

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

May 6, 2025

3:22 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. 17

Urging the United States Congress to pass the Ensuring Lasting Smiles Act; and urging lawmakers to advocate for policies that guarantee equitable access to vital healthcare.

- HEARD & HELD

HOUSE BILL NO. 185

"An Act relating to medical assistance eligibility for family planning services; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 141

"An Act relating to universal changing facilities in public buildings."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HJR 17

SHORT TITLE: FEDERAL ENSURING LASTING SMILES ACT

SPONSOR(S): REPRESENTATIVE(S) GALVIN

04/09/25 (H) READ THE FIRST TIME - REFERRALS
04/09/25 (H) HSS
05/06/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: HB 185

SHORT TITLE: MEDICAL ASSISTANCE; FAMILY PLANNING
SPONSOR(s): REPRESENTATIVE(s) HALL

04/11/25 (H) READ THE FIRST TIME - REFERRALS
04/11/25 (H) HSS, FIN
05/06/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: HB 141

SHORT TITLE: PUBLIC BUILDINGS: CHANGING FACILITIES
SPONSOR(s): REPRESENTATIVE(s) CARRICK

03/21/25 (H) READ THE FIRST TIME - REFERRALS
03/21/25 (H) HSS, L&C
04/15/25 (H) HSS AT 3:15 PM DAVIS 106
04/15/25 (H) -- MEETING CANCELED --
04/22/25 (H) HSS AT 3:15 PM DAVIS 106
04/22/25 (H) <Bill Hearing Canceled>
05/01/25 (H) HSS AT 3:15 PM DAVIS 106
05/01/25 (H) Heard & Held
05/01/25 (H) MINUTE(HSS)
05/06/25 (H) HSS AT 3:15 PM DAVIS 106

WITNESS REGISTER

REPRESENTATIVE ALYSE GALVIN
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HJR 17.

EMILY BRUBAKER, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 17.

BRIAN BRUBAKER, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 17.

LLANA KERSCHBAUM, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified in support of HJR 17.

REPRESENTATIVE CAROLYN HALL

Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor of HB 185, gave the prepared sponsor statement.

JAYLY JACKSON, Staff
Representative Carolyn Hall
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Hall, prime sponsor, answered questions during the hearing on HB 185.

KRISTIN DELFINO, Division Operations Manager
Division of Healthcare Services
Department of Health
Anchorage, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 185.

CLAUDIA HAINES, CEO
Kachemak Bay Family Planning Clinic Homer, Alaska

POSITION STATEMENT: Gave invited testimony in support of HB 185.

ROBIN HOLMES, MD, Medical Director
Kachemak Bay Family Planning Clinic
Fairbanks, Alaska

POSITION STATEMENT: Gave invited testimony in support of HB 185.

GRIFFIN SUKKAEW, Staff
Representative Ashley Carrick
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Carrick, prime sponsor, gave a summary of changes from Version A to Version N of HB 141.

REPRESENTATIVE ASHLEY CARRICK
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor of HB 141, answered questions during the hearing on HB 141.

ANDY MILLS, Legislative Liaison
Office of the Commissioner
Department of Transportation & Public Facilities
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 141.

ACTION NARRATIVE

[3:22:21 PM](#)

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

HJR 17-FEDERAL ENSURING LASTING SMILES ACT

[3:22:59 PM](#)

CHAIR MINA announced that the first order of business would be HOUSE JOINT RESOLUTION NO. 17, Urging the United States Congress to pass the Ensuring Lasting Smiles Act; and urging lawmakers to advocate for policies that guarantee equitable access to vital healthcare.

[3:23:21 PM](#)

REPRESENTATIVE ALYSE GALVIN, Alaska State Legislature, as prime sponsor, presented HJR 17. She noted that the other body is currently considering the same resolution. She read the prepared sponsor statement [included in the committee file] for HJR 17, which read as follows [original punctuation provided]:

House Joint Resolution 17 urges the United States Congress to pass the Ensuring Lasting Smiles Act (ELSA). Currently, individuals born with congenital anomalies, such as cleft lip, cleft palate, and other conditions, can be denied coverage by private medical insurance companies for treatment that is medically necessary. ELSA will close the federal loophole that allows insurance companies to deny coverage to individuals who are faced with a lifetime of surgeries, speech therapy, dental care, and other medical needs.

Families in Alaska with children who have congenital dental anomalies are faced with an extraordinary cost burden. The financial costs can exceed \$100,000 with care denied based on the misconception that the dental

work is cosmetic. Dental health impacts overall health and well-being. Missing or malformed teeth, cleft lip and cleft palate, cause a myriad of health problems. Missing teeth can affect speech patterns and the ability to chew food, potentially resulting in nutritional deficiencies. Cleft lip and cleft palate can lead to difficulties with speech, feeding, and breathing. Congenital dental anomalies also carry a large psychological impact and may contribute to social isolation and negative self-perception.

All individuals should be able to access necessary medical and dental care without the fear of an excessive financial burden. I ask for the Alaska State Legislature's support of HJR 17 and urge the Alaska Congressional Delegation to champion this legislation to close the federal loophole that denies essential dental treatment to individuals affected by congenital anomalies.

REPRESENTATIVE GALVIN further noted that the Anchorage Assembly has passed a similar resolution to HJR 17 and that ELSA has also been reintroduced in the 119th Congress with bipartisan sponsorship in the House of Representatives and the U.S. Senate.

[3:27:19 PM](#)

CHAIR MINA opened public testimony on HJR 17.

[3:27:41 PM](#)

EMILY BRUBAKER, representing self, shared that she was diagnosed with hypohidrotic ectodermal dysplasia and she has been advocating for ELSA since she was six years old. She said that currently insurance companies classify medical procedures for cleft lips and cleft palates as cosmetic. She emphasized that ELSA would close a loophole that allows such procedures to be classified as cosmetic and unnecessary. She stated that the out-of-pocket costs for procedures that she would need to have in the future would cost over \$100,000 without ELSA. Additionally, she stated there are other medical conditions for which ELSA would apply.

[3:30:27 PM](#)

BRIAN BRUBAKER, representing self, stated that he is the father of Emily Brubaker and emphasized the extreme out-of-pocket costs

his family has faced for her healthcare. He asserted that dentistry healthcare is not cosmetic. He thanked the committee for considering HJR 17.

[3:31:44 PM](#)

LLANA KERSCHBAUM, representing self, testified in support of HJR 17. She stated she has a son with a rare medical condition called oligodontia. She stated that the medical treatments required for her son's condition would be very costly and would not be covered by health insurance. She stated that she was advised to find between \$100,000 and \$150,000 for her son's medically necessary procedures. Additionally, she noted that there were no specialists in Alaska at the time of her son's diagnosis. She described the extensive care that she has sought for her son outside of the state, as well as the many procedures to come. She noted that the affected population is a minority, but that other families like hers are currently being denied healthcare that is not optional.

[3:35:30 PM](#)

REPRESENTATIVE PRAX asked for clarification about the insurance coverage that Ms. Kerschbaum received.

MS. KERSCHBAUM replied that her family were insured through AETNA and her insurance as a teacher. She reiterated that private insurers consider all the treatments her son needs as cosmetic.

MS. KERSCHBAUM, in response to a follow-up from Representative Prax, clarified that her son had coverage from birth and was dual insured.

[3:38:58 PM](#)

CHAIR MINA, after ascertaining that there was no one else who wished to testify, closed public testimony on HJR 17.

[3:39:20 PM](#)

REPRESENTATIVE RUFFRIDGE sought clarification that HJR 17 applied to private insurance. He asked if the goals of HJR 17 could be better accomplished by the legislature under Title 21, rather than a resolution.

REPRESENTATIVE GALVIN replied that her constituent, Ms. Emily Brubaker, noted that there is a loophole at the federal level, allowing for private insurance companies to still not cover necessary dentistry care for patients. She said that she has not explored what could be done at the state level, through Title 21.

REPRESENTATIVE RUFFRIDGE shared concern over the "piece-meal" insurance system and noted that dental and vision insurance typically does not cover enough.

REPRESENTATIVE GALVIN reiterated testimony from Ms. Kerschbaum, providing the example that if her son had been in a car accident and required dental work, that would be considered medically necessary dental work. She added that ELSA affects thousands of individuals across the nation. She said that she would be happy to work offline with Representative Ruffridge to consider legislation at the state level.

[3:43:31 PM](#)

REPRESENTATIVE GRAY offered agreement with Representative Ruffridge and considered making a motion to move HJR 17 from committee.

[3:43:48 PM](#)

The committee took an at-ease from 3:43 p.m. to 3:44 p.m.

[3:44:17 PM](#)

REPRESENTATIVE GRAY agreed that it is not a good idea to move HJR 17 from committee at this time.

[3:44:36 PM](#)

REPRESENTATIVE PRAX stated that he was surprised because he believed, under state statute, congenital abnormalities and birth defects are supposed to be covered by insurance. He said that he previously worked for an insurance company that covered congenital abnormalities, including cleft palates.

REPRESENTATIVE GALVIN noted that two separate insurance companies turned away the previous affected testifiers due to their recommended procedures being classified as cosmetic.

[3:46:31 PM](#)

CHAIR MINA said that there may be a difference in state statutes regarding coverage for congenital defects at birth versus an ongoing medical condition.

REPRESENTATIVE PRAX said that if HJR 17 is held over, it would be worth the committee's time to hear from the Division of Insurance to clear up concerns.

REPRESENTATIVE GALVIN noted that, in some cases, the medical conditions were not evident at birth and that may have impacted insurance coverage.

[3:48:17 PM](#)

CHAIR MINA announced that HJR 17 was held over.

HB 185-MEDICAL ASSISTANCE; FAMILY PLANNING

[3:48:31 PM](#)

CO-CHAIR MINA announced that the next order of business would be HOUSE BILL NO. 185, "An Act relating to medical assistance eligibility for family planning services; and providing for an effective date."

[3:49:02 PM](#)

REPRESENTATIVE CAROLYN HALL, Alaska State Legislature, as prime sponsor, gave the sponsor statement for HB 185 [included in the committee file], which read as follows [original punctuation provided]:

House Bill 185 will create a Family Planning State Plan Amendment that expands Medicaid coverage to provide family planning services to Alaskans. Since 2001, Alaska has had the highest rate of infant mortality and rising preterm birth rates in the U.S.. Currently, Alaskans at or below 138% of the federal poverty level (FPL) qualify for full Medicaid coverage. To qualify for Medicaid pregnancy coverage, Alaskans must be at 200% FPL. This bill would expand the eligibility limits to 225% FPL. HB 185 will be a cost-effective investment for Alaska, the Federal Government pays 90% of Medicaid's family planning services, with a 10% match from the state. The state will save \$7 for every one dollar it spends on family

planning for unintended pregnancy costs and long-term social services costs under Medicaid expansion. The Family State Plan Amendment will improve birth outcomes, empower Alaskans to decide whether to grow their families, and reduce infant mortality and preterm birth rates. Additionally, with this expansion of Medicaid, preventive screenings for STIs, HIV, cervical, and breast cancers will be included.

REPRESENTATIVE HALL moved to a PowerPoint presentation, titled, "House Bill 185: Medical Assistance Eligibility for Family Planning Services" [hard copy in the committee file]. She moved to slide 2, an introduction, which read as follows [original punctuation provided]:

- Federal Government pays 90% of Medicaid family planning services; 10% match from the state.
 - State will save \$7 for every one dollar spent on family planning.
- The SPA will:
 - improve birth outcomes
 - empower Alaskans to decide whether to grow their families
 - reduce infant mortality and preterm birth rates.
- Additional services: preventive screenings for sexually transmitted infections, HIV, & cervical and breast cancers.

REPRESENTATIVE HALL moved to slide 3, an overview of a state plan amendment, which read as follows [original punctuation provided]:

- An agreement between a state & the Federal government describing how the state administers its Medicaid and Children's Health Insurance Programs (CHIP).
- Assures a state will abide by Federal rules & may claim matching funds.
- The state plan sets out groups of individuals to be covered, services to be provided, methodologies for providers to be reimbursed and the administrative activities that are underway in the state.

REPRESENTATIVE HALL moved to slide 4, titled "Why do we need a Family Planning State Plan Amendment (SPA) in Alaska?" She read

the bullet points from slide 4, which read as follows [original punctuation provided]:

- Highest rates of infant mortality in U.S. since 2001.
- Alaska's preterm birth rate is rising among Medicaid enrollees.
- Currently, eligible Medicaid families are at 138% of the Federal Poverty Level (FPL).

REPRESENTATIVE HALL moved to slide 5, an overview of the federal poverty line, which read as follows [original punctuation provided]:

- Indicates the minimum amount of annual income that an individual / family needs to pay for essentials.
- Based on the size of a household and where someone lives.
- Alaska and Hawaii have higher Federal Poverty Levels due to the higher cost of living. To qualify for Medicaid pregnancy coverage Alaskans must meet 200% FPL. HB185 would expand eligibility limits to 225%.

REPRESENTATIVE HALL moved to slide 6, titled "Where did the 225% come from?" She read the bullet points from slide 6, which read as follows [original punctuation provided]:

- Model language for the 225% FPL was inspired by 2023 legislation: HCS SB 58.
- HCS SB 58 extended postpartum Medicaid coverage for new mothers from 60 days to 12 months.

Goal: lower and eliminate Alaska's high rate of infant mortality.

REPRESENTATIVE HALL moved to slide 7 and drew committee members' attention to a line graph representative of preterm birth rates in Alaska and the United States from 2000 - 2023. She noted the increase in preterm births in Alaska since 2012, particularly for Alaska Natives.

REPRESENTATIVE HALL moved to slide 8 and gave an overview of infant mortality rates in Alaska. Slide 8 read as follows [original punctuation provided]:

- Based on data from the Alaska Department of Health (DOH) Alaska's infant mortality rate is "43-83 deaths

per year.”

- The DOH reported that deaths within 27 days (“neonatal mortality rate”) have been lower than the U.S. average and deaths from 28 days to 1 year (“postneonatal mortality rates”) have been higher than the U.S. average.
- **2022:** “Alaska's infant mortality rate per 1,000 live births: 6.6 (35th nationally); U.S. average: 5.6.”
- **2023:** “Alaska's infant mortality rate per 1,000 live births: 7.3 – U.S.: 5.6”

[3:58:55 PM](#)

REPRESENTATIVE HALL, in response to a question from Representative Prax, stated that the maximum income for eligibility would be 225 percent of the federal poverty line under HB 185.

[3:59:57 PM](#)

REPRESENTATIVE SCHWANKE asked, under HB 185, what mechanism would reduce the number of preterm births.

REPRESENTATIVE HALL responded that the mechanism would be increased family planning services, available in person or via telehealth. She noted that HB 185 would particularly help those living in rural Alaska, increasing their access to healthcare.

REPRESENTATIVE SCHWANKE noted that the opportunity for induced births has increased in rural Alaska and that it is very common for rural Alaskans to be asked to come into towns early to prepare for birth. She asserted that preterm births could be intentionally done.

[4:01:53 PM](#)

REPRESENTATIVE GRAY noted that the fiscal note is very large and stated his confusion regarding it. He listed the costs of several contraceptives. He asked where the high cost of HB 185 would come from.

REPRESENTATIVE HALL deferred to her staff to answer Representative Gray's question.

[4:03:24 PM](#)

JAYLY JACKSON, Staff, Representative Carolyn Hall, on behalf of Representative Hall, prime sponsor, noted that there are two fiscal notes. He said that part of the cost is related to administrative services and part is for the actual Medicaid services. He deferred to the Department of Health (DOH) to answer the remainder of Representative Gray's question.

[4:04:24 PM](#)

KRISTIN DELFINO, Division Operations Manager, Division of Healthcare Services, Department of Health, explained that the fiscal note was calculated by generating the range of individuals [2,800 to 4,200] that may be eligible under the proposed legislation. She said that the average of that range, 3,500, was multiplied by the average cost for the current individuals eligible for family planning services, which is about \$600.

[4:05:50 PM](#)

REPRESENTATIVE FIELDS asked if the fiscal note covers only the costs, not savings, of HB 185.

MS. DELFINO confirmed that is correct.

REPRESENTATIVE FIELDS responded that this is part of a structural problem, which extends beyond HB 185.

[4:06:24 PM](#)

MS. DELFINO, in response to questions from Representative Gray, explained that \$600 is the current average annual cost per Medicaid member for family planning services. She stated that \$600 was then used to calculate the fiscal note for HB 185. Ms. Delfino stated that it was anticipated that the 3,500 would be new individuals not currently covered by Medicaid. She added that people on Medicaid already receive birth control and family planning services.

[4:09:56 PM](#)

MS. DELFINO, in response to Representative Prax, stated that the fiscal impact was calculated under the assumption that the 3,500 new individuals would be eligible only for family planning services under Medicaid.

[4:10:56 PM](#)

CHAIR MINA announced invited testimony.

[4:11:19 PM](#)

CLAUDIA HAINES, CEO, stated that Kachemak Bay Family Planning Clinic (KBFPC) provides reproductive healthcare, sexual health education, and family planning services to individuals with low incomes. She said that reproductive healthcare is vital to a person's wellbeing. She stated that 66 percent of KBFPC clients rely on KBFPC for their healthcare and have no other primary care provider, 30 percent are covered by Medicaid, and 24 percent have no insurance coverage. She added that since last July, over 100 women have enrolled in the Alaska Breast and Cervical Screening Assistance Program and many more have received cancer screenings and follow-up care because of the program. Ms. Haines stated that Alaskans experience high sexually transmitted infection (STI) rates and high infant mortality rates, which are directly linked to lack of access to family planning services. She said that addressing these serious public health issues requires long-term solutions and strong partnerships.

[4:14:29 PM](#)

ROBIN HOLMES, MD, Medical Director, Kachemak Bay Family Planning Clinic, said that preterm births from induction are due to pregnancy complications. She stated that clients at her clinic come to the clinic because of the accessibility. She said that even if family planning services are guaranteed under Medicaid, many clients do not go to primary physicians for several reasons, including long distances and a lack of sliding scale services. She stated that her clinic provides STI screening, cervical screening, contraceptives, and family planning. She described her typical day at the KBFPC and the variety of resources she may provide in just one day. She said she believes it is important to eliminate as many barriers as possible to family planning services.

[4:18:34 PM](#)

REPRESENTATIVE RUFFRIDGE noted that there is administrative code that defines a family planning service. He asked how that term would be defined under HB 185.

[4:19:44 PM](#)

MS. DELFINO replied that she would get back to the committee.

[4:20:06 PM](#)

REPRESENTATIVE RUFFRIDGE requested a definition of child-bearing age. He stated that he was under the impression that the proposed legislation would only apply to women and asked if it would also cover men.

REPRESENTATIVE HALL responded yes.

REPRESENTATIVE RUFFRIDGE asked what the [reproductive age range] is for men.

REPRESENTATIVE HALL responded that she does not know but that is a very good question.

[4:22:20 PM](#)

DR. HOLMES replied that under Title X, there are federal definitions. She noted that men are [in reproductive range] for a long time. She said that if a man could get an individual pregnant or pass on an STI, then he is deserving of her clinic's services. She emphasized that it is important for men to also have access to family planning services.

[4:24:04 PM](#)

REPRESENTATIVE RUFFRIDGE referenced a bill from the Thirty-Third Alaska State Legislature regarding increasing the upper limit for receiving family planning coverage to 225 percent of the federal poverty line. He said that legislation expanded coverage to people who are pregnant. He asked what the goal is of providing care to people before they become pregnant.

REPRESENTATIVE HALL responded that the goal of HB 185 is to provide preventative care. She emphasized that STIs, cervical and breast cancer screenings are all important services for an individual to access before having a family.

REPRESENTATIVE RUFFRIDGE asked for clarification that the proposed legislation is not expansion for all Medicaid services, just family planning services.

[4:26:35 PM](#)

MS. DELFINO replied that that is correct and the fiscal note was calculated based on that assumption.

[4:27:02 PM](#)

REPRESENTATIVE SCHWANKE noted that Alaska has a lower-than-average infant mortality rate for infants under 28 days old, but higher for infants between 28 days and 12 months old. She asked what might be causing that.

[4:28:03 PM](#)

DR. HOLMES replied that she was unsure. She noted that there are a lot of babies born prematurely and spend more time in hospitals and, upon returning home, they have less access to resources.

[4:29:00 PM](#)

REPRESENTATIVE GRAY said that this conversation is analogous to the baby box conversation. He stated that it makes sense to expand care for pre-pregnant women and that it is important to have established care before becoming pregnant.

[4:30:03 PM](#)

REPRESENTATIVE HALL, in response to Representative Prax, stated that other screenings could include STI screenings, breast and cervical cancer screenings. She further deferred to Dr. Holmes.

DR. HOLMES responded that most of the evidence for lowering infant mortality rates involves improving birth conditions and reducing preterm births. She said that while birth control is one important aspect of healthy family planning, it is not the only. She said other services include STI screenings and cervical/breast cancer screenings. She noted that Alaska has very high rates of STIs compared to the rest of country, including gonorrhea and syphilis.

[4:32:41 PM](#)

REPRESENTATIVE HALL, in response to a series of questions from Representative Prax, stated that Senate Bill 58 from the 33rd Legislature covered expansion of services for pregnant people. She said that requiring insurance to cover birth control would be a different concept. She noted that the proposed legislation would expand only Medicaid family planning services.

Representative Hall added that HB 185 would expand services to people who are not covered by insurance and that approximately 3,500 Alaskans would have greater access to healthcare, which would address the high infant mortality rates.

[4:36:52 PM](#)

CHAIR MINA noted there was a public health notice put out last year encouraging people of child-bearing age to get tested for STIs, given that Alaska has some of the highest rates of syphilis in particular.

[HB 185 was held over.]

HB 141-PUBLIC BUILDINGS: CHANGING FACILITIES

[4:37:36 PM](#)

CHAIR MINA announced that the final order of business would be HOUSE BILL NO. 141, "An Act relating to universal changing facilities in public buildings."

REPRESENTATIVE MEARS moved to adopt the proposed committee substitute (CS) for HB 141, labeled 34-LS0610\N, A. Radford, 5/4/25, as the working document.

CHAIR MINA objected for the purpose of discussion.

[4:38:36 PM](#)

GRIFFIN SUKKAEW, Staff, Representative Ashley Carrick, on behalf of Representative Carrick, prime sponsor, gave a summary of changes from Version A to Version N of HB 141. He stated that version N would change the word bathroom to restroom, which conforms to statute. He stated that Section 1 of Version N expands on the reasons that public restrooms may be exempt from having a universal changing facility, further defining "practicable".

[4:40:09 PM](#)

REPRESENTATIVE GRAY noted concern about universities being required to have many universal changing facilities.

REPRESENTATIVE ASHLEY CARRICK, Alaska State Legislature, suggested that the language of Version N is suitably narrow. She said that she would be open to clarifying that "not

practicable" would include having too many buildings in a given area. She emphasized that the intention of HB 141 would be to increase access to universal changing rooms.

[4:41:45 PM](#)

REPRESENTATIVE CARRICK, in response to Representative Prax, stated that she hopes the changes in Version N of HB 141 would generate a lower and more determinate fiscal note.

[4:42:11 PM](#)

CHAIR MINA [treated her previous objection for the purpose of discussion as removed]. There being no further objection, Version N was before the committee.

[4:42:30 PM](#)

REPRESENTATIVE GRAY referenced the prior fiscal note of \$75,000. He noted that the portable changing table costs about \$1,500. He considered whether the fiscal note could be changed to only include portable changing facilities.

[4:43:23 PM](#)

REPRESENTATIVE PRAX made suggestions based on a survey of the public restroom facilities in the Capitol building and the Terry Miller Legislative Building. He said that 3 portable changing facilities could cover those two buildings for a cost that would be suitable for him. He said 40 changing facilities could be enough, rather than installing 200 across the state, and that could achieve the objective of HB 141 more quickly.

[4:45:55 PM](#)

REPRESENTATIVE CARRICK said that she believes the language of HB 141 is sufficiently broad. She said that HB 141 would support the installation of portable universal changing facilities; they do not have to be permanently installed to a building.

[4:47:17 PM](#)

REPRESENTATIVE GRAY said that the difference between this and installing ramps, for example, is that a freestanding table could be moved in and out of the bathroom. He said that HB 141 would have to be treated like an Americans with Disabilities Act (ADA) compliance issue. He asked how willing the sponsor would

be to change the fiscal note of HB 141 from \$38 million to \$200,000.

[4:48:38 PM](#)

ANDY MILLS, Legislative Liaison, Office of the Commissioner, Department of Transportation & Public Facilities, responded that portable changing tables would be an excellent solution to consider. He added that portable tables still need storage solutions. He noted that the funding in fiscal note is based on the universal changing facility installation at the Ted Stevens Anchorage International Airport. He said he believes the language of HB 141 is broad enough to include portable changing facilities.

[4:50:40 PM](#)

REPRESENTATIVE GRAY referred to page 2, lines 4-5, in Section 1 of Version N of HB 141. He asked if a loophole could be to change the designation of a public restroom to a non-public restroom prior to renovations.

MR. MILLS responded that this language could be updated.

REPRESENTATIVE CARRICK said that she would like to further work with DOT&PF and committee members to look at other solutions to achieve the intent of HB 141. She said that she sees value in considering portable changing tables but appreciates Mr. Mills logistical concerns.

[4:52:57 PM](#)

REPRESENTATIVE GRAY noted that were the money available, they would make all universal changing facilities permanent. He emphasized that, due to budget concerns, the committee needs to find the cheapest solution, even if it is not the most ideal solution.

[4:53:40 PM](#)

CHAIR MINA opened public testimony on HB 141. After ascertaining that there was no one who wished to testify, she closed public testimony.

[4:54:31 PM](#)

REPRESENTATIVE PRAX referenced the issue of a roundabout in Fairbanks. He said that he believes a blinking yellow light might have solved most of the issue, as opposed to the very expensive installation of a roundabout. He expressed apprehension regarding DOT&PF's involvement in another issue. He asked for a survey to help reduce the potential cost of HB 141.

[4:55:49 PM](#)

MR. MILLS responded that DOH has obtained a comprehensive dataset regarding how roundabouts improve safety. He said that DOT&PF is open to surveying more locations to better understand the logistics of different public buildings.

MR. MILLS, in response to Representative Prax, stated that DOT&PF always appreciates flexibility. He said he would like to do research on portable tables and to find out if there is liability associated with portable changing tables in highly trafficked areas.

REPRESENTATIVE PRAX responded that he understands that universal changing facilities are not a federally driven requirement. He said that there is some need to be addressed.

[4:59:28 PM](#)

CHAIR MINA announced that HB 141 was held over.

[4:59:47 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:59 p.m.