according to their training and experience, rather than being limited by outdated guidelines. She urged the committee to move SB 115 forward.

3:59:46 PM

JOHN HALL, MD, representing self, Anchorage, Alaska, testified in support of SB 115 with concerns. He said he is a retired emergency physician who practiced at Providence Hospital for over four years and has sponsored more than 200 physician assistants (PAs) over the past 30 years. He spoke in favor of SB 115, despite snide remarks from others that the path to independence for PAs should be medical school. After reviewing SB 115 and speaking with five trusted PAs, he agrees some changes to the regulations are needed, though the bill may require amendments.

DR. HALL stated his belief that PAs should practice medicine according to their training, even when they possess skills their collaborating physician does not. For example, he sponsored PAs performing prolotherapy and SI joint injections, skills he did not personally have. He argued that PAs should bill insurance under their own names, be paid in their names, and be able to prescribe scheduled medications if they have a DEA license, even if their collaborating physician does not. He also stated that PAs should sign off on tasks they perform, such as physical exams and necessary paperwork, without requiring a physician's signature. While he thinks Alaska has good regulations for licensing PAs, there is room for improvement to allow more independence. He suggested that 2,000 hours of experience is not sufficient for full independence, advocating for a higher threshold, like the 8,000 hours required in Tucson.

DR. HALL said he supports SB 115 and the idea of moving the bill to another committee for potential amendments to ensure appropriate training before PAs gain full independence.

4:03:25 PM

JENNIFER FAYETTE, representing self, Anchorage, Alaska, testified in support of SB 115 and said she is a lifelong Alaskan and a practicing PA in Alaska for the last 10 years, as well as a past president of the Alaska Academy of Physician Assistants. She said she supports the passage of SB 115, having spent the last two years working with the State Medical Board to update current PA regulations. She emphasized that the current

regulations can quickly and drastically affect care for Alaskans, highlighting the need to update the statutes.

MS. FAYETTE said PAs have been providing solid care for over 50 years, and it is time to reflect that in state statutes. Medicine is inherently independent and collaborative, and Alaskan PAs independently make diagnoses, formulate care plans, prescribe medications, order tests, and interpret results. When a patient's needs fall outside a PA's expertise or require surgical treatment, they collaborate with colleagues—not because state regulations mandate it, but because this is how PAs are trained and how modern medicine is practiced.

MS. FAYETTE said SB 115, would greatly increase access to care across Alaska by allowing PAs to practice to the full extent of their education, training, and experience, on par with other medical providers. She fully supports and encourages the passing of SB 115.

[4:05:27 PM](#)

MARY SWAIN, Executive Director, Cama'i Community Health Center Naknek, Alaska, testified in support of SB 115. She stated that Cama'i Health Center is a federally qualified health center (FQHC) that provides comprehensive whole-person care, including medical, behavioral, pharmacy, urgent and emergent care, and care coordination services. She emphasized Cama'i's support for SB 115 due to the increased access to care it would create for Bristol Bay and the entire state. SB 115 would enable PAs to practice independently to the fullest extent of their licenses while maintaining collaborative agreement structures for less experienced physician assistants.

MS. SWAIN said Cama'i Health Center has employed over 14 PAs and core providers over the past five years. SB 115 is crucial for FQHCs like Cama'i, which struggle to recruit and retain adequate providers. The current collaborative agreements impose unnecessary burdens on rural clinics that cannot support full-time staff positions. Cama'i contracts with two physicians, one out of state and the other semi-retired in southeast Alaska, paying nearly \$60,000 a year for collaborative plans.

MS. SWAIN highlighted that it is Cama'i's policy for PAs to maintain strong collaborative relationships with a range of urgent and specialty providers in real time to address patients' specific needs. She concluded by reiterating the importance of SB 115 for improving access to care and reducing administrative burdens on rural health clinics.

4:07:29 PM

KATHERINE VAN ATTA, representing self, Wasilla, Alaska, testified in support of SB 115. She said she has been a PA for 18 years and a certified nurse midwife for five years. She has worked in rural Alaska in various full-time and intermittent roles for 14 years, including three years full-time in Adak as the sole licensed healthcare provider.

MS. VAN ATTA noted that a recent effort by the State Medical Board to modernize PA regulations resulted in proposed changes that were alarming. The new regulations would have made it nearly impossible for PAs to work in rural areas, defined as over 30 miles from a collaborating physician or tertiary health center, which was alarmingly not defined. This would have significantly decreased access to care for rural Alaskans.

MS. VAN ATTA pointed out that as a certified nurse midwife, she is licensed independently and collaborates with physicians as needed. She emphasized that being licensed to practice independently does not diminish her ability to collaborate. She expressed strong support for SB 115, believing it offers a reasonable approach to maintaining and improving healthcare access in rural Alaska.

4:09:27 PM

PAM VENTGEN, Executive Director, Alaska State Medical Association, Anchorage, Alaska, testified in opposition to SB 115. She stated that the association represents physicians and physician assistants (PAs) across Alaska, with a primary focus on the health of all Alaskans. She stated that the association opposes SB 115, supporting PAs working collaboratively with physicians as part of a healthcare team. She mentioned that the association will participate in a new workgroup established by the medical board to update PA regulations, acknowledging that the current regulations are burdensome and need modernization.

MS. VENTGEN expressed concern over the proposed 2000-hour requirement for independent practice, highlighting those physicians, who have significantly more formal medical education, must complete at least two years of additional residency training before licensing. She noted that some physician specialists undergo up to seven years of residency training and family practice physicians average between 12,000 and 16,000 hours of clinical patient training before licensure.

MS. VENTGEN emphasized that the association believes revisions to current regulations can be achieved without granting independent practice to PAs. She also pointed out that SB 115 leaves several areas undefined, particularly regarding how a PA might change or add a medical specialty. She questioned whether a PA could do so independently or would need a new collaboration with a physician. She concluded by stating that, as written, SB 115 does not adequately protect Alaskans.

[4:11:49 PM](#)

SENATOR TOBIN asked when the state last undertook a review of the regulations for physician assistants and when that process began.

MS. VENTGEN replied that the State Medical Association worked with a group of PAs about three years ago to review the regulations. However, no action was taken from that review. The Medical Board reviewed those PA regulations somewhat and there were weekly meetings with the State Medical Board. The Medical Board then initiated a regulatory project which the Medical Association did not support. While there were some areas of agreement, most of the recently proposed regulatory changes were considered very draconian and nonsensical. As a result, the Medical Board agreed to form a workgroup to revisit the regulations.

MS. VENTGEN emphasized that the supervision and licensure of PAs should be addressed through regulation rather than statute. The Medical Association is participating in the workgroup, which has not yet set a first meeting date but is considering dates in February. She expressed hope that this workgroup, without the involvement of the medical board chairperson, would be able to make significant changes.

[4:14:16 PM](#)

SENATOR DUNBAR asked if the association would change its position and support SB 115 if the minimum hours requirement was increased.

MS. VENTGEN replied that at this point, the State Medical Association does not support independent practice for physician assistants. However, they are willing to look at ways to make employment for physician assistants easier and to make supervision requirements less burdensome. She noted that some regulation changes, such as the requirement for a second collaborating physician, lack clear logic. She emphasized that experienced physician assistants, like those with 16 years in

dermatology, are in a different situation than new PAs. Therefore, licensing laws need to account for the range of experience and training to protect citizens effectively.

SENATOR DUNBAR asked if there is evidence of worse patient outcomes or decreased quality of healthcare in the six states that have already implemented PA independent practice compared to states that have not made the change.

MS. VENTGEN replied that a study was submitted to the committee yesterday, conducted by the Hattiesburg Clinic in Mississippi. This large clinic, which has employed PAs, nurse practitioners, certified registered nurse anesthetists, and optometrists as advanced practice providers since 2005, performed a retrospective study on patient outcomes and the value of care after expanding the scope of these providers. The study concluded that collaborative practice between physicians and advanced practice providers resulted in better patient outcomes and care value. However, when mid-level providers saw patients independently, it cost the clinic more, and patient outcomes were reduced. She recommended committee members read the insightful three-page report.

[4:18:51 PM](#)

SENATOR GIESSEL commented that she is a nurse practitioner (NP) and in Alaska NPs have had independent practice for 44 years. She referenced another study, 27 pages long, that includes 34 studies and data from Northern Arizona and the Netherlands, showing that PAs deliver the same or better care outcomes as physicians at the same or lower cost. She pointed out that the study cited by Ms. Ventgen, involving 186 clinicians, is relatively small. She asked if there are any other studies showing negative outcomes for PAs in independent practice.

[4:20:07 PM](#)

MS. VENTGEN replied that a study conducted a year or two ago, involving multiple veteran clinics, showed similar results, but she did not have the study details in front of her.

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SYLVAN ROBB, Division Director, Corporations, Business and Professional Licensing, Department of Commerce, Community and Economic Development (DCCED) Juneau, Alaska, testified that she recalled Senator Tobin's question about the regulations affecting physician assistants. She stated that the Alaska Physician Assistant Association approached the board about modernizing the PA regulations. A workgroup was formed in late

2021 to address this issue and met several times throughout 2022. In February 2023, regulations were adopted by the board after the drafting and review process by the division and the Department of Law. The regulations went out for public comment, and after considering the feedback, the board decided to postpone adopting the changes and form a new workgroup. The first meeting of this new workgroup is scheduled for February 2024.

[4:22:05 PM](#)

SENATOR TOBIN asked why the regulations were postponed, suggesting that public comments might not have been positive. She requested an explanation of the reasons behind the postponement.

[4:22:28 PM](#)

MS. ROBB replied she did not want to speak for the board, but there was a lot of public comment opposing the regulations.

[4:22:50 PM](#)

SENATOR DUNBAR asked how the 2000-hour requirement, equivalent to approximately one year, was determined.

SENATOR TOBIN deferred to Ms. Pope.

[4:23:36 PM](#)

MS. POPE replied that the 2000-hour requirement was a starting point for discussing the necessary hours a PA would need before practicing independently. She mentioned the sponsor is open to considering a different number if it benefits Alaskans.

[4:24:09 PM](#)

SENATOR DUNBAR asked whether a similar number of hours is required for NPs and could any PAs present speak their thoughts regarding the 2000 hours of experience requirement.

[4:24:47 PM](#)

MS. SMITH stated that the concept of collaboration does not mean that the physician and PA are always in the same room, but rather that the physician is accessible for questions. She shared her experience as a new graduate PA who frequently consulted with her collaborating physician. She emphasized that comfort levels with collaboration vary among individuals.

MS. SMITH expressed her belief that, like NPs, specific collaboration hours should not be required for PAs. She mentioned that the proposed hours were included to make the bill

more acceptable to physicians, asserting that PAs will collaborate regardless of their experience level. She suggested that the hours could be increased to 4000 but stressed that collaboration should not necessitate physical proximity, as PAs in remote areas need to be able to consult with physicians via phone or Skype.

MS. POPE interjected that the 2000 hours are in addition to the formal education PAs receive.

MS. SMITH stated that PAs receive three semesters of didactic training and three semesters of rotations, slightly less than physicians' training. She acknowledged the rigorous training of both PAs and nurse practitioners, noting that PAs graduate with 2000 hours of clinical experience, which combined with the additional 2000 hours, totals 4000 hours—approaching the level of a physician's residency. She reiterated her pride in being a PA and emphasized the intensity of their training while distinguishing it from that of physicians.

[4:28:09 PM](#)

SENATOR TOBIN expressed her appreciation to the committee for hearing SB 115. She highlighted the widespread healthcare shortages in Alaska and the nation, noting the impending need for more quality care providers as the population ages. She emphasized the importance of "aging in place" and shared a personal story about her father's challenges with physician retention. She said she supported the legislation because PAs live in and serve rural Alaska, providing high-quality care to their communities. She hoped to continue working on the legislation to find common ground and avoid a prolonged regulatory process filled with distrust and frustration.

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CHAIR WILSON closed public testimony on SB 115.

[4:29:52 PM](#)

CHAIR WILSON [held SB 115 in committee.]

[4:30:06 PM](#)

At ease

PRESENTATION: STATE OF ALASKA DEPARTMENT OF HEALTH OVERVIEW

[4:32:38 PM](#)

CHAIR WILSON reconvened the meeting and announced the continuation of a presentation by the Department of Health that began on January 18, 2024.

[4:33:04 PM](#)

EMILY RICCI, Deputy Commissioner, Department of Health, Anchorage, Alaska, co-presenting the State of Alaska Department of Health Overview, resumed the presentation on slide 13. She stated that the behavioral health continuum of care falls into seven buckets:

- Prevention and Early Intervention
- Outpatient Treatment
- Crisis Response and Stabilization
- Inpatient Services
- Step-down Services
- Care Coordination and Navigation
- Data Systems

How the department thinks about the continuum was informed by the ongoing work of multiple populations:

Comprehensive Integrated Mental Health Program Plan

- All Alaskans

Behavioral Health Roadmap for Alaska Youth

- All Alaska youth

DOJ Report

- Medicaid-eligible Alaska youth

Complex Care

- Alaskans with complex cooccurring needs (medical, behavioral, social, disabilities)

MS. RICCI said the department has spent the last eight months visiting five regions of the state and hearing from individuals and providers impacted by behavioral health issues. It is clear to the Department of Health (DOH) that the core system of Medicaid needs strengthening and flexibility to meet the needs of different regions, hubs, and communities. She emphasized the need to transition from an administrative services organization to a Medicaid management information system. She explained that this transition is integral to the core payment system for behavioral health services. She noted that, through this effort, DOH has identified several action items that are already being

addressed. These actions include conducting a methodology study, transitioning to a consolidated Medicaid payment system, and implementing other measures. She stated her belief that these efforts, expected to be fully developed over the next one to three years, will significantly address gaps in the behavioral health continuum identified by DOH.

[4:36:30 PM](#)

CHAIR WILSON said the department had six meetings including a kickoff that involved the entire state. He commended DOH personnel for their work.

[4:36:40 PM](#)

SENATOR DUNBAR asked if the department could discuss behavioral health providers advocating for a parity law in medical billing with traditional physical medicine, as they feel the regulatory burden for behavioral health payments in Alaska is significantly higher than in many other states.

[4:37:18 PM](#)

CHAIR WILSON clarified that behavioral health providers are not only seeking parity for payment but also for documentation and access standards.

[4:37:28 PM](#)

MS. RICCI acknowledged the need to streamline administration and reduce regulatory burdens for behavioral health providers. She mentioned leveraging the regulatory process to identify ways to ease these burdens while maintaining accountability. She noted ongoing communication with stakeholder organizations and efforts to stabilize leadership within the Division of Behavioral Health. She highlighted the importance of claims payment work, the 1115 Waiver renewal, and setting regulatory priorities to quickly address the most impactful administrative barriers. She emphasized the necessity of reviewing regulations and manuals to determine what is essential for improving the continuum of care, particularly in outpatient treatment.

[4:39:17 PM](#)

SENATOR GIESSEL said DOH's talking points are great but urged the department to not lower standards in the process.

[4:39:55 PM](#)

CHAIR WILSON commented that Senate Bill 74, that was passed around 2016, addressed the Medicaid redesign program and may need updating to accommodate flexibility and 1115 Waiver

changes. He asked if the department has any recommendations on how to fix existing laws to achieve compliance.

[4:40:37 PM](#)

MS. RICCI emphasized the importance of a functional claims payment system for providers to ensure consistent revenue and service stability. She noted that the department is focused on identifying and addressing service gaps while renewing its waiver with the federal government, aiming for completion by the end of March. She acknowledged the need for future discussions on waiver amendments, with public input and committee involvement. She highlighted the balance between reducing administrative burdens and maintaining care quality and accountability, using the example of service authorizations for outpatient behavioral health services, which the department is currently reassessing to streamline.

SENATOR GIESSEL expressed concern that without basing outpatient care on best practices, there is a risk of funding ineffective clinical treatments. She emphasized that requiring a care plan is not burdensome. She stated that a well-thought-out care plan is essential and should be mandated, given the long-term nature of behavioral health relationships. She urged caution in making changes.

[4:44:55 PM](#)

CHAIR WILSON said he echoed Senator Giessel's concern, noting that providers have employed various strategies to meet the need for care plans. He mentioned that providers do initial plans and later add addendums. He said there are ways that systems can ensure both immediate patient stabilization and ongoing care planning.

[4:45:23 PM](#)

MS. RICCI moved to slide 14 and highlighted the focus of Senior and Disability Services on moving towards person-centered care using the International Resident Assessment Instrument (InterRAI). She noted that the division began implementation of this tool about a year ago. The benefits of the InterRAI include establishing a budget based on individual needs, allowing individuals to choose services within that budget, fostering self-determination, and enhancing flexibility. This approach also provides budgetary predictability for both the division and individuals. She credited the Division of Senior and Disability Services for their collaboration with stakeholder groups in developing the implementation for this tool. She mentioned that the process of finalizing federal approval to access matching

funds to hire a contractor for technical assistance is underway. She said this effort is expected to continue over the next three years and aims to be a positive and collaborative approach.

[4:47:22 PM](#)

CHAIR WILSON thanked Mr. Newman for his work as the director of Senior and Disability Services. He mentioned the possibility of future presentations and asked for clarification on what is occurring with the Supplemental Nutrition Assistance Program (SNAP) backlog and its impact on receiving federal funds for summer benefit programs. He asked why the Department of Commerce couldn't handle funds for the foodbank.

[4:50:06 PM](#)

HEIDI HEDBERG, Commissioner, Department of Health, Anchorage, Alaska, explained that the Summer Electronic Benefit Transfer (EBT) program is administered by the Department of Education and Early Development (DEED), which lacks the resources to manage the program alone and thus seeks assistance from the Department of Health (DOH). She clarified that the Public Information Office's (PIO) comment likely stemmed from DOH's focus on the Supplemental Nutrition Assistance Program (SNAP) EBT program. She emphasized that the Summer EBT program is a collaborative effort between the two departments. The Division of Public Assistance is currently prioritizing the elimination of the SNAP backlog and preventing future backlogs. DOH and DEED are working together to evaluate and improve the administration process, especially considering the manual nature of the pandemic EBT program. The department is exploring the necessary IT systems and efficient methods for communication with school districts. She said due to these ongoing discussions, DOH was not prepared for the 2024 program and is focusing on planning for 2025.

[4:51:50 PM](#)

CHAIR WILSON asked when the decision needs to be made so Alaska can have a Summer EBT program.

[4:51:59 PM](#)

MS. HEDBERG said the deadline for 2024 was January and stated her belief that the deadline for 2025 is rolling. She said she would get back to the committee.

[4:52:19 PM](#)

SENATOR TOBIN expressed her appreciation for the insight provided. She noted that she and Senator Dunbar have struggled with ensuring that low-income communities they serve have access to the Summer EBT program. She mentioned that the rural Summer

Food Program will serve her home community and expressed hope that DOH can apply for the 2025 program.

[4:52:48 PM](#)

MS. HEDBERG mentioned that the Department of Commerce, upon legislative approval, will focus on distributing funds to food banks and pantries statewide. The Department of Health's funding for food security, included in the proposed 2025 budget, is intended as a buffer to implement recommendations from the Food Security Task Force. As a member of the task force, she highlighted that factors such as SNAP issues and inflation have contributed to increased food bank visits. The funding will support food security while these recommendations are put into action.

[4:54:23 PM](#)

CHAIR WILSON asked why DOH wants to take on an additional burden when it is struggling, especially since the Department of Commerce Community and Economic Development has successfully handled the food bank grant for the past two years.

[4:54:43 PM](#)

MS. HEDBERG stated DOH has a grants team, so the handling of the food bank grant does not burden public assistance.

[4:54:59 PM](#)

CHAIR WILSON thanked the presenters for returning to conclude the department overview.

[4:55:43 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 4:55 p.m.