

**ALASKA STATE LEGISLATURE**  
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

March 27, 2025

3:34 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. 95

"An Act relating to the child care assistance program and the child care grant program; and providing for an effective date."

- MOVED SB 95 OUT OF COMMITTEE

SENATE BILL NO. 121

"An Act relating to settlement of health insurance claims; relating to allowable charges for health care services or supplies; and providing for an effective date."

- MOVED CSSB 121(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.

- MOVED SCR 2 OUT OF COMMITTEE

SENATE BILL NO. 122

"An Act relating to insurance; establishing standards for health insurance provider networks; and providing for an effective date."

- HEARD & HELD

SENATE JOINT RESOLUTION NO. 15

Calling on the state's congressional delegation to oppose cuts to federal spending on Medicaid.

- HEARD & HELD

SENATE BILL NO. 88

"An Act relating to placement of a child in need of aid; relating to adoption; relating to variances for foster care licenses; relating to the medical records of children in foster care; and providing for an effective date."

- SCHEDULED BUT NOT HEARD

**PREVIOUS COMMITTEE ACTION**

BILL: SB 95

SHORT TITLE: CHILD CARE: ASSISTANCE/GRANTS

SPONSOR(s): HEALTH & SOCIAL SERVICES

02/12/25	(S)	READ THE FIRST TIME - REFERRALS
02/12/25	(S)	HSS, FIN
03/14/25	(S)	PRIME SPONSOR CHANGED - SENATE HEALTH AND SOCIAL
03/14/25	(S)	SERVICES COMMITTEE REPLACED SENATE RULES COMMITTEE
03/25/25	(S)	HSS AT 3:30 PM BUTROVICH 205
03/25/25	(S)	Heard & Held
03/25/25	(S)	MINUTE(HSS)
03/27/25	(S)	HSS AT 3:30 PM BUTROVICH 205

BILL: SB 121

SHORT TITLE: HEALTH INSURANCE ALLOWABLE CHARGES

SPONSOR(s): GIESSEL BY REQUEST

03/05/25	(S)	READ THE FIRST TIME - REFERRALS
03/05/25	(S)	HSS, L&C
03/11/25	(S)	HSS AT 3:30 PM BUTROVICH 205
03/11/25	(S)	Heard & Held
03/11/25	(S)	MINUTE(HSS)
03/20/25	(S)	HSS AT 3:30 PM BUTROVICH 205
03/20/25	(S)	Heard & Held
03/20/25	(S)	MINUTE(HSS)
03/27/25	(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  
03/13/25 (S) Heard & Held  
03/13/25 (S) MINUTE(HSS)  
03/25/25 (S) HSS AT 3:30 PM BUTROVICH 205  
03/25/25 (S) Heard & Held  
03/25/25 (S) MINUTE(HSS)  
03/27/25 (S) HSS AT 3:30 PM BUTROVICH 205

BILL: SB 122

SHORT TITLE: HEALTH INSURANCE NETWORK STANDARDS  
SPONSOR(s): GIESSEL BY REQUEST

03/05/25 (S) READ THE FIRST TIME - REFERRALS  
03/05/25 (S) HSS, L&C  
03/11/25 (S) HSS AT 3:30 PM BUTROVICH 205  
03/11/25 (S) Heard & Held  
03/11/25 (S) MINUTE(HSS)  
03/20/25 (S) HSS AT 3:30 PM BUTROVICH 205  
03/20/25 (S) <Bill Hearing Canceled>  
03/27/25 (S) HSS AT 3:30 PM BUTROVICH 205

BILL: SJR 15

SHORT TITLE: OPPOSE MEDICAID CUTS  
SPONSOR(s): HEALTH & SOCIAL SERVICES

03/19/25 (S) READ THE FIRST TIME - REFERRALS  
03/19/25 (S) HSS  
03/20/25 (S) HSS AT 3:30 PM BUTROVICH 205  
03/20/25 (S) <Bill Hearing Canceled>  
03/25/25 (S) HSS AT 3:30 PM BUTROVICH 205  
03/25/25 (S) Heard & Held  
03/25/25 (S) MINUTE(HSS)  
03/27/25 (S) HSS AT 3:30 PM BUTROVICH 205

**WITNESS REGISTER**

JANE CONWAY, Staff  
Senator Cathy Giessel  
Alaska State Legislature  
Juneau, Alaska

**POSITION STATEMENT:** Explained the amendments for SB 121.

GARY STRANNIGAN, Vice President  
Congressional and Legislative Affairs  
Premera Blue Cross Blue Shield of Alaska  
Everett, Washington

**POSITION STATEMENT:** Testified in opposition to SB 122.

**ACTION NARRATIVE**

[3:34:46 PM](#)

CHAIR DUNBAR called the Senate Health and Social Services Standing Committee meeting to order at 3:34 p.m. Present at the call to order were Senators Hughes, Giessel, Claman, Tobin, and Chair Dunbar.

**SB 95-CHILD CARE: ASSISTANCE/GRANTS**

[3:36:13 PM](#)

CHAIR DUNBAR announced the consideration of SENATE BILL NO. 95 "An Act relating to the child care assistance program and the child care grant program; and providing for an effective date."

[3:36:32 PM](#)

CHAIR DUNBAR opened public testimony on SB 95; finding none, he closed public testimony.

[3:36:57 PM](#)

CHAIR DUNBAR stated SB 95 is the same as a bill passed last year.

[3:37:05 PM](#)

CHAIR DUNBAR solicited the will of the committee.

[3:37:07 PM](#)

SENATOR GIESSEL moved to report SB 95, work order 34-LS0446\A, from committee with individual recommendations and attached fiscal note(s).

[3:37:18 PM](#)

CHAIR DUNBAR found no objection and SB 95 was reported from the Senate Health and Social Services Standing Committee.

[3:37:25 PM](#)

At ease.

**SB 121-HEALTH INSURANCE ALLOWABLE CHARGES**

[3:40:37 PM](#)

CHAIR DUNBAR reconvened the meeting and announced the consideration of SENATE BILL NO. 121 "An Act relating to settlement of health insurance claims; relating to allowable charges for health care services or supplies; and providing for an effective date."

[3:40:59 PM](#)

CHAIR DUNBAR solicited a motion.

[3:41:02 PM](#)

SENATOR GIESSEL moved to adopt Amendment 1, work order 34-LS0282\N.1.

34-LS0282\N.1

Wallace

3/12/25

**A M E N D M E N T 1**

OFFERED IN THE SENATE BY SENATOR GIESSEL  
TO: SB 121

Page 2, line 14, following "rates":  
Insert "for an allowable charge under (a) of this section"

[3:41:12 PM](#)

CHAIR DUNBAR objected for purposes of discussion.

[3:41:21 PM](#)

JANE CONWAY, Staff, Senator Cathy Giessel, Alaska State Legislature, Juneau, Alaska, offered an explanation of the amendments for SB 121. She noted that on page 2, line 14, following the word "rates" was inserted "for an allowable charge." She stated that the amendment establishes that out-of-network providers receive the same reimbursement for the same codes as in-network providers, while allowing in-network providers to negotiate rates through contracts with insurers.

[3:42:37 PM](#)

SENATOR HUGHES sought verification of whether the amendment is establishing a requirement.

[3:42:47 PM](#)

MS. CONWAY replied that the amendment would require the same reimbursement for the same CPT code regardless of the provider.

[3:43:11 PM](#)

SENATOR HUGHES asked whether the amendment affected the ability of in-network physicians to negotiate higher payment than other clinician types for the same CPT code.

[3:43:30 PM](#)

MS. CONWAY replied yes, it is a possibility.

[3:43:41 PM](#)

SENATOR HUGHES asked whether equal protection raised a legal issue if an advanced nurse practitioner or physician assistant (PA) in network received a lower negotiated payment than the same clinician type out of network.

[3:44:09 PM](#)

MS. CONWAY replied the question is beyond her expertise.

[3:44:29 PM](#)

SENATOR GIESSEL stated that SB 121 addresses reimbursement for out-of-network providers and does not affect negotiated in-network contracts.

[3:44:52 PM](#)

CHAIR DUNBAR stated that the issue raised appeared practical rather than constitutional and likely did not implicate equal protection because the payments resulted from arms-length negotiations.

[3:45:15 PM](#)

SENATOR CLAMAN said the legislation applies only to out-of-network charges and does not affect in-network rates, which are determined through contract negotiations, including any differences in payment for different clinician types.

[3:46:00 PM](#)

SENATOR HUGHES stated that she is concerned that paying nurse practitioners and PAs the same as physicians for the same service may undervalue physicians' greater training and expertise, reduce incentives for efficiency, and eliminate a cost-saving advantage PAs and nurse practitioners provide in rural care. She suggested a slightly lower rate for PAs and NPs could be more appropriate.

[3:48:28 PM](#)

CHAIR DUNBAR removed his objection and asked whether there were further questions.

[3:48:40 PM](#)

SENATOR HUGHES asked for a recap of the purpose for Amendment 1 (N.1).

[3:49:09 PM](#)

MS. CONWAY clarified that the purpose for Amendment 1 was that legislation applies only to out-of-network providers and does not affect in-network negotiations.

SENATOR CLAMAN stated that the amendment aligns the language with the bill's original intent, ensuring consistency.

CHAIR DUNBAR asked if Senator Hughes maintained her objection.

[3:49:43 PM](#)

SENATOR HUGHES replied no.

[3:49:48 PM](#)

CHAIR DUNBAR found no further objection and Amendment 1 (N.1) was adopted.

[3:49:51 PM](#)

CHAIR DUNBAR solicited a motion.

[3:49:55 PM](#)

SENATOR GIESSEL moved to adopt Amendment 2, work order 34-LS0282\N.2.

34-LS0282\N.2  
Wallace  
3/12/25

**A M E N D M E N T**

OFFERED IN THE SENATE

BY SENATOR GIESSEL

Page 1, line 14:

Delete "and must be the same across the state"

Insert ", must be the same across the state, and be the greater of the allowable charge or 450 percent of the federal Centers for Medicare and Medicaid

Services fee schedule for the state in effect at the time of delivery of the health care service or supply"

Page 2, lines 4 - 7:

Delete "Allowable charges for primary care providers must be the greater of the allowable charge or 450 percent of the federal Centers for Medicare and Medicaid Services fee schedule for the state in effect at the time of delivery of the health care service or supply."

[3:50:01 PM](#)

CHAIR DUNBAR objected for purposes of discussion.

[3:50:06 PM](#)

MS. CONWAY explained Amendment 2 (N.2). She said SB 121 specifies 450 percent of CMS Medicare rates, and the intent was for all providers to have 450 percent floor as a minimum. To achieve this, on page 1, line 14, "and must be the same across the state" was deleted and inserted "must be the same across the state and be greater of the allowable charge or 450 percent of the CMS Medicare and Medicaid Services fee schedule in effect at the time of service delivery." Consequently, page 2, lines 4-7, was removed, which previously applied only to primary care, since the floor now applies to all providers.

[3:51:31 PM](#)

SENATOR HUGHES asked whether the original bill applied the 450 percent rate only to primary care, but as amended extends to all medical care providers.

MS. CONWAY replied correct.

[3:51:52 PM](#)

SENATOR HUGHES said Amendment 2 is a very big expansion and said she wanted to maintain her objection because an analysis is needed on how the change would impact small businesses and 15 percent of the population. She stated her belief that rates would increase considerably, impacting the cost of insurance.

[3:52:26 PM](#)

CHAIR DUNBAR removed his objection and asked if Senator Hughes maintains objection.

[3:52:36 PM](#)

SENATOR HUGHES replied yes.

CHAIR DUNBAR asked for further discussion.

[3:52:42 PM](#)

SENATOR GIESSEL explained that after the repeal of the prior reimbursement rule, no minimum payment floor was established, leading to sharply reduced reimbursement rates for primary care clinicians—down to about 145 percent of Medicare, which is already low and potentially declining further. As a result, clinics are struggling to cover rising costs such as supplies, staffing, and billing services, and some have had contracts canceled or renegotiated at unsustainable rates. She said these pressures are causing clinic closures, difficulty recruiting physicians, and long-standing family-run practices becoming unsellable. The purpose of establishing a 450 percent Medicare floor is to stabilize reimbursement, keep primary care clinics financially viable, and maintain access to healthcare for Alaskans.

[3:55:18 PM](#)

SENATOR HUGHES stated that while the sponsor's goal is to ensure adequate reimbursement for primary care, the expansion would apply the floor to all medical providers, including specialists, with unknown impacts on costs. She is concerned this could increase premiums for insured Alaskans and cannot support SB 121.

[3:56:26 PM](#)

CHAIR DUNBAR found the objection was maintained and asked for a roll call vote.

A roll call vote was taken. Senators Giessel, Tobin, Claman, and Dunbar voted in favor of Amendment 2 (N.2) and Senator Hughes voted against it. The vote was 4:1.

CHAIR DUNBAR announced that Amendment 2 was adopted on a vote of 4 yeas and 1 nay.

[3:57:34 PM](#)

CHAIR DUNBAR opened public testimony on SB 121; finding none, he closed public testimony.

[3:57:49 PM](#)

CHAIR DUNBAR asked for closing comments.

[3:58:01 PM](#)

SENATOR CLAMAN said he viewed SB 121 as important. He expressed frustration with the lack of transparency in how reimbursement

rates are set and disclosed by insurers and state agencies. He noted difficulty obtaining meaningful rate information and related this difficulty to the confusion over medical bills that consumers face. He criticized the punitive nature of the current 185 percent Medicare out-of-network rate. He said he is concerned about whether a 450 percent Medicare floor could exceed existing contract rates, noting that supporters claim it would not, but he lacks sufficient data to make an informed decision.

[4:00:53 PM](#)

SENATOR CLAMAN said he is unconvinced that 450 percent of Medicare is always below contract rates and wants clearer, procedure-specific data to evaluate the impact. He supported the bill's advancement and praising its design but stressed the need for transparent rate comparisons to ensure out-of-network payments do not exceed in-network rates. He cited broader frustration with the lack of accessible healthcare cost information.

[4:02:16 PM](#)

SENATOR HUGHES stated her concern that reinstating a reimbursement floor so soon after repealing the 80th percentile rule could again drive-up healthcare costs. She noted historical cost increases and questioning how the percentile rule was previously characterized. She emphasized that the affected population is largely small business owners who already struggle to provide insurance and warned that SB 121 lacks sufficient data and clarity on several technical issues. She acknowledged the need for providers and access to care, she argued the proposal is premature, undermines free-market principles, and could harm Alaskans without further analysis and dialogue among insurers and providers.

[4:06:06 PM](#)

SENATOR GIESSEL noted that past analyses, including Milliman studies, showed specialists such as orthopedists were reimbursed well above Medicare without causing excess payments and that high healthcare costs in Alaska are driven more by insurance expenses than provider reimbursement. She argued SB 121 would protect patients from high out-of-network bills, encourage providers to join networks, and ultimately protect both clinicians and consumers.

[4:08:52 PM](#)

CHAIR DUNBAR solicited the will of the committee.

[4:08:55 PM](#)

SENATOR GIESSEL moved to report SB 121, work order 34-LS0282\N, as amended, from committee with individual recommendations and attached fiscal note(s).

[4:09:10 PM](#)

CHAIR DUNBAR found no objection and CSSB 121(HSS) was reported from the Senate Health and Social Services Standing Committee.

[4:09:15 PM](#)

At ease.

**SCR 2-SUPPORT CRISIS CARE & MEDICAID REFORM**

[4:11:05 PM](#)

CHAIR DUNBAR 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.

[4:11:33 PM](#)

CHAIR DUNBAR opened public testimony on SCR 2; finding none, he closed public testimony.

[4:11:49 PM](#)

CHAIR DUNBAR explained that Anchorage has worked for years on developing a crisis response continuum, including mobile crisis teams, but emphasized that these teams require supporting services and facilities to function effectively. He noted that providers are attempting to open crisis facilities but face billing challenges, and expressed hope for unified support to advance Crisis Now and the broader continuum of care statewide.

[4:13:07 PM](#)

SENATOR CLAMAN expressed support for the resolution, noting prior legislative work on related crisis care measures, including Senate Bill 120 and House Bill 172, and views this resolution as a continuation of those important efforts.

[4:13:53 PM](#)

CHAIR DUNBAR solicited the will of the committee.

[4:13:54 PM](#)

SENATOR GIESSEL moved to report SCR 2, work order 34-LS0644\A, from committee with individual recommendations and attached fiscal note(s).

[4:14:10 PM](#)

CHAIR DUNBAR found no objection and SCR 2 was reported from the Senate Health and Social Services Standing Committee.

[4:14:18 PM](#)

At ease.

**SB 122-HEALTH INSURANCE NETWORK STANDARDS**

[4:16:04 PM](#)

CHAIR DUNBAR reconvened the meeting and announced the consideration of SENATE BILL NO. 122 "An Act relating to insurance; establishing standards for health insurance provider networks; and providing for an effective date."

[4:16:27 PM](#)

CHAIR DUNBAR opened public testimony on SB 122.

[4:16:55 PM](#)

GARY STRANNIGAN, Vice President, Congressional and Legislative Affairs, Premera Blue Cross Blue Shield of Alaska, Everett, Washington, testified in opposition to SB 122 and paraphrased the following:

[Original punctuation provided.]

At Premera, we feel that efforts to promote the affordability of our products are key to continuing to be able to provide care for our customers. This is because affordability has become the highest bar a person must clear, in order to gain access to health insurance and health care services.

SB 122 would put in place the most restrictive network adequacy system of any state in the United States. If (a big if) a carrier could actually comply with the measure's provisions, it would certainly be at a very high cost.

Invited testimony from Mr. Jeff Davis indicated that this bill is intended to address a problem that does not yet exist: narrow networks in Alaska. Premera has the broadest network of any carrier in the state and we don't foresee a narrow network in our future. Further, from what we can tell, our competitors don't

employ narrow networks either. This bill is not needed.

[4:17:59 PM](#)

MR. STRANNIGAN continued with his testimony for SB 122:

Mr. Davis also suggested to the committee that there are no network adequacy requirements in place in Alaska. While it is true that Alaska is one of 18 mostly rural states that does not have a state-specific set of requirements for network adequacy, the federal government does have network adequacy requirements for Qualified Health Plans (QHPs) under the Affordable Care Act (ACA) - including those that serve Alaskans. Premera complies with these requirements for our individual health plans, and by extension, the rest of our lines of business do so as well. This is because we essentially have one (compliant) network for all our products

To touch on a few of the bill's problematic provisions:

-In the case of both the 100 percent threshold for facilities, and the 95 percent threshold for specialty providers, virtually every provider will have the opportunity to hold a health plan hostage. The provider will be able demand whatever rate they want. If the health plan would like to do business in Alaska, the health plan must agree. This provision will have an upward spiraling effect on costs, if not completely crash the health insurance marketplace - all it would take to disqualify a carrier is for one provider to refuse to contract and that carrier does not comply. This is to say nothing of the small subset of providers to do not, under any circumstances contract with insurance companies. Would they also carry a veto over health carriers? Under the bill, carriers would need to contract with 95 percent of specialty and subspecialty providers in an area. In many instances, the number of specialty and subspecialty providers in an area can be counted on one hand. Mathematically, a carrier would need to contract with five out of five providers and if just one declines, that carrier does not meet the 95 percent threshold and is disqualified from doing business in Alaska.

-There is no exception in the bill for poor quality providers/facilities or those providers who have previously been excluded from a carrier network due to fraud concerns. By requiring carriers to contract with them, it will subject members to potentially low-quality care and/or fraudulent behavior. In conclusion, we urge the legislature to set SB 122 aside and instead focus on the countless other, in many cases, serious, pressing problems currently confronting the Alaska legislature. There is no sense investing effort in a problem that is purely theoretical; especially when the proposed solution is so costly.

[4:19:29 PM](#)

SENATOR HUGHES noted that the proposal may impose one of the strictest network adequacy standards in the nation and asked what the federal requirements are for the Affordable Care Act.

[4:19:51 PM](#)

MR. STRANNIGAN said he is hearing two questions. One question is about the network adequacy requirements under the Affordable Care Act and the second question is about the state requirements.

[4:20:14 PM](#)

SENATOR HUGHES replied that she primarily wants to know the federal requirements and how Alaska compares to other states if SB 122 is passed.

[4:20:34 PM](#)

MR. STRANNIGAN said the proposal would set uniquely strict network adequacy standards, including a 100 percent requirement for facilities and a 95 percent requirement for specialties, effectively forcing insurers to contract with nearly all providers. He noted that no other state has comparable requirements and offered to provide information on Affordable Care Act standards if requested.

[4:21:56 PM](#)

SENATOR HUGHES requested the additional information.

[4:22:00 PM](#)

SENATOR CLAMAN said the bill is often described as a narrow network bill. He asked whether there are states with narrow network laws that are acceptable from an insurance perspective,

or as a representative of Premera are all narrow network bills unacceptable.

[4:22:28 PM](#)

MR. STRANNIGAN replied that Premera operates in Washington and Alaska, with Washington's insurance department proud of its robust network adequacy laws. He suggested there is currently no need for narrow network laws in Alaska if there are no narrow networks. He offered to research narrow network laws to provide a clearer overview of available options.

[4:23:33 PM](#)

SENATOR CLAMAN asked if he could provide an overview in a couple of days.

MR. STRANNIGAN replied that he could deliver some data in a few days.

[4:24:10 PM](#)

CHAIR DUNBAR closed public testimony on SB 122.

[4:24:23 PM](#)

CHAIR DUNBAR held SB 122 in committee.

### **SJR 15-OPPOSE MEDICAID CUTS**

[4:24:36 PM](#)

CHAIR DUNBAR announced the consideration of SENATE JOINT RESOLUTION NO. 15 Calling on the state's congressional delegation to oppose cuts to federal spending on Medicaid.

[4:24:44 PM](#)

CHAIR DUNBAR stated he had hoped to adopt a committee substitute for SJR 15, but didn't receive a draft in time for today's meeting.

[4:24:54 PM](#)

CHAIR DUNBAR stated that he has conceptual amendments for discussion but does not plan to introduce them now, preferring to include them in a committee substitute (CS). He hoped to discuss and answer questions before being absent next Tuesday, so the CS can be smoothly adopted in his absence.

[4:25:40 PM](#)

CHAIR DUNBAR invited Senator Tobin to speak to Amendment 1.

[4:25:48 PM](#)

SENATOR TOBIN spoke to her Amendment 1, noting that the medical needs and care of some Alaskans are 100 percent federally reimbursed. She opined that if there were changes to Medicaid they may not have access to preventive or acute services at any time. She said Amendment 1 highlights the full impact to Alaskans if changes to Medicaid through SJR 15 were fulfilled.

[4:26:48 PM](#)

CHAIR DUNBAR speaking to Amendment 2:

Goes to a comment that Senator Hughes made about 880 billion versus 2 trillion. There are some folks that think that there are ways to measure, it in which it is 2 trillion, but I went with your number of Senator Hughes. I think 880 billion has become sort of what people are talking about and understand it to be. That is the amount that they expect to have to find within the budget reconciliation process. I also deleted "to fund tax breaks for the wealthy." I do think that that is a factual statement, but I don't want us to get into the controversies around tax policy. Ultimately this is about Medicaid and its importance to Alaska's economy and to our health. So, I am deleting that verbiage out of there.

[4:27:36 PM](#)

SENATOR HUGHES noted that a testifier mentioned the \$880 billion figure applies over ten years, and she asked if it would be appropriate to include that timeframe in the amendment.

[4:27:53 PM](#)

CHAIR DUNBAR replied that he would talk offline and talk with legislative legal to get the CS in on time.

[4:28:17 PM](#)

SENATOR HUGHES stressed the importance of avoiding Medicaid cuts for vulnerable populations while considering restructuring to encourage able-bodied, working-age adults to move to employer-based insurance, highlighting that nearly a third of Alaskans are on Medicaid, which poses a significant budget burden. She asked if the committee is interested in saying no to Medicaid cuts.

[4:30:11 PM](#)

SENATOR TOBIN noted that while about 30 percent of Alaskans are on Medicaid, roughly 5 percent are Alaska Native with fully federally funded coverage, and 8-15 percent of able-bodied

adults, some with disabilities, also access Medicaid. She acknowledged the complexity of these distinctions and the difficulty of fully capturing them in a resolution, providing context rather than opposition.

[4:31:31 PM](#)

SENATOR GIESSEL referenced the annual Mesa Medicaid report, noting a gap between those eligible and those actually accessing services. She asked what portion of these are able-bodied adults who might work but avoid raises to maintain Medicaid coverage in case of job-related injuries.

[4:32:27 PM](#)

CHAIR DUNBAR acknowledged concerns about able-bodied Medicaid recipients and work requirements, noting that such issues are complex and not fully captured in the resolution. He supported moving forward with the current version, anticipating that amendments addressing these concerns could be debated later, but he does not plan to introduce one.

[4:33:51 PM](#)

CHAIR DUNBAR held SJR 15 in committee.

[4:34:18 PM](#)

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