

ALASKA STATE LEGISLATURE
SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

May 8, 2025

3:33 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

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 70(L&C) AM

"An Act relating to emergency medical services for operational canines; relating to the powers, duties, and liability of emergency medical technicians and mobile intensive care paramedics; relating to the practice of veterinary medicine; and providing for an effective date."

- HEARD & HELD

CS FOR HOUSE JOINT RESOLUTION NO. 9(HSS)

Urging the United States Congress to extend enhanced tax credits for health insurance premiums under the Affordable Care Act.

- MOVED CSHJR 9(HSS) OUT OF COMMITTEE

HOUSE BILL NO. 36

"An Act relating to the placement of foster children in psychiatric hospitals; relating to the care of children in state custody placed in residential facilities outside the state; and amending Rule 12.1(b), Alaska Child in Need of Aid Rules of Procedure."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 70

SHORT TITLE: EMERGENCY MED SVCS; OPERATIONAL CANINES
SPONSOR(s): REPRESENTATIVE(s) SCHRAGE

01/27/25 (H) READ THE FIRST TIME - REFERRALS
01/27/25 (H) HSS, L&C
02/18/25 (H) HSS AT 3:15 PM DAVIS 106
02/18/25 (H) Heard & Held
02/18/25 (H) MINUTE(HSS)
03/13/25 (H) HSS AT 3:15 PM DAVIS 106
03/13/25 (H) Heard & Held
03/13/25 (H) MINUTE(HSS)
03/20/25 (H) HSS AT 3:15 PM DAVIS 106
03/20/25 (H) Moved CSHB 70(HSS) Out of Committee
03/20/25 (H) MINUTE(HSS)
03/21/25 (H) HSS RPT CS(HSS) 2DP 2DNP 2NR
03/21/25 (H) DP: FIELDS, MEARS
03/21/25 (H) DNP: PRAX, SCHWANKE
03/21/25 (H) NR: RUFFRIDGE, MINA
03/31/25 (H) L&C AT 3:15 PM BARNES 124
03/31/25 (H) Heard & Held
03/31/25 (H) MINUTE(L&C)
04/02/25 (H) L&C AT 3:15 PM BARNES 124
04/02/25 (H) Heard & Held
04/02/25 (H) MINUTE(L&C)
04/07/25 (H) L&C AT 3:15 PM BARNES 124
04/07/25 (H) Scheduled but Not Heard
04/09/25 (H) L&C AT 3:15 PM BARNES 124
04/09/25 (H) Moved CSHB 70(L&C) Out of Committee
04/09/25 (H) MINUTE(L&C)
04/11/25 (H) L&C RPT CS(L&C) 5DP 2NR
04/11/25 (H) DP: BURKE, CARRICK, NELSON, HALL,
FIELDS
04/11/25 (H) NR: COULOMBE, SADDLER
04/28/25 (H) TRANSMITTED TO (S)
04/28/25 (H) VERSION: CSHB 70(L&C) AM
04/30/25 (S) READ THE FIRST TIME - REFERRALS
04/30/25 (S) HSS, L&C
05/08/25 (S) HSS AT 3:30 PM BUTROVICH 205

BILL: HJR 9

SHORT TITLE: EXTEND AFFORDABLE CARE ACT TAX CREDITS
SPONSOR(s): REPRESENTATIVE(s) MINA

02/12/25 (H) READ THE FIRST TIME - REFERRALS
02/12/25 (H) HSS
03/11/25 (H) HSS AT 3:15 PM DAVIS 106
03/11/25 (H) -- MEETING CANCELED --

03/18/25 (H) HSS AT 3:15 PM DAVIS 106
 03/18/25 (H) Heard & Held
 03/18/25 (H) MINUTE(HSS)
 03/20/25 (H) HSS AT 3:15 PM DAVIS 106
 03/20/25 (H) Heard & Held
 03/20/25 (H) MINUTE(HSS)
 03/25/25 (H) HSS AT 3:15 PM DAVIS 106
 03/25/25 (H) Moved CSHJR 9(HSS) Out of Committee
 03/25/25 (H) MINUTE(HSS)
 03/28/25 (H) HSS RPT CS(HSS) 4DP 1DNP 2NR
 03/28/25 (H) DP: FIELDS, GRAY, MEARS, MINA
 03/28/25 (H) DNP: PRAX
 03/28/25 (H) NR: SCHWANKE, RUFFRIDGE
 04/28/25 (H) TRANSMITTED TO (S)
 04/28/25 (H) VERSION: CSHJR 9(HSS)
 04/30/25 (S) READ THE FIRST TIME - REFERRALS
 04/30/25 (S) HSS
 05/06/25 (S) HSS AT 3:30 PM BUTROVICH 205
 05/06/25 (S) Heard & Held
 05/06/25 (S) MINUTE(HSS)
 05/08/25 (S) HSS AT 3:30 PM BUTROVICH 205

BILL: HB 36

SHORT TITLE: FOSTER CHILDREN PSYCHIATRIC TREATMENT
 SPONSOR(s): REPRESENTATIVE(s) GRAY

01/22/25 (H) PREFILE RELEASED 1/10/25
 01/22/25 (H) READ THE FIRST TIME - REFERRALS
 01/22/25 (H) HSS, FIN
 02/27/25 (H) HSS AT 3:15 PM DAVIS 106
 02/27/25 (H) Moved HB 36 Out of Committee
 02/27/25 (H) MINUTE(HSS)
 02/28/25 (H) HSS RPT 7DP
 02/28/25 (H) DP: PRAX, GRAY, SCHWANKE, RUFFRIDGE,
 MEARS, FIELDS, MINA
 03/11/25 (H) FIN AT 1:30 PM ADAMS 519
 03/11/25 (H) Scheduled but Not Heard
 03/12/25 (H) FIN AT 1:30 PM ADAMS 519
 03/12/25 (H) Heard & Held
 03/12/25 (H) MINUTE(FIN)
 03/20/25 (H) FIN AT 1:30 PM ADAMS 519
 03/20/25 (H) Moved HB 36 Out of Committee
 03/20/25 (H) MINUTE(FIN)
 03/21/25 (H) FIN RPT 8DP 2NR
 03/21/25 (H) DP: BYNUM, HANNAN, ALLARD, GALVIN,
 JIMMIE, TOMASZEWSKI, FOSTER, JOSEPHSON
 03/21/25 (H) NR: JOHNSON, STAPP

03/26/25 (H) TRANSMITTED TO (S)
03/26/25 (H) VERSION: HB 36
03/28/25 (S) READ THE FIRST TIME - REFERRALS
03/28/25 (S) HSS, FIN
04/08/25 (S) HSS AT 3:30 PM BUTROVICH 205
04/08/25 (S) Heard & Held
04/08/25 (S) MINUTE (HSS)
05/08/25 (S) HSS AT 3:30 PM BUTROVICH 205

WITNESS REGISTER

REPRESENTATIVE CALVIN SCHRAGE, District 12
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Sponsor of HB 70.

JEREMY HOUSTON, Staff
Representative Calvin Schrage
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Provided the sectional analysis for HB 70.

BRIAN WEBB, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified by invitation on HB 70.

MELISSA EDWARDS, representing self
Juneau, Alaska

POSITION STATEMENT: Testified by invitation on HB 70.

MARY ANN HOLLICK, representing self
Eagle River, Alaska

POSITION STATEMENT: Testified with concerns on HB 70.

NELSON PRIDDY, representing self
Anchorage, Alaska

POSITION STATEMENT: Testified with concerns on HB 70.

MCKAYLA DICK, Member At Large
Alaska State Veterinary Medical Association
North Pole, Alaska

POSITION STATEMENT: Testified in opposition to HB 70.

SEAN MCPECK, representing self
Palmer, Alaska

POSITION STATEMENT: Testified in support of HB 70.

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

POSITION STATEMENT: Provided the summary of changes for HB 36, version N to version T.

REPRESENTATIVE ANDREW GRAY, District 20
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Gave brief remarks on HB 36.

CHRISSY VOGLEY, Senior Policy Advisor
Department of Family and Community Services
Juneau, Alaska

POSITION STATEMENT: Answered questions on HB 36.

NANCY MEADE, General Counsel
Alaska Court System
Anchorage, Alaska

POSITION STATEMENT: Answered questions on HB 36.

ACTION NARRATIVE

[3:33:59 PM](#)

CHAIR DUNBAR called the Senate Health and Social Services Standing Committee meeting to order at 3:33 p.m. Present at the call to order were Senators Tobin, Claman, Giessel, and Chair Dunbar. Senator Hughes arrived thereafter.

HB 70-EMERGENCY MED SVCS; OPERATIONAL CANINES

[3:34:43 PM](#)

CHAIR DUNBAR announced the consideration of CS FOR HOUSE BILL NO. 70(L&C) am "An Act relating to emergency medical services for operational canines; relating to the powers, duties, and liability of emergency medical technicians and mobile intensive care paramedics; relating to the practice of veterinary medicine; and providing for an effective date."

[3:35:20 PM](#)

REPRESENTATIVE CALVIN SCHRAGE, District 12, Alaska State Legislature, Juneau, Alaska, sponsor of HB 70 spoke to the following summary:

[Original punctuation provided.]

House Bill 70 Version G.A - "Rico's Law"

An act relating to emergency medical services for operational canines.

House Bill 70 empowers Emergency Medical Services (EMS) personnel to deliver on-scene point-of-injury (POI) emergency care and transport for operational canines (OpK9s).

Operational canines are essential members of law enforcement, other government operations, and search-and-rescue teams. These courageous animals amplify the success of countless military, law enforcement, search-and-rescue, and humanitarian missions. Their roles even extend to police or fire chaplaincy during crises.

[3:37:30 PM](#)

REPRESENTATIVE SCHRAGE continued with the introduction of HB 70:

This bill is named "Rico's Law" in honor of Alaska State Trooper K9 Rico, whose end of watch occurred on March 26, 2017. Rico was fatally shot while heroically attempting to apprehend a suspect after a lengthy pursuit on the Parks Highway in Wasilla, Alaska.

K9 Rico, like all operational canines, demonstrated unwavering dedication to protecting and defending his community. These animals are more than just assets or property—they are teammates, partners, and family members who deserve emergency care and transportation rights. Operational canines, especially those deployed in tactical or high-threat situations, face significant risks of injury or preventable death.

Currently, Alaska lacks statutory authority allowing EMS personnel to apply life-saving care to these animals. Under current law, providing such care could be deemed "practicing veterinary medicine without a license," a violation under AS 08.98.120, carrying severe penalties. The super-rural nature of Alaska adds another dimension of acuity for our operational canines outside of Alaska's major urban centers.

Alaska's EMS professionals already possess the equipment, supplies, and medications needed to adapt

existing prehospital standards of care for human patients to operational canines. Training programs like the K9 Tactical Emergency Casualty Care (K9 TECC) course provide additional training for clinicians to confidently manage operational canine emergencies. The passage of this bill would eliminate legal barriers, enabling EMS personnel to administer life-saving care and transport injured operational canines to emergency veterinary facilities.

With minimal investment by our participating EMS services, Alaska EMS can ensure that our operational canines have a fighting chance at survival when injured in the line of duty.

[3:38:48 PM](#)

JEREMY HOUSTON, Staff, Representative Calvin Schrage, Alaska State Legislature, Juneau, Alaska, provided the sectional analysis for HB 70:

[Original punctuation provided.]

Sectional Analysis
House Bill 70, Version G.A - "Rico's Law"
An act related to emergency medical services and operational canines.

Section 1: Amends AS 08.98.125 to allow emergency medical technicians and mobile intensive care paramedics to perform emergency medical services on an operational canine as authorized under AS 18.08.093 without a license to practice veterinary medicine.

Section 2: Amends AS 18.08.075(a) to authorize emergency medical technicians and mobile intensive care paramedic to enter a building or premises where a report of an injury or illness has taken place, or where there is reasonable cause to believe an operational canine has been injured or is ill, to render emergency medical care and direct the removal of a motor vehicle or other thing determined necessary to prevent further harm to operational canines.

[3:40:13 PM](#)

MR. HOUSTON continued with the sectional analysis for HB 70:

Section 3: Amends AS 18.08.082(a) to direct the Department of Health to prescribe a course or other requirements prerequisite to the issuance of certificates or licenses that provide for authorization for a licensed emergency medical technician or mobile intensive care paramedic to provide emergency medical services to an operational canine as enumerated on a written document filed with the department by the medical director and approved by the department in regulation.

Section 4: Amends AS 18.08.086(a) to provide for civil liability protection to providers, or a director of a provider licensed under AS 18.08.082 who administers emergency medical services to an operational canine within the scope of the person's certification or licensure and if the operational canine reasonably seems to be in immediate danger of serious harm or death.

Section 5: Amends AS 18.08.087 to remove language limiting physicians, advanced practice registered nurses, or physician assistants' permission to disclose medical information of a patient to emergency medical technicians and mobile intensive care paramedics when the information is not for the purpose of evaluating the performance of an emergency medical technician, mobile intensive care paramedic or physician.

Section 6: Adds two new subsections to AS 18.08.087. The first allows licensed veterinarians to disclose medical or hospital records of an operational canine to an emergency medical technician or mobile intensive care paramedic for the purpose of evaluating the performance of an emergency medical technician or mobile intensive care paramedic. The second adds language restricting physicians, advanced practice registered nurses, or physician assistants' permission to disclose medical information of a patient to emergency medical technicians and mobile intensive care paramedics when the information is not for the purpose of evaluating the performance of an emergency medical technician, mobile intensive care paramedic or physician.

[3:42:08 PM](#)

MR. HOUSTON continued with the sectional analysis for HB 70:

Section 7: Adds one new section to AS 18.08 with three subsections. Subsection (a) allows emergency medical technicians or mobile intensive care paramedics to provide emergency medical services to an operational canine if the emergency medical technician or mobile intensive care paramedic reasonably determines there is immediate danger of serious harm to or death of the operational canine, determines that a veterinarian is unavailable to provide emergency medical services to the operational canine soon enough to address the danger, is authorized to provide emergency medical services to an operational canine, and has informed consent from the owner or someone authorized to make medical decisions about the operational canine or is providing medical service in accordance with a written protocol developed by a veterinarian. Subsection (b) requires the emergency medical technician or mobile intensive care paramedic to transfer the operational canine to a licensed veterinarian at the earliest practicable opportunity. Subsection (c) prohibits emergency medical technicians and mobile intensive care paramedics to provide care to operational canines if a person requires emergency medical services.

Section 8: Amends AS 18.08.200 to define "veterinarian" in this chapter the same as it is under AS 08.98 and "operational canine" as a dog used by law enforcement or other government operations; or in search and rescue operations.

Section 9: Sets an effective date of January 1st, 2026.

[3:44:23 PM](#)

CHAIR TOBIN noted that some communities rely on service dogs or sled dogs for transportation and assistance. She asked if the definition in Section 8 includes working service animals.

[3:45:20 PM](#)

REPRESENTATIVE SCHRAGE replied that there has been discussion about expanding the definition of operational canines including service dogs, though veterinarians have raised concerns about the scope of HB 70.

[3:46:31 PM](#)

CHAIR DUNBAR asked for confirmation on the necessity of Section 4 on civil liability, asking who would be liable if a paramedic unintentionally harms an operational canine owned by the police. He noted that Section 1, which addresses unauthorized veterinary practice, might already address these concerns.

[3:46:50 PM](#)

SENATOR HUGHES joined the meeting.

REPRESENTATIVE SCHRAGE replied that privately owned search-and-rescue dogs can meet the definition of operational canines. He said if someone providing aid exceeds their veterinary skills and harms the dog, it could create grounds for legal liability. This potential for lawsuits is the source of concern.

[3:48:23 PM](#)

CHAIR DUNBAR stated that some operational canines are privately owned and contracted by the government rather than being publicly owned.

REPRESENTATIVE SCHRAGE noted that in some cases, volunteer search-and-rescue dogs may respond independently. He said emergency personnel on scene could be legally prohibited from providing care if the dog is injured.

[3:48:59 PM](#)

CHAIR DUNBAR stated that he finds it surprising that a paramedic could be sued for trying to save a dog and acknowledged that such laws exist to address these situations.

[3:49:16 PM](#)

SENATOR CLAMAN asked how frequently someone has been sued for trying to save an operational canine.

REPRESENTATIVE SCHRAGE replied that this happens rarely.

[3:50:05 PM](#)

SENATOR TOBIN asked whether the legislation included provisions for disclosure and consent, allowing an emergency technician to explain that, while they are not veterinarians, they do have medical training when offering care.

[3:50:31 PM](#)

MR. HOUSTON replied that HB 70 does not include any requirement for EMTs or paramedics to disclose their qualifications to the owner or handler of an operational canine before providing care.

[3:50:52 PM](#)

CHAIR TOBIN noted that disclosure and consent are commonly used to reduce liability and suggest that good-faith efforts to save a life. She asked whether Good Samaritan protections apply to dogs and argued the protection should apply in such circumstances.

[3:51:29 PM](#)

SENATOR HUGHES noted that while the sponsor's statement references a K9 Tactical Emergency Casualty Care course, HB 70 does not require EMS professionals to take it. She asked whether the course would be incorporated into EMS training if HB 70 passes and why it was not mandated.

REPRESENTATIVE SCHRAGE replied that HB 70 requires EMS organizations to create an opt-in training program to ensure their professionals are prepared, allowing them to use courses like K9 Tactical Emergency Casualty Care or another program of their choosing.

[3:52:45 PM](#)

SENATOR HUGHES asked if HB 70 passes could an EMS professional face liability for choosing not to provide aid under the bill as written.

REPRESENTATIVE SCHRAGE replied that there is no obligation to provide care. HB 70 allows EMS organizations to adopt policies permitting care for operational canines though, does not require EMS professionals to provide that care. HB 70 also requires that human patients be prioritized over canines when both are present.

[3:53:46 PM](#)

SENATOR GIESSEL noted that HB 70 does mention consent on page 6, line 4, "...the emergency medical technician or mobile intensive care paramedic has obtained informed consent from the owner of the operational canine or a person authorized to make medical decisions about the operational canine..."

[3:54:21 PM](#)

CHAIR DUNBAR announced invited testimony on HB 70.

[3:54:50 PM](#)

BRIAN WEBB, representing self, Anchorage, Alaska, testified by invitation on HB 70 and explained his background in the medical field and with canines. He stated that Alaska's operational canines face the same dangers as human responders, though EMS

clinicians are not legally allowed to treat them, forcing some to intervene at personal risk. HB 70 creates a voluntary, opt-in process allowing trained EMS agencies to provide emergency care and transport to veterinarians, prioritizing human patients and accounting for Alaska's remote geography. He said that HB 70 is modeled after laws in other states and supported by military experience, peer-reviewed research, and a broad coalition of EMS and veterinary professionals. HB 70 is not mandatory statewide and applies only to agencies with the capacity and need to participate.

[3:58:26 PM](#)

MR. WEBB stated that HB 70 is the first phase, with a proposed accelerated second phase focused on designing policies, protocols, training standards, and oversight through a collaborative EMS and veterinary advisory panel. This process would tailor national best practices to Alaska, strengthen coordination with veterinarians, and ensure operational canines receive appropriate emergency care, with the goal of passing HB 70 to provide legal clarity and save lives.

[4:00:30 PM](#)

MELISSA EDWARDS, representing self, Juneau, Alaska, testified by invitation on HB 70. She stated that she supports HB 70 because it establishes a clear legal framework allowing EMS providers to deliver pre-hospital care to operational canines without relying on Good Samaritan or owner-agent theories that often do not apply to paid EMS personnel. HB 70 prioritizes human patients, respects veterinary practice acts, and allows veterinarian-directed, scope-appropriate EMS care near the point of injury to reduce preventable deaths, using training and oversight developed collaboratively with the veterinary community. The bill leverages existing EMS skills within established scopes of practice rather than expanding them. This approach has been shown in other states and in military settings to improve survival and reduce disability in injured operational canines.

[4:04:56 PM](#)

MS. EDWARDS stated that if HB 70 passes, veterinary and EMS regulatory boards should jointly oversee protocol development, training, and continuing education for EMS-provided canine care. She said with veterinary-approved, protocol-driven oversight and targeted training, EMS providers can safely deliver scope-appropriate, pre-hospital care and transport for injured operational canines. The skills largely translate from human EMS practice with focused instruction in comparative anatomy, physiology, and safe handling. Evidence from other states shows

this training can be completed efficiently while maintaining provider and animal safety.

[4:07:03 PM](#)

CHAIR DUNBAR opened public testimony on HB 70.

[4:07:36 PM](#)

MARY ANN HOLLICK, representing self, Eagle River, Alaska, testified with concerns on HB 70. She stated that she supports animal welfare yet cautions that HB 70 requires strong veterinary oversight, clear limits of care, and rigorous training before EMS treats canines. She emphasized safety, accountability, proper communication, and rapid transfer to veterinary emergency care.

[4:09:55 PM](#)

NELSON PRIDDY, representing self, Anchorage, Alaska, testified with concerns on HB 70. He argued HB 70 should simply protect first responders from liability when providing basic aid to working or search-and-rescue dogs that are injured, rather than creating a complex regulatory system. He urged keeping HB 70 simple so responders can offer lifesaving first aid without fear of discipline, noting that while not all animals will survive, some will be saved.

[4:12:6 PM](#)

MCKAYLA DICK, Member At Large, Alaska State Veterinary Medical Association, North Pole, Alaska, testified in opposition to HB 70. She agreed with HB 70's original goal of saving injured working animals through first aid and transport however, she raises concerns about insufficient veterinary oversight. She said she supports creating a task force or advisory board including veterinarians and EMS to develop durable legislation while ensuring veterinarians are included in the process.

[4:14:27 PM](#)

SENATOR HUGHES asked Ms. Dick how she would recommend amending HB 70 to make it workable and secure the association's support if a task force was not an option.

[4:14:52 PM](#)

MS. DICK replied that first aid and transport for injured canines should require direct guidance from a licensed veterinarian, noting that emergency veterinarians are available and willing to provide real-time consultation. She urged that this requirement be explicitly included in the legislation.

[4:16:06 PM](#)

SEAN MCPECK, representing self, Palmer, Alaska, testified in support of HB 70. She stated that simple pre-hospital interventions by trained medical personnel have repeatedly saved the lives of working dogs in military and civilian settings. Given Alaska's vast geography and time-critical injuries, she argued that allowing EMS to provide basic, well-defined canine emergency care, without unnecessary delays, can prevent avoidable deaths and is practical with limited, targeted training.

[4:19:24 PM](#)

CHAIR DUNBAR closed public testimony on HB 70.

[4:20:09 PM](#)

CHAIR DUNBAR held HB 70 in committee.

HJR 9-EXTEND AFFORDABLE CARE ACT TAX CREDITS

[4:20:19 PM](#)

CHAIR DUNBAR announced the consideration of CS FOR HOUSE JOINT RESOLUTION NO. 9(HSS) Urging the United States Congress to extend enhanced tax credits for health insurance premiums under the Affordable Care Act.

[4:21:09 PM](#)

CHAIR DUNBAR solicited the will of the committee.

[4:21:11 PM](#)

SENATOR GIESSEL moved to report CSHJR 9(HSS), work order 34-LS0490\I, from committee with individual recommendations and attached fiscal note(s).

[4:21:25 PM](#)

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

HB 36-FOSTER CHILDREN PSYCHIATRIC TREATMENT

[4:21:37 PM](#)

CHAIR DUNBAR announced the consideration of HOUSE BILL NO. 36 "An Act relating to the placement of foster children in psychiatric hospitals; relating to the care of children in state custody placed in residential facilities outside the state; and amending Rule 12.1(b), Alaska Child in Need of Aid Rules of Procedure."

[4:21:50 PM](#)

CHAIR DUNBAR solicited a motion.

[4:21:54 PM](#)

SENATOR GIESSEL moved to adopt the committee substitute (CS) for HB 36, work order 34-LS0358\T, as the working document.

[4:22:08 PM](#)

CHAIR DUNBAR objected for purposes of discussion.

[4:22:20 PM](#)

ARIELLE WIGGIN, Staff, Senator Forrest Dunbar, Alaska State Legislature, Juneau, Alaska, provided the summary of changes for HB 36, version N to version T and said:

This CS separates one statute into two sections. Originally AS 47.10.087 was the statute that was referred to throughout version N. [AS 47.10.087], as I came to understand through this process, refers to adult residential psychiatric treatment centers.

This CS creates a new section, Section 105, for short term psychiatric care for youth, for clarity.

There's a title update. It replaces the first two lines, as terms are updated in this version. Throughout the bill, there's cleanup that removes the term "acute psychiatric treatment center" and replaces it with "hospital that is not a residential treatment center."

It adds, "and any other parties" to sections where the child, parent, guardian of child or child's guardian ad litem are listed. [This is] to cover parties that may be engaged in these court cases.

Throughout the bill references are removed to two-way video conferencing as that is standard within court process and was unnecessary and can be determined through regulation through court rules.

[4:04:56 PM](#)

MS. WIGGIN continued with the summary of changes for HB 36:

Section 1 is the piece that splits the statute. This removes the word "secure" adds "other parties" and

adds a new definition of "acute psych treatment hospital." A new paragraph explains why "secure" was removed, and the new paragraph refers to the change in residential psychiatric treatment center.

Section 2 is the new section pulling out "short-term psychiatric care" from [AS 47.10.087], creating [AS 47.10.105]. This was Section 3 in version N. It mostly follows HB 36, version N, with some updates. All the subsection numbers are changed starting with (a). It renumbers all of the following: [Section 2(a) allows the department to place the child into a hospital that is a not a residential psychiatric treatment center.]

Section 3, there's a new paragraph 6, replaces "residential facilities" with "psychiatric residential treatment facilities." This was just to help with how this is referred to in other parts of statute. Those are the changes that are made.

[4:26:21 PM](#)

CHAIR DUNBAR asked for an explanation of why a committee substitute was brought forward.

[4:26:26 PM](#)

SENATOR CLAMAN replied that the committee substitute (CS) is driven by concerns raised in the Kwinhagak case, which highlighted the lack of timely judicial review when children in state custody were placed in hospitals for psychiatric care. He said to address this, HB 36 clearly separates long-term psychiatric placements, which already require court review, from short-term hospital placements, ensuring that due-process hearings and reviews begin promptly when a child is admitted to a hospital. He stated that the CS also makes statutory cleanups to clarify definitions, particularly removing confusing language around "secure" treatment facilities, and updates terminology to align with how other states define psychiatric residential treatment facilities. These changes improve legal clarity, protect children's due-process rights, and ensure consistent data collection for children placed in out-of-state psychiatric care.

[4:31:22 PM](#)

REPRESENTATIVE ANDREW GRAY, District 20, Alaska State Legislature, Juneau, Alaska, gave remarks on HB 36 and stated his belief that the committee substitute meets the Supreme

Court's directive in Kwinhagak and expressed strong appreciation for Senator Claman's work on the bill.

[4:31:46 PM](#)

SENATOR HUGHES asked if there was ever a situation where a child needing only short-term psychiatric care is placed in a long-term facility due to available space, and if so, would that raise due process concerns for what is intended to be a short-term placement, or does that not occur in practice.

[4:32:35 PM](#)

CHRISSY VOGLEY, Senior Policy Advisor, Department of Family and Community Services, Juneau, Alaska, answered questions on HB 36 and stated that placement in a long-term secure facility always requires a formal process, including review by the Office of Children's Services treatment team, involvement of legal parties, and a court hearing to approve the transition from short-term to long-term care.

[4:33:23 PM](#)

SENATOR HUGHES restated her question and asked whether short-term cases could be placed in a long-term facility when short-term space is full.

[4:34:24 PM](#)

MS. VOGLEY replied that she is not aware of short-term cases being placed in long-term facilities, noting that statutes, regulations, and court processes prevent long-term placement without proper approval.

[4:35:05 PM](#)

REPRESENTATIVE GRAY stated that the committee substitute clarifies the statutes by separating long-term residential care from short-term care, reducing confusion and preventing improper placement.

[4:35:44 PM](#)

SENATOR TOBIN asked why HB 36 uses the term on page 3, line 24, "less restrictive setting" instead of the more common "least restrictive setting," and sought clarification on line 28, regarding who qualifies as "any other party."

[4:36:35 PM](#)

SENATOR CLAMAN answered that "any other party" refers to existing parties in an ongoing child-in-need-of-aid case, most commonly tribes, and not members of the public. The language was

chosen to ensure all recognized parties with standing in the case receive notice.

[4:37:54 PM](#)

CHAIR DUNBAR repeated the question regarding "least restrictive setting."

[4:37:59 PM](#)

SENATOR CLAMAN replied that while the goal is generally the least restrictive placement, the term "less restrictive" was likely chosen to emphasize moving children out of hospitals as soon as possible. He suggested reviewing the language further and following up at the next hearing.

[4:38:38 PM](#)

REPRESENTATIVE GRAY pointed out that HB 36, line 11, already states the department must promptly seek the least restrictive placement and does not see a substantive difference in the wording. He suggested using consistent language throughout and agrees the issue should be reviewed.

[4:39:14 PM](#)

SENATOR HUGHES suggested that "less restrictive" may be used when the least restrictive option is unavailable and raises concern about defining "any other party" to avoid including the public. She proposed clarifying the language to specify parties recognized by the court.

SENATOR CLAMAN stated he will circle back with Legislative Legal and get an answer.

[4:39:47 PM](#)

CHAIR DUNBAR suggested holding HB 36 for another hearing to consult with drafters about clarifying the language, noting that "party" typically implies court-recognized standing. He emphasized that the intent is not to allow random individuals to become parties.

[4:40:23 PM](#)

SENATOR TOBIN noted the importance of public committee discussions for the legal record and asks for judicial perspective on the bill's court-related provisions, particularly given the lack of a judiciary referral.

[4:41:06 PM](#)

CHAIR DUNBAR noted that HB 36 does not have a fiscal note.

[4:41:19 PM](#)

NANCY MEADE, General Counsel, Office of the Administrative Director, Alaska Court System, Juneau, Alaska, answered questions on HB 36. She responded that the legislature can change court rules with a two-thirds vote and noted that the bill's court-related change has minimal impact because courts already routinely appoint attorneys for children placed in psychiatric hospitals.

[4:42:57 PM](#)

CHAIR DUNBAR noted that this is the first time all three branches of the government are testifying simultaneously.

[4:43:15 PM](#)

SENATOR HUGHES asked for an explanation to be put on record regarding why there isn't a fiscal note.

[4:43:36 PM](#)

MS. VOGLEY replied that the bill's fiscal impact is small and believes the Office of the Administrative Director can absorb the costs.

[4:44:09 PM](#)

SENATOR HUGHES asked who removes the funding from the fiscal note and what the process is.

CHAIR DUNBAR replied he was not sure. He asked Ms. Vogeley whether her office submitted a new fiscal note.

MS. VOGLEY replied yes.

[4:44:33 PM](#)

SENATOR TOBIN asked about the potential impact on the court system given the estimate that the court change in HB 36 could trigger approximately 110 additional hearings.

[4:44:50 PM](#)

MS. MEADE replied that the committee substitute broadens the definition of hospital admissions requiring review, likely resulting in more than the previously estimated 110 additional hearings. However, the court does not assign a fiscal note for this extra work, as it doesn't require new hires, so the bill itself has no immediate fiscal impact.

[4:46:00 PM](#)

CHAIR DUNBAR removed his objection; found no further objection and SCS HB 36 was adopted as the working document.

4:46:15 PM

CHAIR DUNBAR held HB 36 in committee.

4:46:36 PM

There being no further business to come before the committee, Chair Dunbar adjourned the Senate Health and Social Services Standing Committee meeting at 4:46 p.m.