**ALASKA STATE LEGISLATURE**
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**
January 30, 2025
3:31 p.m.

**MEMBERS PRESENT**

Senator Forrest Dunbar, Chair
Senator Cathy Giessel, Vice Chair
Senator Matt Claman
Senator Löki Tobin
Senator Shelley Hughes

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

PRESENTATION(S): MEDICAID 1115 WAIVER UPDATE

- HEARD

SENATE BILL NO. 44
"An Act relating to the rights of minors undergoing evaluation or inpatient treatment at psychiatric hospitals; relating to the use of seclusion or restraint of minors at psychiatric hospitals; relating to a report published by the Department of Health; relating to inspections by the Department of Health of certain psychiatric hospitals; and providing for an effective date."

- HEARD & HELD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 44
SHORT TITLE: MINORS & PSYCHIATRIC HOSPITALS
SPONSOR(s): SENATOR(s) CLAMAN

| | | |
|---|---|---|
| 01/17/25 | (S) | PREFILE RELEASED 1/17/25 |
| 01/22/25 | (S) | READ THE FIRST TIME - REFERRALS |
| 01/22/25 | (S) | HSS, FIN |
| 01/28/25 | (S) | HSS AT 3:30 PM BUTROVICH 205 |
| 01/28/25 | (S) | Heard & Held |
| 01/28/25 | (S) | MINUTE(HSS) |

**WITNESS REGISTER**

EMILY RICCI, Deputy Commissioner
Department of Health (DOH)
Juneau, Alaska
**POSITION STATEMENT:** Co-presented The Role of Section 1115 Waivers in Medicaid Opportunities and Updates.

TRACY DOMPELING, Director
Division of Behavioral Health
Department of Health
Juneau, Alaska
**POSITION STATEMENT:** Co-presented The Role of Section 1115 Waivers in Medicaid Opportunities and Updates.

BETSY WOOD, Associate Director
Office of Health Savings
Department of Health
Juneau, Alaska
**POSITION STATEMENT:** Co-presented The Role of Section 1115 Waivers in Medicaid Opportunities and Updates.

KATHLEEN WEDEMEYER, Deputy Director
Citizens Commission on Human Rights
Seattle, Washington
**POSITION STATEMENT:** Testified in support of SB 44 with concerns.

ROBERT NAVE, Division Operations Manager
Division of Health Care Services
Department of Health
Anchorage, Alaska
**POSITION STATEMENT:** Answered questions on SB 44.

**ACTION NARRATIVE**

3:31:09 PM
CHAIR DUNBAR called the Senate Health and Social Services Standing Committee meeting to order at 3:31 p.m. Present at the call to order were Senators Tobin, Claman, Hughes, Giessel, and Chair Dunbar.

**PRESENTATION(S):**
**MEDICAID 1115 WAIVER UPDATE**

3:32:01 PM
CHAIR DUNBAR announced a presentation The Role of Section 1115 Waivers in Medicaid Opportunities and Updates by the Department of Health.

3:32:52 PM
EMILY RICCI, Deputy Commissioner, Department of Health (DOH), Juneau, Alaska, co-presented The Role of Section 1115 Waivers in Medicaid Opportunities and Updates. She expressed appreciation for the opportunity to explain how 1115 waivers differ from standard Medicaid coverage.

3:33:15 PM
MS. RICCI moved to slide 2 Medicaid Basics.

[Original punctuation provided.]

**Medicaid Basics**

- Medicaid is a public health insurance program for low-income adults, children, pregnant women, elderly adults, and people with disabilities.
  - Administered at the state level, subject to federal requirements
  - Jointly financed by the federal government and the state
- Alaska adopted Medicaid in 1972.

MS. RICCI stated that Medicaid is a joint state-federal insurance program for low-income individuals, including children, pregnant women, the elderly, and people with disabilities. Alaska joined Medicaid in 1972 and currently insures nearly 30 percent of its population, making it essential to both health coverage and healthcare financing in the state.
She explained that although federally funded, Medicaid is state-administered under federal guidelines, with required and optional benefits and coverage groups determined at the state level. The federal government covers at least 50 percent of costs, with the rate varying by service type and population.
She described the Medicaid state plan as the agreement between Alaska and the federal government outlining covered services, eligible populations, payment methods, and administrative procedures. Changes to the state plan require formal amendments, including federal review, public comment, tribal consultation, and financial analysis.

3:36:16 PM
MS. RICCI moved to slide 3, What is an 1115 Waiver:

[Original punctuation provided.]

> **What Is An 1115 Waiver?**
>
> 1115 waivers give states the ability to tailor their Medicaid programs by testing and evaluating **state-specific policy approaches.**
>
> Under Section 1115 of the Social Security Act, the U.S. Health & Human Services Secretary has the authority to waive compliance with Medicaid law to approve "any experimental, pilot or demonstration project" that promotes the objectives of the Act. Demonstrations may be very broad or very narrow.
>
> Demonstrations can be used to test innovative care **delivery systems**, to add or alter **benefits**, and to modify **eligibility**.
>
> Demonstrations must be **budget-neutral** for the federal government.

MS. RICCI explained that a Section 1115 waiver allows states to test Medicaid program changes not typically permitted under federal rules, using broad statutory authority granted to the Secretary of Health and Human Services.

MS. RICCI stated that 1115 waivers must align with Medicaid objectives and are approved as demonstration projects, usually for five years. These projects start with a clear goal, use specific metrics to evaluate outcomes, and require extensive reporting, public comment, tribal consultation, and federal negotiation throughout their duration.

MS. RICCI emphasized that waivers must be budget neutral from the federal perspective, meaning total federal costs under the waiver cannot exceed what they would have been without it. Measuring budget neutrality is complex and may vary depending on the federal administration.

MS. RICCI noted that evaluations must be conducted by an independent contractor to ensure accountability and validity of

outcomes. Waivers can range in scope from narrow service tests to complete program structures, as seen in Arizona.

3:40:04 PM
TRACY DOMPELING, Director, Division of Behavioral Health, Department of Health, Juneau, Alaska, Co-presented The Role of Section 1115 Waivers in Medicaid Opportunities and Updates. She moved to slide 4 and shared the following points:

[Original punctuation provided.]

**Alaska's Current 1115 Waiver**

The **Behavioral Health Reform** 1115 waiver aims to provide cost-effective, high-quality behavioral health services at the right time in the right setting.

**Increase** access to community-based care

**Intervene** as early as possible to address behavioral health symptoms

**Improve** quality and outcomes of the overall behavioral health system

MS. DOMPELING stated that the 1115 waiver expanded Medicaid services beyond the standard state plan by incorporating programs previously funded through grants. She highlighted the addition of services such as 23-hour crisis care, stabilization programs, crisis residential, and mobile crisis response, all aligned with the Crisis Now model. She noted the inclusion of children, adolescent, and adult mental health residential programs, partial hospitalization, and substance use disorder services that meet national standards.

3:41:35 PM
MS. DOMPELING moved to slide 5 Alaska's Current 1115 Waiver sharing details of the following timeline:

[Original punctuation provided.]

**2016** SB 74 passes, directing the Department to pursue an 1115 waiver for behavioral health system modernization.
**2017** Department drafts 1115 waiver application (includes behavioral health and substance use disorder components).

**2018** Waiver application submitted for federal approval. Substance use disorder component of waiver is approved.
**2019** Substance use disorder waiver services available to Alaskans. Behavioral health component of waiver is approved.
**2020** Behavioral health waiver services available to Alaskans.
**2021** Department develops regulations packages, billing manuals, other ongoing operational requirements.
**2022** Interim evaluation report is submitted.
**2023** Department begins process for waiver renewal and receives federal approval for a temporary extension.
**2024** Waiver is renewed to 12/31/2028 and renamed to Behavioral Health Reform waiver.

MS. DOMPELING stated that the waiver renewal included a name change to the Behavioral Health Reform Waiver, replacing the previous bifurcated title. She explained that the new name reflects Alaska's commitment to program reform and broader system transformation in behavioral health.

3:44:33 PM
MS. RICCI added that understanding the waiver timeline is key to assessing its impact on the behavioral health system, particularly given the timing of service implementation. She noted that behavioral health services launched in May 2020 during the onset of the COVID-19 pandemic, which created challenges for rollout. She indicated that upcoming data slides will show increased service use and payments under the 1115 waiver, partially due to the delayed uptake caused by the pandemic.

3:45:15 PM
MS. DOMPELING moved to slide 6, Medicaid Expenditures for Behavioral Health, a bar graph showing the state and federal 1115 expenditures and state and federal plan expenditures from FY 2018 to FY 2025. A green line shows the decrease in grants and a shift to Medicaid services. She emphasized the significant increase in behavioral health funding over the past seven fiscal years, combining state plan, 1115 waiver, and grant funding.

MS. DOMPELING noted that Senate Bill 74 aimed to shift from grant-based support to a more sustainable Medicaid-funded system to draw down additional federal dollars. From FY 2018 to FY 2024, behavioral health funding increased by $120 million—a 48

percent rise. She explained that the growth in Medicaid expenditures, particularly under the 1115 waiver, reflects increased provider participation and service use, while grant funding has generally declined, aside from a temporary spike in FY 2022 due to American Rescue Plan Act funds.

MS. DOMPELING reported a 41.6 percent increase in independent practitioners enrolling in Medicaid between FY 2023 and FY 2024, along with annual rate increases for 1115 services, including a 4.5 percent bump in both FY 2023. An increase was also seen in FY 2019 which was based on required rebasing to clinic and rehabilitation services. In FY 2025 there was another increase in 1115 services of 4.5 percent increase to the base rate. A 3.8 percent clinic rebasing also took effect in January 2025. She concluded by highlighting the department's prioritization of behavioral health and home and community-based service rates in its ongoing rate methodology review to support provider sustainability and service expansion.

3:50:07 PM
MS. RICCI emphasized that developing new services under the 1115 waiver takes time due to both policy and operational challenges. She acknowledged the longstanding focus from the legislature, the Department of Health, and other stakeholders on strengthening behavioral health services. She stated that the 1115 waiver is beginning to show clear benefits and funding maturity, aligning with the policy goals of Senate Bill 74. She noted a significant shift toward Medicaid funding and increased use of federal dollars to support Alaska's behavioral health system and expressed optimism about future data as the waiver matures.

3:51:13 PM
MS. DOMPELING moved to slide 7, Refining and Sustaining Services:

[Original punctuation provided.]

**Refining and Sustaining Services**

Waiver services are evaluated on an ongoing basis as part of a continuous improvement process.

- Move services into state plan
- Retain services in waiver
- Modify services in waiver

MS. DOMPELING stated that ongoing maintenance of the 1115 waiver is essential, as it functions as a demonstration to test service effectiveness and provider uptake. She explained that the evaluation process helps identify which services may transition into the state plan and which need adjustments due to implementation challenges. She noted that amendments offer opportunities to expand effective services and create flexibilities to better support provider participation statewide. She highlighted crisis services as an area for improvement, referencing provider feedback, a recent statewide assessment, and new federal guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA) promoting a broader crisis continuum. She added that current mobile crisis response requirements, such as 24/7 availability, are difficult for smaller communities, and future changes will aim to make implementation more feasible.

3:54:17 PM

BETSY WOOD, Associate Director, Office of Health Savings, Department of Health, Juneau, Alaska, co-presented The Role of Section 1115 Waivers in Medicaid Opportunities and Updates. She moved to slide 8 and outlined the department's future plans for the 1115 waiver, focusing on evolving the current waiver through amendments and exploring new demonstration opportunities that align with broader Medicaid policy goals.

MS. WOOD stated that the department is evaluating which current 1115 services are working well for providers and beneficiaries, while also identifying areas where new ideas could be implemented more efficiently through amendments rather than starting new waivers from scratch. She highlighted three key areas of exploration:

- **Health-related needs**, such as nutrition and transportation services, supported by recent legislation and modeled after successful programs in other states.
- **Reentry services** for incarcerated adults, including supports available up to 90 days pre-release, in coordination with the Department of Corrections and Division of Juvenile Justice through a national Policy Academy.
- **Innovative payment models**, including value-based and population health payment approaches, following a request for information issued to providers last year.

3:59:41 PM

MS. DOMPELING moved to slide 9, Process and Timeline for 1115 Waivers, and reviewed the overall process for developing and implementing 1115 waivers, emphasizing that while timelines vary, the path involves multiple key steps from policy scoping to the five-year demonstration period. She underscored that stakeholder engagement is central throughout the process—from initial idea to implementation—and is critical to the success of any system change. She expressed appreciation for the work already done through the Behavioral Health Reform Waiver, noting the lessons learned and the department's continued effort to apply best practices from Alaska and other states to streamline future efforts.

4:01:32 PM
SENATOR HUGHES asked whether the goal of the 1115 waiver pilot is to identify effective services that can later be incorporated into the state plan, eliminating the need for ongoing waiver renewals.

MS. DOMPELING replied yes, that is the ultimate goal.

4:02:38 PM
SENATOR HUGHES asked whether, in meeting the budget neutrality requirement, the state calculates projected costs without the waiver and whether the federal government conducts its own estimates, leading to possible negotiation if there is disagreement. She referred to slide 6 showing expenditure growth and asked if the increase to approximately $390 million in FY 2024 was anticipated during the waiver application process. She inquired what happens if actual spending exceeds projections.

4:03:33 PM
MS. DOMPELING confirmed that budget neutrality is required during both waiver renewals and amendments and is included in ongoing reporting throughout the waiver period. She explained that projections often assume some individuals would otherwise need more expensive, higher-level care, and that by offering lower-cost, preventative services, the state maintains neutrality in federal spending.

4:04:39 PM
MS. RICCI explained that budget neutrality can be measured in various ways, and negotiations with the federal government often center on which assumptions are used in the projections. She stated that the core of budget neutrality is comparing the estimated cost of services with the waiver to what the cost would be without it. She noted that for the Behavioral Health

Reform Waiver, the assumption is that providing earlier access to behavioral health and substance use disorder services reduces the need for more expensive, acute care later. She added that these projections rely on complex actuarial analyses conducted by state-hired contractors and reviewed by federal actuaries.

4:05:58 PM
SENATOR CLAMAN asked whether portions of a demonstration project eventually become part of the permanent Medicaid program or if the state continues to renew the 1115 waiver repeatedly.

MS. RICCI explained that whether services from an 1115 waiver move into the Medicaid state plan depends on several considerations. There are many reasons why it might not be appropriate to move services to the state plan. She stated that services showing strong value may be candidates for transition, but factors like Medicaid's upper payment limit—tied to typically lower Medicare rates—can make some services better suited to remain under the 1115 waiver. She noted that 1115 waivers offer more rate-setting flexibility, which is important when designing behavioral health services, and not all state plan payments are subject to the same limits, adding complexity to the decision. She added that in other states, 1115 waivers are often ongoing and amended over time, rather than ending entirely. Some larger services or goals may end while the waiver structure remains in place.

4:08:36 PM
SENATOR CLAMAN asked if, based on examples from other states, it is reasonable to expect Alaska will continue to operate an 1115 waiver alongside the Medicaid state plan with content evolving over time.

MS. RICCI replied that based on her knowledge that is what she would expect.

SENATOR CLAMAN asked whether crisis intervention and crisis residential services, which the legislature developed in coordination with the department, are included in both the original 1115 waiver and its renewal.

4:09:18 PM
MS. DOMPELING confirmed that crisis intervention and crisis residential services remain part of the 1115 waiver. She added that the department has directed its contractor to review current 1115 services and recommend which may be suitable for transition into the state plan. She stated that as services move

out of the waiver, the Division of Behavioral Health plans to evaluate grant-funded programs to identify promising models that could be added to the 1115, allowing grant funds to be redirected toward filling other service gaps identified in past reports and ongoing gap analyses.

4:10:26 PM
SENATOR GIESSEL expressed concern about the slow pace of progress since the passage of Senate Bill 74. She said she agrees with continued use of grant funding as a valuable tool for testing and evaluating effective treatments and expressed concern over removing grants entirely. She acknowledged the reported 48 percent funding increase and 41.6 percent rise in practitioner enrollment but emphasized that need has grown by an estimated 90 percent, indicating the system remains under-resourced. She asked how much the 1115 waiver supports integrated care models that combine primary care, behavioral health, and substance use disorder treatment to better address whole-person care.

4:12:22 PM
MS. DOMPELING acknowledged that behavioral health and substance use disorder (SUD) services are still largely separate within the 1115 waiver structure. She highlighted upcoming work to establish Certified Community Behavioral Health Clinics (CCBHCs) in Alaska, which integrate behavioral health and primary care and qualify for an enhanced prospective payment system (PPS) rate. She explained that CCBHCs must provide services regardless of an individual's ability to pay, addressing access gaps for those without Medicaid or private insurance. She agreed that integration and system improvements take time and effort, noting the division's limited size and capacity but emphasizing their ongoing progress despite structural challenges, such as separate SUD and mental health manuals.

4:14:16 PM
MS. RICCI stated that one of the goals of the Office of Health Savings is to increase the department's agility in responding to opportunities and advancing demonstration projects like 1115 waivers. She noted that the Behavioral Health Reform Waiver was Alaska's first 1115 effort, and the department aims to build on that experience by expanding capacity within the commissioner's office to support idea development and implementation. She emphasized the department's intent to work more quickly and collaboratively, even though federal processes remain a limiting factor in overall waiver approval timelines.

4:15:11 PM
SENATOR GIESSEL said she appreciated the distinction between behavioral health and substance use disorder made by Ms. Dompeling. She noted that Federally Qualified Health Centers (FQHCs) are also transitioning toward integrated care models that include mental health and substance use disorder services. She asked whether reimbursement rates for FQHCs are being rebased to reflect this shift and how that process is progressing.

MS. RICCI stated that the department is working closely with the Alaska Primary Care Association on reimbursement and rebasing issues for Federally Qualified Health Centers (FQHCs). She stated that the department is working closely with the Alaska Primary Care Association on reimbursement and rebasing issues for Federally Qualified Health Centers (FQHCs). They are working to identify through a system and process the addition of services brought on board. She noted that several FQHCs have already been rebased over the past two years and that progress is being made in addressing previously raised concerns.

4:16:43 PM
SENATOR TOBIN referred to slide two and asked about the negotiation process with the federal government regarding the Medicaid state plan. She inquired how much notice the state receives if the federal government reduces funding or changes how it supports previously approved elements of the plan, and whether there is a disclosure requirement before such shifts take effect.

4:17:56 PM
MS. RICCI responded that it is difficult to speak to hypotheticals, but the department actively monitors changes from the Centers for Medicare and Medicaid Services (CMS). She noted that significant federal policy shifts have occurred in the past and, as new changes are approved and clarified, the department will respond as needed.

4:18:30 PM
SENATOR TOBIN asked whether federal protections or specific timelines exist—such as a 30- or 60-day notice period—requiring the federal government to formally notify states before making changes to Medicaid funding or policy. She questioned whether such requirements are outlined in federal code or if changes could be implemented informally

4:18:49 PM

MS. RICCI stated that she would need to review the specifics regarding federal timelines for changing Medicaid policy but clarified that she is more familiar with the timelines required when the state initiates change through a state plan amendment. She explained that the amendment process includes strict requirements for public notice, tribal consultation, and federal review, along with opportunities for the state to appeal certain federal decisions.

4:19:41 PM
SENATOR HUGHES provided historical context on reentry services, referencing Senate Bill 74 and the work of former legislative staff and contractors, including Ryan Ray, who focused on reentry and substance use disorder. She highlighted the significance of reentry programs following the repeal of Senate Bill 91 and described a pilot project—Set Free Alaska—which began around 2019 with funding from state and federal sources, including support from Senator Natasha von Imhof and Senator Lisa Murkowski. She described Set Free Alaska's whole-person, integrated care model that begins pre-release and continues post-release with residential services, covering areas such as primary care, nutrition, family counseling, job training, and substance use treatment. She encouraged the department to review Set Free Alaska's outcomes and consider it as a potential model for replication as they explore reentry services under the 1115 waiver.

SENATOR HUGHES asked how the approximately $390 million in behavioral health spending in FY 2024 compares to overall medical spending in Medicaid. She referenced recent discussions on parity and noted the growing mental health needs in the state, seeking context on how behavioral health funding aligns with general medical expenditures.

4:22:23 PM
MS. RICCI stated that Alaska's total Medicaid budget is approximately $2.8 billion, combining state and federal funds. She clarified that the $388 million shown on slide 6 includes around $51 million in state grants, leaving about $333 million in Medicaid spending specifically for behavioral health services. So, in context of the overall Medicaid budget, that is about the amount in comparison to the medical spend.

4:23:01 PM
CHAIR DUNBAR said that if you do the math that is about $2.4 billion spent on medical services. He clarified that the parity legislation he sponsors is not seeking equal funding between

behavioral and physical health, but rather parity in administrative processes and service accessibility. He expressed appreciation for the department's efforts on that front.

4:23:34 PM
SENATOR GIESSEL commented that unaddressed behavioral health issues often amplify medical conditions, meaning a portion of the $2.4 billion spent on medical services also relates to mental health.

4:24:10 PM
MS. RICCI thanked the committee for its continued support over the years and acknowledged Heather Carpenter for her contributions to the development and advancement of the 1115 waiver work.

4:24:25 PM
At ease.

## SB 44-MINORS & PSYCHIATRIC HOSPITALS

4:24:34 PM
CHAIR DUNBAR reconvened the meeting and announced the consideration of SENATE BILL NO. 44 "An Act relating to the rights of minors undergoing evaluation or inpatient treatment at psychiatric hospitals; relating to the use of seclusion or restraint of minors at psychiatric hospitals; relating to a report published by the Department of Health; relating to inspections by the Department of Health of certain psychiatric hospitals; and providing for an effective date."

4:25:48 PM
CHAIR DUNBAR opened public testimony on SB 44.

4:26:15 PM
KATHLEEN WEDEMEYER, Deputy Director, Citizens Commission on Human Rights, Seattle, Washington, testified in support of SB 44 with concerns. She stated Citizens Commission on Human Rights is a psychiatric watchdog group that supports the main goals of SB 44 to reduce abuse risk, improve family connections, and increase transparency in psychiatric hospitals for minors. She advocated for additions to SB 44, including a review of the use of psychiatric medications, especially powerful or atypical drugs, and a shift toward non-coercive, drug-free treatments.
She cited concerns about severe side effects of psychiatric drugs and the lack of objective medical tests to diagnose psychiatric conditions in youth. She also recommended mandatory

medical screening for minors upon admission to rule out underlying physical causes of emotional distress and urged support for an amended version of SB 44.

4:28:11 PM
CHAIR DUNBAR closed public testimony on SB 44.

4:28:28 PM
SENATOR CLAMAN speaking as sponsor provided comments on SB 44. He responded to earlier questions regarding the term "overseeing physician" on page 1, line 11, by recommending it be changed to "professional person in charge," a term used elsewhere in Title 47. He explained that this change would clarify that the individual making decisions about limiting parent-youth communication must be a higher-level supervising care provider—such as a physician, physician assistant, or psychologist—rather than the broader treatment team. He stated that an amendment reflecting this change will be introduced, along with a second amendment to shift data collection responsibilities noted on page 2, lines 18-24, from the Department of Family and Community Services to the Department of Health. He also noted that the Department of Health is available to respond to earlier questions regarding the use of body cameras or video monitoring in psychiatric treatment settings.

4:30:33 PM
SENATOR GIESSEL acknowledged the previous testifier's concerns about the use of psychiatric medications in young people and agreed that such treatments can potentially cause lasting changes to neural pathways. She cautioned against prescribing specific healthcare approaches through legislation. She affirmed that the testifier raised a valid and important point.

4:31:20 PM
SENATOR CLAMAN expressed agreement with Senator Giesel's concerns about the risks of legislating specific medication use for youth. He cautioned against placing restrictions in statute on particular drugs, noting the evolving nature of pharmaceutical treatments and the potential for new medications to show promise initially but later reveal serious issues. He supported raising concerns about youth medication use but suggested that such matters are better addressed through regulation, which offers greater flexibility to adapt over time. He acknowledged the importance of the issue but was uncertain how to effectively address it through bill language.

4:32:21 PM

SENATOR GIESSEL referred to SB 44, Section 3, which outlines an annual report requirement, and suggested it could include data on the frequency of pharmaceutical interventions. She stated that adding this information could help identify trends, encourage self-examination by providers, and support comparisons to best practices. She noted she would need to consider how best to phrase the requirement but believed it would prompt valuable reflection on medication use.

4:32:56 PM
CHAIR DUNBAR commented that, in addition to concerns about psychiatric medications, there is clear evidence that social media use is also altering brain chemistry. Although not directly related to SB 44, he suggested that society should critically examine the impact of smartphones and digital platforms on mental health, especially when discussing factors that affect brain development.

4:33:18 PM
SENATOR HUGHES stated she agreed with both comments by Senator Giessel and Senator Dunbar. She recalled prior Judiciary Committee testimony about the use of restraint on minors and emphasized that expert witnesses clearly stated restraint should be used only as a last resort and strictly for life safety situations. She described scenarios where restraint might be justified—such as preventing a child from self-harm—but raised concerns about misuse and potential consequences for providers.
She questioned whether the designated "professional person in charge," as proposed in the bill language, is subject to formal oversight or disciplinary action if restraint is used improperly. She shared that parents have voiced concerns about inappropriate use of restraint and reiterated the importance of accountability and transparency, including her prior suggestion about video monitoring.

4:35:22 PM
SENATOR CLAMAN stated that the foundation for the legislation stems from findings in a U.S. Department of Justice report, which identified overuse of both physical and chemical restraints in psychiatric settings. He emphasized that the bill's notice requirements—to both the Department of Health and parents—aim to increase transparency when restraint is used, enabling better oversight and investigation if misuse occurs. He said the hope is that increased transparency will reduce reliance on both physical and pharmaceutical restraints. He added that families have the option to pursue malpractice litigation if restraint is misused and noted that mandated

reporting will help monitor usage trends and inform whether overuse continues. SB 44 creates transparency that doesn't current exist.

4:37:00 PM
SENATOR HUGHES asked whether the licensing boards overseeing the designated "professional person in charge" have the authority to suspend or revoke licenses in cases of abuse or inappropriate use of restraint. She emphasized the importance of accountability, especially if reporting reveals repeated use at a specific facility, and questioned whether consequences exist for individuals misusing their authority.

SENATOR CLAMAN confirmed that consequences do exist within professional licensing systems for providers who fail to follow proper practices. He acknowledged that while he does not know all the specific procedures, he is aware that physicians and other licensed providers can be brought before their respective boards when concerns about their conduct arise.

4:38:44 PM
SENATOR CLAMAN asked if the committee wanted to hear from the Department of Health regarding cameras.

4:39:08 PM
ROBERT NAVE, Division Operations Manager, Division of Health Care Services, Department of Health (DOH), Anchorage, Alaska, answered questions on SB 44. stated that the department would provide a written response to questions about the use of cameras during restraint procedures, due to overlapping federal and state regulations. He explained that when the Division of Healthcare Services receives a complaint regarding improper use of restraint, an investigation is conducted by the Health Facility Certification and Licensing program. If the investigation finds that a specific licensed professional was responsible for the inappropriate restraint, the case is referred to the relevant professional licensing board for further review and potential action.

4:40:18 PM
CHAIR DUNBAR [held SB 44 in committee.]

4:40:34 PM
There being no further business to come before the committee, Chair Dunbar adjourned the Senate Health and Social Services Standing Committee meeting at 4:40 p.m.