

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 13, 2025

3:31 p.m.

MEMBERS PRESENT

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

MEMBERS ABSENT

Senator Löki Tobin

COMMITTEE CALENDAR

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."

- MOVED CSSB 83 (HSS) OUT OF COMMITTEE

SENATE BILL NO. 9

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

- MOVED CSSB 9 (HSS) OUT OF COMMITTEE

SENATE CONCURRENT RESOLUTION NO. 2

Supporting an all-payer crisis continuum of care and Medicaid reform; and urging the Governor to direct the Department of Health and the division of insurance to develop recommendations for an all-payer model for crisis care.

- 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
02/25/25 (S) Heard & Held
02/25/25 (S) MINUTE (HSS)
02/27/25 (S) HSS AT 3:30 PM BUTROVICH 205
02/27/25 (S) <Above Item Removed from Agenda>--
02/27/25 (S) MINUTE (HSS)
03/13/25 (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
02/25/25 (S) Heard & Held
02/25/25 (S) MINUTE (HSS)
03/13/25 (S) HSS AT 3:30 PM BUTROVICH 205

BILL: SCR 2

SHORT TITLE: SUPPORT CRISIS CARE & MEDICAID REFORM
SPONSOR(s): HEALTH & SOCIAL SERVICES

03/12/25 (S) READ THE FIRST TIME - REFERRALS
03/12/25 (S) HSS, L&C
03/13/25 (S) HSS AT 3:30 PM BUTROVICH 205

WITNESS REGISTER

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

POSITION STATEMENT: Offered the summary of changes for SB 83 version I to version O.

LORI WING-HEIER, Director
Division of Insurance
Department of Commerce, Community and
Economic Development (DCCED)

Juneau, Alaska

POSITION STATEMENT: Answered questions regarding SB 83.

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

POSITION STATEMENT: Offered the summary of changes for SB 9 version I to version G.

SENATOR ROBERT MYERS, District Q
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Sponsor of SB 9.

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

POSITION STATEMENT: Offered the sponsor statement for SCR 2 on behalf of the Senate Health and Social Services Standing Committee.

EVALINE MCNAMEE, Licensed Caregiver
Service Employees International Union 775
Wasilla, Alaska

POSITION STATEMENT: Testified by invitation on SCR 2.

MELANIE SAGANOOK, Licensed Caregiver
Service Employees International Union 775
Unalakleet, Alaska

POSITION STATEMENT: Testified by invitation on SCR 2.

ACTION NARRATIVE

[3:31:19 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, Giessel and Chair Dunbar.

SB 83-TELEHEALTH REIMBURSEMENT RATES

[3:32:14 PM](#)

CHAIR DUNBAR 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."

[3:33:43 PM](#)

CHAIR DUNBAR solicited a motion.

[3:33:46 PM](#)

SENATOR GIESSEL moved to adopt the committee substitute (CS) for SB 83, work order 34-LS0413\0, as the working document.

[3:33:56 PM](#)

CHAIR DUNBAR objected for purposes of discussion.

[3:34:17 PM](#)

ARIELLE WIGGIN, Staff, Senator Forrest Dunbar, Alaska State Legislature, Juneau, Alaska, offered the summary of changes for SB 83 version I to version O. She paraphrased the following:

[Original punctuation provided.]

SUMMARY OF CHANGES
CSSB 83: TELEHEALTH REIMBURSEMENT RATES
Version I to Version O

Title Changes:

- removes "relating to health care insurance reimbursement rates" on account of removed language in prior Section 3.
- Expanded to include "providing for an effective date by repealing the effective date of secs. 9 and 10, ch. 38, SLA 2022;"

Prior version Section 3 removed: required health care insurers to equally apply reimbursement rates for each health care provider; renumbers following sections.

Page 1 Line 10 following "services"

Inserts "including behavioral health services,"

Page 5 Lines 3-4

Repeals Sections 9, 10, 13, and 14 of chapter 38 of the Session Laws of Alaska 2022.

These are sections within House Bill 265, passed into law in 2022. Sections 9 and 10 would be negated by

this legislation. Sections 13 and 14 have to do with the effective date of the legislation, and repealing these sections deletes the sunset date of June 30, 2030.

Page 5, Line 5

Creates an effective date of January 1st, 2026.

[3:35:45 PM](#)

SENATOR HUGHES noted that telehealth was originally intended to reduce health care costs. She asked whether any cost projections have been completed on how removing the telehealth sunset would affect the Medicaid budget.

[3:36:10 PM](#)

SENATOR CLAMAN speaking as sponsor of SB 83 stated the question is for Ms. Wing-Heier.

CHAIR DUNBAR asked to confirm that the projection extends to 2030 and that the next five years should already be incorporated into the cost estimates.

SENATOR CLAMAN replied correct.

[3:36:58 PM](#)

LORI WING-HEIER, Director, Division of Insurance, Department of Commerce, Community and Economic Development (DCCED), Juneau, Alaska, answered questions regarding SB 83. She answered that the Division of Insurance does not handle Medicaid and that the Department of Health would need to provide that information.

[3:37:14 PM](#)

SENATOR HUGHES expressed concern that establishing payment parity between in-person care and telehealth may not help control health care costs and affects only a small segment of the market. She asked whether this approach could unfairly burden that group.

[3:37:59 PM](#)

MS. WING-HEIER replied that that insurers reported they already pay at parity. She said the Division of Insurance relayed that information to the sponsor, who still wanted it codified to ensure consistency. She noted that insurers have not opposed the bill and do not view parity as a health care cost concern.

[3:38:28 PM](#)

SENATOR HUGHES stated that private insurers do not mirror Center for Medicare and Medicaid Services (CMS) or Medicaid rates exactly but often use them as a reference. She asked whether insurers realized that removing Medicaid's telehealth sunset under SB 83 would make payment parity permanent, eliminating the possibility of future rate divergence and effectively locking insurers into parity going forward.

[3:39:37 PM](#)

MS. WING-HEIER replied that she was unsure whether insurers are aware, but insurers have had the same opportunity to review the Committee Substitute for SB 83 and did not raise concerns or submit opposition. She said the division assumes insurers are aware and have no objections.

[3:40:01 PM](#)

SENATOR HUGHES said she sent a letter to a national association for insurance carriers asking whether they would support permanently locking in telehealth rates at in-person levels. They replied no. She noted that she plans to follow up and share that information with the sponsor and others.

[3:40:57 PM](#)

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

[3:41:07 PM](#)

CHAIR DUNBAR asked the sponsor of the bill for closing remarks.

[3:41:20 PM](#)

SENATOR CLAMAN explained that the committee substitute (CS) reflects extensive discussions with stakeholders, including insurance representatives. Some provisions were removed, the sunset was revised, and the updated CS was carefully reviewed with those who had engaged with their office. It is his belief that SB 83 has broad support from both insurers and providers.

[3:41:55 PM](#)

SENATOR HUGHES asked why the provision requiring clinicians, PAs, advanced nurse practitioners, and physicians to be paid at the same rate was removed from SB 83.

SENATOR CLAMAN replied that the provision originated as an amendment requested by Senator Giessel, but both the hospital association and insurers raised concerns. After discussing it with Senator Giessel, who has other legislation addressing

similar issues, she agreed to remove the provision, and it was taken out of SB 83.

[3:42:45 PM](#)

SENATOR GIESSEL clarified that it was not truly an agreement. The proposal would have codified unequal pay based on provider licensure, which they found unacceptable; therefore, they preferred removing the provision rather than adopting the alternative.

[3:43:24 PM](#)

SENATOR HUGHES noted that although they previously supported equal pay for the same service, they reconsidered because providers have differing levels of training and expertise. She concluded that equalizing rates could discourage medical education and said they are relieved the provision was removed from SB 83.

[3:43:57 PM](#)

SENATOR CLAMAN clarified that Senator Giessel recalled that the alternative options were even less acceptable to her, and her comments accurately reflect those discussions.

[3:44:22 PM](#)

CHAIR DUNBAR solicited the will of the committee.

[3:44:22 PM](#)

SENATOR GIESSEL moved to report CSSB 83, work order 34-LS0413\O, from committee with individual recommendations and attached fiscal note(s).

[3:44:38 PM](#)

CHAIR DUNBAR found no objection and CSSB 83(HSS) was reported from the Senate Health and Social Services Standing Committee.

[3:44:47 PM](#)

At ease.

SB 9-SURRENDER OF INFANTS; INF. SAFETY DEVICE

[3:46:33 PM](#)

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

[3:47:03 PM](#)

CHAIR DUNBAR solicited a motion.

[3:47:05 PM](#)

SENATOR GIESSEL moved to adopt the committee substitute (CS) for SB 9, work order 34-LS0085\G, as the working document.

[3:47:15 PM](#)

CHAIR DUNBAR objected for purposes of discussion

[3:47:39 PM](#)

ARIELLE WIGGIN, Staff, Senator Forrest Dunbar, Alaska State Legislature, Juneau, Alaska, offered a summary of changes for SB 9 version I to version G and read the following:

[Original punctuation provided.]

SUMMARY OF CHANGES
CSSB 9: SURRENDER OF INFANTS; INF. SAFETY DEVICE
Version I to Version G

Page 2 Lines 10-12

Inserts "health facility as defined in AS 47.07.900 that is owned or managed by a tribal health organization as defined in AS 17.30.200(d),"

Page 3 Lines 17-24 Amends AS 47.10.013

Deletes "as determined by the department; and" at line 17 and replaces the phrase with:

"(3) Clearly marked with appropriate signage that includes

A) the phone number for a service that provides support for parents in crisis;

B) a list of alternatives to using the infant safety device;

C) a statement that placing an infant in the device constitutes abandonment and may lead to involuntary termination of the parent's rights to the child and release of the child for adoption or other permanent placement;"

[3:49:02 PM](#)

MS. WIGGINS read the rationale prepared by Senator Tobin regarding the changes made to SB 9, version G:

For the first change on page three, lines 17-24, to provide this surrendering, parent with information on alternatives to surrender.

For example, Washington State has a safety of newborn children law that allows parents to anonymously leave newborns with qualified individuals at hospitals, fire stations, or federally designated rural health clinics with 72 hours after birth without fear of prosecution for abandonment.

As in other states with safe surrender laws, we want to ensure that surrendering parent is aware of a crisis hotline that they can call the clear signage on the safe surrender box.

As there are likely in crisis, if they are abandoning an infant, we also want to make it explicit to the surrendering parent through clear signage on the safe surrender box that putting this surrendering their infant may lead to the termination of their parental rights.

As there are in crisis, they may be influenced by drugs or alcohol, or may be a mental health event. This simply would provide a clear statement to the legal issues of surrender.

[3:50:05 PM](#)

MS. WIGGINS returned to summary of changes and read:

[Original punctuation provided.]

Page 4 Lines 4-8 Amends AS 47.10.013

Inserts "(5) approved by the department; in determining whether to approve a proposed infant safety device, the department shall consider

- A) Whether the device is an appropriate size;
- B) The safety of the device; and
- C) Ways to minimize unauthorized use of the device."

[3:50:26 PM](#)

MS. WIGGINS continued with the rationale for the summary of changes; version G:

"To ensure that the safe surrender box is sized for its intended use for newborn infants and would not be large enough for misuse. I.e. older infants are toddlers.

They worked with Senator Myers office on drafts of this amendment and arrived on a compromise with the proposal.

With the proposed language in a work draft, which gives the Department of Health, discretion and determining appropriate size for the safe surrender box."

[3:50:55 PM](#)

MS. WIGGINS returned to the summary of changes; version G:

[Original punctuation provided.]

Page 4, Line 13 Amends AS 47.10.013

Inserts "(j) If the department determines that an infant abandoned under (C)(1)(B) of this section is an Indian child, the department shall immediately contact the Indian child's tribe."

[3:51:11 PM](#)

MS WIGGINS continued with the rational for the summary of changes; version G:

"This is a reiteration of the Indian child welfare, welfare act requirements specific to the new statute on the surrender of newborns via safe surrender boxes."

[3:51:26 PM](#)

SENATOR DUNBAR asked if there were any questions from the committee.

[3:51:45 PM](#)

CHAIR DUNBAR removed his objection. He found no further objection and CSSB 9 was adopted as the working document.

[3:52:09 PM](#)

SENATOR ROBERT MYERS, District Q, Alaska State Legislature, Juneau, Alaska, speaking as sponsor of SB 9 explained that the bill aims to save lives by adding another option to the 2008 safe-surrender law, especially in light of recent infant

abandonment cases. He supported the intent of the proposed amendments but needs further discussion with the Division of Family and Community Services regarding practical impacts. He said with another committee of referral ahead, he plans to continue working with the department. He stated he is satisfied with SB 9 in its current form.

[3:53:33 PM](#)

SENATOR HUGHES suggested that the next committee of referral review language on page three to determine whether placing an infant in the device could constitute abandonment and potentially lead to involuntary termination of parental rights. She cautioned that such wording might make a frightened parent believe they are breaking the law and recommended clarifying the language to ensure parents understand that using the device is legal.

[3:54:45 PM](#)

SENATOR MYERS acknowledged that "abandonment" is a loaded term. He explained that the wording was intended to mirror the existing safe-surrender law, where a person receiving the infant informs the parent about the implications, including potential termination of parental rights. Since the device involves no in-person interaction, the amendment sought to provide that information through signage. He agreed the concern is valid and would review the language as the bill moves forward.

[3:55:47 PM](#)

At ease.

[3:56:21 PM](#)

CHAIR DUNBAR reconvened the meeting.

[3:56:25 PM](#)

CHAIR DUNBAR questioned whether public testimony was left open from the last hearing on SB 9; finding no further testifiers, he closed public testimony.

[3:56:40 PM](#)

CHAIR DUNBAR solicited the will of the committee.

[3:56:41 PM](#)

SENATOR GIESSEL moved to report CSSB 9, work order 34-LS0085\G, from committee with individual recommendations and attached fiscal note(s).

[3:57:00 PM](#)

CHAIR DUNBAR found no objection and CSSB 9(HSS) was reported from the Senate Health and Social Services Standing Committee.

[3:57:05 PM](#)

At ease.

SCR 2-SUPPORT CRISIS CARE & MEDICAID REFORM

[4:06:45 PM](#)

CHAIR DUNBAR reconvened the meeting and announced the consideration of SENATE CONCURRENT RESOLUTION NO. 2 Supporting an all-payer crisis continuum of care and Medicaid reform; and urging the Governor to direct the Department of Health and the division of insurance to develop recommendations for an all-payer model for crisis care.

[4:07:17 PM](#)

ARIELLE WIGGIN, Staff, Senator Forrest Dunbar, Alaska State Legislature, offered the sponsor statement for SCR 2 on behalf of the Senate Health and Social Services Standing Committee. She paraphrased the following statement:

[Original punctuation provided.]

Crisis Now is a model for behavioral health care that provides a phalanx of services, including a 24/7 crisis call center, crisis stabilization, and more, that prevent crisis from escalating to expensive, potentially harmful emergency room visits. Developed by the Crisis Services Task Force of the National Action Alliance for Suicide Prevention and first implemented in Arizona, this model is credited with saving millions of dollars in healthcare costs while improving outcomes for patients and communities. Recognizing the model's effectiveness and extraordinary degree of need in our state, the Alaska Mental Health Trust Authority and the State of Alaska partnered in 2020 to implement Crisis Now in Alaska.

[4:07:45 PM](#)

MS. WIGGIN continued with the sponsor statement for SCR 2:

The Alaska State Legislature has made significant progress in improving crisis behavioral health services through the establishment of a statewide crisis continuum of care. A pillar of the Crisis Now model, the 24-hour call line, was launched in July

2022. The long-term sustainability of these essential services, especially the call line, is threatened by funding gaps, administrative barriers, and reliance on short-term grants that limit providers' ability to expand and maintain crisis care.

SCR 2 urges the Governor to direct the Department of Health and the Division of Insurance to convene public and private payers, key stakeholders, and legislative leaders to develop recommendations for an all-payer model for crisis care. Alaska must build a sustainable crisis response system that ensures all Alaskans have access to the care they need, when they need it most.

[4:08:32 PM](#)

CHAIR DUNBAR noted the committee would not hear another resolution. Due to scheduling issues the resolution was not read across the floor. He explained that the resolution before them focuses more on Medicaid but also references Section 1115 Behavioral Health and Substance Use Disorder waiver, emphasizing that these issues are closely connected.

[4:09:07 PM](#)

CHAIR DUNBAR announced invited testimony on SCR 2.

[4:09:56 PM](#)

MELANIE SAGANOOK, Licensed Caregiver, Service Employees International Union 775, Unalakleet, Alaska, testified by invitation on SCR 2.

[Original punctuation provided.]

Testimony of Mayugiaq (Melanie Sagoonick)

My name is Mayugiaq, and my government name is Melanie Sagoonick. I am from the Native Village of Unalakleet. My parents are Emily Nanouk and the late Martin Nanouk Sr., and I have been a caregiver all my life.

When I was young, I stepped in to help my grandmother after my grandfather passed. Today, I continue that role as a caregiver for my brother, who relies on a wheelchair for mobility. My 83-year-old mother is his primary caregiver, but there are many things she can no longer do. Without my help, or the help of my sister Jeanette, my brother would be forced to leave Unalakleet-his home and community-to receive the care he needs.

4:10:37 PM

MS. SAGANOOK continued with her testimony of SCR 2:

This is the reality in rural Alaska. When my mother-in-law's dementia advanced, I had no choice but to take her to a facility in Anchorage because there was no care available in her village of Shaktoolik.

Right now, in our region-including 15 villages and Nome-there are only 22 certified caregivers. I constantly have to turn people away who qualify for care because I do not have the capacity to take on more clients. There simply aren't enough caregivers. Our people deserve to stay where they belong, in the communities they have called home for generations. But now, proposed Medicaid cuts threaten to take away that choice. Medicaid funds the work of caregivers-especially in rural Alaska, where accessing medical care often requires expensive travel and resources that many families simply do not have.

I have spent nearly my entire life in Unalakleet. This is my home. My culture. My family. Those before me, lived here, and we should be able to stay. But without caregivers, without Medicaid, that choice is being taken away.

I urge you to fight for Medicaid funding in Alaska. Protect our elders. Protect our families. Protect our way of life. No one should have to leave their home just to receive the care they deserve. Quyaana. Thank you.

4:12:31 PM

EVALINE MCNAMEE, Licensed Caregiver, Service Employees International Union 775, Wasilla, Alaska, testified by invitation on SCR 2.

[Original punctuation provided.]

Testimony Against Medicaid Cuts - Evaline McNamee
My name is Evaline McNamee, and I am a proud American. My ancestor was a signer of the Constitution, and I carry that legacy with pride. I work as a caregiver in Wasilla and like so many others in this profession, I have dedicated my life to caring for those in need.

My husband, a medically retired veteran, is now bedridden. Another person I care for has a severe neurological condition that causes uncontrollable shaking-she cannot be left alone. Both of them share one overwhelming fear: How will these Medicaid cuts affect me?

If these cuts go through, they worry about whether they will still have access to the care they need. Will they be able to afford food? Will they have enough for copays or transportation to Anchorage for medical appointments? And for me, as their caregiver, will I still be able to support my family while doing this work?

[4:13:31 PM](#)

MS. MCNAMEE continued with her testimony of SCR 2:

When caregivers live in fear-of losing hours, of having pay slashed, of missing rent or going hungry-it affects the quality of care we provide. We put everything we have into the well-being of those we serve, but we cannot do that if we are struggling to survive ourselves. No one should have to choose between buying food and paying for medicine, between getting to the right doctor and staying home untreated.

This isn't just about numbers on a budget- it's about real people. It's about our elderly, our disabled, our children in need. The fastest-growing segment of our population is those over 55, and the choices made by our Congressional delegation will impact their futures, and ours.

When history looks back at this moment, how will you be remembered? Will you be the ones who stood up for the most vulnerable, or the ones who took away their support? I am here to make a difference, and I urge you to do the same. Protect Medicaid

[4:14:54 PM](#)

CHAIR DUNBAR concluded invited testimony on SCR 2.

[4:15:05 PM](#)

At ease.

[4:15:41 PM](#)

CHAIR DUNBAR reconvened the meeting and held SCR 2 in committee.
#

[4:16:27 PM](#)

There being no further business to come before the committee,
Chair Dunbar adjourned the Senate Health and Social Services
Standing Committee meeting at 4:16 p.m.