

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 24, 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 BILL NO. 138

"An Act establishing a behavioral health crisis services surcharge; establishing the behavioral health crisis services fund; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 151

"An Act relating to continuous eligibility for medical assistance for children under six years of age; and providing for an effective date."

- MOVED CSHB 151(HSS) OUT OF COMMITTEE

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

PREVIOUS COMMITTEE ACTION

BILL: HB 138

SHORT TITLE: BEH. HEALTH CRISIS SURCHARGE & FUND

SPONSOR(s): REPRESENTATIVE(s) MINA

03/17/25 (H) READ THE FIRST TIME - REFERRALS
03/17/25 (H) HSS, L&C, FIN
04/24/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: HB 151

SHORT TITLE: MEDICAL ASSISTANCE: CHILDREN UNDER AGE 6

SPONSOR(s): REPRESENTATIVE(s) GALVIN

03/24/25 (H) READ THE FIRST TIME - REFERRALS
03/24/25 (H) HSS, FIN
04/03/25 (H) HSS AT 3:15 PM DAVIS 106
04/03/25 (H) <Bill Hearing Canceled>
04/10/25 (H) HSS AT 3:15 PM DAVIS 106
04/10/25 (H) Heard & Held
04/10/25 (H) MINUTE(HSS)
04/24/25 (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
03/25/25 (H) Heard & Held
03/25/25 (H) MINUTE(HSS)
04/03/25 (H) HSS AT 3:15 PM DAVIS 106
04/03/25 (H) Heard & Held
04/03/25 (H) MINUTE(HSS)
04/22/25 (H) HSS AT 3:15 PM DAVIS 106
04/22/25 (H) Heard & Held
04/22/25 (H) MINUTE(HSS)
04/24/25 (H) HSS AT 3:15 PM DAVIS 106

WITNESS REGISTER

KATY GIORGIO, Staff
Representative Genevieve Mina
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Mina, prime sponsor, gave the sectional analysis for HB 138.

CAITLIN HOCHUL, Vice President of Public Policy
Inseparable
Washington, DC

POSITION STATEMENT: Gave invited testimony in support of HB 138.

THEA AGNEW BEMBEN, Special Assistant
Municipality of Anchorage
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony in support of HB 138.

DENNIS LASLEY, Secretary
Anchorage Police Dept
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony in support of HB 138.

BRENDA HANNAH, Strategic Prevention Framework Grant Manager
988 Athabascan Suicide Response
Fairbanks, Alaska

POSITION STATEMENT: Gave invited testimony in support of HB 138.

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

POSITION STATEMENT: Answered questions during the hearing on HB 138.

BRANDON SPANOS, Deputy Director
Tax Division
Department of Revenue
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 138.

HEIDI HAAS, President
Alaska Infant Learning Program Association
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of HB 151.

DEB ETHERIDGE, Director

Division of Public Assistance
Department of Health
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 151, Version N.

MATTHEW THOMAS Nurse Consultant II
Division of Healthcare Services
Department of Health
Anchorage, Alaska

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

MATTIE HULL, Staff
Representative Maxine Dibert
Juneau, Alaska

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

ACTION NARRATIVE

[3:21:49 PM](#)

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

HB 138-BEH. HEALTH CRISIS SURCHARGE & FUND

[3:22:24 PM](#)

CHAIR MINA announced that the first order of business would be HOUSE BILL NO. 138, "An Act establishing a behavioral health crisis services surcharge; establishing the behavioral health crisis services fund; and providing for an effective date."

[3:22:37 PM](#)

The committee took a brief at-ease at 3:22 p.m. [During the at-ease, Chair Mina passed the gavel to Representative Mears.]

[3:23:20 PM](#)

CHAIR MINA, as prime sponsor, read the sponsor statement for HB 138 [included in the committee file], which read as follows [original punctuation provided]:

Alaska is confronting a significant behavioral health crisis, having the nation's highest rates of youth suicide and the second highest rates of adult suicide. Additionally, while most U.S. states have seen a decline in opioid-related deaths in recent years, Alaska's rates have nearly doubled. House Bill 138 proposes the establishment of a \$0.98 monthly surcharge on each wireless and wireline telephone number and creates a dedicated Behavioral Health Crisis Services Fund. This initiative aims to enhance the state's capacity to respond more appropriately to mental health emergencies, building upon the behavioral health crisis system of care framework established in HB 172 (2022). At \$.98 per line, HB 138 is estimated to generate \$6-8 million annually in predictable, sustainable funding. Currently, Alaska's behavioral health crisis services rely heavily on dwindling general fund dollars, unstable or temporary grant funding, and insufficient Medicaid reimbursement rates. As Alaska has transitioned to leveraging Federal dollars through 1115 Medicaid waiver services, there has been a significant decline in funding to Behavioral Health Treatment and Recovery Grants. This financial instability has led some providers to discontinue or delay the implementation of crisis services. By establishing a consistent funding mechanism through the proposed surcharge, Alaska can ensure the sustainability and expansion of its behavioral health crisis response system. The proposed surcharge would support critical services, including the 988 crisis hotline, mobile crisis teams, crisis stabilization centers, and culturally-appropriate outreach, programs, and services. These services are essential for providing immediate assistance to individuals experiencing mental health crises, reducing the burden on emergency departments, law enforcement agencies, and the correctional system. These funds would also facilitate the recruitment and retention of behavioral health professionals, offer specialized training, and support public awareness campaigns to destigmatize mental health issues. Adopting the behavioral health crisis telecommunication surcharge in House Bill 138 is a

critical step toward strengthening Alaska's mental health infrastructure. It offers a sustainable funding solution to enhance crisis response services, ensuring that individuals in need have access to timely and effective support. By investing in this initiative, Alaska can improve public safety, reduce the strain on emergency services, and provide better outcomes for those experiencing behavioral health crises.

[3:29:00 PM](#)

KATY GIORGIO, Staff, Representative Genevieve Mina, Alaska State Legislature, on behalf of Representative Mina, prime sponsor, gave the sectional analysis [included in the committee packet] for HB 138, which read as follows [original punctuation provided]:

Section 1. Establishes Article 5 under Title 43 - Revenue and Taxation, Chapter 98 - Miscellaneous Provisions, to establish the Behavioral Health Crisis Services Surcharge in AS 43.98.080

Subsection (a) establishes a telecom fee of \$.98 per month for each wireless telephone number and wireline telephone.

Subsection (b) provides that the telephone company shall impose the surcharge to each customer with a billing address in the state and collect the surcharge from the customer. Customers may not be subject to more than one surcharge per line. A customer with more than 100 lines are subject to the surcharge on no more than 100 lines.

Subsection (c) specifies that the telephone company shall clearly state the surcharge on the monthly telephone bill. The Regulatory Commission of Alaska may not consider this surcharge as revenue of the telephone company and has no jurisdiction over behavioral health crisis services.

Subsection (d) specifies that the telephone company shall remit the amount collected to the Department of Health no later than 60 days after the end of the month in which the surcharge was collected. The telephone company may deduct and retain the greater of

1% of the amount collected or \$150 to support the administration of surcharge collection.

Subsection (e) states that the telephone company is not obligated to take legal action to enforce collection of the surcharge. However, if the telephone company attempts to collect an unpaid debt from customer, the company shall also collect the unpaid surcharge. If a customer pays only a portion of their bill, the surcharge amount shall be prorated accordingly. The telephone company shall also provide an annual report to the Department of Health with detailed information on customer non-payment amounts. The telephone company is not liable for uncollected surcharges.

Subsection (f) the Department may require an annual audit of the telephone company's records concerning the collection and remittance of the surcharge.

Subsection (g) establishes the Behavioral Health Crisis Services Fund in the general fund. The Department of Administration shall account for this fund separately. The Legislature may appropriate the annual estimated balance of the fund to the Department of Health for the specific behavioral health crisis response purposes outlined in subsections (1)-(7) including support for the crisis call center, mobile crisis teams, crisis stabilization centers, workforce development, training, education, and other services.

Subsection (h) states that nothing in this section creates a dedicated fund.

Subsection (i) includes the definitions for "local exchange access line," "local exchange telephone company," "wireless telephone," "wireless telephone company," and "wireline telephone."

Section 2. Provides for an effective date of July 1, 2025

[3:32:25 PM](#)

REPRESENTATIVE MEARS announced that the committee would hear invited testimony.

[3:32:37 PM](#)

CAITLIN HOCHUL, Vice President of Public Policy, Inseparable, testified in support of HB 138. She provided statistics on suicide in the country, emphasizing that Alaska has the second highest rate of suicide of all fifty states. She stated that calls to 988 are "funneled" based on intensity of need, as most calls are treated by a 988 responder and some are forwarded to emergency services. She said that funding created by HB 138 would allow communities to tailor their crisis responses to their own individual needs and cultures.

[3:35:36 PM](#)

THEA AGNEW BEMBEN, Special Assistant, Municipality of Anchorage, testified in support of HB 138. She described the crisis response framework employed in Anchorage, including their outreach to the homeless community and their dispatch centers at both the police and fire departments. She emphasized the overdose deaths and opioid crisis facing Anchorage and she urged the committee's support for HB 138.

[3:38:55 PM](#)

MS. BENBEN, in response to a series of questions from Representative Prax, clarified that a call to 911 or 311 rings dispatch at the police department, and those calls can be transferred to 988 and/or the fire department. She emphasized that these entities collaborate closely with one another. She said that 211 is used to gain health and social services information and it is a non-emergency phone number. She added that 211 responders are trained to transfers callers to 988, 911, or 311, as needed.

[3:43:18 PM](#)

DENNIS LASLEY, Secretary, Anchorage Police Department, described his deep personal commitment to suicide prevention and mental health advocacy. He explained that the state must do more to divert individuals in a mental health crisis from law enforcement and toward the care they really need. He said that most of the mental health calls his dispatch center receives do not require a police officer, but that is the only option his center has to send. He stated that HB 138 would provide a sustainable solution by generating the funds needed to maintain a Crisis Now response model statewide. He added that HB 138

would create a predictable line of support for the mental health services needed by Alaskan communities.

[3:47:33 PM](#)

MR. LASLEY, in response to a question from Representative Prax, stated that the Anchorage Police Department and fire department both have access to behavioral health specialists available to join officers in response to mental health calls. He clarified that the fire department dispatch center is contacted when a mental health crisis is not a threat to public safety, while the police department responds to those calls involving public safety concerns. He said that the core function of officers paired with mental health physicians during their shift is to respond to mental health crises. He added that the core function of those mental health physicians is also to respond to mental health crisis calls.

[3:52:15 PM](#)

REPRESENTATIVE SCHWANKE asked when the mobile crisis team was established in Anchorage and how much it costs annually.

[3:52:52 PM](#)

MS. BEMBEN responded that she would need to gather more information to provide the total annual cost of the mobile crisis team. She said that the initial expansion of the mobile crisis team required approval from the Anchorage Assembly for an additional alcohol tax of \$1.4 million. She added that Anchorage also has a \$6 million contract to support six positions between the two departments and that much of the public health workforce is supported by a state grant. She said that the Anchorage Police Department established the mobile intervention team in 2000 and the Anchorage Fire Department established the mobile crisis team in 2001.

[3:56:15 PM](#)

MS. BEMBEN, in response to a series of questions from Representative Prax, said the seven clinicians are located at the police department and six are located at the fire department who are dedicated to mobile crisis teams. She stated that the Anchorage 911 system receives about 221,000 calls a year. She added that 21,000 of those calls were responded to by the mobile crisis team and 2,500 were responded to by the mobile intervention team in 2024. Ms. Bemben agreed with

Representative Prax that the existing mental health resources in Anchorage are not meeting the demand by the community. She described the harm reduction program that the Municipality of Anchorage has implemented to disperse Narcan, a life-saving drug for those experiencing opioid overdose, throughout the community. She referred to a program employed by Paterson, New Jersey, that provides individuals with substance abuse disorders with immediate treatment.

[4:05:09 PM](#)

BRENDA HANNAH, Strategic Prevention Framework Grant Manager, 988 Athabaskan Suicide Response, testified in support of HB 138. She emphasized the impermanence of federal and state grants currently supporting mental health resources in Alaskan communities, and the need for a 988 surcharge under HB 138 to sustain those resources. She also explained the need for culturally relevant suicide prevention programs.

[4:07:50 PM](#)

MS. HANNAH, in response to a question from Representative Ruffridge, stated that she is a grant director and her job is to make 988 more culturally relevant to Alaska Native people.

[4:08:22 PM](#)

MS. HANNAH, in response to a series of questions from Representative Prax, stated that Crisis Now provides a mobile crisis team in Fairbanks. She said that the Fairbanks Native Association (FNA) is working to make 988 culturally relevant to Alaska Native people and that Careline Alaska actually answers the 988 calls. She emphasized that 911 responders cannot answer mental health calls in the same way that 988 responders are trained to do.

[4:11:35 PM](#)

REPRESENTATIVE RUFFRIDGE asked about the current cost of operating 988 call centers and how many there are.

[4:12:08 PM](#)

MS. GIORGIO listed the variety of funding sources for 988 call centers.

[4:12:48 PM](#)

TRACY DOMPELING, Director, Division of Behavioral Health, Department of Health, responded that there is one main call center which is funded through a \$2.8 million contract. She said that the Department of Health (DOH) is trying to work with Centers for Medicare and Medicaid Services to leverage federal match dollars to reduce the cost to operate that call center. She said that calls to Careline, 988, and another number come into that call center.

MR. DOMPELING, in response to a series of questions from Representative Ruffridge, stated that it is a federal requirement for each state to have a 988 call center. She said that there has been an increase in 988 calls over the last few years and that the call responders have all been trained to do so.

[4:17:44 PM](#)

MS. DOMPELING, in response to questions from Representative Prax, stated that the contract for the Careline Alaska does sit within the Division of Behavioral Health.

REPRESENTATIVE PRAX commented that it is very difficult to distinguish the differences between each of the mental health phone lines.

[4:18:59 PM](#)

REPRESENTATIVE MEARS responded that 211 was created to help individuals sort through those differences to determine which resource will best serve them.

[4:19:08 PM](#)

MS. DOMPELING, in response to a question from Representative Fields, stated that she does not know how the amount of revenue for the call center itself compares to the revenue for the services that individual would be directed to through a call.

[4:19:54 PM](#)

CHAIR MINA responded that HB 138 would create a fund for those services.

REPRESENTATIVE FIELDS stated that he would like to know how much more HB 138 would be able to accomplish besides funding the cost of the 988 call-line.

MS. DOMPELING responded that funding comes in many ways to support mental health resources. She suggested potential gaps in funding that the revenue generated by HB 138 would be able to fill.

[4:22:45 PM](#)

CHAIR MINA, in response to Representative Prax, said that HB 138 would create a new fund for mental health services, but there is a complexity regarding how that new funding would relate to Medicaid in particular.

[4:23:31 PM](#)

MS. DOMPELING added that it could be complicated to [streamline] all the funding sources because there is nothing prohibiting these mental health services from seeking grant funding from outside of the state.

[4:24:22 PM](#)

REPRESENTATIVE MEARS emphasized that at least some mental health services in Anchorage receive funding through alcohol tax, adding another complexity to the variety of funding sources.

REPRESENTATIVE PRAX said that the public would perceive the surcharge as being solely for the 988 number, not the 911 number, while they are integrated. He expressed a desire for more clarity regarding where the funds produced under HB 138 would go.

[4:26:01 PM](#)

CHAIR MINA concurred that public education is important. She said that she thinks there is already public awareness that there is a 911 surcharge everyone pays, and she hopes HB 138 would replicate that awareness and funding for 988.

[4:27:03 PM](#)

REPRESENTATIVE GRAY said that individuals would be charged about \$1 per month per phone line under HB 138.

CHAIR MINA, in response to Representative Gray, clarified that a family plan of three would be charged about \$3 each month.

REPRESENTATIVE GRAY observed that families with more phone lines would feel the impact of HB 138 more than those with less phone lines.

[4:28:41 PM](#)

REPRESENTATIVE RUFFRIDGE said that HB 138 would have a very quick effective date which would drive up the capital expenditure for implementation. He asked if the effective date should be pushed back further to reduce the capital expenditure by at least half.

[4:29:40 PM](#)

BRANDON SPANOS, Deputy Director, Tax Division, Department of Revenue, responded that with an implementation date further in the future, HB 138 would cost taxpayers less. He added that the surcharge would be unique to the Tax Division but it would be treated like any other tax in its filing and processing.

[4:31:30 PM](#)

MR. SPANOS, in response to Representative Mears, stated that an effective date of December 2025 or later would not be considered expedited.

[4:32:34 PM](#)

MS. GIORGIO, in response to concerns from Representative Schwanke, stated that phone companies would report their receipt of surcharge payments under HB 138 for the State to be able to determine where discrepancies in funds expected versus funds received stem from

[4:34:24 PM](#)

MR. SPANOS responded that AS 43.05 gives the Tax Division the authority to audit. Therefore, it would be allowed to conduct audits regarding 988 surcharges.

[4:35:43 PM](#)

CHAIR MINA added that her goal is for the language of HB 138 to parallel the of AS 29.35.131 regarding surcharges for 911 calls.

[4:36:11 PM](#)

MS. GIORGIO apologized for possibly misspeaking when reading the sectional analysis earlier, possibly replacing Department of Administration with Department of Health.

REPRESENTATIVE SCHWANKE asked what would happen if people do not pay the 988 surcharge.

MS. GIORGIO responded that if a customer chose not to pay the surcharge, the State would not force the telecom company to pursue that 98 cents.

[4:38:18 PM](#)

MR. SPANOS, in response to Representative Prax, stated that he would follow up regarding how soon he expects to hear back from the Regulatory Commission of Alaska (RCA).

[4:39:11 PM](#)

REPRESENTATIVE MEARS announced that HB 138 was held over.

[4:39:15 PM](#)

The committee took an at-ease from 3:39 p.m. to 3:40 p.m.

HB 151-MEDICAL ASSISTANCE: CHILDREN UNDER AGE 6

[4:40:41 PM](#)

CHAIR MINA announced that the next order of business was HOUSE BILL NO. 151, "An Act relating to continuous eligibility for medical assistance for children under six years of age; and providing for an effective date." [Before the committee, adopted on 4/10/25, was the proposed committee substitute (CS), Version 34-LS0571\N, A. Radford, 3/29/25 ("Version N").]

[4:40:55 PM](#)

CHAIR MINA opened public testimony on HB 151, [Version N].

[4:41:21 PM](#)

HEIDI HAAS, President, Alaska Infant Learning Program Association, testified in support of HB 151. She said she

believes HB 151 would ensure children aged 0-6 would receive appropriate care and reduce the administrative burden on physicians and the State of Alaska. She emphasized the positive life outcomes that are associated with continuous healthcare coverage throughout childhood. She added that about 57 percent of children aged 0-3 enrolled in early intervention services in Alaska are on Medicaid and the annual recertification process is a significant burden to families and obstructs continuous care to the youngest Alaskans. She said that HB 151 would benefit both Alaska's children and the providers who serve them.

[4:43:49 PM](#)

CHAIR MINA, after ascertaining there was no one else who wished to testify, closed public testimony on HB 151, [Version N].

[4:46:57 PM](#)

DEB ETHERIDGE, Director, Division of Public Assistance, Department of Health, , in response to a series of questions from Representative Prax, stated that approximately 27,000 children under the age of 5 are enrolled in a Medicaid program and those children are continuously enrolled. She said that some individuals miss their period of continuous reenrollment, causing them to leave Medicaid with the need to reenroll. She said that Medicaid is always the payer of last resort, making a parent's employer the primary insurer of a child and Medicaid the secondary payer. Ms. Etheridge added that there have recently been higher rates of procedural disenrollment due to individuals not being familiar with reenrollment. Under HB 151, there would be no requirement to return a reenrollment form for a child remaining on Medicaid. She said that she cannot predict the gamut of services provided to children under three years old.

[4:51:47 PM](#)

MS. ETHRIDGE, in response to a series of questions from Representative Ruffridge, stated that Medicaid currently provides children in Alaska with continuous eligibility through the first year of their lives. She said if an individual meets any category of continued eligibility, then they will be continuously enrolled for the next year. She added that each year the Division of Public Assistance must determine if a child is eligible for continued Medicaid coverage.

[4:55:53 PM](#)

MS. ETHRIDGE, in response to Representative Gray, stated that foster children are continuously eligible for Medicaid, even after adoption, aged 0-18.

[4:56:58 PM](#)

MS. ETHRIDGE, in response to Representative Ruffridge, stated that if an individual's Medicaid is eligible, then it is active. She stated that there is an annual redetermination of eligibility, but under HB 151 that burden would be on DOH rather than the parents of a child aged 0-6.

[4:58:14 PM](#)

MS. ETHRIDGE, in response to Representative Prax, stated that in order to receive Medicaid administered by Alaska, an individual must be a resident of Alaska; if an individual transitions to another state, they would need to apply through that state for Medicaid benefits. She described some exceptions, including the case of temporary residence in a medical facility outside of one's state of residence. Ms. Etheridge described the process of retroactive eligibility for Medicare and Medicaid.

[5:01:20 PM](#)

CHAIR MINA announced that she would entertain a motion to move HB 151, Version N, from committee.

[5:01:30 PM](#)

REPRESENTATIVE MEARS moved to report [CSHB 151, Version 34-LS0571\N, A. Radford, 3/29/25] out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSHB 151(HSS) was reported out of the House Health and Social Services Standing Committee.

[5:01:46 PM](#)

The committee took a brief at-ease at 5:01 p.m.

HB 52-MINORS & PSYCHIATRIC HOSPITALS

[5:02:08 PM](#)

CHAIR MINA announced that the final 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." [Before the committee, adopted as a working document on 4/22/25, was the proposed committee substitute (CS), Version 34-LS0399\I, A. Radford, 4/12/25 ("Version I").]

[5:02:43 PM](#)

REPRESENTATIVE FIELDS moved to adopt Amendment 1 to HB 52, Version I, labeled 34-LS0399\I.1, A. Radford, 4/22/25, which read as follows:

Page 1, lines 12 - 13:

Delete "one cumulative hour"

Insert "two cumulative hours"

CHAIR MINA objected for the purpose of discussion.

REPRESENTATIVE FIELDS explained that setting a higher minimum requirement of communication would permit a meaningful yet reasonable amount of conversation between patients and their families.

CHAIR MINA stated that she has some concerns regarding the increase in required communication.

[5:03:44 PM](#)

REPRESENTATIVE PRAX expressed concern regarding increasing the floor, stating that he does not believe Amendment 1 would be necessary.

[5:04:46 PM](#)

REPRESENTATIVE GRAY asked if it would be problematic to require kids in a psychiatric facility to have a minimum of two hours of talk time with their families each week.

[5:05:16 PM](#)

MATTHEW THOMAS Nurse Consultant II, Division of Healthcare Services, Department of Health, responded that a minimum of two hours per week would not be problematic, given that a majority of facilities have the capacity to allow that amount of phone communication.

[5:06:45 PM](#)

MATTIE HULL, Staff, Representative Maxine Dibert, in response to a question from Representative Gray, stated that HB 52 would require an assumption of good faith regarding psychiatric facilities.

[5:07:29 PM](#)

MR. HULL, in response to a question from Representative Ruffridge, referred to previous invited testimony by Mateo, who was denied communication with his family for months while residing in a psychiatric facility. He emphasized that establishing a floor requirement of communication would allow these patients to have an outlet to their families, who often serve as their best advocates

[5:09:37 PM](#)

CHAIR MINA clarified that HB 52 would establish the right to communication, not the obligation of communication.

REPRESENTATIVE RUFFRIDGE asked if it was already illegal for Mateo to have been denied access to communication with his family.

[5:10:26 PM](#)

MR. HULL responded that facilities are already required to provide reasonable access to communication, but HB 52 would ensure consistent communication.

[5:11:18 PM](#)

CHAIR MINA referred to AS 47.30.840, which guarantees the right of children in psychiatric facilities to some communication with their families.

[5:11:37 PM](#)

CHAIR MINA removed her objection to Amendment 1.

[5:11:48 PM](#)

REPRESENTATIVE RUFFRIDGE objected to Amendment 1.

[5:11:56 PM](#)

REPRESENTATIVE FIELDS clarified that the intention of Amendment 1 would not be to force children to stay on the phone for two hours, but to provide that opportunity to those who need it.

[5:12:11 PM](#)

REPRESENTATIVE RUFFRIDGE read from AS 47.30.840 and asked if Amendment 1 would be more restrictive than existing statute.

REPRESENTATIVE FIELDS clarified that Amendment 1 would give children the right both to access a parent anytime via the telephone and to at least two hours via video calling.

[5:13:15 PM](#)

REPRESENTATIVE RUFFRIDGE removed his objection to Amendment 1.

[5:13:25 PM](#)

REPRESENTATIVE SCHWANKE objected. She asked if the right to a confidential call, under AS 47.30.840, would conflict with the communication that would be required under HB 52.

[5:14:07 PM](#)

REPRESENTATIVE FIELDS responded that the statutes would not conflict.

REPRESENTATIVE SCHWANKE expressed concern regarding the cumulative time of communication that would be allowed under HB 52 and that is currently allowed under AS 47.30.840.

[5:15:05 PM](#)

REPRESENTATIVE FIELDS responded that he will follow up with Legislative Legal Services and Research Services.

[5:15:24 PM](#)

The committee took a brief at-ease at 5:15 p.m.

5:15:34 PM

CHAIR MINA announced that HB 52, [Version I, with the motion to adopt Amendment 1 left pending with objection] was held over.

5:16:36 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:16 p.m.