

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 26, 2024

3:31 p.m.

MEMBERS PRESENT

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

MEMBERS ABSENT

Senator Forrest Dunbar

COMMITTEE CALENDAR

SENATE BILL NO. 231

"An Act relating to residential psychiatric treatment centers;
and providing for an effective date."

- HEARD & HELD

SENATE 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 SCR 9 OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: SB 231

SHORT TITLE: MINORS & RESIDENT PSYCH TREATMENT CENTERS

SPONSOR(S): SENATOR(S) CLAMAN

02/14/24	(S)	READ THE FIRST TIME - REFERRALS
02/14/24	(S)	HSS
03/26/24	(S)	HSS AT 3:30 PM BUTROVICH 205

BILL: SCR 9

SHORT TITLE: MENTAL HEALTH/SUBSTANCE ASSISTANCE PARITY

SPONSOR(s) : SENATOR(s) DUNBAR

02/19/24	(S)	READ THE FIRST TIME - REFERRALS
02/19/24	(S)	HSS
03/12/24	(S)	HSS AT 3:30 PM BUTROVICH 205
03/12/24	(S)	Heard & Held
03/12/24	(S)	MINUTE (HSS)
03/26/24	(S)	HSS AT 3:30 PM BUTROVICH 205

WITNESS REGISTER

SENATOR MATT CLAMAN, District H
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Sponsor of SB 231.

CLAIRE LUBKE, Staff
Senator Matt Claman
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Provided the sectional analysis for SB 231.

TRACY DOMPELING, Director
Division of Behavioral Health
Department of Health
Juneau, Alaska
POSITION STATEMENT: Answered questions on SB 231.

JAMIE LANG, Medicaid Program Specialist
Division of Behavioral Health
Department of Health
Anchorage, Alaska
POSITION STATEMENT: Answered question on SB 231.

ANA KARINA THOMPSON, Licensing Specialist
Residential Licensing
Department of Health
Anchorage, Alaska
POSITION STATEMENT: Answered questions on SB 231.

MATEO JAIME, Youth Board Member
Facing Foster Care in Alaska
Anchorage, Alaska
POSITION STATEMENT: Invited testimony for SB 231.

AUTUMN SMITH-AMY, Owner
Northwest Regional Relative and Kinship Providers

Anchorage, Alaska

POSITION STATEMENT: Invited testimony for SB 231.

ANNE DENNIS CHOI, President

Alaska Child and Family

Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 231 with concerns.

ARIELLE WIGGIN, Staff

Senator Forrest Dunbar

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: Spoke on behalf of the sponsor for SB 231.

RIA SMYKE, Staff

Senator Forrest Dunbar

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: Provided a brief overview of SB 231.

ACTION NARRATIVE

[3:31:40 PM](#)

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 3:31 p.m. Present at the call to order were Senators Tobin, Kaufman, Giessel, and Chair Wilson.

SB 231-MINORS & RESIDENT PSYCH TREATMENT CENTERS

[3:32:31 PM](#)

CHAIR WILSON announced the consideration of SENATE BILL NO. 231 "An Act relating to residential psychiatric treatment centers; and providing for an effective date."

[3:32:46 PM](#)

SENATOR MATT CLAMAN, District H, Alaska State Legislature, Juneau, Alaska, sponsor of SB 231 provided the following introduction of the bill:

Thank you for hearing Senate Bill 231 today. In 2022, the United States Department of Justice investigated Alaska's behavioral health care system for youth. The DOJ investigation found an overreliance on institutionalization to treat minors with behavioral health disabilities in Alaska.

[3:33:13 PM](#)

SENATOR CLAMAN continued:

In response to these findings, the Department of Health embarked on the Behavioral Health Roadmap Project for Alaska Youth in fall 2023. My office recognizes and appreciates the steps that the Department, behavioral health care providers, and other stakeholders across the State put into regional meetings and their drafted report. I hope that together, meaningful progress can be made to care for Alaskan youth in the most appropriate setting along a continuum of care.

There remains an urgent need for transparency and parent-guardian involvement at the facilities that serve Alaskan youth with in-patient, intensive behavioral healthcare needs. SB 231 enhances and protects the rights of youth psychiatric patients who receive residential care in Alaska.

[3:33:58 PM](#)

SENATOR CLAMAN continued:

SB 231 has three main objectives: first to ensure that youth patients have access to at least one-hour of communication with their parent or legal guardian each week; second to ensure that the Department of Health conducts twice-per-year, unannounced inspections of facilities providing residential treatment to youth psychiatric patients in which 50 percent of all youth patients are interviewed about their experiences; and third to ensure that every time seclusion or restraint is used on a youth patient, it's reported within 24 hours to the Department of Health and to the patient's parent or guardian.

There are aspects of SB 231 that we look to work with the Committee to improve. Since this bill was drafted, we've learned that some facilities in Alaska that provide residential-based psychiatric treatment to youth are not licensed as residential psychiatric treatment centers. I hope that future version of this bill will include all youth receiving residential-based psychiatric treatment in Alaska, including those

served at facilities licensed as psychiatric and specialized hospitals.

[3:35:01 PM](#)

SENATOR CLAMAN continued:

We've also heard concerns from youth behavioral healthcare providers about the confidentiality requirement for communication between youth patients and their parent or guardian. We look forward to working with Committee members to make sure this requirement accounts for the safety and well-being of youth patients and staff.

[3:35:34 PM](#)

CLAIRE LUBKE, Staff, Senator Matt Claman, Alaska State Legislature, Juneau, Alaska, offered the following sectional analysis for SB 231:

Senate Bill 231
Sectional Analysis – Version A

Section 1 AS 47.30.840 Right to privacy and personal possessions; other rights. Adds new subsection (c) to ensure a minor undergoing evaluation or inpatient treatment at a residential psychiatric treatment center has the right, unless otherwise prohibited by law or court order, to have confidential video communication at least once each week for at least one hour with the minor's parent or legal guardian, facilitated by the residential psychiatric treatment center.

Section 2 AS 47.32.110 Right of access and inspection. Amends subsection (c) to authorize the officer or employee of a department with licensing authority to enter for any purposes described in a new subsection (d).

Section 3 AS 47.32.110 Right of access and inspection. Adds new subsection (d) to require a designated agent or employee of the Department of Health to conduct, at least twice a year, an unannounced inspection of each residential psychiatric treatment center and these inspections will require at least 50% of the patients to be interviewed.

Section 4 AS 47.32.200 Notice required of entities. Adds new subsection (g) to require a residential psychiatric treatment center to send written notification of each use of seclusion or restraint on a person, including the use of a chemical, mechanical, or physical restraint, to the Department of Health and the person's parent or guardian within one business day after the use of seclusion or restraint.

[3:37:45 PM](#)

SENATOR TOBIN said she is asking her questions to ensure that SB 231 incorporates Indigenous communities and addresses certain concerns. She referenced SB 231, page one, line eight, regarding the term "minor's parent or legal guardian," and expressed concern about the definition of "legal guardian." She explained that in previous work with the Alaska Reads Act, the definition of legal guardian sometimes excluded grandparents, stepparents, or relatives like aunts or uncles, which are common caregivers in rural communities. She emphasized the importance of making sure the definition is inclusive to reflect the family dynamics in these communities.

[3:38:47 PM](#)

SENATOR CLAMAN acknowledged that the issue raised had already been identified as an area needing refinement. He explained that the concern is recognizing that, in some cases, parents may be contributing factors to a minor's psychiatric issues, and it may not always be appropriate for them to be the primary point of contact. He supported finding language that allows for other close family members, such as grandparents, to be identified, especially when the parent may not be suitable for regular communication. He clarified that the intent is not to strictly limit the term "legal guardian" to the legal statute but to provide flexibility for situations where a court may not be involved, particularly in private cases. The goal is to ensure that minors have regular communication with someone who is safe and trusted, outside the facility, even if a formal legal guardian is not established.

[3:40:47 PM](#)

SENATOR TOBIN referenced SB 231, Section 3, and raised concerns about young people in the Office of Children's Services (OCS) care. She asked if the definition on line 5, which refers to a "designated agent or employee of the Department of Health," would include an Indian Child Welfare Act (ICWA) worker or someone from a tribal entity. She emphasized the importance of ensuring that ICWA workers or tribal representatives are

involved in the process, particularly in unannounced inspections of facilities, to support the young person and be part of their life dynamic.

[3:41:32 PM](#)

SENATOR CLAMAN said he welcomed further examination of the topic. He clarified that the focus of SB 231, Section 3, as drafted, is on facilities licensed by the state, with the intent that the licensing entity would conduct regular inspections. He noted that this differs from the type of oversight someone might seek regarding an individual patient's well-being.

[3:42:04 PM](#)

SENATOR TOBIN thanked him for his clarity and said would wait to ask further questions.

[3:42:12 PM](#)

SENATOR GIESSEL suggested adding language to SB 231 that would allow, when appropriate, an individual from the Indian Child Welfare Act (ICWA) or a teacher from the child's school district who is a close confidant to be involved. She emphasized that this inclusion could better support the child.

[3:42:38 PM](#)

SENATOR CLAMAN expressed support for developing language to include individuals such as an ICWA worker or a teacher in SB 231. He noted that this suggestion ties into the earlier discussion about page one, line eight, regarding who can be in regular contact with the youth. He emphasized that if a teacher has been a key figure in a youth's life for years, it would be important to allow that communication, rather than restricting it simply because the teacher isn't listed as an official contact. He highlighted the need to prioritize the relationships that are most meaningful to the youth.

[3:43:27 PM](#)

SENATOR TOBIN asked for clarification regarding the definition of "confidential" under SB 231, Section 1, specifically in relation to confidential video communication. She inquired whether the facility would be prohibited from recording the communication, whether the facility could monitor it, and what authority they would have over the communication. She expressed concern that a child in crisis might not feel comfortable disclosing their situation if they know the communication is being monitored or if they cannot establish a secure, encrypted conversation with a trusted adult.

[3:44:05 PM](#)

SENATOR CLAMAN acknowledged that an earlier suggestion was to add telephone communication, in addition to video, because in some parts of Alaska, video communication may not be reliable, and the goal is to ensure communication happens through practical means. He recognized the importance of confidentiality from the patient's standpoint, so the youth feels secure that no one is listening. However, he pointed out that for patient protection, especially if a youth expresses suicidal thoughts during a conversation, the facility would need to be aware. He highlighted the challenge of balancing confidentiality with the need to share critical information for treatment and safety. He admitted that finding this balance is complex, particularly in intensive psychiatric settings, but it is essential to address both needs effectively.

[3:45:36 PM](#)

SENATOR TOBIN replied it is a complex issue.

[3:45:47 PM](#)

CHAIR WILSON raised concerns about SB 231, Section 1, which mandates that residential facilities "shall facilitate" communication. He pointed out that there are times when a child in a facility may be experiencing an episode or acute crisis and might not be in a state to communicate, even if parents are demanding it. He acknowledged the clause allowing for court-ordered restrictions, but pointed out that in some cases, forcing communication may not be therapeutic for the child.

[3:47:30 PM](#)

CHAIR WILSON shared his experience working in residential psychiatric and childcare facilities, where crises can occur randomly or consistently, making it difficult to meet the "shall" requirement, especially if staff are busy managing other emergencies. He suggested considering more flexible language or creating a window for communication that accommodates the operational challenges of the facility, ensuring communication is handled at an appropriate and therapeutic time for both the parent and the child.

[3:48:14 PM](#)

SENATOR CLAMAN acknowledged that the concerns raised are valid and need to be explored. He expressed support for finding a better way to address these issues in the legislation. He suggested adding regulatory language that would allow for more detailed exceptions to be handled by the Department of Health. This approach would avoid the need for legislators to account

for every possible exception to the seven-day communication rule. Instead, the Department of Health could provide flexibility and oversight, determining when it is reasonable to extend the communication timeline under specific circumstances.

[3:49:21 PM](#)

CHAIR WILSON agreed, noting that the goal is to find a way to allow flexibility. He acknowledged that it's impossible to account for every possible situation, so including flexible language in SB 231 would help address varying circumstances as they arise.

[3:49:31 PM](#)

SENATOR CLAMAN stated he is very supportive of that.

[3:49:36 PM](#)

SENATOR TOBIN referred to SB 231, Section 4, and raised questions about the definitions of "seclusion" and "restraint." She specifically asked for clarification on the definition of "physical restraint" and whether it includes situations where an individual is holding a child to prevent self-harm or harm to others. She noted that such restraint might be brief or prolonged, depending on the situation, and asked for more clarity or a reference to a definition that explains the use of physical restraint in this context.

[3:50:20 PM](#)

SENATOR CLAMAN responded by stating that the general intent of Section 4 is to ensure that any use of restraint is reported, rather than going unmentioned. He emphasized that the goal is to be more inclusive rather than exclusive about what constitutes restraint. He agreed to look further into the definitions to provide more clarity on the issue.

[3:50:53 PM](#)

CHAIR WILSON stated his understanding that physical restraint refers to any time a child is physically restrained, whether to prevent harm to themselves or others, or when someone lays hands on the child to inhibit their mobility. He emphasized that such actions must be reported and follow the required procedures. He noted that the department could clarify his understanding.

[3:51:20 PM](#)

SENATOR TOBIN followed up by asking whether there is documentation of any physical harm, such as bruising, that occurs as a result of restraint. She expressed concern about ensuring that if a child sustains physical markings from

restraint, it is properly evaluated during inspections or interviews. She emphasized the importance of competent follow-up by the Department of Health to address any inappropriate use of restraint and ensure that such issues are brought to the department's attention for action.

[3:52:28 PM](#)

TRACY DOMPELING, Director, Division of Behavioral Health, Department of Health, Juneau, Alaska, introduced herself.

[3:52:35 PM](#)

CHAIR WILSON asked that Senator Tobin repeat the question.

[3:52:37 PM](#)

SENATOR TOBIN sought clarification on SB 231, Section 4, asking whether the definition of "restraint," which includes physical restraint, would cover situations where an individual holds or restrains a child. She inquired if there is a specific timeframe associated with the length of the restraint that would trigger the requirement for notification under current practice. Additionally, she asked if there is any documentation, such as photographic evidence, that records the incident, the reasons for restraining the child, the consequences of the restraint, and how the situation is evaluated to mitigate harm to the young person.

[3:53:29 PM](#)

MS. DOMPELING explained that according to the Center for Medicare and Medicaid Services (CMS) definition, restraint is any instance where someone puts hands on a child, with no specific timeframe required. She confirmed that after such an event, nurses are required to perform an assessment to check for injuries, in line with current practices.

[3:53:54 PM](#)

SENATOR TOBIN asked if SB 231, Section 4, is codifying current practices under the Center for Medicare and Medicaid Services (CMS) and whether parents are notified after an incident of restraint. She inquired if there is follow-up from the department to understand why restraint was used and whether there is a process for reviewing multiple instances of restraint to identify potential patterns of behavior or issues with specific staff members, such as a nurse causing more altercations. She requested an explanation of how this process works in practice.

[3:54:33 PM](#)

MS. DOMPELING acknowledged that she might not be the best person to provide a detailed walkthrough of the process and suggested deferring the question to others who might better address the specifics. She shared her experience in social services and residential programs, noting that most programs she is familiar with have processes in place to examine what led to incidents and who was involved. She mentioned her background in juvenile justice, where similar reviews of restraint incidents occurred, but recommended asking the others for further detail.

[3:55:21 PM](#)

JAMIE LANG, Medicaid Program Specialist, Division of Behavioral Health, Department of Health, Anchorage, Alaska, explained that when there are orders for seclusions or restraints, a specific form must be completed, which is required by the State of Alaska for all Psychiatric Residential Treatment Facilities (PRTs) enrolled in Alaska Medicaid. The parents or guardians are notified of the incident, and most facilities either call or email a copy of the form to the parents. The Division also receives a copy. Additionally, nurses assess the child, and a physician or another licensed practitioner is required to review the emergency safety interventions used.

[3:56:28 PM](#)

CHAIR WILSON asked if that is in regulation.

[3:55:17 PM](#)

MS. LANG explained that the Code of Federal Regulations (CFR) has been adopted into Alaska's regulations. This includes specific regulations for Psychiatric Residential Treatment Facilities (PRTFs), referred to as Residential Psychiatric Treatment Centers (RPTCs) in Alaska. The state has incorporated the Centers for Medicare and Medicaid Services (CMS) requirements for seclusion and restraint, ensuring that all PRTFs must adhere to those standards.

[3:57:06 PM](#)

CHAIR WILSON asked if it would be possible to provide the relevant documents or references to his office.

[3:57:17 PM](#)

MS. LANG replied yes.

[3:57:20 PM](#)

SENATOR TOBIN expressed interest in seeing the regulations and asked about the timeframe mentioned in SB 231, page two, line 16, which stipulates notification "no later than one business

day." She asked if this timeframe is already codified in regulation or if it would introduce a new change to regulatory practice.

[3:57:46 PM](#)

MS. LANG confirmed that the one-business-day timeframe is already included in the provider manual, which requires reports to be submitted within that time. She added that in cases of a death or more serious incidents, the division must be notified immediately.

[3:58:09 PM](#)

CHAIR WILSON asked how many residential psychiatric treatment centers (RPTCs) are currently licensed and operating in the state that would fall under SB 231.

[3:58:22 PM](#)

MS. LANG replied less than 30. She said she would provide the exact number to the committee.

[3:58:40 PM](#)

CHAIR TOBIN referred to SB 231, Section 3, regarding inspection and noted that there are existing statutes detailing inspection requirements. She asked whether these inspection practices are already codified in regulation and whether they include reviews of the use of restraint to identify patterns or behaviors.

[3:59:13 PM](#)

MS. LANG deferred the question to residential licensing.

[3:59:29 PM](#)

ANA KARINA THOMPSON, Licensing Specialist, Residential Licensing, Department of Health, Anchorage, Alaska, explained that residential licensing conducts biennial inspections, during which they review if restraints have been used. She added that licensed homes are expected to submit an incident report every time a restraint occurs. If such reports are not submitted, they are reviewed during the biennial inspections.

[4:00:26 PM](#)

CHAIR WILSON announced invited testimony on SB 231.

[4:00:45 PM](#)

MATEO JAIME, Youth Board Member, Facing Foster Care in Alaska, Anchorage, Alaska, emphasized the importance of SB 231 for youth in the foster care system and stressed that inspections should be the bare minimum to hold facilities accountable. He shared

his personal experience, stating that during his time in a facility, there were no inspections, leaving youth without adequate assistance or services. Therapy appointments were often focused on transferring him to other psychiatric facilities, contributing to what he described as a "revolving door" that destabilizes at-risk youth.

[4:01:45 PM](#)

MR. JAIME also recounted witnessing many instances of restraint, describing them as "legal child abuse," where staff physically harmed youth in painful holds. He shared that he was once placed in a quiet room for two hours, without access to a restroom. The room only had a small window, a mat, and no lights. This situation went unreported. He stated it is imperative for facilities to document and investigate incidents involving restraints. He highlighted that restraints were often disproportionate to the youth's behavior, explaining that something as simple as not listening could result in "booty juice," where staff forcibly removed youth's pants and chemically sedated them without consent.

[4:03:32 PM](#)

MR. JAIME stressed the importance of confidential video communication, recalling that staff would immediately hang up calls if they heard something they did not like, resulting in the loss of phone privileges. He concluded by reiterating that more regulation and documentation are necessary to ensure facilities are held accountable and to prevent abuse.

[4:04:27 PM](#)

AUTUMN SMITH-AMY, Owner, Northwest Regional Relative and Kinship Providers, Anchorage, Alaska, gave a brief work and personal history. She stated that children are often placed in psychiatric units in Alaska due to behavioral challenges or the lack of quality, culturally appropriate foster homes. She emphasized that these children deserve extra protection and oversight. She highlighted that blanket standing orders for medications, seclusion, and restraint do not meet the due diligence standard of providing the least restrictive environment, which child protection agencies are mandated to ensure. She referenced public outcry regarding the treatment of children in care, specifically noting that children removed from homes for neglect or abuse are promised a safer environment, not one where they face further trauma or neglect.

[4:01:52 PM](#)

MS. SMITH-AMY pointed out that SB 231 addresses these issues by providing children in psychiatric units access to legal counsel, knowledge of their rights, opportunities to speak with oversight agencies, and random inspections of their placements. She asserted that these are necessary protections to ensure the safety of children in state care. She stated her expertise lies in children under the custody of OCS that are placed in psychiatric inpatient care. She opined that for their well-being these children should have oversight at least every 15 days, as opposed to the current 30-day standard. She also supported Senator Tobin comments, emphasizing that private facilities have no requirements to allow tribes to monitor the conditions of the sites or their children. She advocated for language that would allow ICWA workers or designated tribal representatives to visit children in psychiatric inpatient care no less than every 30 days, noting that 68 percent of children in state custody are Alaska Native or American Indian which is disproportionate to their population. She stressed that tribal entities must have access to ensure children's safety and cultural needs are being met, calling the disproportionate numbers an example of systemic racism.

[4:07:28 PM](#)

CHAIR WILSON opened public testimony on SB 231.

[4:07:52 PM](#)

ANNE DENNIS CHOI, President, Alaska Child and Family, Anchorage, Alaska, testified in support of SB 231 with concerns. She stated that Alaska Child and Family is a licensed and Joint Commission-accredited organization. She expressed her support for the intent and spirit of the bill to ensure the safety and well-being of Alaskan children. However, she provided feedback on how SB 231 may be operationalized in residential treatment facilities, along with suggestions for improvement. She emphasized the need for a clearer definition of "confidential communication" to ensure consistent interpretation by all stakeholders, including auditors. She expressed concern that "confidential" might imply "unsupervised," which could be problematic for children on suicide watch or with a history of unsafe behaviors, especially online. She urged the committee to balance safety with family access.

[4:09:22 PM](#)

MS. CHOI said regarding the requirement for at least one hour of communication with families each week, she suggested more flexibility, allowing for shorter, cumulative sessions based on the child's and family's preferences. She also recommended

allowing phone communication, as not all families have access to telehealth. She pointed out that the Alaska Child and Family facility already undergoes annual, unannounced state inspections, where the rights of children, including access to family communication, are reviewed. She suggested that SB 231 focus on unlicensed facilities or those that are non-compliant, as licensed facilities like Alaska Child and Family already follow such regulations. Additionally, she noted that 100 percent of youth in their care are invited to interviews during state inspections, which exceeds the requirement of SB 231 interviewing 50 percent. She recommended maintaining the annual inspection frequency instead of increasing it to every six months, citing administrative burdens and workforce shortages.

[4:11:26 PM](#)

MS. CHOI expressed full support for the requirement that facilities notify the Department in writing about the use of seclusion and restraint. Though her facility does not use these practices, she emphasized their importance. She concluded by mentioning that she has submitted written testimony with more detailed feedback.

[4:12:23 PM](#)

CHAIR WILSON closed public testimony on SB 231.

[4:12:30 PM](#)

CHAIR WILSON asked if there are any non-licensed facilities in the state that are holding children.

[4:12:48 PM](#)

MS. LANG asked that the question be repeated.

[4:12:52 PM](#)

CHAIR WILSON asked if there are currently non-licensed facilities operating as psychiatric treatment centers in the State of Alaska.

[4:12:59 PM](#)

MS. LANG responded that, to her knowledge, any facility that seeks enrollment in Alaska Medicaid must be licensed, accredited, and have a psychiatrist or medical doctor on staff, along with an interdisciplinary team. Therefore, there are no non-licensed facilities holding children in the state.

[4:13:27 PM](#)

CHAIR WILSON acknowledged the licensure requirements but expressed concern about the possibility of rogue, unlicensed

facilities operating in Alaska, such as a childcare facility in someone's garage. He referenced the testifier's mention of non-licensed facilities and asked if the state is aware of any such facilities advertising themselves as residential psychiatric treatment centers.

[4:13:56 PM](#)

MS. LANG stated that she is not aware of any unlicensed facilities operating as residential psychiatric treatment centers, but suggested that residential licensing might have more information on the matter.

[4:14:06 PM](#)

CHAIR WILSON asked if youth at the Alaska Psychiatric Institute (API) would be included under SB 231 and whether API is considered one of the licensed facilities covered by SB 231.

[4:14:20 PM](#)

MS. LANG stated her belief that SB 231 applies to residential treatment facilities, not acute psychiatric hospitals like the API, but mentioned that the distinction may not be entirely clear.

[4:14:36 PM](#)

CHAIR WILSON said the department could get back to the committee if they did not know.

[4:14:47 PM](#)

MS. DOMPELING stated that Ms. Lang's response was correct.

[4:14:58 PM](#)

SENATOR TOBIN followed up by asking whether the legislation would apply to the approximately 100 youth currently placed in out-of-state residential treatment facilities. She noted that these are Alaskan residents who have been sent out of state due to the lack of facilities in Alaska and asked if they would be covered under SB 231.

[4:15:21 PM](#)

MS. DOMPELING replied no, the specific statute referenced in SB 231 is the in-state psychiatric residential treatment facilities, so it would not apply to youth placed in out-of-state facilities.

[4:15:59 PM](#)

CHAIR WILSON held SB 231 in committee.

[4:16:19 PM](#)

At ease

SCR 9-MENTAL HEALTH/SUBSTANCE ASSISTANCE PARITY

[4:17:15 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of SENATE 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.

[4:17:49 PM](#)

ARIELLE WIGGIN, Staff, Senator Forrest Dunbar, Alaska State Legislature, Juneau, Alaska, spoke on behalf of the sponsor for SCR 9. She thanked the committee for hearing SCR 9 and stated there were no further comments from the sponsor.

[4:18:00 PM](#)

CHAIR WILSON asked for an overview of the resolution.

[4:18:07 PM](#)

RIA SMYKE, Staff, Senator Forrest Dunbar, Alaska State Legislature, Juneau, Alaska, provided a brief overview of SCR 9. stated it urges the state to pass parity standard regulations which would help Alaskans have easy and fast access to behavioral healthcare, just as they do to regular healthcare.

[4:18:39 PM](#)

CHAIR WILSON solicited a motion.

[4:18:41 PM](#)

SENATOR KAUFMAN moved to report SCR 9, work order 33-LS1421\A, from committee with individual recommendations and attached fiscal note(s).

[4:18:57 PM](#)

CHAIR WILSON found no objection and SCR 9 was reported from the Senate Health and Social Services Standing Committee.

[4:19:35 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 4:19 p.m.