

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

May 1, 2025

3:30 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."

- MOVED SB 45 OUT OF COMMITTEE

SENATE CONCURRENT RESOLUTION NO. 4

Designating May 2025 as Mental Health Awareness Month; and designating May 4 - 10, 2025, as Tardive Dyskinesia Awareness Week.

- MOVED SCR 4 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
04/29/25 (S) Heard & Held
04/29/25 (S) MINUTE (HSS)
05/01/25 (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
04/29/25 (S) Heard & Held
04/29/25 (S) MINUTE (HSS)
05/01/25 (S) HSS AT 3:30 PM BUTROVICH 205

BILL: SCR 4

SHORT TITLE: MENTAL HEALTH MONTH; TARDIVE DYSK WEEK
SPONSOR (s): GRAY-JACKSON

04/15/25 (S) READ THE FIRST TIME - REFERRALS
04/15/25 (S) HSS
05/01/25 (S) HSS AT 3:30 PM BUTROVICH 205

WITNESS REGISTER

NIAMH DARDIS, Director
Infant Learning Program
Resource, Education, Advocacy, Collaboration,
and Housing Organization (REACH)
Juneau, Alaska

POSITION STATEMENT: Testified in support of SB 178.

STEPHANIE TUCKER, Director
Infant Learning Program
Mat-Su Services for Children and Adults
Wasilla, Alaska

POSITION STATEMENT: Testified in support of SB 178.

MARK LACKEY, Executive Director
CCS Early Learning - Mat-Su Borough
Wasilla, Alaska

POSITION STATEMENT: Testified in support of SB 178.

AMI RUDD, representing self
Wasilla, Alaska

POSITION STATEMENT: Testified in support of SB 178.

MICHELLE LOVE, representing self
Wasilla, Alaska

POSITION STATEMENT: Testified in support of SB 178.

HEIDI HAAS, representing self
Fairbanks, Alaska

POSITION STATEMENT: Testified in support of SB 178.

SUSAN KESSLER, Research Analyst
Infant Learning Program
Senior and Disabilities Services Division
Department of Health
Fairbanks, Alaska

POSITION STATEMENT: Answered questions on SB 178.

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

POSITION STATEMENT: Offered the sectional analysis for SB 45,
version A.

LANCE JOHNSON, Chief Operating Officer
Alaska Behavioral Health Association
Talkeetna, Alaska

POSITION STATEMENT: Testified in support of SB 45.

MAXWELL MERCER, Grants Director
Community Connections
Ketchikan, Alaska

POSITION STATEMENT: Testified in support of SB 45.

SENATOR ELVI GRAY-JACKSON, District G
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Sponsor of SCR 4.

ANN RINGSTAD, Executive Director
National Alliance on Mental Illness (NAMI)
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on SCR 4.

ACTION NARRATIVE

[3:30:30 PM](#)

CHAIR DUNBAR called the Senate Health and Social Services Standing Committee meeting to order at 3:30 p.m. Present at the call to order were Senators Giessel, Tobin, Hughes, Claman, and Chair Dunbar.

SB 178-EXPAND EARLY INTERVENTION SERVICES

[3:31:16 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."

[3:31:48 PM](#)

CHAIR DUNBAR opened public testimony on SB 178.

[3:32:13 PM](#)

NIAMH DARDIS, Director, Infant Learning Program, Resource, Education, Advocacy, Collaboration, and Housing Organization (REACH), Juneau, Alaska, testified in support of SB 178. She emphasized that SB 178 would expand early intervention for children from birth to age three, improving long-term educational and life outcomes by identifying developmental delays earlier. By lowering the eligibility threshold from 50 percent to 25 percent, the bill may serve up to 77 percent more children, address rising special education needs, support families and workforce retention, and reduce future costs. SB 178 is widely supported by early childhood advocates, disability organizations, and families statewide.

[3:34:49 PM](#)

STEPHANIE TUCKER, Director, Infant Learning Program, Mat-Su Services for Children and Adults, Wasilla, Alaska, testified in support of SB 178. She referenced a recent video highlighting

challenges faced by Infant Learning Program staff and families, noting that SB 178 would expand services to currently unserved families and align Alaska's eligibility standards with other states. She emphasized that funding has remained flat for over a decade despite rising costs and population growth, and that SB 178 would help stabilize funding and support the increased capacity required to serve all referred children.

[3:36:43 PM](#)

MARK LACKEY, Executive Director, CCS Early Learning - Mat-Su Borough, Wasilla, Alaska, testified in support of SB 178. He shared his experiences working with Head Start, foster care, and long-term board service, described how limited Infant Learning Program capacity contributes to unmet developmental needs and challenging behaviors in classrooms. He emphasized that children under age three rely on ILP for disability determinations, shared personal examples of children denied early services who later required long-term special education, and stressed that ILP has struggled for years to meet growing demand without sufficient resources.

[3:39:07 PM](#)

At ease.

[3:39:22 PM](#)

CHAIR DUNBAR reconvened the meeting and continued public testimony on SB 178.

[3:39:46 PM](#)

AMI RUDD, representing self, Wasilla, Alaska, testified in support of SB 178. She described her son being evaluated with a 38 percent developmental delay, making him ineligible for services under Alaska's 50 percent threshold despite clear needs. She emphasized long waitlists for private therapy and expressed concern that her child may fall behind without early support. She urged lawmakers to ensure state services are available so children can reach their full potential.

[3:41:33 PM](#)

MICHELLE LOVE, representing self, Wasilla, Alaska, testified in support of SB 178. She shared her experience with adopting her great nephew that was born with drug withdrawal symptoms. She said he made significant progress after a year in the Infant Learning Program and lost eligibility after testing at a 28 percent delay. Without continued services, his delays have worsened, particularly in speech. She said she was reliant on ILP's expertise to identify needs and support his development.

[3:44:02 PM](#)

HEIDI HAAS, representing self, Fairbanks, Alaska, testified in support of SB 178. She shared that her daughter, diagnosed with autism, benefited profoundly from early intervention services, which empowered the family to support her development. She progressed from needing significant assistance in kindergarten to thriving academically and socially, now contributing to her community. She emphasized that even brief access to these services had lasting impact, highlighting the importance of early intervention for individual success and long-term community and state benefits.

[3:47:43 PM](#)

CHAIR DUNBAR closed public testimony on SB 178.

[3:47:54 PM](#)

SENATOR HUGHES expressed concern about the fiscal note. She said that staff travel is already occurring under the current 50 percent threshold and requested that this be taken into account when evaluating the fiscal note. She suggested the independent learning programs explore funding from the Alaska Mental Health Trust Authority or the Mat-Su Health Foundation to support these children, emphasizing the importance of helping them thrive.

[3:49:20 PM](#)

SENATOR TOBIN referenced fiscal note OMB component 2663, and noted the fund source labeled "MH" and asked whether this refers to the Mental Health Trust.

[3:49:42 PM](#)

SUSAN KESSLER, Research Analyst, Infant Learning Program, Senior and Disabilities Services Division, Department of Health, Fairbanks, Alaska, answered questions on SB 178. She answered that the Infant Learning Program receives both general fund mental health dollars and Alaska Mental Health Trust Authority funds for certain special projects.

[3:51:05 PM](#)

CHAIR DUNBAR [held SB 178 in committee.]

[3:51:13 PM](#)

At ease.

SB 45-MEDICAID MENTAL HEALTH PARITY

[3:52:24 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."

[3:52:34 PM](#)

CHAIR DUNBAR stated SB 45 was first heard in the Senate Health and Social Services Standing Committee meeting on January 28, 2025, and on April 24, 2025, when committee substitute (CS) version I was adopted. He stated he is bringing SB 45, version A, back before the committee and intends to solicit the will of the committee in reporting version A from committee.

[3:52:55 PM](#)

ARIELLE WIGGIN, Staff, Senator Forrest Dunbar, Alaska State Legislature, Juneau, Alaska, offered the sectional analysis for SB 45, version A:

[Original punctuation provided.]

Section 1: The state must provide equal coverage and access to treatment for behavioral health issues as for other medical conditions. This is a new subsection (i) to the state statute that governs services provided to Medicaid recipients (AS 47.7.030). The new subsection says the department of health must follow federal behavioral health parity statutes, which are listed in the bill.

Section 2: The commissioner of health will comply with relevant parts of the federal behavioral health law, and investigating complaints about behavioral health coverage and checking on possible unequal coverage including:

1. Reviewing state Medicaid regulations to ensure they don't cause unequal coverage of behavioral healthcare. Examples of potential regulations are listed.
2. Comparing how Medicaid coverage works for behavioral health coverage versus physical health coverage.

This is a new section to State Medicaid statute (AS 47.07). The new section is 47.07.033 Parity in mental health and substance use disorder benefits.

[3:54:21 PM](#)

MS. WIGGIN continued with the sectional analysis for SB 45:

Section 3: Creates a new reporting requirement for behavioral health and mental health parity. It instructs the Department to send a report by March 1 each year to the legislature. The report will:

1. Describe their process for what "medical necessity" means for both physical and behavioral health coverage.

2. List the rules limiting behavioral healthcare and physical healthcare, numerical or nonnumerical.

3. Decide whether the criteria, numerical and non-numerical, for behavioral health are comparable to physical health benefits, and if they are applied equally. This includes:

a. Decisions behind treatment limitations, including limitations that were rejected.

b. Evidence used to choose treatment limitations.

c. Comparisons between physical and behavioral health care showing that in practice the treatment limitations are evenly applied.

d. Share findings that indicate whether the state Medicaid system is compliant with federal parity laws.

This is a new subsection (d) to the section of state statute on reports that the Department of Health must periodically give to the legislature (AS 47.07.076)

Section 4: requires the Commissioner of Health to submit a one-time report to the legislature by March 1, 2026. The report must:

1. Explain the methodology used to evaluate if Alaska's Medicaid program complies with federal behavioral health parity law.

2. Summarize market review conducted for parity compliance.

3. Describe any steps taken to fix issues or provide education to improve compliance.
 4. Be written in non-technical, plain language.
 5. Be made publicly available online.
- This is a new section in the uncodified law.

Section 5: requires the Department of Health to submit any necessary amendments to the federal government for approval to update Alaska's Medicaid program to comply with federal behavioral health parity requirements. This is a new section in the uncodified law.

Section 6: This section specifies that Sections 1 through 4 will only take effect if the federal Department of Health and Human Services approves the state's Medicaid plan amendments by December 31, 2025. The Commissioner of Health must notify the revisor of statutes within 30 days of receiving federal approval.

Section 7: If the federal government approves the Medicaid plan amendments, Sections 1 through 4 will take effect the day after the federal Department of Health and Human Services grants approval.

[3:56:52 PM](#)

CHAIR DUNBAR opened public testimony on SB 45.

[3:57:10 PM](#)

LANCE JOHNSON, Chief Operating Officer, Alaska Behavioral Health Association, Talkeetna, Alaska, testified in support of SB 45. He stated that Alaska's Medicaid program, as a fee-for-service state, must follow federal parity laws, though current behavioral health documentation standards are outdated and overly burdensome. He said these requirements delay care unlike medical treatment and apply even when providers bill commercial insurance. SB 45 seeks to align behavioral health standards with medical care over time, ensuring uniform and timely access while addressing systemic issues that, if uncorrected, worsen the behavioral health crisis.

[4:00:20 PM](#)

MAXWELL MERCER, Grants Director, Community Connections, Ketchikan, Alaska, testified in support of SB 45. He highlighted that the program provides intensive, Medicaid-funded mental health services for youth at risk of out-of-home placement, aiming to keep them in the community, support family reunification, and improve outcomes. However, administrative

burdens limit their capacity, allowing them to serve only 20 percent of referred families.

[4:02:40 PM](#)

CHAIR DUNBAR closed public testimony on SB 45.

[4:02:47 PM](#)

CHAIR DUNBAR solicited the will of the committee.

[4:02:51 PM](#)

At ease.

[4:03:25 PM](#)

CHAIR DUNBAR reconvened the meeting.

[4:03:28 PM](#)

SENATOR GIESSEL moved to report SB 45, work order 34-LS0146\A, from committee with individual recommendations and attached fiscal note(s).

[4:03:54 PM](#)

CHAIR DUNBAR found no objection and SB 45 was reported from the Senate Health and Social Services Standing Committee.

[4:04:05 PM](#)

At ease.

SCR 4-MENTAL HEALTH MONTH; TARDIVE DYSK WEEK

[4:012 PM](#)

CHAIR DUNBAR reconvened the meeting and announced the consideration of SENATE CONCURRENT RESOLUTION NO. 4 Designating May 2025 as Mental Health Awareness Month; and designating May 4 - 10, 2025, as Tardive Dyskinesia Awareness Week.

[4:06:35 PM](#)

SENATOR ELVI GRAY-JACKSON, District G, Alaska State Legislature, Juneau, Alaska, sponsor of SCR 4 stated that the resolution designates May 2025 as Mental Health Awareness Month to promote understanding, reduce stigma, and support Alaska's 108,000 adults with mental health conditions amid a statewide crisis, including high suicide rates. SCR 4 also recognizes Tardive Dyskinesia Awareness Week, May 4-10, to raise awareness of this underdiagnosed side effect of long-term antipsychotic use and foster education and compassion.

[4:08:50 PM](#)

ANN RINGSTAD, Executive Director, National Alliance on Mental Illness (NAMI), Anchorage, Alaska, testified by invitation on SCR 4. She said the resolution recognizes Mental Health Awareness Month, observed each May since 1949, to promote understanding, support recovery, and emphasize the importance of mental wellness at all ages. She stated that SCR 4 highlights the need for early intervention, strong support systems, and community connections, while addressing stigma and discrimination that hinder care. The resolution also raises awareness of Tardive Dyskinesia, a common medication side effect, and stresses that timely support and acceptance are crucial to saving lives and fostering resilience.

[4:11:51 PM](#)

CHAIR DUNBAR opened public testimony on SCR 4; finding none, he closed public testimony.

[4:12:24 PM](#)

CHAIR DUNBAR solicited the will of the committee.

[4:12:26 PM](#)

SENATOR GIESSEL moved to report SCR 4, work order 34-LS0902\A, from committee with individual recommendations and attached fiscal note(s).

[4:12:39 PM](#)

CHAIR DUNBAR found no objection and SCR 4 was reported from the Senate Health and Social Services Standing Committee.

[4:13:12 PM](#)

At ease.

[4:13:41 PM](#)

CHAIR DUNBAR reconvened the meeting.

[4:13:49 PM](#)

There being no further business to come before the committee, Chair Dunbar adjourned the Senate Health and Social Services Standing Committee meeting at 4:13 p.m.