

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

January 22, 2026

3:20 p.m.

DRAFT

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. 147

"An Act relating to the practice of naturopathy."

- MOVED HB 147 OUT OF COMMITTEE

HOUSE BILL NO. 232

"An Act relating to the examination and treatment of minors; relating to consent for behavioral and mental health treatment for minors 16 years of age or older; and providing for an effective date."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

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
05/13/25 (H) Heard & Held
05/13/25 (H) MINUTE (HSS)
01/22/26 (H) HSS AT 3:15 PM DAVIS 106

BILL: HB 232

SHORT TITLE: MINOR MENTAL HEALTH: AGE OF CONSENT

SPONSOR(s): REPRESENTATIVE(s) GRAY

05/19/25 (H) READ THE FIRST TIME - REFERRALS
05/19/25 (H) HSS
01/22/26 (H) HSS AT 3:15 PM DAVIS 106

WITNESS REGISTER

REPRESENTATIVE MIKE PRAX
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HB 147.

REPRESENTATIVE ANDREW GRAY
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HB 232

SENATOR CATHY GIESSEL
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided invited testimony during the hearing on HB 232.

TERESA WROBEL, Policy & Advocacy Program Specialist
Alaska Children's Trust
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony on HB 232.

LANCE JOHNSON, Chief Operating Officer
Alaska Behavioral Health Association
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony on HB 232.

HEATHER IRELAND, Executive Director
Anchorage School Based Health Centers
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony on HB 232.

BELLA GUNTHER-CHAVEZ, Student
South Anchorage High School
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony on HB 232.

PAIGE BROWN, Staff
Senator Cathy Giessel
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided the Sectional Analysis for HB 232.

ACTION NARRATIVE

[3:20:03 PM](#)

CHAIR MINA called the House Health and Social Services Standing Committee meeting to order at 3:20 p.m. Representatives Prax, Fields, Mears, Gray, Schwanke, and Mina were present at the call to order. Representative Ruffridge arrived as the meeting was in progress.

^#hb147

HB 147-PRACTICE OF NATUROPATHY

[3:20:28 PM](#)

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

[3:21:05 PM](#)

REPRESENTATIVE MIKE PRAX, Alaska State Legislature, as prime sponsor, presented HB 147 to the committee. He explained that the proposed bill would establish a licensing standard for pharmaceutical workers in Alaska and allow for temporary endorsement allowing said workers to perform their duties under supervision of a medical doctor for a year, after which they would qualify for a pharmacology test. Additionally, the bill would require 60 hours. of continuing education, including 20 hours. of pharmacology, and would prohibit prescribing a controlled substance, poison, chemotherapy drug for cancer, ionizing or radiation therapy, radioactive substance, or anti-psychotic medication. He also stated that 15 other states allow for similar provisions.

REPRESENTATIVE PRAX, referring to past testimony, stated that there had been no disciplinary actions taken against naturopathic doctors in states that provided such prescribing authority and that many patients in Alaska emergency rooms are there to receive primary care rather than emergency care, adding to a primary care shortage within Alaska. Referencing debates around the Rural Health Transformation Project, he explained how the proposed legislation would allow Alaska to join multi-state licensure compacts. He expressed hope that the bill would allow naturopathic doctors to work to the fullest scope of their education and training.

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REPRESENTATIVE GRAY commented that he was a co-sponsor of HB 147. He explained that allopathic medicine was the opposite of naturopathic medicine, referencing the hierarchal structure surrounding allopathic medicine, and said that many folks in Alaska would like to pursue alternate forms of medical care. He stated that since the late 1980s, naturopathic doctors have had the authority to order laboratory testing and imaging. However, he stated that while naturopaths have such authority, they are currently not able to treat their patients to the same capacity that a traditional medical doctor would. He emphasized that naturopathic doctors must attend four years of school and are educated in traditional pharmacology and explained that the proposed legislation was about allowing access to high-quality medical care in Alaska. He remarked that the best course of action for the legislature to take would be to meet folks where they are by passing this legislation. He further stated that enshrining these guidelines into law, primary care access would be expanded across the state. He also stated that not passing said guidelines would result in unscrupulous medical providers entering Alaska. He remarked that the state has "created a culture that encourages substandard care." Representative Gray concluded that the guidelines within the proposed legislation would allow Alaska to attract "good naturopaths" who will practice a high standard of care.

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REPRESENTATIVE SCHWANKE echoed Representative Gray's remarks that HB 147 would increase access to naturopathic care in Alaska. She shared a personal story about a family member of hers that had suffered a stroke, who was helped by a naturopathic doctor and still alive despite the diagnosis by traditional physicians. Representative Schwanke stated that the

traditional physician who diagnosed her father said that he would "pass in a couple of months," but naturopathic physician Dr. Scott Luper, whom she said was on the line listening to the committee meeting was able to "find an alternative path" and extend her father's life to the present. Representative Schwanke said that her father was "enjoying his winter in Florida this year."

REPRESENTATIVE SCHWANKE, further referencing Representative Gray's testimony, stated that Alaska is one of a growing number of states that license and regulate naturopath doctors and that "it [was] pretty well known that Alaska [was] the most restrictive when it comes to pharmaceutical prescriptive authority." She further stated support for the bill and to moving it out of committee.

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REPRESENTATIVE GRAY moved to report HB 147, out of committee with individual recommendations and the accompanying fiscal notes. There being no objection, HB-147 was reported out of the House Health and Social Services Standing Committee.

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The committee took a brief at-ease at 3:31 p.m.

^#hb232

HB 232-MINOR MENTAL HEALTH: AGE OF CONSENT

[3:31:53 PM](#)

CHAIR MINA announced that the final order of business would be, HOUSE BILL NO. 232, "An Act relating to the examination and treatment of minors; relating to consent for behavioral and mental health treatment for minors 16 years of age or older; and providing for an effective date."

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REPRESENTATIVE ANDREW GRAY, Alaska State Legislature, as prime sponsor, presented HB 232. He emphasized that the proposed legislation would lower the age of consent for mental health care to age 16 from age 18. Doing so would allow people of such ages to seek mental health care for up to five appointments

without the prior consent of their parents or guardians, which is currently prohibited.

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SENATOR CATHY GIESSEL, Alaska State Legislature, as an invited testifier [and sponsor of companion bill SB 90], She said that the bill was motivated by "both data and experience." She began her testimony by explaining that she was currently working as a part-time nurse practitioner in the Anchorage School District, primarily working with middle school students. While her primary practice concerns student physical health, she also does mental health screening. It is in this capacity that she observed a staunch rise in mental health issues since the Coronavirus 19 (COVID-19) Pandemic, saying that "the multiplier [was] four or five times what it was before Covid."

SENATOR GIESSEL, walking through the process of said mental health screening, emphasized the barrier that consent of care poses for mental health treatment in Alaska children. Senator Gissel reported that only one-third of parents allow their child to seek mental health treatment. This is despite Senator Gissel's observation that, after the initial mental health screening, the desire expressed among the screened students is almost unanimous consent. Referring to the book Attack of the Teenage Brain: Understanding and Supporting the Weird and Wonderful Adolescent Learner, by Dr. John Medina of the University of Washington School of Medicine, she shared that the average age of the onset of mental health issues usually begins around age 14 and explained how a person's mind works to develop as a teenager. Drawing on both the development of key structures in the brain and the increased likelihood for people of this age to engage with risky behavior, she argued that this was the most critical time for mental health intervention. She said that early prevention is always more effective than later treatment and emphasized that Alaska led the nation in suicide rates. Additionally, she highlighted the resistance to treatment expressed by parents when they are informed of their child's mental health. She said that the proposed legislation would allow a youth to pursue care for five sessions of therapy. After that point, the child must attain consent from a parent or guardian and highlighted that HB 232 would not allow for a child to be prescribed with any medication from the services rendered.

SENATOR GIESSEL further expressed support for the bill, stating that many of the mental health issues of teenagers are better addressed through counselling rather than medication. She

highlighted the ways that HB 232's therapy scheme could help parents as well as their children. This would be by means of the counseling schedule provided in HB 232. Under the proposed legislation, a therapy schedule would give parents a better idea as to how to help their children and give them an opportunity to be involved in their child's counseling. Among such ways is that such initial counseling would prevent parents from needing to find means of coordination around and transportation to third party care providers. She also sighted the increased risk of substance abuse for teens with undiagnosed depression and anxiety. Additionally, she stated that HB 232 aligned with policy priorities of the American School Counselors Association.

SENATOR GIESSEL, to illustrate her reasons for supporting HB 232, referred to a bill passed by the Senate that allowed schools to set up mental health clinics within their premises with billing services, HIPPA (Health Insurance Portability and Accountability Act) compliant computers systems, et cetera. She cited contractor arrangements in both the Anchorage and Fairbanks School Districts as models for how this legislation would work in practice.

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REPRESENTATIVE MEARS commented on her support for the proposed legislation and shared that she was grateful to know what her children were going through as they were teenagers. She thanked Senator Giessel for her work.

[3:48:40 PM](#)

REPRESENTATIVE FIELDS commented that a counselor is a good alternative to an automated intelligence chat bot, which has been known to encourage suicide, and he asked why HB 232 would not lower the age of mental health consent to 14. He asked committee members to lower the age of consent to receive mental health care, citing that girls age faster than boys, and he questioned why the legislation contained only five appointments.

SENATOR GIESSEL answered that the proposed legislation was meant to be seen as incremental. She acknowledged that about half of the states with similar legislation have a lower age of consent—with one state offering services as young as 12 years old—and agreed that age 14 would be ideal. She said that the five appointments idea was brought to her by Representative Ruffridge, that it was implemented by another state, and that the two of them thought it was "a really good structure." The

state in question also prohibited the use of drugs during treatment.

REPRESENTATIVE FIELDS commented that he would be curious if there would be interest among both committee members and the bill's sponsors in adding a provision that would further lower the age of consent for mental health treatment to 14 but could understand if doing so would diminish support for the bill.

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REPRESENTATIVE PRAX shared his concern that the proposed legislation might drive parents away from the public school system. He shared his opinion that the root of the problem with mental health care access in Alaska was parents, not children, citing Senator Giessel's own testimony that roughly two thirds of parents do not consent to mental health care when informed of their child's mental state. Citing conversations the representative has had with his own constituents over similar measures, Representative Prax expressed concern that enacting the bill would thus increase the rate of parents taking their children out of the public school system. His concern was rooted in both how teenagers would most likely have to contract such treatment under their parents' insurance policy and that schools are mandatory reporters when it comes to their student's mental health, and there was "a legal term, I can't think of it right now, for children who have yet to reach the age of majority."

SENATOR GIESEL explained that not all services outlined in the proposed legislation would be offered in school settings only. She further emphasized that emancipated minors -the legal term Representative Prax was presumably referring to- are also being turned away from behavioral health services clinics because of the age of consent required to receive mental health services. In other cases, Senator Giessel argued, the parents may have been incarcerated or disappeared. She spoke to the large number of children who are aware of the issues that burden them but cannot seek the healthcare that they need because of various kinds of home-life dysfunction. She clarified that the two thirds figure that she stated in her original testimony was due either to a lack of response or a negative response.

REPRESENTATIVE PRAX further commented that the lack of ability to communicate with parents was to blame for this issue, as they "have the say-so in our society," not their children. Thus, his concern was if by endorsing this legislation, the committee was

"enabling, to a degree, parents to not be parents" rather than encouraging parents to get involved in the child's mental health treatment.

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REPRESENTATIVE FIELDS said that minor logistical issues are to blame for many issues of parental consent. He said to illustrate his point, "I see [this] all the time in my school, and it's unbelievable how hard it is to get notes back ... for something as simple as even as ice skating at recess."

SENATOR GIESSEL echoed Representative Field's remarks and said that she is seeing a lot of children with unstable home lives having to sacrifice their own mental health to survive. To illustrate her point, Senator Giessel cited conversations surrounding the lack of sleep that certain students receive each night as an indicator of both physical and mental health. In response, some students tell her that they usually go to bed at 3:00am and must get up at 5:00am, because their mother "goes out at night," thus, they must watch their younger siblings, worried that their "mom won't come back." Additionally, she also cited that while SB 90 was being considered by the Senate, there were four sequential student suicides in the same school of the North Slope Burrough.

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REPRESENTATIVE GRAY commented on his opinion that it might be a waste of time to "force a 17-year-old to do anything." Thus, he suggested that the proposed legislation would be more productive because it would allow the child to make their own mental health care decisions. He drew upon his own life experience to illustrate his point.

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REPRESENTATIVE PRAX asked if an opt-in provision at the beginning of the school year could be used as a possible solution to address mental health concerns raised by HB 232, drawing on other medical "power of attorney" and "ice-skating at school" situations to illustrate his point.

SENATOR GIESSEL stated that such powers already exist within a school setting for physical care, that it would ultimately be up to school districts to decide such powers, and later referred to

the invited testifiers. Ultimately, Senator Gissel said that she would look into the proposal.

4:05:19 PM

REPRESENTATIVE RUFFRIDGE asked Senator Giessel if there was any idea of how Section 3, subsection (f) of HB 232 would be implemented. Section 3, subsection (f) of HB 232 read as follows:

(f) The parent or guardian of a minor is relieved of all financial obligation to the provider of a service under this section.

REPRESENTATIVE RUFFRIDGE shared his concern that Section 3, subsection (f) would prohibit a healthcare provider from refusing care if a student were to be uninsured, saying that if a student seeking the services HB 232 provides for may be prevented from doing so due to the language contained in the bill. He described Section 3, subsection (f)'s wording as "rigid" and warned it could prevent clinics from receiving remuneration for mental health services.

SENATOR GIESSEL explained that a student's health insurance would be billed, likely through Medicaid. She said that pro-bono care would be provided if healthcare was not available and said that Section 3, subsection (f) of HB 232 would not prohibit any such refusal to provide care. She also added that many clinical social workers that she has spoken to often recognized the desperation of potential patients and thus offered pro bono care.

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REPRESENTATIVE SCHWANKE asked how HB 232 would reconcile its abdication of parental control largely in response to Senator Gissle's earlier comment that the aim of the bill was to "get parents involved," whereas Representative Schwanke said the bill would do the opposite. Representative Schwanke also asked if there was any evidence to support the claim that preventative mental health care was effective. She shared her concern that the proposed legislation would deter parents from enrolling their children in public schools.

SENATOR GIESSEL answered that it was impossible to quantify whether preventative mental health care was effective, stating that such a statement was akin to someone saying, "We've saved

money because we've vaccinated against measles." She emphasized the importance and good faith of mental health care services being provided, saying that such mental health issues were playing out in both school and family settings. To further illustrate her point, she cited reports from teachers and parents from schools that had such programs that a "huge difference in the classroom" is made by such services. Thus, Senator Gissel expressed her optimism that parents of students who receive such services would be achieved by improvements in student behavior.

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CHAIR MINA shared that during her time visiting with the National Conference of State Legislators (NCSL) working to address youth mental health and homelessness, her conversations revolving around lowering the age of consent for mental health care were seen as a solution to these issues.

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TERESA WROBEL, Policy & Advocacy Program Specialist, Alaska Children's Trust, gave invited testimony on HB 232. She emphasized that the proposed legislation would allow teenagers in Alaska to seek the healthcare that they need. She shared a series of statistics related to suicidality and mental health in Alaska youth and spoke to how a young person in poor mental health might not be able to safely address their issues with their parents. She said that research on youth mental health consent suggests that the age of consent for treatment being lower supports positive outcomes all throughout a person's teenage years and into adulthood. She cited the lowering of risk of future substance abuse, "unsafe coping mechanisms," family conflict, and involvement in the child welfare system. She emphasized the bill's intentionally limited scope in the services provided, stating that there was no authority under the bill to prescribe medication, that the bill did not remove parents from the broader behavioral health system, and that it provided a narrow opportunity for intervention.

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LANCE JOHNSON, Chief Operating Officer, Alaska Behavioral Health Association, gave invited testimony on HB 232. He highlighted that HB 232 was not primarily about access to mental health care in schools and pointed out 1,000 emergency room visits for suicide attempts by children between the age of 11 and 14 and

between the ages of 15 to 19 between the years 2021 and 2024. To further illustrate his point, he stated a situation within his organization of cases where a 9-year-old, an 11-year-old, and a 12-year-old committed suicide within the same year. He also cited a personal experience in which a 16-year-old attempted to reach out to him, but due to difficulties in obtaining parental consent, this individual attempted suicide. He said that the cost of waiting for mental health care could cost a child their life and explained that children seeking such services might never be able to receive parental consent. This could especially be the case if, according to Mr. Johnson, the parent is a source of abuse in that child's life and because of the continued stigma associated with seeking mental health care. He stated that while outcomes improve for patients with parental involvement, the bill was aimed at situations where "families choose not to participate." He said that pro-bono services could be paid for by community health grants and pointed to Minnesota and New Mexico as evidence of youth suicide declining since the introduction of youth mental health consent laws. He suggested a language change to the proposed legislation lines 29 and 31 and highlighted the need for treatment in mental health related substance use disorders, prefer adding language to included substance abuse treatment under the state plan and Medicaid 1115 waiver services. Mr. Johnson stated that doing so would give students under the age of 16 access to substance abuse treatment services. This is because such services are usually offered under the Medicaid 1115 wavier services system. To the same end, he also suggested changing the language in the bill where "mental health provider" is mentioned to instead read "mental health and/or substance use disorder provider". He cited that in his own professional experience; cases of suicide are often assisted with various controlled substances. Chief Operating Officer Johnson continually stated his support for both offering more service through the bill and lowering the age of consent within the bill stating that "youth today are exposed to so much more at a younger age."

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REPRESENTATIVE FIELDS suggested a technical language change to the proposed legislation and asked how the term "medical" should be applied throughout Alaska Statutes concerning mental health treatment.

MR. JOHNSON explained that the term "medical" was not very well defined in Alaska Statutes and said that the word would need to

be clarified, but that a more complete definition would include mental health and substance use disorder care.

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REPRESENTATIVE PRAX asked if a child seeking mental health services would be able to obtain them in a youth shelter. He further asked if a parent refusing to give consent for mental health care would be reported to the Office of Child Services (OCS), citing mandatory reporting requirements.

MR. JOHNSON answered that youth shelters are one such point of access. He said that there have been cases reported to OCS particularly in "non-response" cases, but there were a lot of nuances to be measured in the possible reporting of a parent to OCS. He also stated that passage of the bill would reduce the chances of OCS's services being used, as it would provide other channels for family conflict resolution.

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REPRESENTATIVE GRAY returned to Representative Field's technical question regarding the word "medical" and explained that the word's application in the context of HB 232 would simply outline how the word may be applied, not the definition of it.

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REPRESENTATIVE SCHWANKE asked Mr. Johnson to explain how the service of a suicide hotline might differ from the services offered by a mental health care office.

MR. JOHNSON explained that people on the help line or "988" are trained professionals, just like folks in mental health care facilities, but folks in those facilities would be able to provide more specialized, personalized care. However, in cases where there may be something more to [a person's expressed mental state], Mr. Johnson stated that these professionals would do referrals to local agencies, which he noted is common.

[4:38:20 PM](#)

REPRESENTATIVE MEARS shared that one of the goals of her membership on the House Health and Social Services Standing Committee was to "address problems upstream" and asked how poor mental health could influence substance misuse.

MR. JOHNSON said that the potential for substance misuse in a youth experiencing poor mental health was great. He also cited that current statutes give minors consent for the diagnosis and treatment of both pregnancy and venereal disease, thus he supports expanding such consent authority to mental health and substance abuse care.

[4:42:23 PM](#)

HEATHER IRELAND, Executive Director, Anchorage School Based Health Centers, gave invited testimony on HB 232. She said, "If you want to make a difference in adolescent mental health, you would pass this bill." She spoke to the work, vision, and mission of Anchorage School Based Health Centers since its founding in 2010. While her organization screens for a wide variety of health risks, Ms. Ireland stated that the organization has seen an increase in the number of students who exhibit signs of depression and behavioral health challenges. This observation, according to Ms. Ireland, is acknowledged by schools themselves. She spoke to the willingness of youth in Alaska to seek mental health care treatment, so long as they would not have to share their medical needs with their parents, a figure she states is about twenty five percent. Ms. Ireland attributes this to the stigma that parents have associated with mental illness treatment, which the younger generation has "moved past." She cited the example of Colorado, which lowered the age of consent for mental health treatment from age 16 to 12, the result of which was "like a lightning bolt." She said that the three states that have the lowest youth suicide rates have the age of consent required to receive mental health care at an age lower than 16, whereas the three states that have the highest rates of youth suicide - Alaska included - have the age of consent at age 18. She also cited a 2018 study out of Minnesota to support school-based mental health clinics, which found that such programs reduced self-reported suicide by fifteen percent. She pointed to grants as an option for the funding of care and services that would be allowed under HB 232.

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REPRESENTATIVE PRAX asked Ms. Ireland at what point she would report a parent to OCS for not allowing their child to receive mental health care.

MS. IRELAND said that her answer would have to be on a case-by-case basis. In her experience, much of her work is related to physical exams required for participation in high school sports.

This, Ms. Ireland admitted, could have a self-selecting effect for "higher functioning" students interested in school activities, rather than more severely depressed students who, "aren't engaged in their learning." She added, "Those are often times kids who aren't in school as much because it's hard for them to get there." Most likely, Ms. Ireland stated that a self-harm or more suicidal student would receive priority in the OCS reporting process.

[4:50:24 PM](#)

BELLA GUNTHER-CHAVEZ, Student, South Anchorage High School, gave invited testimony on HB 232. She emphasized student support for HB 232 and spoke to the limited mental healthcare services available in her high school. To illustrate her point, she stated that at her high school, there were only school counselors, with basic training in therapy and whose primary jobs are to help students with their class scheduling. Yet according to Ms. Gunther-Chavez, students often arrive at their counselor's office in the middle of a mental health crisis, further drawing on their own personal experience. She detailed the numerous impacts of a parent denying their child consent to receive mental health care and said, "At the end of the day, only the person who is struggling knows." To further illustrate her point, she told a story of a friend who "seemed perfectly fine." She continued as follows:

She was socially engaged and involved in school and extracurriculars. However, she was secretly struggling with her mental health, and no one knew. Tragically, she attempted to take her life. Thankfully, she is still with us today. Shortly after her attempt, doctors diagnosed her with a major depressive disorder; a neurological brain disorder that impacted her mood, changing the status of her mental health.

MS. GUNTHER-CHAVEZ said while teens ideally share their mental health challenges with their parents, many parents brush off such concerns, leading to worse outcomes for students. Ms. Gunther-Chavez argued that HB 232 would empower students to make their own health decisions, stating, "Teens can be their best advocates if we let them." She shared her vow to honor people who had lost their lives to poor mental health and thanked the committee members for their consideration of the proposed legislation.

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REPRESENTATIVE GRAY thanked Ms. Gunther-Chavez for her testimony and congratulated her on doing a great job.

[4:54:17 PM](#)

PAIGE BROWN, Staff, Senator Cathy Giessel, Alaska State Legislature, as an invited testifier, read sectional analysis [included in the committee file] for HB 232, which read as follows [original punctuation included].

Section 1. Amends AS 25.20.025: Examination and Treatment of Minors. This section adds youth who provide documentation demonstrating they are an unaccompanied homeless minor to the list of minors who can consent to medical treatment.

This section would add behavioral and mental health services to the list of services an unaccompanied homeless minor, a minor living apart from their parents or legal guardian, and a minor who is the parent of a child, are able to consent to.

Section 2. Adds new subsections to AS. 25.20.025: Examination and Treatment of Minors.

This section adds new subsections relating to documentation required by homeless unaccompanied minors for the purposes of giving consent.

The documentation must state that the minor is:

1. 16 years of age or older
2. Does not have a fixed, regular, adequate nighttime residence; and
3. Is not in the care and physical custody of a parent or guardian, And the document must be signed by:
 1. A director or designee of a director of a governmental or nonprofit entity that receives funds to provide assistance to those who are homeless;
 2. A local educational agency liaison for homeless youth, a local educational agency foster care point of contact, or a licensed clinical social worker employed by a school in the state;
 3. An attorney that represents the minor; or
 4. The minor and 2 adults with actual knowledge of the minor's situation.

Section 3. Adds a new section to AS. 25.20: Parent and Child.

This section would give a minor aged 16 years or older the ability to consent to receive five 90-minute sessions of outpatient behavioral or mental health

appointments, without obtaining the consent of the minor's parent or guardian. A mental health provider may not prescribe medication without consent of the parent or guardian. After the fifth appointment, a provider may continue to provide services to the minor if:

1. Attempting to get consent from the minor's parent or guardian would be detrimental to the minor's well-being by:

a. The behavioral or mental health services are related to allegations of neglect, sexual abuse, or mental or physical abuse by the minor's parent or guardian; or

b. The provider finds that requiring the consent of the minor's parent or guardian would cause the minor to reject services, failing to provide services would be detrimental to the minor's well-being, the minor sought services knowingly and willingly, and the minor has the maturity to productively participate in services.

2. The provider determines that contacting the parent or guardian would not be detrimental to the minor's well-being, the provider has informed the minor that parental consent is required to continue services, the provider has made at least two unsuccessful attempts to contact the minor's parent or guardian by mail, email, or phone, and the mental health provider has the written consent of the minor.

If a provider continues treatment due to the belief that obtaining consent from the minor's parent or guardian would be detrimental to the minor's well-being, the mental or behavioral health provider may continue services with documentation of the determination in the patient's clinical record, written consent from the minor, and evaluations every 60 days about if the minor's well-being is continually in question until either the provider discontinues services, or the minor turns 18 years of age.

If a mental health provider has decided to continue services due to the belief that obtaining the parent or guardians consent would be detrimental to the minor's wellbeing, they may not contact the minor's parents or guardian without written consent from the minor. A provider may not disclose the information to the parent or guardian if the minor chooses to discontinue services after being informed that they must obtain parental consent after 5 sessions. A

provider may deny a minor's parent or guardian access to any part of the minor's clinical record if the provider has compelling reasons to deny the parent or guardian access.

A parent or guardian is relieved of any financial obligation to pay for services consented to by this new section.

Nothing in this new section can be taken as an excuse to remove liability or the person performing examination or treatment for failure to meet typical standards of care in the state.

Section 4. Amends AS. 47.10.084(c): Legal custody, guardianship, and residual parental rights and responsibilities.

This section adds the new section from section 3 to the list of exceptions of a parent's residual rights and responsibilities.

Section 5. Amends AS. 47.12.150(c): Legal custody, guardianship, and residual parental rights and responsibilities.

This section adds the new section from section 3 to the list of exceptions of a parent's residual rights and responsibilities.

Section 6. Effective date.

This section provides for an effective date of January 1, 2026.

[4:59:11 PM](#)

CHAIR MINA thanked the invited testifiers.

[HB 232 was held over.]

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CHAIR MINA delivered committee announcements.

[4:59:40 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.