

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 18, 2025

3:22 p.m.

MEMBERS PRESENT

Representative Genevieve Mina, Chair
Representative Zack Fields
Representative Donna Mears
Representative Mike Prax
Representative Justin Ruffridge
Representative Rebecca Schwanke

MEMBERS ABSENT

Representative Andrew Gray

COMMITTEE CALENDAR

CONFIRMATION HEARING(S) :

State Medical Board

Brent Taylor - Palmer

- CONFIRMATION(S) ADVANCED

HOUSE JOINT RESOLUTION NO. 9

Urging the United States Congress to extend enhanced tax credits for health insurance premiums under the Affordable Care Act.

- HEARD & HELD

HOUSE BILL NO. 14

"An Act repealing programs for catastrophic illness assistance and medical assistance for chronic and acute medical conditions."

- MOVED HB 14 OUT OF COMMITTEE

SENATE BILL NO. 60

"An Act establishing May 12 as Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Day of Recognition."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HJR 9

SHORT TITLE: EXTEND AFFORDABLE CARE ACT TAX CREDITS

SPONSOR(s): REPRESENTATIVE(s) MINA

02/12/25 (H) READ THE FIRST TIME - REFERRALS
02/12/25 (H) HSS
03/11/25 (H) HSS AT 3:15 PM DAVIS 106
03/11/25 (H) -- MEETING CANCELED --
03/18/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: HB 14

SHORT TITLE: REPEAL CATASTROPHIC ILLNESS/MED ASSIST

SPONSOR(s): REPRESENTATIVE(s) STAPP

01/22/25 (H) PREFILE RELEASED 1/10/25
01/22/25 (H) READ THE FIRST TIME - REFERRALS
01/22/25 (H) HSS, FIN
02/18/25 (H) HSS AT 3:15 PM DAVIS 106
02/18/25 (H) Heard & Held
02/18/25 (H) MINUTE(HSS)
03/11/25 (H) HSS AT 3:15 PM DAVIS 106
03/11/25 (H) -- MEETING CANCELED --
03/18/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: SB 60

SHORT TITLE: ESTABLISH ME/CHRONIC FATIGUE SYNDROME DAY

SPONSOR(s): SENATOR(s) TOBIN

01/24/25 (S) READ THE FIRST TIME - REFERRALS
01/24/25 (S) HSS
02/11/25 (S) HSS AT 3:30 PM BUTROVICH 205
02/11/25 (S) Heard & Held
02/11/25 (S) MINUTE(HSS)
02/13/25 (S) HSS AT 3:30 PM BUTROVICH 205
02/13/25 (S) Moved SB 60 Out of Committee
02/13/25 (S) MINUTE(HSS)
02/14/25 (S) HSS RPT 5DP
02/14/25 (S) DP: DUNBAR, HUGHES, CLAMAN, GIESSEL,
TOBIN
02/24/25 (S) TRANSMITTED TO (H)
02/24/25 (S) VERSION: SB 60
02/26/25 (H) READ THE FIRST TIME - REFERRALS
02/26/25 (H) HSS
03/11/25 (H) HSS AT 3:15 PM DAVIS 106
03/11/25 (H) -- MEETING CANCELED --

WITNESS REGISTER

BRENT TAYLOR, MD, Appointee
State Medical Board
Anchorage, Alaska

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

REPRESENTATIVE GENEVIEVE MINA
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HJR 9.

JARED KOSIN, President and CEO
Alaska Hospital and Healthcare Association
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 9.

LORI WING-HEIER, Director
Division of Insurance
Department of Commerce, Community & Economic Development
Anchorage, Alaska

POSITION STATEMENT: Answered questions regarding HJR 9.

AMBER LEE, Owner
Amber Lee Strategies
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 9.

TERI TIBBETT
Alaska Re-entry Partnership
Juneau, Alaska

POSITION STATEMENT: Testified in support of HJR 9.

KATHARINA WOOFER, Life and Health Insurance Agent
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 9.

TREVOR STORRS, President and CEO
Alaska Children's Trust
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 9.

ARIANE KELSEY, Senior Manager
The Alaskan AIDS Assistance Association

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 9.

ELIZABETH NEWELL, representing self

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 9.

SHELLIE GOODEN, representing self

Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 9.

SENATOR LÖKI GALE TOBIN

Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented SB 60.

DAVID PENN, MD

The Alaska Hospitalist Group

Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 60.

HOLLIS MICKEY, representing self

Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 60.

SALLIE REDISKE, DPT, representing self

Homer, Alaska

POSITION STATEMENT: Testified in support of SB 60.

MERCEDES HARNESS, representing self

Homer, Alaska

POSITION STATEMENT: Testified in support of SB 60.

MEGAN DAVIES, MD, representing self

Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 60.

SUSAN SHARE, representing self

Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 60.

SIMONETTA MIGNANO, representing self

Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 60.

ENZINA MARRARI, representing self

Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 60.

JAYBIRD OLIVER, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 60.

FRANCESCA DUBROCK, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in support of SB 60.

DONNA ADERHOLD, representing self
Homer, Alaska

POSITION STATEMENT: Testified in support of SB 60.

ACTION NARRATIVE

[3:22:48 PM](#)

CHAIR GENEVIEVE MINA called the House Health and Social Services Standing Committee meeting to order at 3:22 p.m. Representatives Prax, Ruffridge, Schwanke, Mears, and Fields were present at the call to order.

CONFIRMATION HEARING(S)
State Medical Board

[3:23:36 PM](#)

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

[3:23:43 PM](#)

BRENT TAYLOR, MD, testified as appointee to the State Medical Board. He provided a history of his education and clinical experience. In response to questions from Representative Prax, he confirmed that he began serving on the board last May and is the president. He shared that he sees the board's main functions as policing the medical community, helping to ensure patients' safety, following guidelines from statutes, and addressing patients' concerns.

[3:26:44 PM](#)

DR. TAYLOR, in response to questions from Representative Mears, responded that the board is currently addressing the following

issues: licensing for physicians, autonomous practice for physician assistance, and licensing for nurses. He said that the main focuses of the board are credentialing and insuring healthcare providers. He said that the board is asked to provide an opinion on some issues.

[3:29:11 PM](#)

DR. TAYLOR, in response to questions from Representative Ruffridge, outlined that the board's role is to follow guidelines from statutes and regulations, and its foremost goal is to provide guidelines to ensure that they have the best practices available in a collaborative manner. Responding to a follow-up question regarding a cooperative or collaborative practice agreement, he said that this occurs on a case-by-case basis. The board's responsibility is to ensure the safe delivery of healthcare. He confirmed that it is the responsibility of the board to ensure the agreement will provide safe healthcare.

[3:37:34 PM](#)

DR. TAYLOR, in response to questions from Representative Schwanke, said concern about license compacting depends on what the goal of the compact is. If the compact provides a good framework for allowing more people to practice in Alaska in a safe manner, that would be acceptable. He said he did not know any examples of a licensing compact agreement that did not provide a safe transfer of opportunity for a specific state and license type.

[3:39:20 PM](#)

DR. TAYLOR, in response to a question from Representative Ruffridge regarding medical board functions within general provisions of medical care within Alaska, noted that he has only been the chairman for a little over a month. He said he has been in contact with the chair of the board of pharmacy, but he has not had the opportunity to collaborate with other boards. In response to a question about the Prescription Drug Monitoring Program (PDMP), he said he thinks it has been a very helpful program that provides a useful database for practitioners to review prescription dispersion.

[3:42:55 PM](#)

CHAIR MINA opened public testimony on the confirmation hearing for Dr. Taylor to the State Medical Board. After ascertaining that there was no one who wished to testify, she closed public testimony.

[3:43:37 PM](#)

CHAIR MINA stated that the House Health and Social Services Standing Committee has reviewed the qualifications of the governor's appointee and recommends that the following name be forwarded to a joint session for consideration: Dr. Brent Taylor, State Medical Board. She said that signing the report regarding appointments to boards and commissions in no way reflects an individual member's approval or disapproval of the appointee, and the nomination is merely forwarded to the full legislature for confirmation or rejection.

[3:43:46 PM](#)

The committee took an at-ease from 3:43 p.m. to 3:46 p.m. [During the at-ease, Chair Mina handed the gavel to Representative Mears.]

HJR 9-EXTEND AFFORDABLE CARE ACT TAX CREDITS

[3:46:17 PM](#)

REPRESENTATIVE MEARS announced that the next order of business would be HOUSE JOINT RESOLUTION NO. 9, Urging the United States Congress to extend enhanced tax credits for health insurance premiums under the Affordable Care Act.

[3:46:40 PM](#)

CHAIR MINA, as prime sponsor, presented HJR 9 to the committee. She said the goal of HJR 9 is to stabilize healthcare costs for Alaskans on the individual marketplace. She provided a brief background of the Affordable Care Act (ACA). She emphasized that premium tax credits make premiums affordable for many people. She provided a recent history of these premium tax credits. She explained that if Congress does not expand the extension of the enhanced ACA tax credits, premiums would increase dramatically, forcing many people to be unable to afford them.

[3:53:09 PM](#)

REPRESENTATIVE MEARS announced invited testimony.

3:53:21 PM

JARED KOSIN, President and CEO, Alaska Hospital and Healthcare Association, explained that HJR 9 would make healthcare more affordable and accessible for Alaskans who purchase coverage through the federal marketplace. He emphasized how many people would become uninsured if premiums were to increase. He explained that lacking insurance funnels people towards emergency rooms and hospitals for healthcare where they cannot be denied, which are the most expensive environments for care in the entire healthcare system. He said that reducing access to affordable healthcare services will ultimately increase the cost of healthcare for all people in Alaska.

3:56:33 PM

REPRESENTATIVE PRAX asked how a tax credit could make the cost of the insured go more than 100 percent.

MR. KOSIN responded that the numbers he sees are the amount the premium would cost in the offset from the tax credit. He said that if the tax credit goes away, there will be a destabilizing effect on the market at large, doubling, or tripling premiums.

3:58:27 PM

LORI WING-HEIER, Director, Division of Insurance, Department of Commerce, Community, and Economic Development, explained that the tax credits are based on income and family size, and said that these credits are reassessed when an individual files their taxes.

REPRESENTATIVE PRAX asked if the tax credit could be more than what an individual paid for the premium.

MS. WING-HEIER said that an individual would never receive more in tax credits than what their total premium is.

REPRESENTATIVE PRAX provided an example to clarify how this tax credit would work. He asked how an individual's premium could go up more than 100 percent.

MS. WING-HEIER responded that a premium would not exceed 100 percent through the tax credits. She explained that if the enhanced premium tax credits were not available, an individual

would receive less in a premium tax credit in 2026 than they did in 2025.

REPRESENTATIVE PRAX asked if the enhanced tax credit would go to the insurance provider or the insured individual.

MS. WING-HEIER responded that the tax credit would go to the insurance company to pay the premium.

REPRESENTATIVE PRAX asked if the number of people purchasing policies would decrease, causing the prices to increase.

MS. WING-HEIER responded that some people would have to pay more, and that some would not be able to afford their insurance even with a subsidy.

[4:03:59 PM](#)

REPRESENTATIVE RUFFRIDGE asked if the enhanced tax credits, with a subsidy, have covered individuals who actually were above 400 percent of the federal poverty line.

MS. WING-HEIER responded that is correct.

REPRESENTATIVE RUFFRIDGE asked if individuals above 400 percent of the federal poverty line would now have to pay for their health insurance in full if it is not provided through some other means.

MS. WING-HEIER responded that is correct.

REPRESENTATIVE RUFFRIDGE asked if the subsidy would remain for individuals falling between 100 and 400 percent of the federal poverty line.

MS. WING-HEIER confirmed that is correct.

[4:05:53 PM](#)

REPRESENTATIVE SCHWANKE asked if there is data to show what the average savings on premiums per family was when these tax credits went into place.

MS. WING-HEIER provided examples to show how families' premiums would increase without the enhanced premium tax credits.

REPRESENTATIVE SCHWANKE asked what savings occurred prior to these premium tax credits going into place. She said she does not want to over generalize what the effect would be if these tax credits go away.

[4:09:37 PM](#)

REPRESENTATIVE FIELDS asked about the income of people currently benefiting from these tax credits. He asked if these individuals would go without insurance if they were to lose the tax credits.

MS. WING-HEIER responded that the recipients of these tax credits are middle-income, and she is concerned about what would happen to them without the tax credits.

REPRESENTATIVE FIELDS asked about premiums increasing for other employers who now have a higher share of uncompensated care.

MS. WING-HEIER explained that hospitals will always see a patient, regardless of their ability to pay. She said that if a patient cannot afford to pay their hospital bill, that cost affects "all of us," meaning that hospital prices must increase to keep their doors open.

REPRESENTATIVE FIELDS asked about the conditions of rural communities that have lost all hospital care, which he said would happen if Medicaid expansion and enhanced premium tax credits go away.

[4:13:07 PM](#)

MR. KOSIN responded that there would be a cost shift. He said that there are such high insurance rates in Alaska because healthcare costs have shifted onto private insurance companies. He emphasized the importance of the premium tax credits.

[4:14:58 PM](#)

REPRESENTATIVE RUFFRIDGE said that there are 23,000 Alaskans that are covered under some tax credit plan under the ACA. He asked how many of those 23,000 fall above the 400 percent federal poverty limit.

MS. WING-HEIER responded that she estimates there are 23,000 enrolled in the individual market. She said she would follow up with how many of those qualify for premium tax credits, the

enhanced premium tax credits, or none at all because of their income.

[4:16:17 PM](#)

AMBER LEE, Owner, Amber Lee Strategies, shared a personal story of losing both her health insurance and her job at the same time that she was diagnosed with cancer. She expressed her gratitude that Alaska's Medicaid expansion insurance covered her and her two children. She said she was able to enroll with marketplace insurance under ACA because it prevents insurance companies from denying people like her, who have preexisting conditions. She emphasized the importance of small business owners in the economic diversification of Alaska and said that losing these tax credits would hurt their ability to continue owning their businesses.

[4:19:30 PM](#)

The committee took an at-ease from 4:19 p.m. to 4:20 p.m. [During the at-ease, Representative Mears handed the gavel back to Chair Mina.]

[4:20:09 PM](#)

CHAIR MINA opened public testimony on HJR 9.

[4:20:23 PM](#)

TERI TIBBETT, Alaska Re-entry Partnership, explained that the Alaska Re-entry Partnership supports HJR 9 because the tax credits are currently helping people who are just re-entering the workforce from incarceration. She explained that the barriers that her clients face in achieving jobs with health insurance.

[4:22:26 PM](#)

KATHARINA WOOFER, Life and Health Insurance Agent, described her experience connecting clients to individual marketplace plans with subsidy, emphasizing the importance of these subsidies. She provided examples of individuals' premiums with and without these subsidies.

[4:25:21 PM](#)

TREVOR STORRS, President and CEO, Alaska Children's Trust, said that the passage of ACA was pivotal in reducing the rate of uninsured individuals in Alaska, including thousands of families with children. He emphasized that when parents have health insurance, their children will have it, and those children will access care.

[4:27:24 PM](#)

ARIANE KELSEY, Senior Manager, AIDS Drug Assistance Program (ADAP) and Quality Insurance, The Alaskan AIDS Assistance Association (AAAA), explained that AAAA works with clients who have no option for health insurance besides enrolling through Alaska's health insurance marketplace with tax credits. She emphasized that losing these tax credits would directly and negatively affect ADAP in Alaskan.

[4:29:10 PM](#)

ELIZABETH NEWELL, representing self, shared a personal anecdote, describing how she would need to drop her health insurance if she lost her premium tax credits.

[4:30:35 PM](#)

SHELLIE GOODEN, representing self, emphasized the difficult lifestyle choices that many would need to make if HJR 9 were not passed.

[4:32:42 PM](#)

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

[4:32:50 PM](#)

REPRESENTATIVE RUFFRIDGE asked about the total amount of tax credit being paid out each year, by Alaska and the United States. He said that with these tax credits, Americans are essentially paying taxes to an insurance company. He asked if that is an accurate analysis.

CHAIR MINA responded that Representative Ruffridge offered a great way to think about this issue.

[4:34:54 PM](#)

MS. WING-HEIER responded that ACA helped individuals pay for healthcare, but it did not address the cost of healthcare. She said that in 2024, the premium tax credits for Alaska were \$385,000,000. She emphasized the viciousness of the cycle regarding healthcare cost increasing, causing tax credits to increase.

[4:36:26 PM](#)

REPRESENTATIVE RUFFRIDGE said that in 2024, individuals in Alaska receiving tax credits received an average of \$16,000 per person. He asked about cost-shifting. He asked if cost-shifting merely would allow the state to decide who makes that money if the state is going to spend this money regardless.

MS. WING-HEIER responded that cost-shifting allows the state to decide who makes and who spends this money. She provided an example to emphasize the disproportionate amount of money that patients are being charged for healthcare.

REPRESENTATIVE RUFFRIDGE said that he really struggles with this resolution.

[HJR 9 was held over.]

HB 14-REPEAL CATASTROPHIC ILLNESS/MED ASSIST

[4:41:42 PM](#)

CHAIR MINA announced that the next order of business would be, HOUSE BILL NO. 14, "An Act repealing programs for catastrophic illness assistance and medical assistance for chronic and acute medical conditions."

[4:41:50 PM](#)

CHAIR MINA opened public testimony on HB 14. After ascertaining that there was no one who wished to testify, she closed public testimony.

[4:42:17 PM](#)

REPRESENTATIVE MEARS moved to report HB 14 out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, HB 14 was reported out of the House Health and Social Services Standing Committee.

[4:42:43 PM](#)

The committee took an at-ease from 4:42 p.m. to 4:45 p.m.

SB 60-ESTABLISH ME/CHRONIC FATIGUE SYNDROME DAY

[4:45:21 PM](#)

CHAIR MINA announced that the final order of business would be, SENATE BILL NO. 60, "An Act establishing May 12 as Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Day of Recognition."

[4:45:35 PM](#)

SENATOR LÖKI GALE TOBIN, Alaska State Legislature, as prime sponsor, presented SB 60. She described the constituent in her district who inspired HB 60. She paraphrased the sponsor statement [included in the committee file], which read as follows [original punctuation provided]:

Senate Bill 60 establishes May 12 as Myalgic Encephalomyelitis (ME) Awareness Day to help spread knowledge of the disease, the need for research and appropriate medical care, and to support individuals and their families living with Myalgic Encephalomyelitis.

Myalgic Encephalomyelitis, also known as chronic fatigue syndrome (CFS) or ME/CFS, is a serious, chronic, neurologic disease affecting as many as nine million Americans of all ages, including children. ME/CFS causes dysfunction across all body systems that severely impacts quality of life and ability to work.

ME/CFS often causes a lifetime of disability, with 75% of people unable to work or attend school and 25% of people housebound or bedbound. As many as 90% of people with ME/CFS are undiagnosed. Covid has increased the prevalence of ME/CFS three to five times since 2020 with 50% of Long Covid cases meeting the diagnostic criteria for ME/CFS. Long Covid is affecting as many as 56 million Americans with an estimated economic impact of \$3.7 trillion dollars.

ME/CFS is underfunded relative to disease burden and has no known treatments or cures. Experts and advocates for years have been requesting increased

funding, research, medical education, and multidisciplinary collaboration. Medical education pertaining to ME/CFS is lacking. According to the U.S. Center for Disease Control and Prevention most medical schools in the United States do not have ME/CFS as part of their physician training. This leaves the average medical practitioner untrained and unprepared to treat people with ME/CFS & associated diseases.

Establishing May 12 as Myalgic Encephalomyelitis Awareness Day in Alaska mirrors the international designation, chosen to memorialize the birth date of Florence Nightingale, the English army nurse who inspired the founding of the International Red Cross, and who was believed to have contracted a chronic immunological and neurological illness in her mid-thirties and spent the last 50 years of her life virtually bedridden.

This day of recognition will lead to increased awareness of ME/CFS in Alaska. It is our hope that this recognition will lead to increased funding for research by the federal government and private entities, directed clinical education of the disease, and development of diagnostic testing and appropriate treatments, resulting in better medical care for those living with ME/CFS.

[4:49:10 PM](#)

CHAIR MINA announced invited testimony.

[4:49:27 PM](#)

DAVID PENN, MD, provided medical context for ME/CFS, explaining the symptoms and possible triggers for the syndrome. He said that increasing awareness of ME/CFS would improve the diagnostic capability by increasing medical providers' ability to recognize and understand the syndrome.

[4:53:15 PM](#)

HOLLIS MICKEY, as invited testifier, described her personal experience with severe ME/CFS.

[4:57:01 PM](#)

SALLIE REDISKE, DPT, representing self, described her personal experience with ME/CFS. She emphasized that ME/CFS is not rare but is a rarely diagnosed disease.

[4:59:53 PM](#)

MERCEDES HARNESS, as invited testifier, described her personal experience as the mother of a child with ME/CFS.

[5:03:00 PM](#)

MEGAN DAVIES, MD, as invited testifier, described her personal experience with ME/CFS.

[5:06:57 PM](#)

CHAIR MINA opened public testimony on SB 60.

[5:07:34 PM](#)

SUSAN SHARE, representing self, testified in support of SB 60. She shared a personal anecdote regarding her friend with ME/CFS, describing the disease and how it has affected her friend's daily life.

[5:08:42 PM](#)

SIMONETTA MIGNANO, representing self, testified in support of SB 60. She shared a personal anecdote regarding her friend with ME/CFS, describing the disease and how it has affected her friend's daily life.

[5:10:27 PM](#)

ENZINA MARRARI, representing self, testified in support of SB 60. She shared a personal anecdote regarding her friend with ME/CFS, describing the disease and how it has affected her friend's daily life.

[5:12:55 PM](#)

JAYBIRD OLIVER, representing self, testified in support of SB 60. She shared a personal anecdote regarding their friend and neighbor with ME/CFS, describing the disease and how it has affected her friend's daily life.

[5:14:21 PM](#)

FRANCESCA DUBROCK, representing self, testified in support of SB 60. She shared a personal anecdote regarding her friend with ME/CFS, describing the disease and how it has affected her friend's daily life.

[5:16:19 PM](#)

DONNA ADERHOLD, representing self, testified in support of SB 60. She described her personal experience with ME/CFS, describing the disease and how it has affected her daily life.

[5:18:53 PM](#)

CHAIR MINA, after ascertaining there was no one else who wished to testify, closed public testimony on SB 60.

[SB 60 was held over.]

[5:19:33 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:19 p.m.