

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

May 13, 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

SENATE JOINT RESOLUTION NO. 16

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.

- MOVED SJR 16 OUT OF COMMITTEE

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. 147

"An Act relating to the practice of naturopathy."

- HEARD & HELD

HOUSE BILL NO. 149

"An Act relating to pharmacy benefits managers; relating to third-party administrators; and providing for an effective date."

- HEARD & HELD

CS FOR SENATE JOINT RESOLUTION NO. 15 (HSS)
Calling on the state's congressional delegation to oppose cuts
to federal spending on Medicaid.

- MOVED CSSJR 15 (HSS) OUT OF COMMITTEE

PREVIOUS COMMITTEE ACTION

BILL: SJR 16

SHORT TITLE: FEDERAL ENSURING LASTING SMILES ACT

SPONSOR(s): SENATOR(s) GRAY-JACKSON

04/02/25	(S)	READ THE FIRST TIME - REFERRALS
04/02/25	(S)	HSS
04/10/25	(S)	HSS AT 3:30 PM BUTROVICH 205
04/10/25	(S)	Heard & Held
04/10/25	(S)	MINUTE (HSS)
04/22/25	(S)	HSS AT 3:30 PM BUTROVICH 205
04/22/25	(S)	Moved SJR 16 Out of Committee
04/22/25	(S)	MINUTE (HSS)
05/05/25	(S)	HSS RPT 4DP 1NR
05/05/25	(S)	DP: DUNBAR, CLAMAN, TOBIN, GIESSEL
05/05/25	(S)	NR: HUGHES
05/12/25	(S)	TRANSMITTED TO (H)
05/12/25	(S)	VERSION: SJR 16
05/13/25	(H)	HSS AT 3:15 PM DAVIS 106

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
05/06/25	(H)	Heard & Held
05/06/25	(H)	MINUTE (HSS)
05/13/25	(H)	HSS AT 3:15 PM DAVIS 106

BILL: HB 147

SHORT TITLE: PRACTICE OF NATUROPATHY

SPONSOR(s): REPRESENTATIVE(s) PRAX

03/21/25	(H)	READ THE FIRST TIME - REFERRALS
03/21/25	(H)	HSS, L&C, FIN
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) Heard & Held
04/22/25 (H) MINUTE(HSS)
05/13/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: HB 149

SHORT TITLE: PHARMACY BENEFITS MANAGER;3RD PARTY ADMIN
SPONSOR(s): LABOR & COMMERCE

03/21/25 (H) READ THE FIRST TIME - REFERRALS
03/21/25 (H) L&C, HSS
03/26/25 (H) L&C AT 3:15 PM BARNES 124
03/26/25 (H) <Bill Hearing Canceled>
03/31/25 (H) L&C AT 3:15 PM BARNES 124
03/31/25 (H) Heard & Held
03/31/25 (H) MINUTE(L&C)
05/05/25 (H) L&C AT 3:15 PM BARNES 124
05/05/25 (H) Moved HB 149 Out of Committee
05/05/25 (H) MINUTE(L&C)
05/07/25 (H) L&C RPT 3DP 3NR
05/07/25 (H) DP: BURKE, CARRICK, HALL
05/07/25 (H) NR: COULOMBE, SADDLER, NELSON
05/13/25 (H) HSS AT 3:15 PM DAVIS 106

BILL: SJR 15

SHORT TITLE: OPPOSE MEDICAID CUTS
SPONSOR(s): HEALTH & SOCIAL SERVICES

03/19/25 (S) READ THE FIRST TIME - REFERRALS
03/19/25 (S) HSS
03/20/25 (S) HSS AT 3:30 PM BUTROVICH 205
03/20/25 (S) <Bill Hearing Canceled>
03/25/25 (S) HSS AT 3:30 PM BUTROVICH 205
03/25/25 (S) Heard & Held
03/25/25 (S) MINUTE(HSS)
03/27/25 (S) HSS AT 3:30 PM BUTROVICH 205
03/27/25 (S) Heard & Held
03/27/25 (S) MINUTE(HSS)
04/01/25 (S) HSS AT 3:30 PM BUTROVICH 205
04/01/25 (S) Moved CSSJR 15(HSS) Out of Committee
04/01/25 (S) MINUTE(HSS)
04/07/25 (S) HSS RPT CS 3DP 1DNP SAME TITLE
04/07/25 (S) DP: GIESSEL, CLAMAN, TOBIN
04/07/25 (S) DNP: HUGHES
05/08/25 (H) HSS AT 3:15 PM DAVIS 106
05/08/25 (H) <Bill Hearing Canceled>
05/09/25 (S) TRANSMITTED TO (H)
05/09/25 (S) VERSION: CSSJR 15(HSS)

05/10/25 (H) READ THE FIRST TIME - REFERRALS
05/10/25 (H) HSS
05/13/25 (H) HSS AT 3:15 PM DAVIS 106

WITNESS REGISTER

SENATOR ELVI GRAY-JACKSON
Alaska State Legislature
Juneau Alaska

POSITION STATEMENT: As prime sponsor, presented SJR 16.

AMBER FIGUEROA, DO, representing self
Fairbanks, Alaska

POSITION STATEMENT: Testified during the hearing on HB 147.

SEAN HIGGINS, MD
No Address Provided

POSITION STATEMENT: Had his written testimony read by Gene Therriault during the hearing on HB 147.

COURTNEY BOWERS, ND
Vermont Naturopathic Doctors
Burlington, Vermont

POSITION STATEMENT: Testified during the hearing on HB 147.

NATALIE WIGGINS, ND
Alaska Association of Naturopathic Doctors
Anchorage, Alaska

POSITION STATEMENT: Testified during the hearing on HB 147.

SYLVAN ROBB, Director
Division of Corporations, Business, and Professional Licensing
Department of Commerce, Community and Economic Development
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 147.

HEATHER CARPENTER, Deputy Director
Division of Insurance
Department of Commerce, Community & Economic Development
Juneau, Alaska

POSITION STATEMENT: Provided information during the hearing on HB 149.

SETH TAGARIAN, Staff
Senator Forrest Dunbar
Alaska State Legislature

Juneau, Alaska

POSITION STATEMENT: On behalf of Senator Dunbar, prime sponsor, presented CSSJR 15(HSS).

ACTION NARRATIVE

[3:22:35 PM](#)

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

SJR 16-FEDERAL ENSURING LASTING SMILES ACT
HJR 17-FEDERAL ENSURING LASTING SMILES ACT

[3:23:14 PM](#)

CHAIR MINA announced that the first order of business would be SENATE JOINT RESOLUTION NO. 16, 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 and 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.

[3:23:39 PM](#)

SENATOR ELVI GRAY-JACKSON, Alaska State Legislature, as prime sponsor, presented SJR 16. She thanked the committee for supporting the resolution. She stated that the resolution will provide support for those with [congenital] anomalies, referencing both the costs of care for such conditions and witness testimony during earlier committee sessions.

[3:24:58 PM](#)

REPRESENTATIVE MEARS moved to report SJR 16 out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, SJR 16 was reported out of the House Health and Social Services Standing Committee.

[3:25:16 PM](#)

The committee took an at-ease from 3:25pm to 3:27pm

HB 147-PRACTICE OF NATUROPATHY

[3:27:27 PM](#)

CHAIR MINA announced that the next order of business would be HOUSE BILL NO. 147, "An Act relating to the practice of naturopathy."

CHAIR MINA opened public testimony on HB 147.

[3:27:56 PM](#)

AMBER FIGUEROA, DO, representing self, stated that her younger sister was diagnosed with colon cancer and died at 42, leaving behind three children. Her sister's primary care provider was a naturopath who attributed her anemia to a heavy period. When her sister sought help through traditional medicine during an emergency room visit, she was told to follow up with her primary care provider, whom Dr. Figueroa said did not know how to navigate her into the Western medicine system to have various procedures related to the cancer performed. According to Figueroa DO, by the time her sister's cancer was found, it had metastasized into her liver and abdomen. Dr. Figueroa stated that while her testimony was not related to whether or not to prescribe naturopathy, it highlighted two points: those who seek naturopathy are not looking for prescription medication; and she does not prescribe these remedies not because she doesn't think that they work, but because she is not trained in naturopathy, as she is a licensed family physician. To illustrate her second point, she stated that despite having over twenty years of training in pharmacology, she is constantly looking up new medicines and consulting her colleague pharmacologist on them, as pharmacology is "a huge and changing world, even for those of us who have extensive education in it." She stated that if naturopaths wanted to prescribe traditional medicine, they should be trained in Western medicine, as there exist several paths of them to attain the relevant credentials. She acknowledged that while there is a healthcare provider shortage, she does not think naturopaths offer a solution to said shortage. She attributed this belief to losing someone whom she says was untrained in the medical profession, and she doesn't wish the same on anyone.

[3:30:18 PM](#)

SEAN HIGGINS, MD, had his written testimony regarding HB 147 read by Gene Therriault, as follows:

Good afternoon, my name is Sean Higgins, I am an ER physician working in Alaska Regional Hospital. Before becoming an Alaskan, I worked in several medical communities in Washington State, where licensed naturopaths were permitted to work with a broad scope of practice.

As an ER doctor, I am seeing more and more patients come in for things that should be managed by a primary care provider. These include medication refills, antibiotics for urinary tract infections, management of chronic ... conditions such as diabetes and high blood pressure. During a typical shift, I estimate that around 30 percent of the patients I see in the ER are for primary care related medical concerns, not emergencies.

This not only equates to expensive and uncertain bills for the patient, but is putting a huge strain on our staffing and resources in the emergency room. Our wait times have increased tremendously and patients with emergencies are not always getting the prompt attention they need. The shortage of primary care providers ... forces emergency medicine doctors to practice on the fringes or even outside our scope of expertise. Patients receiving primary care in the ER from providers who are not trained in primary care receive a disservice. The lack of consistency and follow-up they receive in this scenario is not in alignment with ... the goals and principles of primary care. This is all detrimental to the patient and to Alaska.

Allowing naturopathic doctors to practice to the extent of their training will increase the amount of primary care providers in Alaska. It will give patients more access to primary care, thus relieving the pressure on emergency rooms. I have many working professional relationships with naturopathic providers from Alaska and Washington. As you've heard previously, pharmaceutical curriculum at four-year doctoral programs for naturopathic medicine is comparable, or maybe even identical, to the courses I took at the UVA medical school for allopathic doctors. These providers use the same textbooks and study programs ... for their license exams as I did. I've

previously witnessed naturopathic colleagues manage prescriptive medication safely and effectively to promote primary care in Washington patients. I'm baffled that here in Alaska, naturopathic providers need to refer their patients to a PA [physician assistant] or a nurse practitioner for medication management when I know that naturopathic doctors have more rigorous and lengthy training. This situation defies logic.

In my experience, naturopathic doctors are thoughtful, deliberate, and forward thinking. By allowing naturopathic doctors to practice to the full extent of their training, you are helping Alaskans receive the primary and preventative care they need, keeping them healthier and out of the emergency room.

Thank You.

[3:34:06 PM](#)

COURTNEY BOWERS, ND, Vermont Naturopathic Doctors, stated that Vermont and Alaska were similar in that both suffer from a shortage of primary care providers. In response to this shortage, the Vermont State Legislature passed a law allowing naturopaths to prescribe medication according to their training. Prior to this action, naturopaths had a limited formulary. With the new bill, naturopathic doctors are required to pass an additional board examination that consists of their first 100 prescriptions or first year of prescriptions to be reviewed by a supervising licensed medical provider in good standing, licensed naturopathic doctor, or naturopathic doctor with at least five years of prescribing experience under full prescription authority. She drew upon her own experience of the certification process for illustration purposes. According to her testimony, the passage of the bill did not correspond to an increase in complaints to medical doctors regarding prescriptions, which she attested to as the appointed advisor to her state's Office of Professional Regulation, which oversees her profession. She continued, stating that she has not had a problem finding a physician that oversees prescription review. She said that the bill had been incredibly successful in providing primary care to patients, as services allowed by the bill provided a means by which patients could be matched to appropriate medication and for naturopathic doctors to practice to their fullest scope of expertise.

[3:36:59 PM](#)

NATALIE WIGGINS, ND, Alaska Association of Naturopathic Doctors, began her testimony by expressing her condolences to Dr. Figueroa over the death of her sister. She expressed her concerns with testimonies like Dr. Figueroa's, as there is a misnomer between someone who is a licensed naturopathic doctor and someone who refers to themselves as a naturopath. The difference between the two is that naturopaths do not have much in the way of rigorous course of study or oversight and that naturopathic doctors by contrast are trained primarily as primary care providers. This gives the latter the knowledge and experience to navigate the healthcare system, make careful diagnoses, and thus prescribe medication. She further went on to say that prescribing authority is not a "Western medicine modality, but it is a primary care modality." Thus, due to this modality, and that licensed naturopathic doctors are trained in pharmacology in ways like MDs, the concerns raised by Dr. Figueroa's testimony would not apply to this bill

DR. WIGGINS stated that another misnomer in discussions surrounding the prescribing authority of naturopathic doctors that nurse practitioners (NPs) are trained in Western medicine and naturopaths are not. Further, there are various similarities between NP training and naturopathic training, especially because neither requires the completion of a residency and that in Alaska, nurse practitioners have a very broad scope of practice without a required residency. She continued, saying that both Alaska nurse practitioners and NDs have faced similar opposition from "a very selective, small group of MDs in the state that have a loud voice" over the practices of each respective group. She further stated that the views are not representative of the medical paradigm within Alaska and that the situation has resulted in a "nonsensical turf war" between both naturopathic doctors and MDs and has taken from efforts to address the needs of patients in Alaska. She expressed support for the expansion of prescribing authority within the bill, stating that it was simply an update to existing law that reflected the scope of training for naturopathic doctors. Drawing on her comparison between the opposition faced by NPs and NDs from "some of the select MD community," Dr. Wiggins stated that when the former group asked for similar authorities 24 years prior it resulted in NPs now serving an important role in the health care system in Alaska. Thus, indicating the evidence presented by both Dr. Higgins and Dr. Bowers, as well as her own work experience in Arizona, Dr.

Wiggins stated that naturopathic doctors could serve a similar role.

[3:42:09 PM](#)

CHAIR MINA, after ascertaining that no one else wished to testify, closed public testimony on HB 147.

[3:42:31 PM](#)

REPRESENTATIVE GRAY commented that since the state currently has a shortage of primary care providers, "rather than having these turf wars and saying, you know, that this particular provider is better than that particular provider," many Alaskans would prefer to see a naturopath and that their four year course of training was adequate for the authorities the bill would provide them. Thus, he supported HB 147.

[3:43:21 PM](#)

REPRESENTATIVE PRAX, as prime sponsor of HB 147, asked to hear a question indicated by Representative Mears for Dr. Bowers.

[3:43:41 PM](#)

REPRESENTATIVE MEARS asked Dr. Bowers a question pertaining to a state agency providing oversight in Vermont.

DR. BOWERS responded that the agency that provided that was the Office of Professional Regulation under the authority of the Vermont Secretary of State that oversees many professions, as it provides licenses to said professions when appropriate. The way these professions are managed leans towards an advisor model, as the secretary of state overseeing said office appoints various people from those professions to a committee dealing with complaints and concerns over public safety specific to their profession. Dr. Bowers herself has been serving on the board for three years and has not had one complaint regarding a prescribing situation.

REPRESENTATIVE MEARS asked Dr. Bowers a follow-up question pertaining to how much of a parallel current State Boards of Medicine, Midwives, and Nurse Practitioners would be to the board Dr. Bowers is describing or if the board Dr. Bowers is describing includes other professions.

DR. BOWERS answered that there are parallels between board structures in both states, that this structure is provided by the State of Vermont, and that she serves on said board as an appointed volunteer. She currently serves alone on the board, though others could serve on it later should resources be allocated by the legislature.

[3:47:33 PM](#)

REPRESENTATIVE PRAX asked if Rob Sylvan was present and if she could explain how naturopathic doctor prescribing authority could work with a supervisory board.

[3:48:01 PM](#)

SYLVAN ROBB, Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community and Economic Development, stated that naturopathy is a profession not regulated by the board but rather is regulated by the division. In response to a follow-up question, she explained that such a complaint against naturopaths would be investigated by division affiliated, certified investigators, and the division would assign an appropriate course of disciplinary action should a violation be found. If such action required naturopathic knowledge, the board would engage with a naturopath to determine specific disciplinary action.

[3:49:57 PM](#)

CHAIR MINA asked Ms. Robb which other professions receive similar regulatory oversight from the division rather than their own board.

MS. ROBB answered that there are several professions under similar oversight, including acupuncturist, behavioral analyst, dietitians, nutritionists, athletic trainers, audiologists, and speech language pathologists.

CHAIR MINA asked Ms. Robb if any of the professions she mentioned in her answer to Representative Mears' original question have prescribing authority.

MS. ROBB answered they do not.

[3:51:09 PM](#)

REPRESENTATIVE MEARS asked Ms. Robb how the disciplinary process for professions overseen directly by the division would work.

MS. ROBB answered that there was no specific individual assigned to each case because of a need to avoid conflicts of interest with each individual case. Beyond those concerns, the division would then look for someone with expertise in a specific subject matter regarding the case. As an example, since the bill in question concerns the prescribing authority of naturopathic doctors, investigators assigned to a case regarding a complaint against a naturopathic doctor would have expertise in pharmacology.

REPRESENTATIVE MEARS, in follow-up, asked Ms. Robb how such expertise would be determined, and if a process for doing so is already in place or would need to be created.

MS. ROBB replied that such records are maintained by the licensing agency and that investigators are referred to individual cases by other professionals within the licensing agency's database.

[3:53:32 PM](#)

REPRESENTATIVE PRAX, regarding testimony of Dr. Figueroa, expressed his condolences to Dr. Figueroa, stating that both he and his wife were "shopping around" for primary care providers when his wife became interested in naturopathic medicine. They were able to find someone that was best suited to both of their needs, he emphasized there can be, in both naturopathic and the "licensed medical" profession, a great deal of variability when it comes to professional ethics. Representative Prax stated that he hopes that the passage of HB 147 provides a "better guideline" for practitioners and that the public would have a greater sense of trust in someone who has been certified in contrast to someone who hasn't been certified. In doing so, he argued that the state medical profession would be able to "get over some of what really are turf wars in many of these cases" and thus help the public access primary care.

[3:55:48 PM](#)

REPRESENTATIVE GRAY, speaking of the concerns raised by Representative Mears regarding oversight, stated that he had several questions as to why a separate board could not have oversight over naturopathic doctors. He elaborated, stating that various medical boards don't want to have oversight of

naturopathic professionals. Further, he stated that there are currently not enough naturopathic doctors in the state for the creation of a separate board to be created for naturopathy. He stated that by passing HB 147, the state would be able to attract more qualified naturopaths, and a board could thus be created later. At such a point, the legislation surrounding naturopathy could be revisited in the future.

[3:56:51 PM](#)

CHAIR MINA asked Ms. Robb to confirm that naturopathic doctors were currently being regulated through the Division of Corporations, Business, and Professional Licensing

MS. ROBB responded that it is correct.

CHAIR MINA asked how many complaints there had been against naturopathic doctors since naturopathic the profession has been under regulatory oversight.

MS. ROBB answered that she did not have a specific number of complaints made against naturopathic doctors since they were under such regulatory oversight but could give accurate figures for the past several fiscal years, which could be sent to Chair Mina later.

CHAIR MINA asked for the specific number of complaints for the past fiscal year.

MS. ROBB stated that she would provide that information.

[3:57:53 PM](#)

REPRESENTATIVE SCHWANKE expressed support for the bill, stating that there were some good comments made. She thanked Representative Gray for pointing out that there aren't that many naturopathic doctors in Alaska, and that HB 147 offered the state "an opportunity to move forward in a positive manner." She further expressed support for the physician oversight, exam requirements, and the continuing education provisions in the bill, that similar provisions existed in other states with no complaints, and that many of the state's residents have had positive interactions with naturopaths, herself included, citing her personal experience where her medical provider recommended exploratory surgery when a naturopath did not think this was necessary.

[3:59:39 PM](#)

CHAIR MINA noted that she had received an amendment from Representative Prax.

[3:59:53 PM](#)

REPRESENTATIVE PRAX said he did not want to offer the amendment now.

[4:00:09 PM](#)

CHAIR MINA announced that HB 147 was held over.

HB 149-PHARMACY BENEFITS MANAGER;3RD PARTY ADMIN

[4:00:18 PM](#)

CHAIR MINA announced that the final order of business would be HOUSE BILL NO. 149, "An Act relating to pharmacy benefits managers; relating to third-party administrators; and providing an effective date."

[4:01:02 PM](#)

REPRESENTATIVE FIELDS, as prime sponsor, presented HB 149 by reading the sponsor statement [in the committee file], which read as follows [original punctuation provided]:

House Bill 149 will require Third-Party Administrators (TPAs) and Pharmacy Benefits Managers (PBMs) to be licensed in the state of Alaska and outlines a licensing fee that reflects the Division of Insurance's cost of managing said licensure. Currently, the state requires only registration for these entities. Registration provides a basic level of verification; in contrast, licensure is a legally mandated process granting the right to practice a profession. Moving to licensure gives the Division of Insurance the same authority over TPAs and PBMs that they hold over any other licensed business entity.

Insurers continue to out-source many core functions to external entities such as PBMs and TPAs, with staff managing vendor contracts instead of performing those functions internally. Since TPAs and PBMs operate as

separate business entities, they are not regulated as an insurer under a Certificate of Authority (COA) nor a firm under a license. This shift has created pathways to circumvent Alaska insurance code, thereby increasing division staff time dedicated to clarifying legal questions from TPAs. If a TPA or a PBM is not an insurance carrier with a COA, they should be a license holder with a license.

Last year the Alaska State Legislature passed House Bill 226 that pertained to PBM business practices. During the committee process, language incorporating PBMs into the examination of insurers' statutes from AS 21.06.120 - AS 21.06.160 was not addressed. HB 149 addresses this omission to ensure the division is meeting the intent of the legislature in regulating PBMs, including conducting Market Conduct Exams when concerning business practices occur. In addition, the legislation certifies that PBMs are treated the same as insurance agencies, by making them responsible for the cost of these exams.

Please join me in supporting HB 149 to allow the Division of Insurance to regulate Third-Party Administrators and Pharmacy Benefit Managers as licensees in the state of Alaska.

[4:02:08 PM](#)

REPRESENTATIVE RUFFRIDGE noted that House Bill 226 had been sponsored by Representative Sumner.

[4:02:25 PM](#)

REPRESENTATIVE GRAY asked to hear from the administration.

[4:02:43 PM](#)

HEATHER CARPENTER, Deputy Director, Division of Insurance, Department of Commerce, Community & Economic Development, stated that HB 149 was a "clean-up" bill. She explained that when the legislature had considered the implementation of House Bill 226, a loophole was found where pharmacy benefits managers (PBMs) could push back if the State of Alaska were conducting a market conduct exam in response to patterns it found concerning. Enacting HB 149 would move third-party administrators (TPAs) and PBMs to full licensure and would require PBMs to pay for the

cost of the market conduct exam should they be under investigation. Such categorization would provide regulatory clarity to both TPAs and PBMs since there exists a different regulatory scheme if such entities are registered as opposed to if they were licensed.

REPRESENTATIVE GRAY expressed support for HB 149.

[4:04:32 PM](#)

CHAIR MINA opened public testimony on HB 149. After ascertaining there was no one who wished to testify, she closed public testimony.

[4:05:16 PM](#)

CHAIR MINA announced that HB 149 was held over.

SJR 15-OPPOSE MEDICAID CUTS

[4:05:20 PM](#)

CHAIR MINA announced that the final order of business would be CS FOR SENATE JOINT RESOLUTION NO. 15(HSS), Calling on the state's congressional delegation to oppose cuts to federal spending on Medicaid.

[4:05:44 PM](#)

SETH TAGARIAN, Staff, Senator Forrest Dunbar, on behalf of Senator Dunbar, prime sponsor, gave the sponsor statement for CSSJR 15(HSS) [in the committee file], which read as follows [original punctuation provided]:

Senate Joint Resolution 15 calls on Alaska's congressional delegation to oppose proposed federal cuts to Medicaid. More than 250,000 Alaskans—including children, seniors, people with disabilities, and low-income adults—rely on Medicaid and the Children's Health Insurance Program (CHIP) for essential health services. These cuts would be devastating to our families, communities, and economy.

Rural and remote communities depend on Medicaid at higher rates due to a shortage of providers, expensive travel, and limited access to employer-sponsored insurance. Medicaid is also a cornerstone of Alaska's

Tribal health system and supports nearly 100,000 children and covers almost 40 percent of births annually.

Federal Medicaid funding represents more than \$2 billion each year, 78 percent of the program's cost in our state. Slashing this funding would force Alaska to consider drastic reductions in coverage, benefits, or provider payments, putting lives and livelihoods at risk. Beyond direct health care impacts, Medicaid sustains a vital segment of Alaska's economy. It supports high-quality union jobs, strengthens small businesses by providing health care coverage to workers, and ensures that seniors and individuals with disabilities can remain in their homes and communities with dignity.

Proposed federal cuts—nearly \$880 billion over 10 years—would endanger these benefits. SJR 15 urges our congressional delegation to protect the health and economic security of Alaskans by rejecting these cuts.

[4:07:41 PM](#)

The committee took an at-ease from 4:07 p.m. to 4:08 p.m.

[4:08:14 PM](#)

CHAIR MINA opened public testimony on CSSJR 15(HSS). After ascertaining that there was no one who wished to testify, she closed public testimony.

[4:08:43 PM](#)

CHAIR MINA noted there had been a meeting regarding cuts to Medicaid and stated it was clear that many Alaskans are benefactors to Medicaid. She thanked Senator Dunbar for putting forward this resolution.

[4:09:13 PM](#)

REPRESENTATIVE MEARS moved to report CSSJR 15(HSS) out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, CSSJR 15(HSS) was reported out of the House Health and Social Services Standing Committee.

4:09:50 PM

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:10 p.m.