

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 25, 2025

3:21 p.m.

MEMBERS PRESENT

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

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

HOUSE JOINT RESOLUTION NO. 9

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

- MOVED CSHJR 9(HSS) OUT OF COMMITTEE

HOUSE BILL NO. 96

"An Act establishing the Home Care Employment Standards Advisory Board; relating to payment for personal care services; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 52

"An Act relating to the rights of minors undergoing evaluation or inpatient treatment at psychiatric hospitals; relating to the use of seclusion or restraint of minors at psychiatric hospitals; relating to a report published by the Department of Health; relating to inspections by the Department of Health of certain psychiatric hospitals; and providing for an effective date."

- HEARD & HELD

CONFIRMATION HEARING(S):

State Medical Board

Samantha Smith - Anchorage

- HEARD AND 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
03/18/25	(H)	Heard & Held
03/18/25	(H)	MINUTE (HSS)
03/20/25	(H)	HSS AT 3:15 PM DAVIS 106
03/20/25	(H)	Heard & Held
03/20/25	(H)	MINUTE (HSS)
03/25/25	(H)	HSS AT 3:15 PM DAVIS 106

BILL: HB 96

SHORT TITLE: HOME CARE EMPLOYMENT STANDARDS ADV BOARD

SPONSOR(s): REPRESENTATIVE(s) PRAX

02/12/25	(H)	READ THE FIRST TIME - REFERRALS
02/12/25	(H)	HSS, L&C
03/25/25	(H)	HSS AT 3:15 PM DAVIS 106

BILL: HB 52

SHORT TITLE: MINORS & PSYCHIATRIC HOSPITALS

SPONSOR(s): REPRESENTATIVE(s) DIBERT

01/22/25	(H)	READ THE FIRST TIME - REFERRALS
01/22/25	(H)	HSS, L&C
03/25/25	(H)	HSS AT 3:15 PM DAVIS 106

WITNESS REGISTER

REPRESENTATIVE MIKE PRAX
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HB 96.

RILEY NYE, Staff
Representative Mike Prax
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Prax, prime sponsor, read the sectional analysis of HB 96.

TONY NEWMAN, Director
Division of Senior and Disabilities Services
Department of Health
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 96.

ALEXIS RODICH, Director of Policy & Research
SEIU 775
Washington, D.C.

POSITION STATEMENT: Testified during the hearing on HB 96.

ROSE CHILDS, representing self
Anchorage, Alaska

POSITION STATEMENT: As a caregiver, testified in support of HB 96.

BETTY REDD-MENDEZ, representing self
Wasilla, Alaska

POSITION STATEMENT: As a caregiver, testified during the hearing on HB 96.

ESSIE FRANK, representing self
Fairbanks, Alaska

POSITION STATEMENT: As a caregiver, testified during the hearing on HB 96.

MATTIE HULL, Staff
Representative Maxine Dibert
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Dibert, prime sponsor, answered questions regarding HB 52.

MATTHEW THOMAS, Nurse Consultant II
Health Facilities Licensing & Certification
Division of Healthcare Services
Department of Health
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 52.

REPRESENTATIVE MAXINE DIBERT
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HB 52.

BENJAMIN MALLOTT, President
Alaska Federation of Natives
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HB 52.

MATEO JAIME, Community Relations Liaison
Facing Foster Care
Anchorage, Alaska

POSITION STATEMENT: Testified during the hearing on HB 52.

STEVEN PEARCE, Director
Citizens Commission on Human Rights
Seattle, Washington

POSITION STATEMENT: Testified during the hearing on HB 52.

SAMANTHA SMITH, PA, Appointee
State Medical Board
Anchorage, Alaska

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

SARAH HOOD, PA, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified during the confirmation hearing for the governor's appoint to the State Medical Board.

WENDY SMITH, PA, representing self
Juneau, Alaska

POSITION STATEMENT: Testified in opposition to the appointment of Ms. Smith to the State Medical Board.

CANDACE HICKEL, PA
Anchorage, Alaska

POSITION STATEMENT: Testified in opposition to the appointment of Ms. Smith to the State Medical Board.

ACTION NARRATIVE

[3:21:53 PM](#)

CHAIR GENEVIEVE MINA called the House Health and Social Services Standing Committee meeting to order at 3:21 p.m. Representatives Prax, Ruffridge, Schwanke, Mears, Fields, Gray, and Mina were present at the call to order.

HJR 9-EXTEND AFFORDABLE CARE ACT TAX CREDITS

[3:22:32 PM](#)

CHAIR MINA announced that the first 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.

[3:23:04 PM](#)

REPRESENTATIVE RUFFRIDGE asked if there was an update made to HJR 9 to reflect the new numbers.

CHAIR MINA responded that she was waiting for amendments from other offices.

[3:23:53 PM](#)

REPRESENTATIVE MEARS moved to report HJR 9, Version 34-LS0490\N out of from committee with individual recommendations and the accompanying fiscal notes.

REPRESENTATIVE RUFFRIDGE objected. He said that HJR 9 does not seem 100 percent accurate and he was waiting for the accurate numbers from the Division of Insurance.

[3:25:12 PM](#)

The committee took an at-ease from 3:25 p.m. to 3:27 p.m.

[3:27:32 PM](#)

[The committee treated the motion to move HJR 9 out of committee as withdrawn.]

REPRESENTATIVE RUFFRIDGE moved to adopt Conceptual Amendment 1 to HJR 9. He stated that the proposed amendment would strike the words "tens of" on page 2 line 2, such that the line would read "then doubling of health insurance premiums for thousands of state residents."

CHAIR MINA objected for the purpose of discussion. She thanked Representative Ruffridge for his collaboration and for ensuring the accuracy of the numbers in HJR 9.

CHAIR MINA removed her objection. There being no further objection, Conceptual Amendment 1 was adopted.

[3:28:51 PM](#)

REPRESENTATIVE MEARS moved to adopt HJR 9, as amended, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHJR 9(HSS) was reported out of the House Health and Social Services Standing Committee.

[3:29:16 PM](#)

The committee took an at-ease from 3:29 p.m. to 3:40 p.m.

HB 96-HOME CARE EMPLOYMENT STANDARDS ADV BOARD

[3:40:14 PM](#)

CHAIR MINA announced that the next order of business would be HOUSE BILL NO. 96, "An Act establishing the Home Care Employment Standards Advisory Board; relating to payment for personal care services; and providing for an effective date."

[3:40:20 PM](#)

REPRESENTATIVE MIKE PRAX, Alaska State Legislature, as prime sponsor, presented HB 96. He read the sponsor statement [included in the committee file], which read as follows [original punctuation provided]:

Seniors are the fastest growing demographic in the state of Alaska¹ and are living longer lives.² The state's 85+ population is expected to increase by 500% between 2022 and 2050, of which, 1/3 will experience Alzheimer's and Related Dementia.³ The Alaska Department of Labor and Workforce Development predicts home care, a part of Alaska's continuum of care services for seniors and people with disabilities, to be one of the fastest growing and most in demand occupations in the state.⁴

Alaska faces an acute shortage of direct care workers, particularly outside of population centers. The potential provider workforce demographic, those age 18 to 64, is in decline. Furthermore, low pay and lack of benefits force many caregivers out of the profession and make recruitment and retention increasingly more difficult for agencies providing in-home care services.⁵⁶

We need to create strong and long-lasting home care infrastructure in Alaska which will expand access to quality, affordable home and community-based care for seniors and people with disabilities, keep people in their homes and out of costly facilities, and bolster the creation of jobs. We also need to ensure that Medicaid funding for personal care services is wisely spent, with an adequate portion of the rate going to pay and benefits for direct care workers, in order to help address the workforce shortage. HB 96 accomplishes both of these objects by:

- Establishing a Home Care Employment Standards Advisory Board that will investigate, advise, and develop recommendations on Medicaid rates and other policies to improve the wages, working conditions, and recruitment and retention of direct care workers.
- Requiring that agencies providing personal care services spend at least 70 percent of the total annual funding they receive from the department for personal care services on the pay and benefits of Personal Care Assistants providing such services.

[3:43:47 PM](#)

RILEY NYE, Staff, Representative Mike Prax, on behalf of Representative Prax, prime sponsor, read the sectional analysis [included in the committee file], of HB 96, [original punctuation provided]:

Section 1 amends AS 44.29 by adding new sections to it and various aspects of the Home Care Employment Standards Advisory Board. Thus,

Sec. 44.29.900. Home Care Employment Standards Advisory Board. This section is added to establish the advisory board on Home Care Employment Standards in Alaska.

Sec. 44.29.905. Composition of the board. This section elaborates on the composition of the board which will consist of a chair, 6 voting, and 4 non-voting members. The section clarifies how many members should be sought from each represented group or institution. The members will be appointed by the Commissioner of Health after solicitation of applications. Thus,

- Commissioner of Health or commissioner's designee (non-voting unless in the event of a tie)
- Commissioner of Labor and workforce development (or the commissioner's designee) (non-voting)
- Two members representing covered providers, (with variance in terms of size, services provided and geographical location) (voting)
- Two members who represent direct care workers (voting)
- One member who is an enrollee or representative of enrollees receiving covered services (voting)
- One member who represents the office of rate receive (voting)
- A representative of the Alaska Commission on Aging or another organization that represents seniors in the state (non-voting)
- A representative of the Governor's Council on Disabilities and Special Education another organization that represents people with disabilities in the state (non-voting)

Sec. 44.29.910. Term of office, vacancies, removal. This section explains how the members of the board appointed in AS 44.29.905(3) will serve and establishes how long they shall serve, options for reappointment and how vacancies will be filled.

Sec. 44.29.915. Meetings. The section establishes the duty of the chair to call for meetings of the board with regularity and as needed. It also establishes that the board should meet at least three times each year and hold additional meetings as often as necessary to accomplish its duties. At every meeting, the Board will provide space for public testimony.

Sec. 44.29.920. Quorum. The section clarifies that a majority of the members of the Board constitute a quorum in a meeting of the board for it to transact

its official business and to approve any recommendations of the Board.

Sec. 44.29.925. Compensation. This section refers to established rules under AS 39.20.180 to guide compensation of members of the board through per diem and expenses reimbursement. Other than that, members of the Board will not receive compensation.

Sec. 44.29.930. Powers and duties. This section establishes the duties and powers of the board which include advising and consulting the department on medical assistance program payment rates for covered services and payment rate adequacy for covered services, as well as investigating employment issues and concerns including wages, working conditions and workforce development and making recommendations. This section also describes state compliance with information requests and testimony, and ensures the board will have access to data needed to fulfill its responsibilities.

Sec. 44.29.935 Biennial report. The section requires the board to submit a written report biennially to the Commissioner. The Commissioner is mandated to review with the aim of accepting or rejecting findings and recommendations and to give guidance and a way forward depending on circumstances.

Sec. 44.29.940. Publication of reports. This section mandates the publication of the reports on July 1 each year and the reports must be publicly accessible. The section also elaborates on what shall be included in the published reports.

Sec. 44.29.945. Definitions. This section specifies the definitions of all the terms used in the sections above i.e. AS 44.29.900 - 44.29.945 including those that relate to Section 1915(c) of the Social Security Act (42 U.S.C. § 1396n(c))

Section 2 amends AS 47.07.045 by adding new subsections that require an agency providing personal care services to pay as compensation and benefits to employees providing personal care services at least 70 percent of total annual funding received by the agency for the purposes of providing personal care services,

increasing to 80 percent by July 1, 2030, unless the agency receives a hardship exemption from the department. This section also requires the department to establish procedures and objective criteria for granting a hardship exemption, and sets alternative minimum requirements for an agency that qualifies for such an exemption.

Section 3 amends the uncodified law of the State of Alaska by adding a new section establishing when the board should be appointed, that the first meeting should be held on or before October 1, 2025, and the issues to be investigated for the preliminary report which will be presented at the first meeting.

Section 4 amends the uncodified law of the State of Alaska by adding a new section establishing the date for preliminary internet website publication of the publication to be no later than July 1, 2026.

Section 5 amends the uncodified law of the State of Alaska by adding a new section instructing the Department of Health to amend the state plan under AS 47.07.045 and submit for approval to the United States Department of Health and Human Services, to the extent necessary.

Section 6 amends the uncodified law of the State of Alaska by adding a new section that makes this Act conditional on the United States Department of Health and Human Services approving amendments submitted in accordance with section 5, or determines that approval is not necessary.

Section 7 sets the day after the date on which the United States Department of Health and Human Services approves amendments to the state plan or determines that approval is not necessary under section 6 of this act, as the date section 2 of this Act takes effect.

Section 8 sets July 1, 2025 as the date the Act takes effect, except as provided in section 7.

[3:50:43 PM](#)

REPRESENTATIVE GRAY asked what percentage of funding to agencies under the Department of Health is currently going to personal care services.

MR. NYE responded that the breakdown is currently 50/50.

REPRESENTATIVE GRAY asked if other states have implemented similar legislation to HB 96 and what their experience has been like.

REPRESENTATIVE PRAX responded that he does not know if other states have passed similar legislation.

[3:52:58 PM](#)

TONY NEWMAN, Director, Division of Senior and Disabilities Services, Department of Health, said that the state would need to apply for a state plan amendment, which can take a few months. He said that other states have created boards of this kind and have found it to be helpful.

[3:54:30 PM](#)

REPRESENTATIVE SCHWANKE asked if this board would require an executive director.

MR. NEWMAN responded that there is no requirement under HB 96 for an executive director and that his division has submitted a fiscal note asking for two staff to assist with the work required by HB 96. In response to Representative Schwanke, he explained the workload that would require two staff members.

[3:55:47 PM](#)

CHAIR MINA asked if the Home Care Employment Standards Advisory Board would focus only on Medicaid rates or if it would be looking at grants and other funding from the Department of Health.

REPRESENTATIVE PRAX responded that the board would have to comply with Medicaid rates.

MR. NEWMAN said that HB 96 would ensure that the Division of Senior and Disabilities Services is in compliance with the federal Medicaid Ensuring Access Rule.

CHAIR MINA asked what types of providers would be under the purview of this board.

MR. NEWMAN said that both the federal rule and HB 96 would have two requirements: wage transparency for a range of professional services and wage adequacy provisions.

CHAIR MINA asked if the board is narrowed to specific types of caregivers because of the federal Medicaid Ensuring Access Rule.

MR. NEWMAN responded that he believes that is true.

REPRESENTATIVE PRAX emphasized that the federal Medicaid Ensuring Access Rule is quite extensive.

[4:00:26 PM](#)

CHAIR MINA announced invited testimony.

[4:00:43 PM](#)

ALEXIS RODICH, Director of Policy & Research, SEIU 775, described the recent increase in the senior population of Alaska and the increased need for care services. She said that HB 96 would help reduce the "workforce crisis" in direct care services by creating a labor rate for personal care services and increasing rate transparency. She emphasized the importance of a workforce standard advisory board, which would be created under HB 96.

[4:08:01 PM](#)

ROSE CHILDS, Caregiver, representing self, testified in support of HB 96. She described her personal and work experience as a caregiver. She said that there has been a decline in the direct service provider profession, but emphasized the need for it.

[4:13:30 PM](#)

BETTY REDD-MENDEZ, Caregiver, representing self, described her experience as a caregiver to her family members. She emphasized the challenges she faces due to her profession, including no health insurance and low pay. She explained how an advisory board would allow caregivers to advocate for better pay, health insurance, and other critical needs.

[4:17:13 PM](#)

ESSIE FRANK, Caregiver, representing self, described her experience as a caregiver. She said that many caregivers struggle financially due to low wages. She said that HB 96 would allow her voice and the voices of her clients to be heard.

[4:20:13 PM](#)

CHAIR MINA opened public testimony on HB 96. After ascertaining that there was no one who wished to testify, she closed public testimony.

HB 52-MINORS & PSYCHIATRIC HOSPITALS

[4:20:44 PM](#)

CHAIR MINA announced that the next order of business would be HOUSE BILL NO. 52, "An Act relating to the rights of minors undergoing evaluation or inpatient treatment at psychiatric hospitals; relating to the use of seclusion or restraint of minors at psychiatric hospitals; relating to a report published by the Department of Health; relating to inspections by the Department of Health of certain psychiatric hospitals; and providing for an effective date."

[4:20:56 PM](#)

The committee took an at-ease from 4:20 p.m. to 4:21 p.m.

[4:21:56 PM](#)

REPRESENTATIVE MEARS moved to adopt the proposed committee substitute (CS) for HB 52, Version 34-LS0399\N, Radford, 3/24/25, as the working document.

CHAIR MINA objected for the purpose of discussion.

[4:22:23 PM](#)

MATTIE HULL, Staff, Representative Maxine Dibert, on behalf of Representative Dibert, prime sponsor, provided an explanation of changes in the proposed CS for HB 52, Version N.

CHAIR MINA removed her objection. There being no further objection, Version N was before the committee.

[4:25:45 PM](#)

REPRESENTATIVE SCHWANKE asked how many minors HB 52 addresses.

MR. HULL responded that, as of 2022, 450 minors were in psychiatric care both in state and out of state.

REPRESENTATIVE SCHWANKE asked how many children are in psychiatric hospitals each year on average.

MR. HULL responded that on an annual basis, about 300 children enter psychiatric care every year.

[4:26:45 PM](#)

CHAIR MINA asked if the communication requirement for families with youth, under HB 52, Version N, would be duplicative with the existing rights of psychiatric patients to communicate.

MR. HULL responded that he is unsure of the answer currently.

MATTHEW THOMAS, Nurse Consultant II, Health Facilities Licensing & Certification, Division of Healthcare Services, Department of Health, said that he would need to compare HB 52, Version N, to current legislation before answering this question.

CHAIR MINA asked what the repercussions would be for any facilities that did not comply with HB 52, Version N.

MR. HULL responded that Version N would not define repercussions but would establish rights for children under psychiatric care and would enable the right to inspection and access.

MR. THOMAS said that actions can be brought against a facility, ranging from a warning letter to termination.

CHAIR MINA asked about the process of issuing a warning letter.

MR. THOMAS responded that anybody could file a complaint with the Department of Health (DOH) and then that complaint is triaged to determine severity, investigations, and enforcement actions.

[4:32:29 PM](#)

REPRESENTATIVE PRAX asked if the appeals process is listed on the Department of Health (DOH) website.

MR. THOMAS responded that the facilities have an appeals process within them which patients can utilize and if that is not successful, a patient can file a grievance with DOH.

REPRESENTATIVE PRAX asked if the grievance filing process is accessible on the DOH website.

MR. THOMAS responded that there is an accessible link on the DOH website for individuals looking to file a complaint against healthcare facilities.

[4:35:16 PM](#)

REPRESENTATIVE RUFFRIDGE asked for the purpose of unannounced inspections of psychiatric facilities. He asked if HB 52, Version N, would also require inspections of out-of-state facilities where Alaskan children are residing.

MR. HULL responded that he believes out-of-state facilities would be inspected.

[4:37:21 PM](#)

REPRESENTATIVE MAXINE DIBERT, Alaska State Legislature, as prime sponsor, presented HB 52, [Version N]. She paraphrased the sponsor statement [included in the committee packet], which read as follows [original punctuation provided]:

House Bill 52 would increase transparency and parental oversight of Alaskan children who are placed in psychiatric hospitals. In 2022, the United States Department of Justice (DOJ) released a report after conducting an extensive investigation into the institutionalization of Alaskan children with behavioral health challenges at psychiatric hospitals and psychiatric residential treatment facilities. In 2020, the State institutionalized over 800 children at such facilities, more than one third of whom were Alaska Native.

The State often places children hundreds of miles from their families and communities. As a result, many parents, unable to regularly visit treatment facilities, worry that their children may be vulnerable to abuse while away from home. Indeed, local, and national reporting has raised concerns about the extensive use of seclusion and restraints on

children inside Alaska's facilities, including forced injection of sedatives. While the medical community agrees that treatment providers should only use these tactics as a last resort, in 2004, the Disability Law Center of Alaska uncovered an unreasonably high rate of seclusion and restraint: 261 incidents in a threemonth period.

The institutionalization of children with behavioral health challenges can last weeks, months, or even years. Such long-term placement is devastating for all families and is especially traumatic for Alaska Native families who experienced the harm of family separation when the government forcibly removed their loved ones and sent them to boarding schools.

House Bill 52 brings three reforms to reduce the risk of abuse, strengthen family connections, and improve the transparency of Alaska's psychiatric hospitals. First, the bill ensures that children can maintain communication with their parents or legal guardians while institutionalized. Second, the bill requires unannounced, thorough inspections by state public health officials twice annually. Third, the bill ensures that facilities are transparent about the use of seclusion and restraint. The bill also requires Alaska Department of Health to write and release a report to the Legislature with data from these psychiatric hospitals where minors are held.

In response to the DOJ report in 2022, Alaska's behavioral health care providers are working to increase the capacity of in-State, in-patient behavioral healthcare services for minors. It is essential that children, parents, and the public know that the rights of our youth are protected and that the facilities treating young people are safe.

[4:41:42 PM](#)

REPRESENTATIVE RUFFRIDGE asked again about the purpose of an unannounced inspection.

MR. HULL responded that the goal is to fulfill Section 6 of the Department of Justice's findings and remedial plan. He said these inspections would provide more oversight of these facilities.

[4:43:25 PM](#)

REPRESENTATIVE GRAY asked for an explanation for why 50 percent of minor patients at psychiatric hospitals would be interviewed under HB 52. He asked how many children are typically at these facilities in Alaska, and how many interviews that would require.

MR. HULL responded that 50 percent was chosen as a representative sample size. He said that the size of these facilities varies greatly.

REPRESENTATIVE GRAY said he appreciates the representative size of a 50 percent sample but expressed concern over the length of time that would be needed to conduct so many interviews.

MR. HULL responded that a staff member from the DOH would be assigned this task as their sole focus.

REPRESENTATIVE GRAY asked if other states have implemented similar reporting requirements to that under HB 52, Version N, and if those requirements actually changed the behaviors of staff at these facilities.

MR. HULL responded that HB 52, Version N, would bring the state in compliance with the Americans with Disabilities Act (ADA). He emphasized that seclusion and restraint have been overused beyond any treatment plans at psychiatric facilities in Alaska. He said the amount of their uses show that seclusion and restraint have been used as punishment within these facilities.

[4:48:13 PM](#)

CHAIR MINA announced invited testimony.

[4:48:31 PM](#)

BENJAMIN MALLOTT, President, Alaska Federation of Natives, testified in support of HB 52, Version N. He said that access to mental health services is very limited in rural Alaska. He said that about one third of minors in psychiatric hospitals in Alaska are Alaska Native and emphasized the support that Alaska Federation of Natives has for HB 52, Version N.

[4:51:07 PM](#)

MATEO JAIME, Community Relations Liaison, Facing Foster Care, described his personal experience with a psychiatric facility. He emphasized the length of his stay at this facility, the traumas he experienced and witnessed there, and the lack of communication he was allowed to have.

[4:55:57 PM](#)

REPRESENTATIVE PRAX asked Mr. Jaime if a specific guardian was assigned to him to represent him within that psychiatric facility.

MR. JAIME responded that he had a case worker, but they never showed up for him. He also said that he faced difficulties with the guardian assigned to him by the facility. He also explained that he had no way of contacting his case worker.

[4:58:13 PM](#)

CHAIR MINA opened public testimony on HB 54, Version N.

[4:58:57 PM](#)

STEVEN PEARCE, Director, Citizens Commission on Human Rights, said that there is a growing focus on the overuse of psychiatric drugs on youth in psychiatric facilities. He said that many children in these facilities are not receiving adequate care. He emphasized the right youth must have to make complaints about a facility and the rights to communication, privacy, and visitors.

[5:02:46 PM](#)

REPRESENTATIVE PRAX asked if the Citizens Commission on Human Rights is a state agency or an independent organization.

MR. PEARCE responded that the Citizens Commission on Human Rights is a 501 (c) (3) non-profit organization.

REPRESENTATIVE PRAX asked if there is a formal way for people to get in touch with the organization.

MR. PEARCE responded that he can follow-up with an email to the committee.

State Medical Board

[5:03:36 PM](#)

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

[5:03:51 PM](#)

SAMANTHA SMITH, PA, Appointee, State Medical Board, provided a history of her education and clinical experience. She emphasized her experience working with under-served communities and her interest in the state of Alaska. She said that Alaska has subpar medicine and provided examples of this. She said she would like to influence the medical community in a positive way.

[5:09:58 PM](#)

The committee took a brief at-ease at 5:10 p.m.

[5:10:41 PM](#)

MS. SMITH, in response to questions from Representative Ruffridge, said that she wants to serve on the State Medical Board because it ensures the safety of patients in Alaska. She emphasized that she is a "patient advocate at heart." She said that the licenses the board gives out must be scrutinized more. She said she is worried about the number of complaints regarding patient harm that are coming to the board from citizens.

[5:15:38 PM](#)

MS. SMITH, in response to questions from Representative Gray, said that she works for a medical clinic and explained her schedule and the regenerative medicine on which she focuses. She emphasized that she does not take medical advice from a chiropractor. She added that she meets on a quarterly basis with Dr. Hudson, from whom she receives her medical advice, and she does monthly reports with the chiropractor with whom she works. She said that she is not involved in any organizations as a PA. She said she did not feel the need to be a part of one and she does not work with any other PAs directly.

[5:22:38 PM](#)

CHAIR MINA opened public testimony on the confirmation hearing on the governor's appointee to the State Medical Board.

[5:22:54 PM](#)

SARAH HOOD, PA, representing self, emphasized the unique challenges of practicing medicine in Alaska.

[5:24:40 PM](#)

WENDY SMITH, PA, representing self, testified in opposition to the appointment of Ms. Smith to the State Medical Board. She said Ms. Smith is unqualified and lacks broad clinical experience in Alaska.

[5:26:15 PM](#)

CANDACE HICKEL, PA, representing self, testified in opposition to the appointment of Ms. Smith to the State Medical Board. She emphasized Ms. Smith's lack of longevity in the state and lack of understanding of PA professional practice in Alaska.

[5:27:25 PM](#)

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

[5:27:28 PM](#)

The committee took a brief at-ease at 5:27 p.m.

[5:27:59 PM](#)

CHAIR MINA invited Ms. Smith to return for a future hearing to address committee questions.

[5:28:18 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:28p.m.