

# Fiscal Note

State of Alaska  
2026 Legislative Session

Bill Version:	CSHB 52(HSS)
Fiscal Note Number:	6
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Identifier: HB052CS(HSS)-DOH-HFLC-03-12-26  
 Title: MINORS & PSYCHIATRIC HOSPITALS  
 Sponsor: DIBERT  
 Requester: (H) FIN

Department: Department of Health  
 Appropriation: Health Care Services  
 Allocation: Health Facilities Licensing and Certification  
 OMB Component Number: 2944

**Expenditures/Revenues**

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2027 Appropriation Requested	Included in Governor's FY2027 Request	Out-Year Cost Estimates					
			FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
<b>OPERATING EXPENDITURES</b>								
Personal Services	185.8		185.8	185.8	185.8	185.8	185.8	185.8
Travel								
Services	35.0		35.0	35.0	35.0	35.0	35.0	35.0
Commodities	5.0		2.0	2.0	2.0	2.0	2.0	2.0
Capital Outlay								
Grants & Benefits								
Miscellaneous								
<b>Total Operating</b>	<b>225.8</b>	<b>0.0</b>	<b>222.8</b>	<b>222.8</b>	<b>222.8</b>	<b>222.8</b>	<b>222.8</b>	<b>222.8</b>

**Fund Source (Operating Only)**

1004 Gen Fund (UGF)	225.8		222.8	222.8	222.8	222.8	222.8
<b>Total</b>	<b>225.8</b>	<b>0.0</b>	<b>222.8</b>	<b>222.8</b>	<b>222.8</b>	<b>222.8</b>	<b>222.8</b>

**Positions**

Full-time	1.0		1.0	1.0	1.0	1.0	1.0
Part-time							
Temporary							

**Change in Revenues**

None							
<b>Total</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

**Estimated SUPPLEMENTAL (FY2026) cost:** 0.0 *(separate supplemental appropriation required)*

**Estimated CAPITAL (FY2027) cost:** 0.0 *(separate capital appropriation required)*

**Does the bill create or modify a new fund or account?** No  
*(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)*

**ASSOCIATED REGULATIONS**

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? **Yes**  
 If yes, by what date are the regulations to be adopted, amended or repealed? **07/01/26**

**Why this fiscal note differs from previous version/comments:**

Updated to reflect 2026 template and adjustments in salary and benefits.

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 Agency: Department of Health

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REPORTED OUT OF  
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## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2026 LEGISLATIVE SESSION**Analysis**

This bill establishes that unless the professional person in charge determines that it would be therapeutically inadvisable, a minor who is undergoing evaluation or inpatient treatment in a psychiatric hospital has the right to communication two cumulative hours per week with a parent, guardian, or other adult approved by the professional in charge. The hospital must facilitate the communication.

It establishes two new licensing requirements – semi-annual licensing inspections and interviews with fifty percent of residents during each inspection of psychiatric hospitals where minors have stayed for more than three nights in the preceding year. And establishes that a petition for a court order can be filed if a psychiatric hospital denies entry by a state licensing official seeking to enter for inspection purposes.

This bill requires one full-time Nurse Consultant 1, within Health Facilities Licensing and Certification (HFLC) allocation, to perform the semi-annual inspections, interviews, and any investigations. The purpose of the HFLC allocation is to inspect health facilities across the state to determine whether they meet state and federal standards. In addition, the team investigates complaints against health facilities and agencies licensed or certified under the program. The purpose of the inspections is to determine a health care provider's ability to give services which are safe and of an acceptable quality.

HFLC staff are clinically trained and will not need additional training to prepare them to perform interviews with minors with psychiatric conditions except for trauma-informed care and cultural awareness training. This training is important and necessary to maintain professional boundaries and safety for the staff and the client. The key to successful interaction with a psychiatric patient is to be aware of behaviors, triggers, and diagnosis.

This bill requires a treatment facility to notify the Department of Health, in writing, after each use of seclusion or restraint and requires notification of the resident's parent or guardian within 72 hours. It adds a requirement for the Department of Health to annually publish a report with aggregate totals by hospital; findings from the department's inspections of psychiatric hospitals; data on minors receiving care in psychiatric hospitals as provided by the Department of Family and Community Services, which is required to collect and share data annually with the Department of Health regarding the number of minors receiving residential care in in-state and out-of-state psychiatric hospitals and the duration of their stays; and the type of psychotropic medication used, if any, to carry out each chemical restraint.

This bill will require the Division of Health Care Services to amend regulations; the associated costs can be absorbed. If passed, this takes effect July 1, 2026.

**Financial Breakdown**

The HFLC allocation will require one Nurse Consultant 1 beginning in year one. This position will assist with program development, create regulations, design necessary forms, provide training, and other necessary framework to support this legislation.

The costs associated with this position and the necessary support infrastructure include:

- Personal Services: \$185.8 annually for one Nurse Consultant 1 (including benefits) at range 24 in Anchorage.
- Services: \$20.0 annually for office space, phone, and reimbursable service agreements to support the position. And \$15.0 annually for two Nurse Consultant 1s to attend trauma informed care and cultural awareness training.
- Commodities: \$2.0 annually for office supplies.
- One-Time Commodities Cost: \$5.0 one-time, in FY2027, for computer, software, and office equipment.

This fiscal note is general fund because this legislation addresses state licensure, rather than a Medicaid requirement.