

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

April 29, 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. 178

"An Act relating to early intervention services for certain children; relating to optional services under the medical assistance program; and providing for an effective date."

- HEARD & HELD

SENATE BILL NO. 45

"An Act relating to medical assistance services; relating to parity in mental health and substance use disorder coverage in the state medical assistance program; and providing for an effective date."

- HEARD & HELD

SENATE BILL NO. 147

"An Act relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."

- MOVED SB 147 OUT OF COMMITTEE

**PREVIOUS COMMITTEE ACTION**

BILL: SB 178

SHORT TITLE: EXPAND EARLY INTERVENTION SERVICES

SPONSOR(S): HEALTH & SOCIAL SERVICES

04/22/25 (S) READ THE FIRST TIME - REFERRALS  
04/22/25 (S) HSS, FIN  
04/29/25 (S) HSS AT 3:30 PM BUTROVICH 205

BILL: SB 45

SHORT TITLE: MEDICAID MENTAL HEALTH PARITY  
SPONSOR(s): DUNBAR

01/22/25 (S) PREFILE RELEASED 1/17/25  
01/22/25 (S) READ THE FIRST TIME - REFERRALS  
01/22/25 (S) HSS, FIN  
01/28/25 (S) HSS AT 3:30 PM BUTROVICH 205  
01/28/25 (S) Heard & Held  
01/28/25 (S) MINUTE(HSS)  
04/03/25 (S) HSS AT 3:30 PM BUTROVICH 205  
04/03/25 (S) <Bill Hearing Canceled>  
04/10/25 (S) HSS AT 3:30 PM BUTROVICH 205  
04/10/25 (S) Scheduled but Not Heard  
04/24/25 (S) HSS AT 3:30 PM BUTROVICH 205  
04/24/25 (S) Heard & Held  
04/24/25 (S) MINUTE(HSS)  
04/29/25 (S) HSS AT 3:30 PM BUTROVICH 205

BILL: SB 147

SHORT TITLE: PHARMACIST PRESCRIPTION AUTHORITY  
SPONSOR(s): GIESSEL BY REQUEST

03/26/25 (S) READ THE FIRST TIME - REFERRALS  
03/26/25 (S) HSS, L&C  
04/15/25 (S) HSS AT 3:30 PM BUTROVICH 205  
04/15/25 (S) Heard & Held  
04/15/25 (S) MINUTE(HSS)  
04/22/25 (S) HSS AT 3:30 PM BUTROVICH 205  
04/22/25 (S) Heard & Held  
04/22/25 (S) MINUTE(HSS)  
04/29/25 (S) HSS AT 3:30 PM BUTROVICH 205

**WITNESS REGISTER**

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

**POSITION STATEMENT:** Introduced SB 178 on behalf of the sponsor and provided the sectional analysis.

AMY SIMPSON, Executive Director  
Program for Infants and Children  
Anchorage, Alaska

**POSITION STATEMENT:** Testified by invitation on SB 178.

RICHARD SAVILLE, Program Coordinator  
Governor's Council on Disabilities and Special Education  
Department of Health  
Anchorage, Alaska

**POSITION STATEMENT:** Testified by invitation on SB 178.

CHERYL WELCOME, representing self  
Palmer, Alaska

**POSITION STATEMENT:** Testified in support of SB 178.

YULIA SMITH, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 178.

LAURA NORTON-CRUZ, representing self  
Anchorage, Alaska

**POSITION STATEMENT:** Testified in support of SB 178.

#### **ACTION NARRATIVE**

[3:31:48 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 Giessel, Claman, Tobin, Hughes, and Chair Dunbar.

#### **SB 178-EXPAND EARLY INTERVENTION SERVICES**

[3:32:32 PM](#)

CHAIR DUNBAR announced the consideration of SENATE BILL NO. 178 "An Act relating to early intervention services for certain children; relating to optional services under the medical assistance program; and providing for an effective date."

[3:32:52 PM](#)

At ease.

[3:33:17 PM](#)

CHAIR DUNBAR reconvened the meeting.

[3:33:24 PM](#)

ARIELLE WIGGIN, Staff, Senator Forrest Dunbar, Alaska State Legislator, Juneau, Alaska, introduced SB 178 on behalf of the sponsor and provided the sectional analysis. She said SB 178 makes three primary changes: it allows the Infinite Learning Program to access additional federal Medicaid funding, reducing reliance on state general funds; requires the Department of Health to review and recommend updates to qualifying disability conditions and submit a report to the legislature by July 1, 2029. She said SB 178 expands access to the program by lowering developmental delay eligibility from 50 percent to a 25 percent. The eligibility change, based on recommendations from the Department of Health's Interagency Coordinating Council and stakeholder input, aims to reduce provider hesitation and improve access for children and families.

[3:35:47 PM](#)

CHAIR DUNBAR announced a presentation on SB 178.

[3:35:59 PM](#)

AMY SIMPSON, Executive Director, Program for Infants and Children, Anchorage, Alaska, testified by invitation on SB 178. She thanked the committee for hearing the presentation.

[3:36:41 PM](#)

MS. SIMPSON moved to slide 2, Alaska ILP Network, and stated that the Infant Learning Program (ILP) serves children statewide, ensuring that any baby born in the state is eligible to receive high-quality services for infants and toddlers with disabilities.

[3:37:01 PM](#)

MS. SIMPSON moved to slides 4-5, Highlighting Changes in SB 178 and Why Expand Eligibility, and stated that the bill updates the Infant Learning Program by allowing Medicaid billing for all Part C services, reducing reliance on state funds for special instruction and developmental therapies. SB 178 removes discretionary inclusion for at-risk children, clarifies the definition of developmental delay, eliminates an obsolete paraprofessional training program, requires reviewing qualifying conditions every five years, and aligns Part C eligibility with Part B by lowering the delay threshold from 50 percent to 25 percent, expanding early intervention access and potentially reducing future special education costs.

[3:41:58 PM](#)

MS. WIGGIN gave the following sectional analysis for SB 178.

[Original punctuation provided.]

**Section 1** - Amends AS 47.07.030 (b) to add early intervention services for children with developmental delays to the medical services provided by the Alaska Department of Health.

**Section 2** - Amends AS 47.20.060 to delete the discretionary authority of the department to serve children under the age of three who are at risk of developmental delays or disabilities. AS 47.20.060 is the statute governing the department's authority to provide quality learning and related early intervention family support services to eligible children under the age of three with developmental delays.

**Section 3** - Amends AS 47.20.070 (c), which is the statute governing the establishment of the early intervention services program, to delete the mandate for the Department of Health to establish a training program for paraprofessionals who provide services to children under the age of three with developmental delays and disabilities.

Section 3 adds a new subsection (8) requiring the Department of Health to review the conditions that qualify as a disability and make recommendations to the Alaska State Legislature on updating those conditions. The review must be conducted at least every five years, in consultation with medical professionals and the Department of Health's Interagency Coordinating Council.

**Section 4** - Amends AS 47.20.080 (a), the statute governing eligibility for early intervention services, to stipulate that a child and the child's family are eligible for services if the child is experiencing developmental delay or disability.

**Section 5** - Amends AS 47.20.100, the statute governing individualized family service plans, to remove the right of the Department of Health to eliminate coverage for services if there is insufficient funding to provide services to all eligible persons.

[3:43:47 PM](#)

MS. WIGGIN continued with the sectional analysis for SB 178:

**Section 6** - Amends AS 47.20.290 (4) to change the definition of "developmentally delayed" to align with the federal Individuals with Disabilities in Education Act and to expand eligibility to those children with a developmental delay of at least 25 percent below a chronological or corrected age or equivalent standard deviation below age-appropriate norms in one of the identified areas listed in the definition of "developmentally delayed." The standard is 20 percent for children in two or more of the areas listed.

**Section 7** - Repeals and reenacts AS 47.20.290 (6) to list the services that qualify as early intervention services. Qualified services include:

- Audiology services
- Health services
- Medical services
- Nursing services
- Nutrition services
- Occupational therapy
- Psychological services
- Special Instruction
- Transportation and related costs
- Vision
- Vision services.

**Section 8** - Repeals three sections of state law.

AS 47.20.080 (b) allows the Department to eliminate coverage if there is insufficient funding

AS 47.20.290 (1) is the definition of "additional early intervention services." The definition is no longer necessary because early intervention services are detailed in Section 7 of this act.

AS 47.20.290 (2) is the definition of "core early intervention services." This definition is no longer applicable because the act eliminates "core" services in favor of a broader list of early intervention services.

[3:45:00 PM](#)

MS. WIGGIN continued with the sectional analysis for SB 178:

**Section 9** - Adds a new section to uncodified law requiring the Alaska Department of Health to submit a report to the Alaska State Legislature by July 1, 2029, that includes details about how many children in Alaska need early intervention services and the types of services provided. The report must also include the cost to the State of Alaska of providing services and the amount of federal funding received by the state. Additionally, the report must include recommendations for further statutory changes to enhance and expand early intervention services for eligible children under the age of three who have developmental delays or disabilities.

**Section 10** - Adds a new section to the uncodified law requiring the Department of Health to amend and resubmit for federal approval the state plan for medical assistance coverage to align with the changes made by this act.

**Section 11** - Adds a new section to the uncodified law stipulating that the changes to early intervention services only take effect if the U.S. Department of Health and Human Services approves the amendment to the state plan for medical assistance coverage or determines that approval of the amendments to the state plan is not necessary.

**Section 12** - Stipulates that section 1 of this act takes effect on July 1, 2026, if the changes in early intervention services included in this act are approved by the U.S. Department of Health and Human Services.

**Section 13** - Sets an effective date of July 1, 2026, for this act.

[3:46:34 PM](#)

RICHARD SAVILLE, Program Coordinator, Governor's Council on Disabilities and Special Education, Department of Health, Anchorage, Alaska, testified by invitation on SB 178. He stated that Alaska has the most stringent eligibility requirements for Part C services in the nation, a fact that was surprising given the state's strong history of supporting individuals with developmental disabilities. Lowering eligibility to a 25 percent delay would align Part C with Part B, promote equity, and

demonstrate the state's commitment to families and children. Early intervention could reduce long-term special education costs by up to \$229,000 per child annually, potentially saving more than \$34 million per year overtime, while also yielding broader community benefits such as reduced reliance on Medicaid waivers, lower involvement with child welfare and justice systems, increased workforce participation, and more students graduating ready for work or post-secondary training.

[3:50:15 PM](#)

SENATOR TOBIN raised concerns about whether lowering the eligibility benchmark would significantly increase the number of eligible children, potentially requiring additional departmental staff. She asked whether the anticipated need for two new full-time positions is justified, given that the state already conducts disability screenings.

[3:51:30 PM](#)

MR. SAVILLE replied that research indicates the program would serve approximately 77 percent more children, and while the state already performs much of the work, additional staff would likely be needed to manage the increased workload.

MS. SIMPSON agreed with Mr. Saville. She replied that increased Medicaid billing responsibilities would have an additional impact of the state office. She said that requiring added support would help programs statewide draw down federal funds and offset state costs.

[3:53:08 PM](#)

CHAIR DUNBAR opened public testimony on SB 178.

[3:53:46 PM](#)

CHERYL WELCOME, representing self, Palmer, Alaska, testified in support of SB 178. She emphasized a strong commitment to Alaska's future through early childhood intervention. She noted that while many families benefit from home-based services, children with delays below the current 50 percent threshold are often turned away. Without access to other services, these families frequently return later with more severe delays, resulting in lost opportunities during critical early years when evidence-based interventions could have been most effective.

[3:55:41 PM](#)

YULIA SMITH, representing self, Anchorage, Alaska, testified in support of SB 178. She shared a personal account of how early intervention transformed her family's experience after her child

qualified for services due to a speech delay. She said developmental specialists identified early signs of autism, empowered her through parent coaching and tailored strategies, and supported early intervention before a formal diagnosis. As a result, her child is now a confident, high-functioning kindergartener fully included in the classroom, with behavioral challenges resolved and special education services no longer needed.

[3:59:16 PM](#)

CHAIR DUNBAR confirmed that Ms. Smith is in support of the bill.

MS. SMITH replied yes, absolutely.

[3:59:42 PM](#)

LAURA NORTON-CRUZ, representing self, Anchorage, Alaska, testified in support of SB 178. She stated that while filming a documentary on the Infant Learning Program she witnessed multiple instances where children with clear developmental risks were denied or removed from services due to the 50 percent delay requirement. Examples included infants prenatally exposed to alcohol, NICU graduates, and premature newborns who could not yet demonstrate sufficient delay despite high risk and critical early brain development needs. She emphasized that SB 178 would allow earlier intervention but would also require additional funding, staffing, and contracted services to support expanded eligibility.

[4:02:39 PM](#)

CHAIR DUNBAR closed public testimony on SB 178.

[4:02:49 PM](#)

SENATOR TOBIN expressed frustration that fiscal notes do not capture the long-term cost savings of early intervention. Although SB 178 requires upfront investment, providing services at a lower delay threshold would reduce the need for more intensive and costly interventions later, ultimately saving state and school resources over time.

[4:04:01 PM](#)

CHAIR DUNBAR held SB 178 in committee.

[4:04:07 PM](#)

At ease.

**SB 45-MEDICAID MENTAL HEALTH PARITY**

[4:05:06 PM](#)

CHAIR DUNBAR reconvened the meeting and announced the consideration of SENATE BILL NO. 45 "An Act relating to medical assistance services; relating to parity in mental health and substance use disorder coverage in the state medical assistance program; and providing for an effective date."

[4:06:14 PM](#)

SENATOR GIESSEL asked why the fiscal note amount had increased.

[4:06:52 PM](#)

CHAIR DUNBAR asked Ms. Dompeling to explain why the fiscal note for the second version of SB 45, developed with assistance from the department, was nearly twice as large as the original version developed by the Behavioral Health Association.

[4:07:25 PM](#)

MS. DOMPELING replied that upon reviewing the latest version, the team found clearer expectations for reporting and parity analysis, leading them to conclude that the original fiscal note no longer reflected current understanding. She emphasized that implementing the provisions, particularly within Medicaid, is a significant undertaking that will require both additional staffing and contractual support.

[4:08:18 PM](#)

CHAIR DUNBAR asked whether returning to the original version of SB 45 would reduce the fiscal note to its original cost.

[4:08:33 PM](#)

MS. DOMPELING replied that the cost would be lower if the committee used the original fiscal note. She said as expectations became clearer, the team recognized that earlier assumptions underestimated the scope of the work.

[4:09:14 PM](#)

SENATOR TOBIN asked why the fiscal note shows higher costs in FY 2026 and FY 2031 compared to the lower amounts projected in the other years.

MS. DOMPELING replied that the difference reflects workload, not an error: higher costs occur in years requiring full parity analyses, while lower-cost years involve only annual reports and action plans with reduced contractor needs. She said staffing levels remain consistent throughout.

[4:10:35 PM](#)

CHAIR DUNBAR expressed dissatisfaction that the Behavioral Health Association worked with the Department of Health on a compromise, after which the fiscal note doubled.

[4:11:26 PM](#)

CHAIR DUNBAR held SB 45 in committee.

[4:11:27 PM](#)

At ease.

### **SB 147-PHARMACIST PRESCRIPTION AUTHORITY**

[4:14:54 PM](#)

CHAIR DUNBAR reconvened the meeting and announced the consideration of SENATE BILL NO. 147 "An Act relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."

[4:15:26 PM](#)

SENATOR GIESSEL speaking as sponsor gave a brief recap of SB 147. She said the bill narrowly authorizes certain pharmacists to independently prescribe medications and devices for minor illnesses, chronic disease management, and preventive care within their training. She stated that SB 147 does not expand pharmacists' scope beyond their education or allow prescribing abortion-inducing medications, which remains prohibited under current Alaska law.

[4:16:30 PM](#)

CHAIR DUNBAR solicited the will of the committee.

[4:16:31 PM](#)

SENATOR GIESSEL moved to report SB 147, work order 34-LS0274\I, from committee with individual recommendations and attached fiscal note(s).

[4:16:47 PM](#)

CHAIR DUNBAR found no further objection and SB 147 was reported from the Senate Health and Social Services Standing Committee.

[4:17:33 PM](#)

There being no further business to come before the committee, Chair Dunbar adjourned the Senate Health and Social Services Standing Committee meeting at 4:17 p.m.