

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

February 25, 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

SENATE BILL NO. 9

"An Act relating to the surrender of infants; and providing for an effective date."

- HEARD & HELD

SENATE BILL NO. 83

"An Act relating to health care insurance; relating to insurance reimbursement for health care services provided through telehealth; and providing for an effective date."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: SB 9

SHORT TITLE: SURRENDER OF INFANTS; INF. SAFETY DEVICE

SPONSOR(S): SENATOR(S) MYERS

01/10/25	(S)	PREFILE RELEASED 1/10/25
01/22/25	(S)	READ THE FIRST TIME - REFERRALS
01/22/25	(S)	HSS, JUD
02/20/25	(S)	HSS AT 3:30 PM BUTROVICH 205
02/20/25	(S)	-- MEETING CANCELED --
02/25/25	(S)	HSS AT 3:30 PM BUTROVICH 205

BILL: SB 83

SHORT TITLE: TELEHEALTH REIMBURSEMENT RATES
SPONSOR(s): SENATOR(s) CLAMAN

01/31/25	(S)	READ THE FIRST TIME - REFERRALS
01/31/25	(S)	HSS, FIN
02/11/25	(S)	HSS AT 3:30 PM BUTROVICH 205
02/11/25	(S)	Heard & Held
02/11/25	(S)	MINUTE (HSS)
02/25/25	(S)	HSS AT 3:30 PM BUTROVICH 205

WITNESS REGISTER

SENATOR ROBERT MYERS, District Q
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Sponsor of SB 9.

CARLA ERICKSON, Chief Assistant
Child Protection
Civil Division
Department of Law
Anchorage, Alaska
POSITION STATEMENT: Answered questions on SB 9.

THERESA WOLSTAD, Staff
Senator Robert Myers
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Provided the sectional analysis for SB 9.

DOUGLAS SCHRAGE, Chief
Anchorage Fire Department
Anchorage, Alaska
POSITION STATEMENT: Testified by invitation on SB 9.

JULIE CONDELL, Lead Dispatcher
Anchorage Fire Department
Anchorage, Alaska
POSITION STATEMENT: Testified by invitation on SB 9.

LONNY MARLEY, Council Member
City of Fairbanks
Fairbanks, Alaska
POSITION STATEMENT: Testified by invitation on SB 9.

PAMELA SAMASH, representing self
Nenana, Alaska

POSITION STATEMENT: Testified in support of SB 9.

KEN SPIERS, representing self
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of SB 9.

ARIELLE WIGGIN, Staff
Senator Forrest Dunbar
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided the summary of changes for SB 83 from version N to I.

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

POSITION STATEMENT: Answered questions on SB 83.

ACTION NARRATIVE

[3:31:47 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 Hughes, Claman, Tobin, Giessel, and Chair Dunbar.

SB 9-SURRENDER OF INFANTS; INF. SAFETY DEVICE

[3:32:33 PM](#)

CHAIR DUNBAR announced the consideration of SENATE BILL NO. 9 "An Act relating to the surrender of infants; and providing for an effective date."

[3:32:46 PM](#)

SENATOR ROBERT MYERS, District Q, Alaska State Legislature, Juneau, Alaska, sponsor of SB 9 paraphrased the following statement:

[Original punctuation provided.]

SB 9 - Sponsor Statement

SURRENDER OF INFANTS; INF. SAFETY DEVICE

"An Act relating to the surrender of infants; and providing for an effective date."

In 2008 Alaska enacted its safe surrender law to ensure that surrendered infants receive immediate care

for their safety and provide protections for the relinquishing parent, thereby reduce potential infant death due to illegal abandonment. While nine infants have been surrendered since the safe surrender statute was enacted, the state of Alaska has recently had several instances of infants being illegally abandoned, sometimes leading to death. Traditional safe surrender laws require a parent to directly relinquish an infant to another individual. Yet shame, fear, and potential recognition may pose potential barriers for a parent in crisis to utilize the safe surrender law as it still requires the surrender to be made in person.

Infant safety devices offer a possible solution to protect both relinquishing parents and infants. Infant safety devices allow a parent to surrender an infant anonymously through a climate-controlled device at a designated facility. Currently, twenty-two states authorize infant safety devices. Senate Bill Nine would authorize the use of infant safety devices as an additional method of infant relinquishment under the safe surrender laws. These devices would safely hold an infant with an automatic lock and constant video surveillance while immediately alerting appropriate personnel of the surrender. Infant safety devices would be placed in conspicuous areas with appropriate signage as determined by the Department of Family and Community Services (DFCS). An infant safety device may be located at hospital, emergency department, freestanding birth center, office of a private physician, rural health clinic, municipal police department, state trooper post, fire department, or other facility designated by the DFCS commissioner.

The ability to relinquish an infant to a safe location rather than an individual allows additional anonymity for the relinquishing parent while still ensuring that surrendered infants receive immediate medical care. Thus, SB 9 preserve the protection of surrendered infants while also addressing the potential barriers of shame, fear, and potential recognition of a relinquishing parent during a time of crisis.

SENATOR MYER stated facility consent is required for installation and payment for the devices is through private funding. He stated his office did not work with any particular

group in the drafting of SB 9. It mirrors Maryland legislation that was unanimously passed last year.

[3:35:46 PM](#)

SENATOR CLAMAN asked for the names of a few other states that have passed similar legislation.

[3:35:59 PM](#)

SENATOR MYERS replied that the list of states with similar legislation is in the bill packet.

CHAIR DUNBAR stated Alabama, Idaho, and Indiana are among the states listed.

SENATOR MYERS offered to provide the direct research from the National Conference of State Legislatures (NCSL).

CHAIR DUNBAR expressed approval of the shortened summary.

SENATOR CLAMAN stated he would like to see the NCSL analysis.

SENATOR MYERS said he would provide it.

[3:36:49 PM](#)

SENATOR GIESSEL expressed appreciation for the immediate emergency medical services (EMS) response when a child is placed in the device. She asked whether there is a provision in place for situations where the child is already deceased and there is evidence of child abuse.

[3:37:20 PM](#)

SENATOR MYERS stated that current law permits safe surrender only when there are no indications of abuse, and SB 9 does not change that standard. He clarified that the basic provisions of the safe surrender law remain intact. SB 9 simply introduces an additional method for safe surrender. He added that if there is evidence of abuse, it could still lead to criminal charges against the parent.

[3:37:45 PM](#)

SENATOR GIESSEL asked whether video surveillance could be used as a tool to identify the perpetrator.

[3:37:58 PM](#)

SENATOR MYERS stated that the video surveillance is limited to the inside of the box and does not capture the person approaching it. He explained that the intent is to preserve the

anonymity of the surrendering parent, which is a key factor in encouraging safe surrenders.

[3:38:25 PM](#)

SENATOR TOBIN asked how authorities can confirm that the person surrendering the infant is actually the parent.

SENATOR MYERS stated that under the current safe surrender law, no proof is required to verify that the person surrendering the child is the parent, and SB 9 does not change that provision. He suggested the Department of Family and Community Services address the question.

[3:39:32 PM](#)

SENATOR TOBIN explained that she asked the question because she was raised by her grandparents and understands that there are situations where an infant may be surrendered by a family member who is not the parent but also cannot provide care. She said gaining clarity on how the process works would help her better understand the implications.

[3:39:51 PM](#)

CHAIR DUNBAR called on Ms. Erikson to address the question and for Senator Tobin to repeat the question.

[3:40:07 PM](#)

SENATOR TOBIN asked whether, under the current bill draft and related statutes, there is any process through which the department or another system confirms that the individual surrendering the child is the parent or legal guardian.

[3:40:31 PM](#)

CARLA ERICKSON, Chief Assistant, Child Protection, Civil Division, Department of Law, Anchorage, Alaska, answered that confirmation of who surrendered the child is only possible if the individual's identity is known. In cases of complete anonymity and without external surveillance, the Department of Family and Community Services would treat the situation as an abandoned child and proceed with efforts to establish permanency. She stated her understanding of the process is there would likely be attempts to identify and contact other family members and that would be the extent of the current process.

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SENATOR TOBIN stated that she did not want to focus on worst-case scenarios but explained that she often considers situations involving separated parents or caregivers who can no longer

provide care. She expressed concern that if the surrender process remains fully anonymous with no way to confirm the identity of the person surrendering the child, there is a real risk that a loving family willing to care for the child might never be contacted. She said this is a personal consideration she takes into account when reviewing the legislation.

[3:42:09 PM](#)

SENATOR HUGHES stated that the 2008 law granted immunity from prosecution to a parent who surrendered a child to another person. Regarding the nine cases where infants were surrendered, she asked whether information about the parent was provided to the Department of Family and Community Services (DFCS). She expressed concern that under the current proposal, that information may no longer be available.

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SENATOR MYERS deferred the question.

[3:43:25 PM](#)

MS. ERICKSON stated that in her experience with the Department of Law, the agency has been aware of the identity of the parent in safe surrender cases. She clarified that she was not aware of any case involving a fully anonymous or "clean, safe surrender" where the parent left the child and walked away without providing any information. She emphasized her understanding that the department had identifying information.

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SENATOR HUGHES sought to address Senator Tobin's concern by stating that the intent behind safe surrender options is to account for factors like fear and embarrassment that a parent may experience. She questioned whether requiring a parent to fill out and sign a form affirming their identity and placing it with the baby in the device would discourage use. She noted that although the act remains private, adding a signed document might still feel intrusive.

[3:44:41 PM](#)

SENATOR MYERS stated that SB 9 aims to provide an opportunity for parents to voluntarily include identifying and medical information when surrendering a child, which is the ideal outcome. He emphasized, however, that the priority remains preserving the child's life. He acknowledged that while additional information is valuable, the first and most critical step is ensuring the child survives. He concluded that this focus guided the direction of the SB 9.

3:45:36 PM

THERESA WOLSTAD, Staff, Senator Robert Myers, Alaska State Legislature, Juneau, Alaska, provided the sectional analysis for SB 9:

[Original punctuation provided.]

SB 9 ver. I - Sectional Analysis

SURRENDER OF INFANTS; INF. SAFETY DEVICE
"An Act relating to the surrender of infants; and providing for an effective date."

Section 1: AS 47.10.013 (c) Page 1, Lines 3-15 Page 2, Lines 1-18.

This section authorizes an infant safety device as a location a parent may safely surrender an infant. Establishes appropriate locations for infant safety devices and authorizes the Commissioner of Family and Community Services to designate other appropriate facilities and locations.

Section 2: AS 47.10.013(d) Page 2, Line 19-31, Page 3, Lines 1-2.

Amends AS 47.10.013(d) with conforming statutory references as made in section one.

Section 3: AS 47.10.013(e) Page 3, Line 3-6.

Amends AS 47.10.013(e) with conforming language which adds "designated" to authorized facilities.

Section 4: AS 47.10.013 Page 3, Lines 7-31, Page 4, Lines 1. This section requires a designated facility to notify the nearest office of the Department of Family and Community Services that the infant has been surrendered. The Department may provide training to employees of a designated facility regarding implementation and compliance with Alaska safe surrender laws.

This section further establishes requirements for infant safety devices including:

1. Located within a conspicuous location that is visible to designated facility employees.
2. Climate-controlled.
3. Clearly marked with appropriate signage.

4. Equipped with an automatic 911 emergency system dispatch request for emergency medical response to the device location, a 24-hour video surveillance system, and automatic security lock after deposit.

Section 5: Page 4, Line 2.

This section establishes an effective date for the bill of July 1 st, 2026.

[3:47:48 PM](#)

CHAIR DUNBAR announced invited testimony on SB 9.

[3:48:03 PM](#)

DOUGLAS SCHRAGE, Chief, Anchorage Fire Department, Anchorage, Alaska, testified by invitation on SB 9 expressing strong support for the bill. He noted that Alaska's current safe haven law, like those in all 50 states, provides immunity from prosecution for a parent who surrenders a newborn to a designated professional. He explained that while the Anchorage Fire Department has received infants under this law, there have also been tragic cases of unsafe abandonment. He identified the face-to-face handoff requirement as a significant barrier due to stigma and fear, and stated that safe haven baby boxes offer a safer, anonymous alternative.

MR. SCHRAGE clarified that there is no legal requirement to collect identifying information during a live handoff, though officials use a voluntary questionnaire to request medical or background information. He stated that the same voluntary approach would apply to baby boxes, with signage encouraging completion of the form but no obligation to do so. He explained that baby boxes are typically installed in fire stations due to their 24-hour staffing, and are funded by donations.

MR. SCHRAGE emphasized that SB 9 is necessary to amend AS 47.10.013, which currently requires a live handoff and does not account for the use of anonymous baby boxes. He concluded that the bill would allow for safe, anonymous surrender and provide legal immunity, which he believes is a positive and necessary development.

[3:53:45 PM](#)

SENATOR CLAMAN congratulated Mr. Schrage on the birth of his granddaughter and becoming "Grandpa Schrage."

[3:54:01 PM](#)

SENATOR HUGHES asked about the cost of an infant safe surrender device. She also inquired how public awareness would be handled if one or more of these devices were installed in a community.

3:54:29 PM

MR. SCRAGE stated that he did not know the exact cost of the infant safe surrender boxes but estimated them to be in the tens of thousands of dollars. He explained that installation requires building modifications for alarms, lighting, electrical systems, and environmental controls to meet safety standards.

MR. SCHRAGE said boxes would be placed in strategic, accessible locations near main transportation routes. He described how signage, public education campaigns, and media coverage, such as news stories and social media, would inform the public. He added that flyers could be distributed at shelters, high-density housing, and other locations where individuals needing the service might be reached.

3:56:09 PM

SENATOR HUGHES asked whether the cost of the infant surrender boxes would be covered by the municipality or if nonprofits would be expected to raise funds. She inquired if any consideration had been given to how the funding would be handled.

MR. SCHRAGE stated that fundraising efforts have been significant, and he believed enough money had been raised to install at least one safe surrender box in Anchorage, though he was not certain. He clarified that there is no current plan for the municipality to fund the boxes directly. However, he noted that if a fire station were to be newly built or remodeled, it would be reasonable to include the cost of a surrender box as part of the construction project.

3:57:29 PM

JULIE CONDELL, Lead Dispatcher, Anchorage Fire Department, Anchorage, Alaska, testified by invitation on SB 9. She said she has 18 years of experience handling 911 emergencies. She spoke in strong support of SB 9 stating the bill adds another surrender option without removing existing legal avenues and highlighted the value of anonymity, which confidentiality alone does not provide. She stressed that many child abandonment cases stem from fear of being identified and described infant abandonment as a preventable form of trauma. She shared multiple real incidents, including a 2013 case in Eagle River where a baby was abandoned in a park and later found deceased, and a

2021 case in Fairbanks where a baby was left in a box in one-degree weather. She also cited a 2024 case in Anchorage where a baby was found deceased just one block from a fire station. She concluded that the ability to offer anonymity through safe surrender boxes could prevent such tragedies and save lives, reinforcing that protecting life should remain the top priority.

[4:01:18 PM](#)

LONNY MARLEY, Council Member, City of Fairbanks, Fairbanks, Alaska, testified by invitation on SB 9. He stated that he has been an advocate for infant safe surrender options since December 31, 2021, when a baby was found in a cardboard box on the side of the road on Chena Pump Road. He said SB 9 is a clear and necessary step. He shared that, based on his research through a firm in Florida, the cost of a baby box is approximately \$22,000, with an additional annual fee for maintenance and certification. He mentioned that the Knights of Columbus, although not present in Fairbanks, have funded boxes. He identified three possible locations for installation in Fairbanks. He expressed concern that the fire station may be unstaffed at times due to emergency calls and emphasized the importance of choosing a staffed, accessible location. He concluded by referencing recent child abuse cases, including the bludgeoning deaths of two toddlers, and questioned whether those tragedies could have been prevented if baby boxes had been available as an early intervention option.

[4:03:48 PM](#)

CHAIR DUNBAR concluded invited testimony on SB 9.

[4:03:55 PM](#)

CHAIR DUNBAR opened public testimony on SB 9.

[4:04:11 PM](#)

PAMELA SAMASH, representing self, Nenana, Alaska, testified in support of SB 9. She stated that she and others have waited years for the passage of SB 9 and expressed strong support on behalf of Right to Life Interior Alaska. She described the bill as an answer to prayer and shared that a fire official in Nenana also supports the bill and wants a baby box in that community. She emphasized the urgency of safe surrender options in Alaska due to extreme cold, noting that other, warmer states already have baby boxes in place. She shared a confidential account of a mother who, due to lifelong trauma, would not have surrendered her baby face to face—highlighting the importance of anonymous options. She said funding is not a barrier, as Interior Right to Life is ready to organize fundraisers in Fairbanks, and

representatives from the Knights of Columbus have participated in past events and could help as well. She concluded by urging the committee to move forward so the community can act.

[4:06:43 PM](#)

SENATOR GIESSEL clarified that the Knights of Columbus is a very active organization within the Catholic Church and has a presence anywhere a Catholic Church exists in Alaska.

[4:07:19 PM](#)

KEN SPIERS, representing self, Fairbanks, Alaska, testified in support of SB 9 by stating he agrees with others who have testified in support of the bill. He also noted his affiliation with Interior Right to Life.

[4:08:05 PM](#)

CHAIR DUNBAR closed public testimony on SB 9.

[4:08:15 PM](#)

SENATOR TOBIN stated that she had questions about the bill's language but began by raising concerns she encountered online regarding opposition from tribal communities in other states. She noted that some tribal groups strongly oppose anonymous infant surrender due to concerns about maintaining tribal connections for surrendered children. She asked whether any conversations had taken place with tribal communities in Alaska to address these concerns.

[4:08:49 PM](#)

SENATOR MYERS stated that no direct conversations had taken place with tribal communities regarding SB 9. However, he confirmed discussions with the Department of Law and the Office of Children's Services (OCS), recognizing that tribal connection is a significant concern. He explained that under the existing safe surrender law, OCS has policies to contact tribes when a child appears to be a tribal member. He acknowledged the challenge of confirming identity without a name and noted that one of the departments could provide more detail on those procedures.

[4:09:48 PM](#)

MS. ERICKSON stated that the Indian Child Welfare Act (ICWA) applies to any child who enters state custody under AS 47.10, including through the proposed statutory change under AS 47.10.011. She explained that a child surrendered anonymously would trigger a child-in-need-of-aid proceeding, which requires efforts to identify the child's parents. She noted that, in her

experience, OCS has never begun a case without at least some information about the child or one parent. She acknowledged she could not speak to the exact procedures OCS would follow in a case with no identifying information but confirmed that existing policies and laws already require notification and involvement of tribes in accordance with ICWA.

[4:10:51 PM](#)

CHAIR DUNBAR asked whether the list of authorized safe surrender locations in SB 9, page 2, line 8 should be expanded to include additional tribal facilities. He pointed out that AS 47.32.900 defines "rural health clinic," but some tribal and community health centers in urban areas, such as Anchorage, may not fall under that definition. He noted that while hospitals would likely include facilities like the Alaska Native Medical Center (ANMC), there may be other tribal health centers that are not classified as rural clinics or hospitals and asked whether those should be explicitly included in the legislation.

[4:12:09 PM](#)

SENATOR MYERS responded by referencing the Chief Andrew Isaac Health Center (CAIHC) in Fairbanks as an example of a tribal facility that is not a full hospital but located near one. He acknowledged that it is not currently covered under the listed definitions and agreed that the question was valid, although the issue had not been specifically addressed during bill drafting. He stated that, based on national patterns, most communities in Alaska, except Anchorage, would likely only install one baby box, making it unlikely for both Fairbanks Memorial Hospital and CAIHC to each have one. He clarified that the term "rural health clinic" is defined under AS 47.32.900 and includes certain health care facilities in rural areas but excludes rehabilitation and mental health treatment centers. He expressed openness to the idea of including more facility types but noted uncertainty about how often such an addition would be used. He suggested that the bill already grants the commissioner authority to designate additional approved sites, which could include the kinds of tribal health centers in question. He added that the current list is modeled after Maryland's law and was meant to serve as a general framework, not a limit.

[4:14:00 PM](#)

CHAIR DUNBAR emphasized the significant role tribal entities play in Alaska's healthcare system, public safety, and other areas. He expressed a preference for explicitly including tribal health facilities in the list of authorized locations for safe surrender devices. He noted that some clinics in Anchorage are

neither hospitals nor classified as rural health clinics and may be unnecessarily excluded under the current language. He acknowledged the bill's provision allowing the commissioner to approve additional sites but stated that tribal facilities should not have to seek special permission to be included. He suggested further discussion with the Department of Law on the matter.

[4:14:57 PM](#)

SENATOR HUGHES stated that many urban and rural clinics are not open 24 hours, making it necessary to have an on-call health care provider if a clinic were to have a device. She asked why an optional form for a parent to fill out was not included on page 3, line 11 of SB 9.

[4:16:42 PM](#)

SENATOR MYERS replied that the DFCS has a form that is distributed to police and fire departments so that a parent surrendering an infant can choose whether to provide the information. He said he has no objection to including language in SB 9 stating that forms are placed inside the safe surrender devices.

[4:17:52 PM](#)

SENATOR CLAMAN asked how often the identity of a surrendering parent remains unknown.

[4:19:12 PM](#)

MS. ERICKSON replied that, in her experience, the identity of at least one parent is known. She said that when someone surrenders a child, it is to the state, which begins the child-in-need-of-aid proceeding. There is nothing in the language of AS 47.13 that relieves the state of the obligation to initiate the proceeding, which by definition means the state needs to try to identify the parent and offer services or another path, such as relinquishment, where tribes are notified. The statute shields a parent from criminal prosecution but not necessarily from other processes that could make the parent's identity known.

[4:20:26 PM](#)

SENATOR CLAMAN contrasted the child-in-need-of-aid process to the anonymity offered when providing rape test kits, stating that even though a person may attempt to deliver a child anonymously, as a practical matter, their name is brought into the child-in-need-of-aid proceeding, where they provide their perspective before the court rules on adoption.

[4:21:16 PM](#)

MS. ERICKSON replied that is correct.

[4:21:26 PM](#)

SENATOR CLAMAN commented that the process has a lot of merit.

[4:21:38 PM](#)

SENATOR TOBIN said many countries have phased out the use of the device due to the United Nations' stance that a child has a right to know their identity. The United Nations fears there was misuse of the devices, such as surrendering larger children. She asked if there is a definition for "infant" in statute and whether there are restrictions on the size of the device.

[4:22:35 PM](#)

SENATOR MYERS replied that current statute defines an infant as 21 days old or younger, which is not altered in SB 9. The definition of "infant" in other states ranges from 7 days to 60 days. He said that while he is not averse to a change in definition, his understanding is that if a child is significantly larger than the defined age, the provision for safe surrender no longer applies, making criminal prosecution possible.

[4:23:51 PM](#)

SENATOR TOBIN responded that her frustration with SB 9 and anonymous surrender is the inability to identify a parent in the event an older child is surrendered. She asked whether the device is large enough to hold an older child and if there are constraints on the device that would prevent a larger child from being placed in it.

SENATOR MYERS said his office found three companies that make the devices and obtained the specifications for one of them. He said that while a 45-day-old infant might fit, there is not enough space for a larger child, such as a three-year-old.

[4:25:59 PM](#)

SENATOR TOBIN requested that future dialog on SB 9 include size restrictions to deter negative actions.

CHAIR DUNBAR asked if people put pets in the devices.

[4:26:45 PM](#)

SENATOR MYERS replied that he has heard of that happening, as the devices are in public locations. As with many things, there is the possibility for abuse.

[4:27:19 PM](#)

CHAIR DUNBAR held SB 9 in committee.

[4:27:45 PM](#)

At ease.

SB 83-TELEHEALTH REIMBURSEMENT RATES

[4:30:31 PM](#)

CHAIR DUNBAR reconvened the meeting and announced the consideration of SENATE BILL NO. 83 "An Act relating to health care insurance; relating to insurance reimbursement for health care services provided through telehealth; and providing for an effective date."

[4:32:01 PM](#)

CHAIR DUNBAR solicited a motion.

[4:32:04 PM](#)

SENATOR GIESSEL moved to adopt the committee substitute (CS) for SB 83, work order 34-LS0413\I, as the working document.

[4:32:15 PM](#)

CHAIR DUNBAR objected for purposes of discussion.

[4:32:24 PM](#)

ARIELLE WIGGIN, Staff, Senator Forrest Dunbar, Alaska State Legislature, Juneau, Alaska, provided the summary of changes for SB 83 from version N to I.

[Original punctuation provided.]

Senate Bill 83

Explanation of Changes - Version N to Version I (CS-SHSS)

This version of SB 83 moves multiple sections that had been added to or referred to a new section in Version N (AS 21.42.450) into the existing statute covering telehealth (AS 21.42.422) and makes conforming changes. This version adds a requirement for health care insurers to equally apply reimbursement rates for each health care provider.

Title Change

Expanded to include "relating to health care insurance reimbursement rates" on account of new language in Section 3.

Section 1 (new section)

AS 21.42.422(b). Coverage for telehealth.

Adds new paragraph (3) to reference the definition of "health care provider" as given in AS 21.07.250.

Section 2

Prior version Section 1 language is moved from AS 21.42.450 to existing statutes covering telehealth, AS 21.42.422.

Prior version Section 2 removed: referenced definition of "telehealth" as given in AS 47.05.270.

Section 3 (new section)

AS 21.54.190. Reimbursement rates.

Requires health care insurers to equally apply reimbursement rates for each health care provider.

Section 4 (prior version Section 3)

Section 5 (prior version Section 4; updates telehealth reference AS 21.42.422)

Section 6 (prior version Section 5; updates telehealth reference AS 21.42.422)

Section 7 (prior version Section 6; updates telehealth reference AS 21.42.422)

Prior version Section 7 removed: repealed definition of "telehealth" in AS 21.42.422

Section 8 (no change)

[4:34:55 PM](#)

SENATOR GIESSEL said Section 3 of CSSB 83 was her amendment requiring uniform and equal pay for health care providers under Current Procedural Terminology (CPT) codes, so if the service is the same, the pay is equitable and uniform. She stated this results in no change to the zero fiscal notes.

[4:35:35 PM](#)

CHAIR DUNBAR sought confirmation that the change achieves the intended purpose.

SENATOR GIESSEL replied yes.

[4:35:42 PM](#)

CHAIR DUNBAR removed his objection, found no further objection and CSSB 83 was adopted as the working document.

[4:36:08 PM](#)

SENATOR HUGHES said that, according to Ms. Wing-Heier, insurance companies are paying parity. She stated her understanding that during COVID, under Medicaid laws, parity was provided with a sunset date in 2030, and insurance companies typically follow Medicaid's model. She referenced a provider who testified she only received 60 percent of what she would for an in-person [visit], which conflicted with Ms. Wing-Heier's testimony. She asked for an update on whether insurance companies are already paying parity and, if so, expressed reservations about the mandate. She said she viewed telehealth as a way to reduce health care costs. She acknowledged the sponsor's point that frequent provider visits can improve patient outcomes and reduce long-term costs, however, she suggested compromise is needed.

[4:38:25 PM](#)

SENATOR CLAMAN deferred the question.

[4:38:49 PM](#)

HEATHER CARPENTER, Deputy Director, Division of Insurance, Department of Commerce, Community, and Economic Development, Juneau, Alaska, answered questions on SB 83, stated that the Medicaid legislation referenced was House Bill 265, passed in 2022. She clarified that the 2030 sunset applied only to Medicaid. She confirmed that insurers are generally paying at parity. Moda reported paying at parity, and Premera stated it follows Centers for Medicare and Medicaid Services (CMS) guidelines, meaning payment depends on the patient's location, which often results in parity, but not when the location is somewhere other than the patient's home location.

[4:40:11 PM](#)

SENATOR HUGHES asked if the testimony from the provider who said she only received 60 percent meant that payment was based on location, even though the location was in-state.

[4:40:30 PM](#)

MS. CARPENTER replied that it depends on who the payor was. She said the Division of Insurance only oversees about 15 percent of the health insurance market.

[4:41:26 PM](#)

SENATOR HUGHES asked if SB 83 became law, would the federal payors have to follow the law. She commented that 15 percent of payors are currently paying at parity voluntarily. She asked would the remaining 85 percent not regulated by the Division have to comply if SB 83 became law.

MS. CARPENTER stated that SB 83 does not direct Medicaid or Employee Retirement Income Security Act (ERISA) plans, except that it does target AlaskaCare through SB 83, Sections 6 and 7. She added that it also applies to two municipal plans under Sections 4 and 5. SB 83 currently impacts the Division of Insurance under AS 21. She directed the committee's attention to Section 3, addressing Senator Giessel, and acknowledged understanding her intent. However, she explained that the way the drafter wrote it limits application to group insurance coverage only, meaning it would not apply to all plans. It would not affect plans in the individual market. She offered to suggest alternatives to better achieve the intended policy goals.

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SENATOR HUGHES asked if, based on the way SB 83 is drafted, it covers the 15 percent regulated by the Division, AlaskaCare, and any plans provided by municipalities in the state, but not the 85 percent outside the Division's authority.

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MS. CARPENTER replied that is the Division understanding.

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SENATOR HUGHES said that, for the provider who was reimbursed at 60 percent, it could be that the payer was one to which SB 83 would not apply. She reiterated her reservations regarding the potential for telehealth to reduce health care costs and expressed a preference for a compromise. However, she stated she was not objecting to adopting the SB 83 and was fine with it moving out.

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SENATOR GIESSEL said she believes everyone supports reducing the cost of health care, but not at the expense of underfunding providers who are trying to maintain clinics. She stated the

purpose of the amendment is to enforce parity of pay. Currently, nurse practitioners and physician assistants are not reimbursed at the same rate as physicians for the same CPT codes and services.

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SENATOR HUGHES said she agreed with Senator Giessel and clarified that her concern is the payment amount for a telehealth visit compared to an in-person visit, noting that seeing more patients reduces overhead costs. She stated that a nurse practitioner providing the same service as a physician should be reimbursed at the same rate.

4:45:02 PM

At ease.

4:46:03 PM

CHAIR DUNBAR reconvened the meeting and held SB 83 in committee.

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SENATOR CLAMAN stated that Senator Hughes raised interesting points about the cost of care but stated his belief that her analysis viewed the issue too narrowly, focusing only on the cost comparison of a single telehealth and in-person visit. He argued that a broader economic perspective, including overall medical costs, shows that her analysis does not hold up. He cited repeated evidence of cost savings and improved access through telehealth. He added that the strongest indicator of telehealth's value is the lack of opposition from insurance companies, who support the legislation because it reduces overall insurance costs. He concluded that while Senator Hughes's view may be accurate within a narrow scope, the larger picture shows telehealth improves access, keeps patients healthier, and benefits both employers and insurers through long-term savings.

4:48:42 PM

There being no further business to come before the committee, Chair Dunbar adjourned the Senate Health and Social Services Standing Committee meeting at 4:48 p.m.