

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 11, 2024

3:35 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

HOUSE CONCURRENT RESOLUTION NO. 15

Designating May 2024 as Mental Health Awareness Month; and designating May 5 - 11, 2024, as Tardive Dyskinesia Awareness Week.

- HEARD & HELD

PRESENTATION: BEHAVIORAL HEALTH ROADMAP FOR ALASKA YOUTH

- HEARD

HOUSE BILL NO. 371

"An Act relating to medical review organizations; relating to the definitions of 'health care provider' and 'review organization'; and relating to the duties of the chief medical officer in the Department of Health."

- HEARD & HELD

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 89(FIN)

"An Act relating to education tax credits for certain payments and contributions for child care and child care facilities; relating to the insurance tax education credit, the income tax education credit, the oil or gas producer education credit, the property tax education credit, the mining business education credit, the fisheries business education credit, and the fisheries resource landing tax education credit; renaming the

day care assistance program the child care assistance program; relating to the child care assistance program and the child care grant program; providing for an effective date by amending the effective date of secs. 1, 2, and 21, ch. 61, SLA 2014; and providing for an effective date."

- MOVED SCS CSHB 89(HSS) OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: HCR 15

SHORT TITLE: MENTAL HEALTH MONTH; TARDIVE DYSK WEEK

SPONSOR(S): HEALTH & SOCIAL SERVICES

03/13/24	(H)	READ THE FIRST TIME - REFERRALS
03/13/24	(H)	HSS
03/21/24	(H)	HSS AT 3:00 PM DAVIS 106
03/21/24	(H)	Moved HCR 15 Out of Committee
03/21/24	(H)	MINUTE(HSS)
03/22/24	(H)	HSS RPT 7DP
03/22/24	(H)	DP: FIELDS, SUMNER, RUFFRIDGE, MCCORMICK, SADDLER, MINA, PRAX
04/03/24	(H)	TRANSMITTED TO (S)
04/03/24	(H)	VERSION: HCR 15
04/04/24	(S)	READ THE FIRST TIME - REFERRALS
04/04/24	(S)	HSS
04/11/24	(S)	HSS AT 3:30 PM BUTROVICH 205

BILL: HB 371

SHORT TITLE: MEDICAL REVIEW ORGANIZATIONS

SPONSOR(S): RUFFRIDGE BY REQUEST

02/20/24	(H)	READ THE FIRST TIME - REFERRALS
02/20/24	(H)	HSS
02/29/24	(H)	HSS AT 3:00 PM DAVIS 106
02/29/24	(H)	Heard & Held
02/29/24	(H)	MINUTE(HSS)
03/05/24	(H)	HSS AT 3:00 PM DAVIS 106
03/05/24	(H)	Moved HB 371 Out of Committee
03/05/24	(H)	MINUTE(HSS)
03/06/24	(H)	HSS RPT 4DP 1DNP 2NR
03/06/24	(H)	DP: FIELDS, RUFFRIDGE, MINA, PRAX
03/06/24	(H)	DNP: SUMNER
03/06/24	(H)	NR: MCCORMICK, SADDLER
03/25/24	(H)	TRANSMITTED TO (S)
03/25/24	(H)	VERSION: HB 371
03/27/24	(S)	READ THE FIRST TIME - REFERRALS

03/27/24 (S) HSS
04/11/24 (S) HSS AT 3:30 PM BUTROVICH 205

BILL: HB 89

SHORT TITLE: CHILD CARE: TAX CREDITS/ASSISTANCE/GRANTS

SPONSOR(s): COULOMBE

02/27/23 (H) READ THE FIRST TIME - REFERRALS
02/27/23 (H) HSS, FIN
03/14/23 (H) HSS AT 3:00 PM DAVIS 106
03/14/23 (H) Heard & Held
03/14/23 (H) MINUTE(HSS)
04/25/23 (H) HSS AT 3:00 PM DAVIS 106
04/25/23 (H) Moved CSHB 89(HSS) Out of Committee
04/25/23 (H) MINUTE(HSS)
05/01/23 (H) HSS RPT CS(HSS) NEW TITLE 7DP
05/01/23 (H) DP: FIELDS, SUMNER, RUFFRIDGE,
MCCORMICK, MINA, SADDLER, PRAX
05/10/23 (H) FIN AT 1:30 PM ADAMS 519
05/10/23 (H) -- MEETING CANCELED --
05/11/23 (H) FIN AT 1:30 PM ADAMS 519
05/11/23 (H) Heard & Held
05/11/23 (H) MINUTE(FIN)
05/12/23 (H) FIN AT 8:00 AM ADAMS 519
05/12/23 (H) -- MEETING CANCELED --
01/25/24 (H) FIN AT 1:30 PM ADAMS 519
01/25/24 (H) Heard & Held
01/25/24 (H) MINUTE(FIN)
02/08/24 (H) FIN AT 1:30 PM ADAMS 519
02/08/24 (H) Moved CSHB 89(FIN) Out of Committee
02/08/24 (H) MINUTE(FIN)
02/12/24 (H) FIN RPT CS(FIN) NEW TITLE 7DP 3NR 1AM
02/12/24 (H) DP: GALVIN, COULOMBE, CRONK,
TOMASZEWSKI, FOSTER, D.JOHNSON, EDGMON
02/12/24 (H) NR: STAPP, HANNAN, JOSEPHSON
02/12/24 (H) AM: ORTIZ
02/28/24 (H) FIN CS ADOPTED Y39 N1
02/29/24 (H) TRANSMITTED TO (S)
02/29/24 (H) VERSION: CSHB 89(FIN)
03/01/24 (S) READ THE FIRST TIME - REFERRALS
03/01/24 (S) HSS, FIN
03/21/24 (S) HSS AT 3:30 PM BUTROVICH 205
03/21/24 (S) Heard & Held
03/21/24 (S) MINUTE(HSS)
04/04/24 (S) HSS AT 3:30 PM BUTROVICH 205
04/04/24 (S) <Above Item Removed from Agenda>
04/04/24 (S) MINUTE(HSS)

04/11/24

(S)

HSS AT 3:30 PM BUTROVICH 205

WITNESS REGISTER

MAGY ELLIOT, Staff
Representative Mike Prax
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HCR 15 on behalf of the sponsor.

TRACY DOMPELING, Director
Division of Behavioral Health
Department of Health
Juneau, Alaska

POSITION STATEMENT: Co-delivered the presentation Behavioral Health Roadmap for Alaska Youth.

LEAH VAN KIRK, Health Care Policy Advisor
Office of the Commissioner
Department of Health
Juneau, Alaska

POSITION STATEMENT: Co-delivered a presentation Behavioral Health Roadmap for Alaska Youth.

JAMES SEXTON, Staff
Representative Justin Ruffridge
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HB 371 on behalf of the sponsor.

SABINA BRAUN, Staff
Representative Justin Ruffridge
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided the sectional analysis and a brief presentation for HB 371.

LINDSEY KATO, Director
Division of Public Health
Department of Health
Juneau, Alaska

POSITION STATEMENT: Invited testimony for SB 371.

CARMEN WENGER, Director of Programs
All Alaska Pediatric Partnership
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 371.

EDRA MORLEDGE, Staff
Representative Julie Coulombe
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Introduced HB 89 on behalf of the sponsor.

LEAH VAN KIRK, Health Care Policy Advisor
Office of the Commissioner
Department of Health
Juneau, Alaska

POSITION STATEMENT: Provided a brief overview of Amendment 2 to HB 89.

ELEILIA PRESTON, Staff
Representative Julie Coulombe
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided comments on Amendment 3 to HB 89 on behalf of the sponsor.

ACTION NARRATIVE

[3:35:38 PM](#)

CHAIR DAVID WILSON called the Senate Health and Social Services Standing Committee meeting to order at 3:35 p.m. Present at the call to order were Senators Tobin, Kaufman, Dunbar, Giessel, and Chair Wilson.

HCR 15-MENTAL HEALTH MONTH; TARDIVE DYSK WEEK

[3:36:36 PM](#)

CHAIR WILSON announced the consideration of HOUSE CONCURRENT RESOLUTION NO. 15 Designating May 2024 as Mental Health Awareness Month; and designating May 5 - 11, 2024, as Tardive Dyskinesia Awareness Week.

[3:37:03 PM](#)

MAGY ELLIOT, Staff, Representative Mike Prax, Alaska State Legislature, Juneau, Alaska, Introduced HCR 15 on behalf of the sponsor:

[Original punctuation provided.]

HCR 15 Sponsor Statement

"Designating May 2024 as Mental Health Awareness Month; and designating May 5-11, 2024, as Tardive Dyskinesia Awareness Week."

In Alaska, as across the nation, mental illness and its negative impacts stretch far and wide, touching families in every community and across all walks of life. HCR 15 shines a light on the importance of mental health awareness and the challenges of Tardive Dyskinesia.

It is estimated that over 108,000 adults in the state have mental health conditions such as major depression, bipolar disorder, schizophrenia, and other debilitating behavioral health conditions. The onset of mental health disorders peaks during adolescence and early adulthood, marking a critical period for intervention and support. Yet many Alaskans do not receive the treatment they need due to a variety of barriers, including cost and access to professionals.

Complicating the landscape is the prevalence of Tardive Dyskinesia (TD), a movement disorder. induced by long-term use of antipsychotic medications. TD affects 10 to 30 percent of Individuals taking these medications can significantly impact their quality of life.

HCR 15 will designate May 2024 as Mental Health Awareness Month and May 5-11 as Tardive Dyskinesia Awareness Week. By doing this, we support those battling mental health conditions, advocate for comprehensive care and challenge the stigma that discourages seeking help.

Let us make mental health a priority in Alaska, ensuring that our policies, resources, [and communities are aligned and support those who face these challenges everyday.]

[3:38:52 PM](#)

CHAIR TOBIN asked if HCR 15 would make every May 5th - 11th Tardive Dyskinesia Awareness week.

MS. ELLIOTT replied that the awareness week was just for this May. The hope is to present the resolution before the

legislature every session to bring more awareness to mental health.

[3:39:27 PM](#)

CHAIR WILSON opened public testimony on HCR 15; finding none, he closed public testimony.

[3:39:56 PM](#)

MS. ELLIOTT thanked the committee for hearing HCR 15.

[3:40:02 PM](#)

CHAIR WILSON held HCR 15 in committee.

[3:40:15 PM](#)

At ease

PRESENTATION: BEHAVIORAL HEALTH ROADMAP FOR ALASKA YOUTH

[3:41:24 PM](#)

CHAIR WILSON reconvened the meeting and announced the presentation Behavioral Health Roadmap for Alaska Youth by the Department of Health.

[3:41:55 PM](#)

TRACY DOMPELING, Director, Division of Behavioral Health, Department of Health, Juneau, Alaska, moved to slide 2 and said she and Ms. Van Kirk would co-deliver the presentation Behavioral Health Roadmap for Alaska Youth. She stated that the Roadmap project provided an opportunity to engage with Alaskans, stakeholders, community members, and family members of children navigating the behavioral healthcare system. The presentation will outline Alaska's youth behavioral health risk factors and needs that prompted this project. She explained that it will also cover the framework of the Roadmap project, insights from regional work conducted, and how this effort influences ongoing activities within the behavioral health system, while helping prioritize future actions.

[3:43:21 PM](#)

LEAH VAN KIRK, Health Care Policy Advisor, Office of the Commissioner, Department of Health, Juneau, Alaska, moved to slide 3 and highlighted the challenges Alaska's youth face, framing the importance of the project's work. She noted that Alaska consistently ranks among the highest in the nation for suicide rates, double the national average, with youth suicide as the leading cause of death and a high percentage of high school students reporting or attempting suicide. Hospital

emergency department data show an increase in visits for behavioral health issues among younger youth, ages 11 to 14, with adolescence often marking the onset of mental health issues, which families struggle to navigate.

[3:44:27 PM](#)

MS. VAN KIRK added that health facility data indicate depressive disorders, suicidality, bipolar disorder, and related issues as the leading causes of hospitalization for youth ages 15 to 24. Despite a decrease in the overall suicide rate in 2022, suicide remains the leading cause of death for Alaska's youth, underscoring the need for a system that intervenes earlier and supports youth and families to prevent these outcomes. She stressed that this is not only an Alaska issue; nationally, youth behavioral health struggles are so significant that the U.S. Surgeon General issued an advisory in 2021 to address the urgent youth mental health crisis.

[3:45:51 PM](#)

MS. VAN KIRK moved to slide 4 and explained that as the department began the Behavioral Health Roadmap work, various prior initiatives and assessments guided the project's direction. She highlighted ongoing targeted efforts statewide aimed at building stronger support systems specifically for youth. She identified the Department of Education, Department of Family and Community Services, Department of Health, and the Alaska Hospital and Healthcare Association as key contributors in conducting comprehensive reports of behavioral health offerings in schools, the hospital system, and inpatient residential systems. Through these reports, the department recognized distinct regional characteristics, gaps, and challenges, making stakeholder and community input essential to inform next steps.

[3:47:10 PM](#)

MS. DOMPELING moved to slide 5 and provided an overview of how crucial input was gathered for the process, emphasizing the need for feedback from stakeholders statewide, including tribes, service providers, communities, and especially families with children facing unmet behavioral health needs. She noted the importance of ensuring broad participation, which extended beyond in-person meetings to include virtual attendance options, enabling wider access and input.

[3:48:01 PM](#)

MS. DOMPELING moved to slide 6 and stated that the Roadmap project began with a steering committee to provide guidance and

act in an advisory capacity for ongoing work. She noted that the committee included representatives from individuals and organizations involved in authoring key reports and initiatives referenced earlier. Participating state agencies included the Departments of Health, Family and Community Services, and Education and Early Development. She acknowledged Senator Wilson and Representative Coulombe for joining the committee, along with representatives from tribal health organizations, the Alaska Native Health Board, Alaska Tribal Health Consortium, tribal child welfare organizations, the Alaska Mental Health Trust Authority, and advocacy groups representing youth-serving organizations across behavioral health, developmental disabilities, healthcare, and primary healthcare organizations.

[3:49:27 PM](#)

MS. VAN KIRK moved to slide 7 and reported that five regional events were held in late 2022 across diverse locations:

- Fairbanks (Interior) - 66 attendees
- Nome (Northern) - 46 attendees
- Bethel (Southwest) - 46 attendees
- Mat-Su (Southcentral) - 86 attendees
- Ketchikan (Southeast) - 86 attendees

MS VAN KIRK said these events aimed to recognize regional and cultural differences, assess service gaps, identify community needs, and highlight effective practices in each area. She emphasized the importance of empowering each community to take ownership of their approach to youth services. Attendees included behavioral health providers, school staff, after-school programs, advocates, coalitions, prevention and early intervention programs, state departments, courts, child protection, juvenile justice, law enforcement, and representatives from tribal health organizations. Tribal Behavioral Health Directors also helped organize each event, ensuring tribal perspectives were represented across the state.

[3:51:19 PM](#)

MS. VAN KIRK explained that a neutral facilitator was used to encourage honest and constructive dialogue about system gaps and solutions, recognizing that effective solutions may lie beyond state-funded services. Each two-day event included resource inventories, gap identification, solution prioritization, and action planning. Evening community listening sessions engaged families and youth with lived experience in the behavioral health system, highlighting common challenges such as

difficulties accessing care, the emotional and financial impacts on families, shared successful resources, and the complexities of navigating the system—even for those familiar with it professionally.

[3:53:14 PM](#)

CHAIR WILSON mentioned that an off-net meeting option was available for those unable to attend the regional events, allowing additional opportunities for participation.

[3:53:28 PM](#)

MS. VAN KIRK added that virtual attendance for the in-person meetings, as well as a sixth virtual meeting, was offered.

[3:53:38 PM](#)

MS. DOMPELING moved to slide 8 and shared that the regional events engaged participants across five areas within the continuum of care, spanning from prevention and early intervention to step-down services post-residential care. Over the two-day sessions, participants were eventually asked to focus on one of these areas most relevant to their organization, community, or region, allowing for a deeper exploration of existing services, gaps, solutions, and potential partners for addressing those gaps.

[3:54:30 PM](#)

MS. DOMPELING noted that participants valued these in-person interactions, especially after pandemic-related isolation, which allowed them to meet colleagues face-to-face and learn about additional community services. Throughout the discussions, three recurring "cross-cutting" focus areas emerged: data needs, care coordination, and provider support. The regional engagement produced not only a clearer understanding of service gaps but also a set of actionable recommendations aligned with community priorities. The work concluded with 47 distinct recommendations across the continuum of care and these cross-cutting areas, and the presentation would next highlight key recommendations from each section.

[3:56:03 PM](#)

MS. VAN KIRK moved to slide 9 and stated that recommendations focused on prevention and early intervention, noting that every region emphasized the importance of prioritizing prevention for achieving the most effective long-term outcomes. She stressed the need to include prevention and early intervention in discussions across the continuum of care. A key recommendation from each meeting was the importance of supporting mental health

services in schools, specifically by increasing access to school-based Medicaid services. She highlighted schools as natural settings for children to receive services, as they are places of daily attendance. She acknowledged the committee's support for SB 240, which has advanced some of this work to enhance mental health support in schools.

[3:57:26 PM](#)

MS. DOMPELING moved to slide 10 and shared that, within outpatient support discussions, providers expressed significant concerns about financial difficulties, largely tied to claims processing challenges. She informed attendees that the Division of Behavioral Health will end its contract with the current administrative services organization at the end of the year, transitioning claims processing to the Medicaid Management Information System. This change aims to streamline the claims process by providing providers with a single submission location, improving payment timeliness and accuracy, and enhancing financial stability. She noted that while providers wish to expand services, there is hesitancy due to uncertainty around payment reliability.

[3:58:38 PM](#)

CHAIR WILSON said that for online listeners the state is looking at getting rid of Optum.

[3:58:52 PM](#)

MS. DOMPELING moved to slide 10 and said that within crisis and sub-acute care, stakeholders emphasized the need to strengthen Alaska's crisis service continuum by expanding mobile crisis teams, 23-hour crisis stabilization, and crisis residential programs. She noted that Behavioral Health has engaged contractor Milliman to help design a more comprehensive crisis care system statewide. Milliman has analyzed claims processing for both the 1115 waiver and state plan services and has conducted extensive stakeholder engagement with tribes, current and potential crisis service providers, and behavioral health organizations to gather insights and review existing research. The goal is to create flexible crisis service models that suit smaller and rural communities, enabling individuals—especially children—to stay close to home, family, and support networks during crises. She added that efforts are underway with the Department of Family and Community Services to expand therapeutic treatment homes by refining licensing and claims criteria, creating more opportunities for youth to receive residential care within their communities, close to family and support systems.

[4:01:03 PM](#)

MS. VAN KIRK moved to slide 11 highlighted the importance of step-down services in the continuum of care, specifically recommending improvements for individuals with complex needs. To address this, the Department of Family and Community Services and the Department of Health established a Complex Care Committee to find solutions and close system gaps for individuals needing specialized access to care. This initiative has three tiers: first, a system-wide focus on complex care; second, individual case reviews to find appropriate care for those whose needs aren't met by standard levels; and third, a planned Complex Care Coalition to enhance care coordination and provider collaboration. She identified cross-cutting themes across the continuum, specifically data, care coordination and navigation, and provider support. For data, she recommended leveraging Emergency Department data to identify youth who frequently visit due to behavioral health crises, such as suicidal ideation or self-harm, to proactively develop supportive interventions. Care coordination was a top priority, as navigating the behavioral health system is challenging, and coordinating care for high-need youth could prevent their escalation to higher levels of care. Provider support was also a key focus. Many providers expressed needs to better serve youth, and Alaska's commitment to improving behavioral health systems was evident through active participation. To bolster provider capacity, the Division of Behavioral Health plans to secure a behavioral health organization contract, which will expand training for existing providers, support new providers, and help add services to address regional capacity gaps across the state.

[4:03:32 PM](#)

MS. VAN KIRK moved to slide 12 and emphasized the critical importance of care coordination and navigation in the behavioral health system. She noted that the challenges identified in reports and community feedback highlight this as a fundamental area for progress. Utilizing Emergency Department data, the goal is to assign care coordinators to high-need youth and young adults, ensuring timely connection to services and preventing the escalation to higher levels of care due to gaps in support. Provider support was also a central theme. Providers statewide expressed the need to enhance their capacity to serve youth effectively. She commended Alaskans' commitment to improving youth services, highlighting the value of this collaborative process. To address these needs, the Division of Behavioral Health plans to procure a contract with a behavioral health organization to expand training and support for current

providers, assist new providers, and add services statewide. This contract will focus on addressing regional gaps by building capacity to meet specific local needs, ensuring providers have the resources to effectively support their communities.

[4:05:41 PM](#)

CHAIR WILSON asked if the Department still maintains a platform where licensed Residential Child Care and Youth (RCCY) providers can log in to update their daily bed census, noting that such a system existed previously. He inquired if this process has since changed or been discontinued.

MS. VAN KIRK explained that the Division of Public Health previously had a contract allowing providers to enter bed registry and utilization information. She noted that a new Request for Proposals (RFP) was issued, and the Department is currently finalizing a provider for the bed registry service. This system is considered important for enabling providers to share real-time information, serving as a referral access point.

CHAIR WILSON asked if there is currently an active website or link where one can view bed utilization and availability statewide, or if this service is presently on pause. He then commented that the department's reaction is indicating the answer is yes.

[4:07:06 PM](#)

MS. VAN KIRK moved to slide 13 and emphasized that this project aimed to create a clear, informed path forward by integrating insights from background assessments and input from providers, tribal health representatives, stakeholders, parents, and State Departments to identify system gaps. She announced that the Behavioral Health Roadmap for Alaska's youth will be published on May 1 and expressed optimism about the upcoming work to build a system that effectively meets the needs of Alaska's youth.

CHAIR WILSON thanked the presenters.

[4:08:10 PM](#)

At ease

HB 371-MEDICAL REVIEW ORGANIZATIONS

[4:09:52 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of HOUSE BILL NO. 371 "An Act relating to medical review organizations; relating to the definitions of 'health

care provider' and 'review organization'; and relating to the duties of the chief medical officer in the Department of Health."

[4:10:20 PM](#)

JAMES SEXTON, Staff, Representative Justin Ruffridge, Alaska State Legislature, Juneau, Alaska, introduced HB 371 on behalf of the sponsor, paraphrasing the sponsor statement:

[Original punctuation provided.]

HB 371 Sponsor Statement

"An Act relating to medical review organizations; relating to the definition of 'health care provider' and 'review organization'; and relating to the duties of the chief medical officer in the Department of Health."

The purpose of House Bill 371 is to modify public health review organizations to improve the review committee process and prevent and reduce avoidable deaths, injuries, and illnesses of Alaskans.

Review organizations (also known as review committees) conduct a thorough review of deaths, injuries, and illnesses by examining clinical and other records to identify areas of concern and recommend interventions and improvements to services to improve health outcomes of Alaskans. Review organizations that are recognized in Alaska law (AS 18.23) include hospitals, clinics, associations of health care providers, professional standards organizations, the State Medical Board, health care accreditation organizations, and those established by the Commissioner of Health to review public health issues regarding morbidity and mortality.

This bill clarifies the sharing of information from the review organizations if it does not violate federal or state confidentiality laws; provides a definition of health care provider rather than a specific list of provider types; changes the designation of who can approve Department of Health morbidity or mortality review committees from the Alaska State Medical Board to the Department of Health Chief Medical Officer; modifies the membership of

Department of Health review committees by removing the requirement that composition of the committee be 75 percent health care providers; and allows all nationally-recognized groups that accredit health care organizations to have review organizations.

This bill over time will improve the composition of the review organizations to better inform public policy and improve Alaskan's health.

Please join me in support of House Bill 371.

[4:12:33 PM](#)

SABINA BRAUN, Staff, Representative Justin Ruffridge, Alaska State Legislature, Juneau, Alaska, a brief presentation for HB 371. She moved to slide 2 discussed the why, how, and who of medical review organizations:

[Original punctuation provided.]

Medical Review Organizations

Why To review injuries, deaths, and illness in order to provide insight for public policy and health interventions to improve Alaskan's health.

How In-depth review of deaths, injuries, and illnesses by examining clinical records and additional data.

Who Hospitals, clinics, associations of health care providers, professional standards organizations, the State Medical Board, health care accreditation organizations, and those established by the Commissioner of Health to review public health issues.

[4:13:13 PM](#)

MS. BRAUN moved to slide 3 and said Alaska has 3 medical review organizations:

[Original punctuation provided.]

Public Health Review Committee

Examples

Maternal Child Death Review Committee

All cases of infant, child, and maternal death.

Overdose Fatality Review Committee

Sample of cases where primary cause of death was drug-related.

Congenital Syphilis Review Board

Sample of congenital syphilis cases.

[4:13:32 PM](#)

MS. BRAUN moved to slide 4 and said the intent of HB 371 is to streamline the medical review organizations review process making it more effective, with the goal of reducing avoidable death and injury among Alaskans:

[Original punctuation provided.]

Intent

Modify public health organizations to **improve the committee process.**

Support a more **efficient process** that ensures **appropriate representation** of staff, partners, and external experts.

Better utilize the review committee process to prevent and reduce avoidable deaths and injuries.

[4:13:43 PM](#)

MS. BRAUN moved to slide 5 and discussed the following point regarding current statute:

[Original punctuation provided.]

Current Statutes

- Current statute is ambiguous as to whether medical review organizations can publish reports.
- Current definition of healthcare provider in the bill is very narrow.
- The Alaska State Medical Board approves medical review organizations.
- Current statute requires 75 percent of membership be healthcare providers.
- Current statute only allows one accrediting organization to accredit medical review organizations.

[4:14:36 PM](#)

MS. BRAUN moved to slide 6 and said HB 371 would do the following:

[Original punctuation provided.]

HB 371

- Allows a review organization to publish a report containing data or information acquired in the exercise of its duties, ensuring the report does not violate federal or state law regarding confidentiality of a person or decedent.
- This bill removes the current list of healthcare providers allowed to be on the review committee.
- This bill modifies the requirement of the health care committee of having 75 percent health care providers.
- Changes who can approve Department of Health morbidity or mortality review organizations from the Alaska State Medical Board to the Chief Medical Officer in the Department of Health.
- Broadens who can establish review organizations.

[4:15:57 PM](#)

CHAIR WILSON clarified that HB 371, on page 2, line 17, proposes replacing the current, narrow list of healthcare providers with a broader definition: "a person licensed, certified, or otherwise permitted by law to provide health care services in the ordinary course of business or practices of the profession." He emphasized that this change still applies to healthcare providers but broadens the definition to include more healthcare providers. He wanted the public to understand that the intent is not to expand beyond healthcare professionals to unrelated fields, such as attorneys or others on the committee.

[4:16:36 PM](#)

MS. BRAUN agreed.

[4:16:46 PM](#)

MS. BRAUN provided the sectional analysis for HB 371:

[Original punctuation provided.]

**House Bill 371
Sectional Analysis**

"An Act relating to medical review organizations; relating to the definitions of 'health care provider' and 'review organization'; and relating to the duties of the chief medical officer in the Department of Health."

Section 1 AS 18.23.030(a) is amended to add an exemption to disclosure of data and is described in Sec 2.

Section 2 AS 18.23.030 is amended to add a new subsection allowing a review organization to publish a report containing data or information acquired in the exercise of its duties, ensuring the report does not violate federal or state law regarding confidentiality of a person or decedent.

Section 3 AS 18.23.070(3) Changes the definition of healthcare provider in reference to a review organization to mean a person licensed, certified, or otherwise permitted by law to provide health care services in the ordinary course of business or practice of a profession and removes the list of specific provider types.

Section 4 AS 18.23.070(5)(A) and AS.18.23.070(5)(B) are not modified by HB 371.

AS 18.23.070(5)(C) The review organization membership is approved by the Chief Medical Officer in the Department of Health and removes the provision that at least 75 percent of the committee members must be health care providers.

AS 18.23.070(5)(D) Allows all nationally-recognized groups that accredit health care organizations to have review organizations. Current law limits this to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

[4:18:25 PM](#)

CHAIR TOBIN asked whether there is currently a review organization that evaluates deaths within the Division of Corrections; and whether Section 2, if applied to an existing or future review organization, could aid in understanding the significant number of inmate deaths occurring within the Division of Corrections.

MS. BRAUN stated that there is currently no medical review organization dedicated to evaluating deaths within the Department of Corrections. She expressed hope that HB 371 might help streamline the process and potentially enable the establishment of such a review organization and deferred the question.

[4:19:52 PM](#)

LINDSEY KATO, Director, Division of Public Health, Department of Health, Juneau, Alaska, explained that HB 371 aims to expand participation in review organizations. Under current statute, requiring the review organization be 75 percent healthcare providers limits the ability to form a comprehensive assessment team for a Department of Corrections review. Expanding eligibility would allow involvement from non-healthcare providers, such as correctional officers, reentry coalition members, and individuals with lived experience, whose perspectives could significantly enhance the review process.

[4:21:02 PM](#)

CHAIR WILSON opened public testimony on HB 371.

[4:21:23 PM](#)

CARMEN WENGER, Director of Programs, All Alaska Pediatric Partnership (A2P2), Anchorage, Alaska, testified in support of HB 371. Representing a statewide nonprofit focused on health and wellness solutions for Alaska's children and families, she expressed support for HB 371. She stated that HB 371 will help prevent and reduce avoidable deaths, injuries, and illnesses, benefiting Alaskan's overall health, particularly for mothers and children. HB 371 clarifies the protocols for sharing and publishing reports and recommendations from medical review organizations while ensuring compliance with federal and state confidentiality laws. Additionally, removing the 75 percent healthcare provider composition requirement allows for a more interdisciplinary team approach, aligning with best practices in medical and public health fields. A2P2 supports HB 371 for its potential to enhance health outcomes, inform policy, and reduce preventable harm to Alaskan families.

[4:23:09 PM](#)

CHAIR WILSON closed public testimony on HB 371.

[4:23:21 PM](#)

CHAIR WILSON held HB 371 in committee.

[4:23:35 PM](#)

At ease

HB 89-CHILD CARE: TAX CREDITS/ASSISTANCE/GRANTS

[4:26:10 PM](#)

CHAIR WILSON reconvened the meeting and announced the consideration of CS FOR HOUSE BILL NO. 89(FIN) "An Act relating to education tax credits for certain payments and contributions for child care and child care facilities; relating to the insurance tax education credit, the income tax education credit, the oil or gas producer education credit, the property tax education credit, the mining business education credit, the fisheries business education credit, and the fisheries resource landing tax education credit; renaming the day care assistance program the child care assistance program; relating to the child care assistance program and the child care grant program; providing for an effective date by amending the effective date of secs. 1, 2, and 21, ch. 61, SLA 2014; and providing for an effective date."

[4:26:49 PM](#)

EDRA MORLEDGE, Staff, Representative Julie Coulombe, Alaska State Legislature, Juneau, Alaska, provided a brief overview by sharing the first paragraph of the sponsor statement:

[Original punctuation provided.]

House Bill 89 is a workforce bill that aligns with the Governor's Child Care Task Force on Child Care recommendations. This bill will incentivize the private sector to offer child care benefits to their employees to fill jobs essential for economic growth, expand the number of families that can access assistance, and aligns funding to the actual cost of care.

[4:27:49 PM](#)

CHAIR WILSON found no questions and solicited a motion.

[4:27:57 PM](#)

SENATOR TOBIN moved to adopt Amendment 1, work order 33-LS0518\U.8, to HB 89.

33-LS0518\U.8
Dunmire/Bergerud
4/1/24

AMENDMENT 1

OFFERED IN THE SENATE BY SENATOR TOBIN
TO: CSHB 89(FIN)

Page 20, line 31:

Delete "Each"

Insert "**A** [EACH]"

Page 21, line 1, following "shall":

Insert "**(1)**"

Page 21, line 4, following "only":

Insert "**;**"

(2) give priority to children from low-income families when filling available child care spaces in the facility"

Page 21, line 5:

Delete "a new subsection"

Insert "new subsections"

Page 21, following line 12:

Insert a new subsection to read:

"(j) A child care facility receiving a grant under (a) or (d) of this section may not deny a child acceptance to the facility based on disability or socioeconomic status or suspend or expel a child from the facility."

[4:28:05 PM](#)

CHAIR WILSON objected for purposes of discussion.

[4:28:07 PM](#)

SENATOR TOBIN explained that Amendment 1 makes several changes to HB 371 and began with a general overview of tax credits. She clarified that tax credits allow a company to use funds it would owe in taxes for the public good, essentially turning these funds into public dollars. Drawing a comparison to Multnomah County's preschool-for-all model, she described how the county uses a public-voted tax to subsidize child care for all children, with specific stipulations for equitable access regardless of background, language, developmental needs, income, or housing stability. She noted that while HB 89 supports employers establishing childcare facilities for employees.

[4:31:06 PM](#)

SENATOR TOBIN said Amendment 1 adds a provision to HB 89 on page 21, line 17, by prioritizing access for low-income families to any unfilled slots. This is particularly important for children in her district, many of whom are from low-income families unable to benefit from the proposed subsidies. The amendment also adds language to prevent childcare facilities using public funds from denying access to children based on disability or socioeconomic status, and it prohibits suspensions or expulsions from these facilities. Citing Multnomah County's model, she emphasized that prohibiting suspensions and expulsions provides stability for families and prevents discrimination, asserting that these conditions are essential when public dollars support a facility.

[4:32:05 PM](#)

SENATOR GIESSEL expressed concern that Amendment 1 would prevent childcare facilities from expelling or suspending a child who is causing harm to others. She emphasized that this is a serious issue for her and stated she could not support the amendment under these conditions.

SENATOR TOBIN said she would be happy to consider an amendment to the amendment.

[4:32:42 PM](#)

At ease

[4:33:43 PM](#)

CHAIR WILSON reconvened the meeting.

[4:33:48 PM](#)

SENATOR GIESSEL moved to adopt a Conceptual Amendment to Amendment 1 (U.8). She proposed the removal of line 21, which reads "or suspend or expel a child from the facility."

[4:34:07 PM](#)

CHAIR WILSON found no objection and the Conceptual Amendment to Amendment 1 was adopted.

[4:34:12 PM](#)

CHAIR WILSON asked if there was further discussion on Amendment 1, as amended.

[4:34:27 PM](#)

CHAIR WILSON said for reference purposes he hoped that the next committee of referral would create an amendment defining low-income for the purpose of giving priority to low-income families when filling available slots at facilities.

[4:35:08 PM](#)

SENATOR WILSON removed his objection and found no further objection.

[4:35:18 PM](#)

CHAIR WILSON announced that Amendment 1 (U.8), as amended, was adopted.

[4:35:25 PM](#)

CHAIR WILSON moved to adopt Amendment 2, work order 33-LS0518\U.9, to HB 89.

33-LS0518\U.9
Bergerud
3/29/24

AMENDMENT 2

OFFERED IN THE SENATE BY SENATOR WILSON
TO: CSHB 89(FIN)

Page 19, line 2, following "size":

Insert ", unless the family is otherwise exempt from income eligibility requirements"

[4:35:41 PM](#)

SENATOR KAUFMAN object for purpose of discussion.

[4:35:59 PM](#)

LEAH VAN KIRK, Health Care Policy Advisor, Office of the Commissioner, Department of Health, Juneau, Alaska, explained that Amendment 2 aims to align the current system with proposed changes. She noted that some families qualify for eligibility based on federal criteria, such as foster care status or receipt of public benefits. Amendment 2 is intended to preserve these federally regulated eligibility criteria, ensuring that these families continue to qualify under the updated system.

[4:37:04 PM](#)

SENATOR KAUFMAN removed his objection.

[4:37:12 PM](#)

CHAIR WILSON found no further objection and Amendment 2 (U.9) was adopted.

[4:37:16 PM](#)

CHAIR WILSON solicited a motion.

[4:37:17 PM](#)

SENATOR TOBIN moved to adopt Amendment 3, work order 33-LS0518\U.10, to HB 89.

33-LS0518\U.10
Bergerud
4/9/24

AMENDMENT 3

OFFERED IN THE SENATE
TO: CSHB 89 (FIN)

BY SENATOR TOBIN

Page 20, line 27:

Delete "and"

Insert "[AND]"

Page 20, line 29, following "section":

Insert "**; and**"

(4) be designated as a quality child care facility by the department"

Page 21, following line 4:

Insert a new bill section to read:

"* **Sec. 33.** AS 47.25.071(h) is amended to read:

(h) The department shall, in consultation with **a child care resource and referral agency in the state** [INTERESTED CHILD CARE PROVIDERS] and parents, adopt regulations to carry out the purposes of this section, **including criteria used to designate a child care facility as a quality child care facility under (b) (4) of this section.**"

Renumber the following bill sections accordingly.

Page 22, line 21:

Delete "sec. 40"

Insert "sec. 41"

[4:37:21 PM](#)

CHAIR WILSON objected for purposes of discussion.

[4:37:24 PM](#)

SENATOR TOBIN explained that Amendment 3 incorporates discussions from the Child Care Task Force regarding the definition of "quality" in child care facilities. She noted that while "quality" is frequently emphasized by child care providers and Department of Health representatives, a clear and measurable definition is still under development in regulation. Amendment 3 ensures that any facility receiving subsidies must be designated as a quality child care facility by the department. She clarified that Amendment 3 does not define "quality" directly; instead, it ensures that the Department of Health, in consultation with child care resource and referral agencies, develops the definition collaboratively, based on stakeholder expertise and experience. She reiterated that as public funds in the form of tax credits are used, it is important to set a high standard, requiring facilities receiving subsidies to meet a

defined quality level that reflects the community's needs and expectations.

[4:39:46 PM](#)

CHAIR WILSON said the bill sponsor had statements.

[4:39:55 PM](#)

ELEILIA PRESTON, Staff, Representative Julie Coulombe, Alaska State Legislature, Juneau, Alaska, acknowledged that the intent of Amendment 3 is to ensure high-quality childcare because it is beneficial, and everyone wants children to have the best possible experience. However, she expressed concern that adding new regulations could exacerbate challenges in areas already experiencing a childcare shortage, or "childcare desert." She said her hesitation stemmed from the possibility that these additional requirements might impose unnecessary regulatory burdens.

[4:41:03 PM](#)

MS. VAN KIRK shared insights from the recent in-person Governor's Task Force meeting, where there was a robust discussion on integrating quality into the childcare licensing process. She emphasized that the childcare grant being discussed applies to providers who are already licensed or approved, with grant funds based on child attendance. Licensing itself serves as a baseline indicator of quality, and since 2016, the Department has further supported quality through the "Learn & Grow" system, a quality recognition and improvement program that has standards built into it. Different from accreditation, the system provides coaching, cohort support, and incentives based on achievement levels. She noted that during the Task Force discussion, members emphasized the importance of not undermining existing supports that providers depend on. The Child Care Grant, while small (capped at \$50 per child), is essential to many providers. The Task Force recommended maintaining the current grant formula but adding incentives for providers participating in "Learn & Grow," allowing them to qualify for additional funding if they meet Level 1 criteria of the program delivered by Thread.

[4:43:44 PM](#)

SENATOR DUNBAR expressed support for the Amendment 3, noting it addresses some of his areas of interest. He shared that he recently met with childcare providers in critical need of additional funding, who advocated for Amendment 90 to significantly raise the grant amount. He asked if Amendment 90 passed on the floor.

MS. VAN KIRK indicated that it did not pass.

[4:44:18 PM](#)

SENATOR DUNBAR stated that is unfortunate that it did not pass, noting that there has been opportunity to directly increase funding as described, but it has not yet passed. He said he finds this concerning. He also inquired about the source of the current \$50 per child, asking where the money comes from.

[4:44:49 PM](#)

MS. VAN KIRK explained that funding for the Child Care grant is sourced from federal funds, with some money set aside specifically for quality initiatives.

[4:45:16 PM](#)

CHAIR WILSON pointed out that in HB 89, Section 34, the eligibility criteria for childcare facility grants could include home childcare providers who are not family members or relatives. He emphasized the importance of ensuring that these grants and quality-related resources are also accessible to smaller home-based providers who may lack the financial resources available to larger daycare centers.

[4:45:58 PM](#)

MS. VAN KIRK clarified that this funding supports both licensed childcare homes and childcare centers. She noted that the Child Care grant is available to all licensed facilities, provided they accept children who receive a subsidy.

[4:46:27 PM](#)

SENATOR DUNBAR expressed his support for Amendment 3, emphasizing the importance of maintaining quality in childcare. While he acknowledged concerns about the supply of childcare services, he noted that there are other strategies to increase supply alongside quality improvements. He mentioned a recent measure aimed at expanding supply that unfortunately did not pass but expressed optimism about future opportunities to address these issues.

[4:47:07 PM](#)

CHAIR WILSON expressed concern that Amendment 3 might lead to additional costs added to the Department of Education's fiscal notes. He noted that HB 89 already includes regulatory requirements and hopes DEED can absorb these costs within the current fiscal notes attached to the legislation. He cautioned

that the Department often seeks extra funding for tasks it is already handling.

[4:47:57 PM](#)

SENATOR TOBIN clarified that Amendment 3 requires facilities to be designated as "quality childcare facilities" without mandating a specific definition of quality. She noted that the department currently views licensure as the first level of quality, meaning that licensed facilities already meet initial expectations. She added that the department is actively working with early childhood organizations to develop the Alaska System for Early Education Development (SEED) Program, which really helps build levels of quality. She suggested that a recognition program, such as a system of stickers indicating different levels of achievement, could incentivize facilities to progress through tiers of quality. This would encourage ongoing professional development and adherence to standards while showcasing commitment to high-quality care. She emphasized that Amendment 3 should not impose additional burdens, as it aligns with existing efforts that she would like codified to encourage childcare providers to seek additional levels of quality standards.

[4:49:44 PM](#)

CHAIR WILSON removed his objection; finding no further objection, Amendment 3 (U.10) was adopted.

[4:50:00 PM](#)

SENATOR DUNBAR said he distributed to members a legal memo that he received at 3:00 pm. He said the memo made some assumptions. He noted that HB 89 has a \$6 million fiscal note and asked for clarification on whether HB 89 includes only tax credits or also increases the amount of direct subsidy provided through the grant program.

[4:50:41 PM](#)

MS. VAN KIRK clarified that HB 89 does increase the amount of subsidies. The current subsidy program, which administers federal funds, operates through an indirect approach; federal assistance is considered indirect because eligibility is determined by the beneficiary, who then selects their provider.

SENATOR DUNBAR acknowledged the information and asked if the expanded program using state dollars will continue with the indirect approach or adopt a more direct approach with providers.

[4:51:33 PM](#)

MS. VAN KIRK said it would it the same mechanism and approach currently used.

SENATOR DUNBAR asked if HB 89 passes, would the program have state dollars in addition to federal dollars.

[4:51:54 PM](#)

MS. VAN KIRK explained that federal funds currently provide approximately \$17 million in subsidies, and the state general funds indicated in the fiscal note would be an addition.

[4:52:10 PM](#)

SENATOR DUNBAR expressed support for supplementing the program with state general funds but noted that it changes the "color" of the funding. He highlighted that the legal memo addresses only the constitutionality of tax credits, noting that while tax credits are confirmed constitutional, the memo does not fully apply to the direct subsidy aspect introduced by state funds. He then inquired about the nature of services provided by these childcare facilities, asking if they include educational instruction or simply focus on child supervision and safety during care hours.

MS. VAN KIRK explained that childcare facilities operate under licensing requirements focused on health, safety, and maintaining a quality environment. She clarified that there is no defined or required educational curriculum for childcare facilities.

[4:53:28 PM](#)

SENATOR DUNBAR asked even if educational instruction is not required does it does it occur in child care facilities.

MS. VAN KIRK explained that early childhood education in childcare facilities is less formal and does not involve a structured curriculum as seen in schools. Instead, learning happens through activities like play, motor skill development, and engaging with stimulating environments, all of which support children's growth and readiness for school. While childcare facilities are not classified as educational institutions and are not regulated by the Department of Education and Early Development, they still foster foundational learning through these developmental activities.

[4:55:03 PM](#)

SENATOR DUNBAR noted that, according to the legal memo, childcare facilities are not considered educational institutions, though he finds it interesting that they essentially function as preschools. He stated that although he is not on the task force, his experience, including his role on the Anchorage Assembly, suggests a shift toward making these facilities more instructional and school-preparatory. He shared that a childcare provider he recently met uses a curriculum, indicating a move toward structured early education. He asked if encouraging more instructional elements and moving beyond mere supervision accurately represents the intent behind these efforts.

[4:56:05 PM](#)

MS. VAN KIRK responded that the goal is to create an environment for children that is healthy, safe, and supportive of their developmental stages, providing a critical foundation for future learning and school readiness. She clarified that there are no formal educational requirements in childcare licensing or within the childcare sector.

[4:56:45 PM](#)

CHAIR WILSON asked Senator Dunbar if he is focusing more on pre-K rather than general childcare, noting that childcare typically serves children from infancy onward. He suggested that pre-K, which some school districts offer, may differ from general childcare in its educational intent and structure.

[4:57:08 PM](#)

SENATOR DUNBAR asked what for the age range of child care.

[4:57:16 PM](#)

MS. VAN KIRK replied that the age range for child care is zero to 12 years old.

SENATOR DUNBAR raised concerns about the constitutionality of using public funds for religious schools through this program, noting that Alaska's constitution strongly prohibits public dollars from funding religious education, even more so than federal guidelines. He pointed out that while tax credits are constitutionally permissible, the inclusion of direct subsidies could raise issues if funds go toward religious instruction in a school-like setting. He said after researching and consulting with others, he found that while most providers are influenced by religious values—which he believes is constitutionally acceptable—some might engage in direct religious instruction. He proposed a potential amendment to specify that grant funding

from this program may not be used for religious instruction. He asked if this type of amendment would impact providers, as it seems that most do not currently engage in direct religious instruction.

[4:59:29 PM](#)

MS. VAN KIRK noted that she may need to consult additional resources to fully address the question, emphasizing that she is not a lawyer. She explained that, under the federal subsidy system, funds are allocated indirectly, with the parent or beneficiary selecting the provider, which aligns with federal guidelines. She added that childcare licensing is regulated by the Department of Health rather than the Department of Education. She offered to gather more information and follow up on the legal aspects raised.

[5:00:34 PM](#)

SENATOR DUNBAR clarified that he is not questioning the ability of religious organizations to provide childcare or general education. His concern is specifically about public funds being used for religious instruction. He asked for the Department's perspective on whether this practice aligns with constitutional guidelines and suggested that input from the Department of Law might be helpful.

[5:01:08 PM](#)

SENATOR GIESEL shared her perspective as a parent of three and a volunteer with foster care organizations, emphasizing that childcare inherently involves teaching and supporting developmental milestones, even if the facility is not formally labeled as educational. She noted that infants, for example, learn trust, while toddlers learn boundaries, all of which constitute developmental guidance. She highlighted the importance of cultural and religious alignment, noting that families often choose childcare providers that reflect their values and beliefs, creating a substitute environment that feels like an extension of their own. She urged the department, directing her comments to Ms. Van Kirk, to consider these factors in drafting regulations and policies, balancing the need for quality standards with respect for parental choice. She emphasized that families should be able to select a provider that aligns with their cultural and developmental needs while still qualifying for financial support.

[5:04:02 PM](#)

CHAIR WILSON solicited the will of the committee.

[5:04:09 PM](#)

SENATOR KAUFMAN moved to report HB 89, work order 33-LS0518\U, as amended, from committee with individual recommendations and attached fiscal note(s).

[5:04:24 PM](#)

CHAIR WILSON found no further objection and SCS CSHB 89(HSS), was reported from the Senate Health and Social Services Standing Committee.

[5:04:51 PM](#)

There being no further business to come before the committee, Chair Wilson adjourned the Senate Health and Social Services Standing Committee meeting at 5:04 p.m.