ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE
March 4, 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. 89
"An Act relating to physician assistants; relating to collaborative agreements between physicians and physician assistants; relating to the practice of medicine; relating to health care providers; and relating to provisions regarding physician assistants in contracts between certain health care providers and health care insurers."

- MOVED SB 89 OUT OF COMMITTEE

PRESENTATION(S): MENTAL HEALTH TRUST AUTHORITY

- HEARD

SENATE BILL NO. 90
"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: SB 90
SHORT TITLE: MINOR MENTAL HEALTH: AGE OF CONSENT
SPONSOR(s): SENATOR(s) GIESSEL

02/10/25	(S)	READ THE FIRST TIME - REFERRALS
02/10/25	(S)	HSS, FIN
03/04/25	(S)	HSS AT 3:30 PM BUTROVICH 205

BILL: SB 89
SHORT TITLE: PHYSICIAN ASSISTANT SCOPE OF PRACTICE
SPONSOR(s): SENATOR(s) TOBIN

02/07/25	(S)	READ THE FIRST TIME - REFERRALS
02/07/25	(S)	HSS, L&C
02/18/25	(S)	HSS AT 3:30 PM BUTROVICH 205
02/18/25	(S)	Heard & Held
02/18/25	(S)	MINUTE(HSS)
02/27/25	(S)	HSS AT 3:30 PM BUTROVICH 205
02/27/25	(S)	Heard & Held
02/27/25	(S)	MINUTE(HSS)
03/04/35	(S)	HSS AT 3:30 PM BUTROVICH 205

WITNESS REGISTER

MARY WILSON, Chief Executive Officer (CEO)
Alaska Mental Health Trust Authority
Anchorage, Alaska
POSITION STATEMENT: Co-presented Mental Health Trust Authority.

KATIE BALDWIN JOHNSON, Chief Operating Officer (COO)
Alaska Mental Health Trust Authority
Anchorage, Alaska
POSITION STATEMENT: Co-presented Mental Health Trust Authority.

PAIGE BROWN, Staff
Senator Cathy Giessel
Alaska State Legislature
Juneau, Alaska
POSITION STATEMENT: Provided the sectional analysis for SB 90.

JEN GRIFFIS, Vice President
Policy and Advocacy
Alaska Children's Trust
Anchorage, Alaska
POSITION STATEMENT: Testified by invitation on SB 90.

HEATHER IRELAND, Executive Director
Anchorage School-Based Health Centers
Anchorage, Alaska
POSITION STATEMENT: Testified by invitation on SB 90.

ROGER BRANSON, representing self
Eagle River, Alaska
POSITION STATEMENT: Testified in support of SB 90.

ANN RINGSTAD, Executive Director
National Alliance on Mental Illness Alaska
Anchorage, Alaska
POSITION STATEMENT: Testified by invitation on SB 90.

STEVEN PEARCE, Director
Citizens Commission on Human Rights
Seattle, Washington
POSITION STATEMENT: Testified in opposition to SB 90.

ED MARTIN, representing self
Kenai, Alaska
POSITION STATEMENT: Testified in opposition to SB 90.

ACTION NARRATIVE

3:31:55 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 Claman, Tobin, Giessel, and Chair Dunbar. Senator Hughes arrived thereafter.

SB 89-PHYSICIAN ASSISTANT SCOPE OF PRACTICE

3:32:53 PM
CHAIR DUNBAR announced the consideration of SENATE BILL NO. 89 "An Act relating to physician assistants; relating to collaborative agreements between physicians and physician assistants; relating to the practice of medicine; relating to health care providers; and relating to provisions regarding physician assistants in contracts between certain health care providers and health care insurers."

3:33:05 PM
CHAIR DUNBAR stated he received no amendments for SB 89 and the sponsor had no closing comments.

3:33:40 PM
CHAIR DUNBAR solicited the will of the committee.

3:33:44 PM

SENATOR GIESSEL moved to report SB 89, work order 34-LS0063\N, from committee with individual recommendations and attached fiscal note(s).

3:33:58 PM
CHAIR DUNBAR found no objection and SB 89 was reported from the Senate Health and Social Services Standing Committee.

3:34:09 PM
At ease.

[SENATOR HUGHES arrived at the meeting at 3:35 p.m.]

3:36:46 PM
CHAIR DUNBAR reconvened the meeting and solicited a motion.

3:36:49 PM
SENATOR CLAMAN moved to reconsider SB 89.

3:36:57 PM
CHAIR DUNBAR found no objection and SB 89 was before the committee on reconsideration.

3:37:06 PM
SENATOR GIESSEL moved to report SB 89, work order 34-LS0063\N, from committee on reconsideration with individual recommendations and attached fiscal note(s).

3:37:14 PM
CHAIR DUNBAR found no objection and SB 89 was reported from Senate Health and Social Services Standing Committee on reconsideration.
3:37:24 PM
At ease.

PRESENTATION(S): MENTAL HEALTH TRUST AUTHORITY

3:38:04 PM
CHAIR DUNBAR reconvened the meeting and announced the presentation Mental Health Trust Authority.

3:38:29 PM
MARY WILSON, Chief Executive Officer (CEO), Alaska Mental Health Trust Authority, Anchorage, Alaska, co-presented Mental Health Trust Authority. She moved to slide 2 and introduced herself as the new CEO of the Trust, four weeks into the role. She shared that she grew up in Alaska, graduated from Dimond High School,

and completed her undergraduate and medical education through the Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) program. Her background includes pediatric training in California, a fellowship at UCLA, a master's in public health, and leadership experience with the Permanente Medical Group focused on prevention and outcomes. She said she returned to Alaska three years ago and saw this role as a strong fit for her experience and desire to contribute.

3:40:31 PM
MS. WILSON emphasized the importance of addressing both crisis care and its underlying causes and outcomes. She compared it to heart attack treatment where immediate care is critical, but prevention and follow-up matter for long-term health. She stated the Trust focuses on both the acute event and broader factors before and after. This approach applies across all populations the Trust serves.

3:41:15 PM
MS. WILSON moved to slide 3, Trustees. She listed the Trust Governance Board members: Brent Fisher, Agnes Moran, Rhonda Boyles, Corey Feig, Kevin Feinman, John Morrison, and Eva Halterman. She noted that the Trust is overseen by this board, to whom she reports as CEO.

3:41:38 PM
MS. WILSON moved to slide 4, Trust Beneficiaries, and stated that Trust beneficiaries include Alaskans with mental illness, intellectual and developmental disabilities, Alzheimer's disease, traumatic brain injuries, and substance use disorders, often with overlapping conditions. The Trust prioritizes youth and adults whose behavioral health condition or developmental disability places them at the risk of institutionalization and that without proper community support their conditions might escalate. Prevention, when evidence-based, is also part of the Trust's mandate. She emphasized the board and staff's commitment to improving beneficiaries' life and health outcomes.

3:42:44 PM
MS. WILSON moved to slide 5, Our Role. She explained that the Trust is a state corporation managing the Alaska Mental Health Trust, a perpetual trust aimed at improving beneficiaries' lives. She highlighted the Trust's unique status as an independent state corporation that uses land and financial assets to support a comprehensive system of mental health and disability services. The Trust works through grant making and system improvement, and partners closely with state agencies,

including the Departments of Health and Family and Community Services, on efforts like the Comprehensive Integrated Mental Health Program Plan (COMP Plan). She noted the Trust prioritizes funding for system improvement, innovation and strategic initiatives.

3:43:52 PM
CHAIR DUNBAR asked for clarification on the relationship between the Trust and the Department of Natural Resources (DNR) regarding Trust land management. He noted a common misconception that the Trust solely manages its land, when DNR's Trust Land Office is actually involved. He requested an explanation of how decisions are made and whether the Trust board approves major actions while DNR handles daily operations.

3:44:41 PM
MS. WILSON clarified that the Trust Land Office (TLO) reports to both the board of trustees and her as CEO. While the Department of Natural Resources (DNR) may assist with activities like assessing land for timber or mining, DNR does not manage Trust land. The board of trustees oversees all major land decisions, including approving capital investments and analysis presented by TLO.

3:45:33 PM
CHAIR DUNBAR asked for confirmation that the Trust Land Office budget appears under the Department of Natural Resources (DNR), not within the Mental Health Trust Authority's budget.

MS. WILSON responded that the Trust covers the operational costs and capital investments of TLO. She noted the TLO contracts and aligns closely with DNR. She offered to follow up with more detail on funding flow, but that was her current understanding after four weeks in the role of CEO.

3:46:29 PM
MS. WILSON moved to slide 6, About the Trust. She summarized the Trust's origins, beginning before statehood when Alaskans with mental illness were sent to long-term institutions in Oregon. In 1956, Congress transferred mental health service responsibility to Alaska with a million-acre land grant. She said that the Alaska Supreme Court determined that the state had breached its fiduciary responsibility in the 1984 Weiss v. State of Alaska lawsuit. In the final landmark settlement in 1994 the Alaska Mental Health Trust authority as now known, was established. The new trust authority had its lands reconstituted back to a million acres, received a cash payment of $200 million. This

became the part of the trust called corpus and is managed by the Alaska Permanent Fund Corporation, with an independent board of trustees established to oversee the organization.

MS. WILSON clarified that the Weiss settlement affirms the state must fund basic mental health services, while the Trust supports strategy, innovation, and select programs, representing only a small portion of overall mental health funding.

3:48:45 PM
MS. WILSON moved to slide 7, FY 26: Trust Focus Areas, and shared the established focus areas and priorities of the Trust:

[Original punctuation provided.]

FY26: Trust Focus Areas

The Trust develops its budget and engages in grantmaking, advocacy, and system improvement efforts around the following areas:

Established Focus Areas
- Disability Justice
- Mental Health & Addiction Intervention -Includes Behavioral Health Crisis Response
- Beneficiary Employment & Engagement
- Housing and Home & Community Based Services

Additional Priorities
- Workforce Development
- Early Childhood Intervention & Prevention

MS. WILSON noted her appreciation for the Trust's inclusion of early childhood intervention and prevention, aligning with her background as a pediatrician. She explained that while focus areas remain consistent, strategic emphasis shifts based on state needs, partner input, and data analysis. These focus areas guide grant funding and support a proactive, not reactive, approach. She added that all focus areas align with the state's Comprehensive Integrated Mental Health Program (COMP). Funding is directed across beneficiary groups and lifespan from childhood to adulthood. Behavioral health cuts across all priority and focus areas, including prevention, negative circumstances that lead to life instability and progression of disabilities, improving social determinants of health, improving access to critical services, treatments and supports, and reintegration after institutionalization or incarceration.

3:50:28 PM
MS. WILSON moved to slide 8, Trust Grantmaking FY 26, a pie graph showing Authority Grants in the amount of $19,119,300 and Mental Health Trust Authority Authorized Receipt (MHTAAR) Grants in the amount of $10,196.8. Authority Grants are designated grants to community providers, nonprofits, local governments, and Tribal organizations and include $1.9 million in mini grants. MHTAAR Grants are designated grants to state agencies and require receipt authority. The graph shows that a large percentage of what the Trust gives goes to state agencies.

3:51:03 PM
KATIE BALDWIN JOHNSON, Chief Operating Officer (COO), Alaska Mental Health Trust Authority, Anchorage, Alaska, co-presented Mental Health Trust Authority. She moved to slide 9, a pie chart, and provided examples of how the Trust partners with various entities on behavioral health initiatives:

[Original punctuation provided.]

MHTAAR Grants, FY26

Total: $10,196.8 (53 MHTAAR Projects)

- Department of Health ($4,413.9)
- UAA ($1,870.0)
- AHFC ($1,485.0)
- Department of Corrections ($1,041.7)
- Department of Family and Community Services ($587.0)
- Department of Administration ($355.9)
- Alaska Court System ($158.3)
- Department of Public Safety ($130.0)
- Department of Education and Early Development ($130.0)
- Department of Labor and Workforce Development ($25.0)

MS. JOHNSON explained that Authority Grants go directly to beneficiary-serving organizations and are used alongside state department efforts to support program development, financial modeling, technical assistance, capital needs, and startup costs. One example is the 1115 Behavioral Health Waiver, where the Trust uses grant funds to support planning and implementation efforts that expand the continuum of care.

MS. JOHNSON highlighted that in 2024, trustees authorized approximately $1 million in Authority Grants to agencies providing direct behavioral health services, with a focus on expanding treatment access. Funded projects included transitional housing for 32 women completing treatment in Anchorage, expanded opioid treatment on the Kenai Peninsula, enhanced case management for high emergency room utilizers, and improved mental health interventions for at-risk youth and families. She also noted efforts to support recruitment and retention in the behavioral health workforce.

3:53:48 PM
MS. JOHNSON briefly discussed the use of Mental Health Trust Authorized Receipts (MHTAAR) to enhance the capacity of state departments. She cited FY26 budget examples: $750,000 from the Trust, matched with $750,000 in general funds, to support the statewide crisis call center, and a $400,000 MHTAAR increment to the Department of Family and Community Services to support complex care work, a shared priority with the Department of Health. She said these examples reflect how the Trust aligns its funding with mutual state priorities.

3:56:12 PM
SENATOR TOBIN asked about the intersection between the Trust and Indian Health Services (IHS), specifically how the Trust supports IHS behavioral and mental health efforts in Alaska.

MS. JOHNSON replied that the Tribal Health System is a valued partner of the Trust, with regular engagement to identify gaps, priorities, and needs. She noted that tribal partners contribute to the Trust's budget planning process and often lead healthcare innovation in Alaska. She highlighted partnerships with Southcentral Foundation in Anchorage and efforts in Nome and Kotzebue to improve local crisis response. Tribal input helps shape trustee recommendations.

3:57:54 PM
SENATOR TOBIN opined that sometimes it is unclear who is responsible for whom regarding trust beneficiaries and additional dollars. She asked whether, at the forming of the Mental Health Trust, the court stipulated only looking at specific populations, or if everyone was to benefit through collaborative work.

3:58:23 PM
MS. WILSON explained that the Trust's mandate, as outlined in the settlement agreement, defines its role as part of a broader

system and allows for collaboration without strictly limiting who qualifies as a beneficiary. She noted that focus areas can evolve over time, such as a growing emphasis on early childhood prevention. Strategic direction is informed by data and emerging best practices, such as Adverse Childhood Experiences (ACE) scores, which help identify trauma and predict long-term outcomes, which weren't available in the past.

3:59:58 PM
MS. WILSON moved to slide 10, a map of Alaska with an embedded video that emphasized the need for crisis centers as alternatives to hospitals or jails for individuals experiencing behavioral health emergencies, particularly in rural areas like Kotzebue. It highlighted the importance of having trained responders rather than uniformed law enforcement, which can escalate situations. The Crisis Now model offers same-day behavioral health assessments, reduces unnecessary hospitalizations, and saves Medicaid costs, helping 90 percent of 3,600 callers remain in their communities last year. The model supports collaboration among law enforcement, emergency rooms, crisis providers, and call lines, with services refined through feedback. A coordinated, community-based approach is essential to meeting Alaska's behavioral health needs.

4:04:33 PM
MS. WILSON moved to slide 11.

4:04:40 PM
CHAIR DUNBAR reflected on the launch of the 2019 crisis initiative, recalling the Anchorage Assembly's efforts to establish a Crisis Team (CT), including multiple veto overrides to secure funding. He expressed appreciation that the work is continuing and asked for more details about the current crisis call center. He noted that in the past, accessing the Mobile Crisis Team (MCT) in Anchorage was difficult and shared a personal experience highlighting gaps in the system. He asked for an update on the crisis call center and where the program is centered.

4:05:44 PM
MS. JOHNSON explained that the current crisis call center is operated by Careline in Fairbanks, with a satellite office in the Mat-Su Valley. She emphasized the call center's central role in the behavioral health crisis continuum, offering immediate support and responding to thousands of calls annually. In Anchorage, she noted ongoing efforts to coordinate dispatch of the Mobile Crisis Team, co-responder police-social work units,

and the HOPE outreach team. She added that the Division of Behavioral Health is actively planning the future of the call center system, including potential statewide expansion and integration with local crisis response efforts.

4:07:32 PM
CHAIR DUNBAR thanked the presenters for their time.

4:08:11 PM
At ease.

SB 90-MINOR MENTAL HEALTH: AGE OF CONSENT

4:08:54 PM
CHAIR DUNBAR reconvened the meeting and announced the consideration of SENATE BILL NO. 90 "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."

4:09:09 PM
SENATOR CATHY GIESSEL, speaking as the sponsor of SB 90, stated that she is an advanced practice registered nurse and board-certified family nurse practitioner with several years of experience in school-based clinics in both Anchorage and a rural school district. She explained that her support for SB 90 comes from direct experience working with youth and hearing their mental health concerns during screenings. She emphasized that SB 90 is both data-driven and motivated by compassion, noting that the average age of onset for mental health issues is 14 and early detection improves outcomes. She highlighted that suicide is the second leading cause of death nationally for individuals aged 15 to 34, and Alaska leads the nation in teen suicide rates, with 22 percent of high school students having considered suicide in 2023 and 43 percent reporting sadness or hopelessness.

4:10:53 PM
SENATOR GIESSEL stated that SB 90 addresses access to mental health care by lowering the age of consent for behavioral health services from 18 to 16. She clarified that under SB 90, teens age 16 and older could receive up to five 90-minute sessions without parental consent. After those sessions, parental consent would be required unless contacting parents posed a risk to the minor, and clinicians would be required to document efforts to reach the parents. She noted that these parameters are further detailed in the Sectional Analysis for SB 90.

SENATOR GIESSEL maintained that early mental health intervention reduces the risk of substance abuse and crisis escalation and helps teens engage more fully in treatment. She said SB 90 will promote teen responsibility, increase self-esteem, and ultimately strengthen families and communities by providing proactive care. She concluded that supporting SB 90 is a step toward addressing Alaska's youth mental health crisis.

4:13:49 PM
SENATOR GIESSEL referenced a 2017 presentation by Dr. Joshua Sonkiss, a psychiatrist with Anchorage Community Mental Health Services, which explained how the teen brain, particularly the prefrontal cortex responsible for executive function, continues developing during adolescence. She stated that equipping teens with tools to manage stress and emotions can support brain development and long-term mental health. She also pointed to a behavioral health roadmap presented in April to the Committee, which recommended increasing access to school-based Medicaid services and youth use of prevention hotlines. She emphasized that SB 90 encourages engagement of teens and their families and builds overall family resilience while addressing Alaska's suicide crisis.

4:17:23 PM
PAIGE BROWN, Staff, Senator Cathy Giessel, Alaska State Legislature, Juneau, Alaska, provided the sectional analysis for SB 90:

[Original punctuation provided.]

Senate Bill 90

Sectional Analysis (Version A)

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

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.

4:17:54 PM
MS. PAIGE continued reading the sectional analysis of SB 90:

[Original punctuation provided.]

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. It then outlines what

would happen in the case a minor needed continued treatment.

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.

4:19:45 PM
SENATOR GIESSEL highlighted that in SB 90, page 3, line 1-3, the bill states that a mental health provider may not prescribe medication to a minor receiving behavioral or mental health services.

4:20:52 PM
CHAIR DUNBAR commented that he was going to inquire about that and thanked her for specifically mentioning the provision.

SENATOR GIESSEL responded that the language was included by design. She also noted that Section 3, page 5, line 2, specifies that treatment must meet the standard of care commonly accepted among health professionals in Alaska, not random people.

CHAIR DUNBAR asked about the origin of the five-appointment limit in SB 90. He acknowledged that selecting such numbers often involves finding a rational standard but wondered if this specific number was based on policies in other states or developed independently.

4:21:16 PM

MS. BROWN stated that the five-session limit in SB 90 was based on a statute in Idaho with a similar structure. She explained that Idaho allows minors to access a limited number of sessions without parental consent and stated her belief that Idaho also sets the minimum age at 16.

4:21:35 PM
CHAIR DUNBAR acknowledged the general agreement on the importance of youth accessing behavioral and mental health services, particularly in reducing issues like suicidal ideation. He questioned whether the primary challenge that SB 90 addresses is difficulty in reaching some parents or situations where contacting parents could pose a danger to the child.

SENATOR GIESSEL deferred to Ms. Ireland who works in school-based clinics. She said Ms. Ireland could give data related to the difficulty in obtaining parental consent.

4:22:40 PM
CHAIR DUNBAR announced invited testimony on SB 90.

4:22:56 PM
JEN GRIFFIS, Vice President, Policy and Advocacy, Alaska Children's Trust, Anchorage, Alaska, provided the following invited testimony on SB 90:

> Today I'm testifying in support of Senate Bill 90, which would allow 16- and 17-year-olds the ability to provide self-consent to receive up to five behavioral health treatment sessions. Alaska Children's Trust believes in a future where Alaska's children, youth, and families have the knowledge, skills, supports, and resources that they need to thrive. Achieving this vision means ensuring that the next generation of parents has access to the behavioral health support they need so they can enter young adulthood as healthy as possible. Senate Bill 90 creates a pathway for 16- and 17-year-olds to receive behavioral health support in situations where it might be challenging to obtain parental consent. This legislation acknowledges the wide variety of situations our Alaskan youth find themselves in by carefully navigating the importance of involving parents in the treatment process while also affirming and empowering 16- and 17-year-olds seeking behavioral health treatment.

According to Kids Count 2024, two out of every five high school students in Alaska report feeling persistently sad or hopeless for an extended period of time during the previous year. This number has moved steadily upwards since 2009, increasing almost 60 percent in the past decade. The option for youth to consent to behavioral health treatment is a policy choice implemented in states across the country. Research demonstrates that allowing youth to self-consent for behavioral health services can support youth engagement in treatment and empower youth to make informed decisions, leading to more effective care and reducing risky behaviors. The policy changes in Senate Bill 90 seek to increase youth access to behavioral health services by balancing youth autonomy with parental involvement, supporting Alaska's youth as they seek treatment for their health and well-being.

We encourage your support of Senate Bill 90, and thank you for the opportunity to testify today.

4:25:40 PM

HEATHER IRELAND, Executive Director, Anchorage School-Based Health Centers, Anchorage, Alaska, providing the following invited testimony on SB 90:

For over 10 years, I have served as executive director of Anchorage school-based health centers, a division of Christian Health Associates. Thank you for the opportunity to comment on the importance of Senate Bill 90. If you want to make a difference for adolescent mental health, you will pass this bill. I was thrilled to see that Senate Bill 90 was being brought forward, allowing 16- and 17-year-olds to access behavioral health services, even if only for a limited number of sessions, it has the potential to make a huge difference in their lives. We are grateful for the volunteer services Senator Giessel provided, and she spoke eloquently and comprehensively about the need for this bill.

Anchorage School-Based Health Centers (ASBHC) is a nonprofit separate from the Anchorage School District but operating medical clinics in middle and high schools in Anchorage. We provide medical care to those who cannot access it in the community. Parental

consent is required for students to receive the medical care from advanced nurse practitioners and doctors in our clinics, and like medical providers in the community, we bill Medicaid, private insurance, and Stride Care. But we also waive some fees for low-income families, and primarily we receive a grant from the municipality, as well as funding from the United Way and private donors through Pick Click Give. So, Anchorage school-based health centers have served thousands of students since the inception in 2010.

4:27:23 PM
MS. IRELAND continued her invited testimony on SB 90:

Our providers screen for many types of risk, and we have seen increasing numbers of students who exhibit symptoms of depression, anxiety, and other mental health challenges. Schools often concur with our initial assessment that some youth are struggling, and more often than not, students are willing to pursue behavioral health treatment. Unfortunately, parental consent is a huge barrier for youth to access the care that they desperately need and want. Frequently, youth are hesitant to ask their parents for treatment. My observation has been that adults are reluctant to give permission because of the stigma associated with mental illness, which the younger generation has often moved past. And it can also be logistically challenging for adults to give consent, especially in a school setting where families are not present. And finally, of course, some adults don't want their students discussing their personal life with a healthcare professional, despite how desperately they need the treatment.

Years ago, through my networking with school-based health programs in other states, I learned that Colorado lowered their age of consent to 12, and previously it had been like 14 or 16. It was a lightning bolt. This is a way we can actually help kids. Sadly, after many years, Alaska has done nothing to change the situation. By allowing 16- and 17-year-olds to consent for their own care, youth can connect with a clinician who can assess their safety and broach the possibility of involving an adult in their treatment. Early access to care prevents issues from

developing into a crisis, needing hospitalization, or worse.

In 2018, a study out of Minnesota showed that school-based mental health programs reduced self-reported suicide by 15 percent. This is just one example of how increasing access can make a difference.

Please pass Senate Bill 90, and please help youth who are struggling.

4:29:34 PM
SENATOR TOBIN stated that she had a question regarding parental reactions to behavioral health treatment for minors. She expressed concern that some parents or guardians might deny consent out of fear that they could be held liable for neglect or harm. She asked Ms. Ireland whether she had any experience or knowledge related to that situation.

4:30:00 PM
MS. IRELAND stated that clinicians and medical providers in her program have made reports of harm in various situations involving youth. She explained that these reports are typically not made without the student's knowledge and often involve communication with the student about the legal obligation to report, and sometimes include the parent if they are not the abuser. She emphasized that the Office of Children's Services is responsible for assessing such reports and determining the appropriate next steps. She noted that reports of harm can arise during behavioral health treatment, medical visits, or through conversations with mandated reporters such as teachers. She stated her belief that SB 90 would not significantly increase the occurrence of such reports.

4:31:36 PM
CHAIR DUNBAR acknowledged that Senator Hughes joined the meeting at about 3:35 p.m.

4:32:00 PM
CHAIR DUNBAR opened public testimony on SB 90.

4:32:22 PM
ROGER BRANSON, representing self, Eagle River, Alaska, testified in support of SB 90. He stated that he is a longtime mental health advocate and described SB 90 as a critical tool to empower youth to define their own self-care. He emphasized the

importance of involving individuals in their mental health recovery and treatment planning.

4:33:03 PM
CHAIR DUNBAR paused public testimony to hear invited testimony from Ms. Ringstad.

4:33:30 PM
ANN RINGSTAD, Executive Director, National Alliance on Mental Illness Alaska, Anchorage, Alaska, provided the following invited testimony for SB 90:

> NAMI Alaska is one of 48 state organizations under the umbrella of NAMI, the National Alliance on Mental Illness, the nation's largest mental health advocacy organization in the United States. Consider these facts: one in six youth ages six to 17 experience a mental health disorder each year in the United States; 50 percent of all mental illness develops by the time a student reaches the age of 14, and 75 percent by the time they reach the age of 25. Eight thousand Alaskans ages 12 to 17 have depression. High school students with depression are more than two times more likely to drop out than their peers. Almost 63 percent of Alaskans ages 12 to 17 who have depression did not receive any care in the past year.
>
> Behavioral health services are critical to support these youth. Delayed treatment can be detrimental. The earlier a mental health issue is detected, the better. And one more important fact: Alaska's suicide rates are sadly some of the highest in the nation. We rank number three.
>
> As the sponsor of the bill stated, SB 90 allows minors, 16 of age and older, who provide documentation they are living apart from their family and are homeless, to seek help for their mental health challenges. This would give them the ability to obtain mental health services and give their own consent for five 90-minute outpatient mental health sessions, with parental notification to determine the next steps—unless parental consent would be detrimental to the well-being of the youth. This would allow them to receive timely services before their symptoms become worse. Lowering the age of consent for behavioral

health care under these circumstances, from 18 to 16, may prove to save lives.

Thank you for your consideration of these factors.

4:35:49 PM
CHAIR DUNBAR resumed public testimony on SB 90.

4:36:18 PM
STEVEN PEARCE, Director, Citizens Commission on Human Rights, Seattle, Washington, testified in opposition to SB 90. He stated that the Citizens Commission on Human Rights is a psychiatric watchdog group and expressed concerns regarding SB 90. He supported notifying parents when youth exhibit behavior that affects school performance and taking action through protective services if necessary but opposed turning schools into profit centers for psychiatric diagnosis and treatment. He argued that behavior is not a disease and claimed the theory of a chemical imbalance in the brain lacks supporting evidence, criticizing what he described as grooming individuals to believe behavior equates to disease and that medication is the solution.

MR. PEARCE stated that if SB 90 is limited strictly to counseling, that might be more acceptable, but he raised concerns about violating informed consent. He emphasized that informed consent is fundamental to treatment and argued that limiting or removing parental involvement exceeds what is necessary. He asserted that schools and counselors should make a greater effort to reach parents and obtain authorization, and failure to do so reflects a breakdown in communication. He cited Tom Insel, former director of the National Institute of Mental Health, who acknowledged that decades of mental health efforts have not produced meaningful improvements, as evidenced by high rates of suicide, disability, and poor mortality data.

4:39:05 PM
ED MARTIN, representing self, Kenai, Alaska, testified in opposition to SB 90. He stated he is 70 years old and has personal experience with mental health issues within his family. He opposed SB 90, asserting that allowing 16-year-olds to enter treatment without parental consent undermines parental rights. He expressed concern over minors receiving seven and a half hours of care without parental involvement and warned that such a policy could be legally challenged. He questioned the bill's fiscal impact and asked which nonprofits are involved and how the services would be funded.

4:41:44 PM
CHAIR DUNBAR held public testimony open on SB 90.

4:41:50 PM
SENATOR HUGHES stated that she shared some of Mr. Martin's concerns regarding SB 90. She said she supports seeking parental consent upfront and limiting exceptions to extreme situations, such as cases involving homeless youth. She noted that Idaho has since revoked a similar law, raising its age of consent back to 18. She recalled prior concerns that insurers might not cover services under this policy and requested and update.

4:43:45 PM
CHAIR DUNBAR stated he also had a question related to billing for services and suggested the sponsor could address the questions at the next hearing of SB 90.

4:43:56 PM
CHAIR DUNBAR held SB 90 in committee.

4:44:24 PM
There being no further business to come before the committee, Chair Dunbar adjourned the Senate Health and Social Services Standing Committee meeting at 4:44 p.m.