

ALASKA STATE LEGISLATURE
SENATE JUDICIARY STANDING COMMITTEE

April 2, 2025

1:30 p.m.

MEMBERS PRESENT

Senator Matt Claman, Chair
Senator Jesse Kiehl, Vice Chair
Senator Gary Stevens
Senator Löki Tobin
Senator Robert Myers

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

CONFIRMATION HEARING(S)

State Commission for Human Rights

Dorene Lorenz - Juneau

Jessie Ruffridge - Soldotna

- CONFIRMATIONS ADVANCED

Board of Governors of the Alaska Bar

Jedediah Cox - Wasilla

- CONFIRMATION ADVANCED

SENATE BILL NO. 90

"An Act relating to the examination and treatment of minors; relating to consent for behavioral and mental health treatment for minors 16 years of age or older; and providing for an effective date."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: SB 90

SHORT TITLE: MINOR MENTAL HEALTH: AGE OF CONSENT

SPONSOR(S): SENATOR(S) GIESSEL

02/10/25	(S)	READ THE FIRST TIME - REFERRALS
02/10/25	(S)	HSS, FIN
03/04/25	(S)	HSS AT 3:30 PM BUTROVICH 205
03/04/25	(S)	Heard & Held
03/04/25	(S)	MINUTE (HSS)
03/20/25	(S)	HSS AT 3:30 PM BUTROVICH 205
03/20/25	(S)	Moved SB 90 Out of Committee
03/20/25	(S)	MINUTE (HSS)
03/24/25	(S)	FIN REFERRAL REMOVED
03/24/25	(S)	JUD REFERRAL ADDED
03/26/25	(S)	HSS RPT 4DP
03/26/25	(S)	DP: DUNBAR, CLAMAN, TOBIN, GIESSEL
04/02/25	(S)	JUD AT 1:30 PM BUTROVICH 205

WITNESS REGISTER

DORENE LORENZ, Appointee
 State Commission for Human Rights
 Juneau, Alaska

POSITION STATEMENT: Testified as a governor's appointee to the State Commission for Human Rights.

JESSIE RUFFRIDGE, Appointee
 State Commission for Human Rights
 Soldotna, Alaska

POSITION STATEMENT: Testified as a governor's appointee to the State Commission for Human Rights.

JEDEDIAH COX, Appointee
 Board of Governors of the Alaska Bar
 Wasilla, Alaska

POSITION STATEMENT: Testified as a governor's appointee to the Board of Governors of the Alaska Bar.

SENATOR CATHY GIESSEL, District E
 Alaska State Legislature
 Juneau, Alaska

POSITION STATEMENT: Sponsor of SB 90.

PAIGE BROWN, Staff
 Senator Cathy Giessel
 Alaska State Legislature
 Juneau, Alaska

POSITION STATEMENT: Presented the sectional analysis for SB 90.

TREVOR STORRS, President and Chief Executive Officer
 Alaska Children's Trust

Anchorage, Alaska

POSITION STATEMENT: Presented invited testimony in support of SB 90.

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

POSITION STATEMENT: Presented invited testimony in support of SB 90.

HEATHER IRELAND, Executive Director
Anchorage School Based Health Centers
Anchorage, Alaska

POSITION STATEMENT: Presented invited testimony in support of SB 90.

NATALIE NEWMAN, Vice-Chair
Emerging Leaders Youth Advisory Council
Tanana Chiefs Conference Region
Rampart, Alaska

POSITION STATEMENT: Testified in support of SB 90.

MACKENZIE ENGLISHOE, Chair
Emerging Leaders Youth Advisory Council
Fort Yukon, Alaska

POSITION STATEMENT: Testified in support of SB 90.

ALLYONNA MANDREGAN, Member
Emerging Leaders Youth Advisory Council
Beaver Village, Alaska

POSITION STATEMENT: Testified in support of SB 90.

STEVEN PEARCE, Director
Citizens Commission on Human Rights
Seattle, Washington

POSITION STATEMENT: Testified in opposition to SB 90.

JAMES BIELA, Field Ambassador
Alaska Chapter at American Foundation for Suicide Prevention
Bethel, Alaska

POSITION STATEMENT: Testified in support of SB 90.

ACTION NARRATIVE

1:30:36 PM

CHAIR CLAMAN called the Senate Judiciary Standing Committee meeting to order at 1:30 p.m. Present at the call to order were

Senators Myers, Kiehl, and Chair Claman. Senators Stevens and Tobin arrived shortly thereafter.

CONFIRMATION HEARING(S)
STATE COMMISSION FOR HUMAN RIGHTS
BOARD OF GOVERNORS OF THE ALASKA BAR

[1:31:07 PM](#)

CHAIR CLAMAN announced the consideration of governor's appointees to the State Commission for Human Rights.

CHAIR CLAMAN invited Ms. Lorenz, appointee to the State Commission for Human Rights, to put herself on the record and begin her testimony.

[1:31:41 PM](#)

DORENE LORENZ, Appointee, State Commission for Human Rights, Juneau, Alaska, testified as a governor's appointee to the State Commission for Human Rights. She gave a brief overview of her history and experience.

[1:32:53 PM](#)

SENATOR KIEHL said the Commission has a fairly capable Executive Director. He asked her to discuss staffing levels and whether the Commission has enough investigators, mediators, and staff who handle complaints that come in.

MS. LORENZ replied that she felt the Commission has enough positions. She stated that the Commission does exceptional work and agreed that the executive director is incredible. She said that, historically, it took a couple of years to move a complaint through the office, but the executive director reduced that timeframe to a couple of months. She noted that if a complaint takes more than three or four months, it is usually because the Commission is waiting on someone else. She said the executive director streamlined and organized the work to increase the Commission's workload capacity. She conveyed that the Commission has a bill before the legislature that requests a fundamental change in the definition of the word "employer." She explained that the Commission does not have jurisdiction over nonprofits, which represent a large sector of Alaska's economy, particularly in the medical field. She said that although the Commission does not have jurisdiction over Native Corporations and their medical facilities, many medical facilities and other nonprofits outside Anchorage lack oversight of how they treat their employees or clients.

[1:34:24 PM](#)

CHAIR CLAMAN remarked that the State Commission on Human Rights is intended to be nonpartisan and independent. He asked for her perspective on whether the Commission functions as an independent body and if she is comfortable with that.

MS. LORENZ replied that, given the Commission's makeup, it functions fairly well as a quasi-judicial body. She brought up another Commission request contained in a bill before the Senate. She said the bill proposes due process for the removal of commissioners. She stated that, although Alaska had not historically experienced problems in this area, there is the possibility that a newly elected governor could dismiss all commissioners. Then, the governor could potentially replace them with political appointees who, before going through the confirmation process, would look the other way while political friends go after political enemies. She said the Commission wished to ensure that there was no appearance of impropriety or opportunity for such conduct. She noted that current Commission members were appointed by the same governor, so there could be no claim of finger-pointing or political horseplay occurring. She stated that the Commission believes the same language that applies to other quasi-judicial commissions should apply to it and requested consideration of that legislation.

[1:35:50 PM](#)

CHAIR CLAMAN asked whether this appointee is new to the Commission or has already served for a number of years.

MS. LORENZ replied that she is a new appointee and, within five minutes, was elected as chair.

CHAIR CLAMAN asked how long the appointee has served on the Commission.

MS. LORENZ replied that she has served on the Commission for two months, one of which was as chair.

[1:36:27 PM](#)

CHAIR CLAMAN announced Senator Stevens joined the meeting.

[1:36:31 PM](#)

CHAIR CLAMAN invited Ms. Ruffridge, appointee to the State Commission for Human Rights, to put herself on the record and begin her testimony.

[1:36:53 PM](#)

JESSIE RUFFRIDGE, Appointee, State Commission for Human Rights, Soldotna, Alaska, testified as a governor's appointee to the State Commission for Human Rights. She gave a brief history of her background and experience.

[1:38:23 PM](#)

SENATOR TOBIN joined the meeting.

[1:42:35 PM](#)

CHAIR CLAMAN asked for her perspective on whether the Commission functions independently and how well it functions as an independent body.

MS. RUFFRIDGE replied yes, it does. She said previous to her appointment, the Commission experienced a lot of upheaval and disruption. She expressed appreciation to fellow members and believes the Commission on which she serves has a great, solid group of people that perform their duties well.

[1:43:37 PM](#)

CHAIR CLAMAN announced the consideration of Jedidiah Cox, governor's appointee to the Board of Governors of the Alaska Bar.

CHAIR CLAMAN invited Mr. Cox to put himself on the record and to begin his testimony.

[1:43:57 PM](#)

JEDEDIAH COX, Appointee, Board of Governors of the Alaska Bar, Wasilla, Alaska, testified as the governor's appointee to the Board of Governors of the Alaska Bar. He gave a brief history of his experience and background.

[1:45:48 PM](#)

CHAIR CLAMAN asked how long is a term on the Board of Governors of the Alaska Bar.

MR. COX replied that it is 3 years.

CHAIR CLAMAN sought confirmation that the appointee finished two 3-year terms, and this is his third nomination.

MR. COX replied yes.

[1:46:11 PM](#)

CHAIR CLAMAN opened public testimony on the governor's appointees; finding none, he closed public testimony.

[1:46:46 PM](#)

CHAIR CLAMAN solicited a motion.

[1:46:48 PM](#)

SENATOR KIEHL stated that [in accordance with AS 39.05.080,] the Senate Judiciary Standing Committee reviewed the following names and recommends the appointments be advanced to a joint session for consideration:

State Commission for Human Rights

Dorene Lorenz - Juneau

Jessie Ruffridge - Soldotna

Board of Governors of the Alaska Bar

Jedediah Cox - Wasilla

SENATOR KIEHL reminded members that signing the report(s) regarding appointments to boards and commissions in no way reflects individual members' approval or disapproval of the appointees; the nominations are merely advanced to the full legislature for confirmation or rejection.

[1:47:16 PM](#)

CHAIR CLAMAN stated that the names of the appointees will advance to the joint session.

[1:47:18 PM](#)

At ease.

SB 90-MINOR MENTAL HEALTH: AGE OF CONSENT

[1:48:53 PM](#)

CHAIR CLAMAN reconvened the meeting and announced the consideration of SENATE BILL NO. 90 "An Act relating to the examination and treatment of minors; relating to consent for behavioral and mental health treatment for minors 16 years of age or older; and providing for an effective date."

CHAIR CLAMAN said this is the first hearing of SB 90 in the Senate Judiciary Committee. He invited the bill sponsor to put herself on the record and present her bill.

[1:49:14 PM](#)

SENATOR CATHY GIESSEL, District E, Alaska State Legislature, Juneau, Alaska, sponsor of SB 90, introduced her bill, which is paraphrased below:

This bill would lower the age of consent for minors for behavioral health services. Mr. Chairman, this bill comes from data and from experience. Mr. Chairman, I am an advanced practice registered nurse, board certified in family practice. I have worked in school based clinics in rural Alaska as well as urban Alaska, that being the Anchorage School District, that is what motivated me to offer this piece of legislation. While I provide physical health services for students in schools, I also screen for behavioral health needs, suicide, depression, anxiety. Since COVID, the incidence of students with these kinds of symptoms has just multiplied. It's indescribable. It's so, so rampant these days.

Here's what I realized in the practice of my profession. When I encountered a student with these kinds of symptoms, evidenced on a screening tool, I would ask them, would you like to speak to someone about these concerns that you have. We have clinical services here in the school. You can talk to them during the school day. They could help you manage the feelings of depression, anxiety, whatever. And very commonly, the students would say yes. But then, I would have to say to them, okay, we need to contact your parents and get consent from your parents. At that point, their faces would fall, oh, my parents will never give consent. Data shows, at least from the Anchorage School District data collection, that only about a third of the parents of students who are referred for behavioral health services actually give consent. That's a really low number, and yet, here I am speaking to a student that says—yes, I need help—and I can't refer them. So, that is what motivated me to offer this piece of legislation. We need to be able to help these students.

[1:51:52 PM](#)

SENATOR GIESSEL continued the introduction of SB 90.

We know that the average age of the onset of mental health issues is 14 years of age. That's the age of the students that I am predominantly serving in middle schools: 14. And yet, they can't access services without parental consent. Suicide is the second leading cause of death nationally for students aged 15

to 34. Twenty-three percent of Alaska high school students have considered suicide in 2023; that is the data that we have. Forty-three percent of Alaska students report feeling sad or hopeless, again, 2023 data. Alaska ranks number three in the U.S. for youth suicide.

Parental consent creates a barrier. Why won't parents consent? Sometimes it's stigma. In a small community, word gets around. People are concerned that others will know their child had a reason for mental health services. So, there's stigma. Sometimes parents just don't understand. They haven't actually had that level of conversation with their student, or there's some barrier between them, and the parents simply don't understand how serious the issue is.

So, by lowering the age of consent—we would be lowering it to age 16—there are limitations in the bill, such as:

- Only five sessions.
- 90 minutes per session.
- No medications can be offered to the students.
- After five sessions, to continue, the clinical provider needs to reach out to the parents and seek consent after consulting with the student.

[1:53:54 PM](#)

SENATOR GIESSEL continued the introduction of SB 90.

There are caveats in the bill that we can go through when we go through a sectional, but we limit it to five sessions and no medications. We also require the clinician to document what happens in the sessions and to confirm that they have tried to reach the parents after those five sessions. Early Intervention, we know, reduces the incidence of attempted suicide and other crisis escalation, but it also reduces the incidence of substance abuse and other negative behaviors by these students. So, supporting SB 90 is supporting teen mental health, it:

- Allows students to make these decisions for themselves.
- Increases their sense of responsibility and self-esteem.
- Will help prevent issues like substance abuse and attempted suicide.
- Is critical to meeting the needs of our Alaska students.

There was a study done, a report, and it talked about what can we do to address these concerns of students and the attempted suicides that we are seeing. The five policy recommendations were to:

- Fund public education— we're working on that.
- Recruit and retain qualified educators.
- Invest in student mental health, increase funding for mental health professionals.
- Support universal mental health screening and early intervention.
- Fund professional development in the mental health field, in first aid, and trauma informed practices.

So, you can see how this bill fits into those recommendations. And so, with that, I am happy to take questions.

[1:56:04 PM](#)

PAIGE BROWN, Staff, Senator Cathy Giessel, Alaska State Legislature, Juneau, Alaska, paraphrased the following sectional analysis for SB 90:

[Original punctuation provided.]

Senate Bill 90

Sectional Analysis (Version A)

"An Act relating to examination and treatment of minors; relating to consent for behavioral health and mental health treatment for minors 16 years of age or older; and providing for an effective date."

Section 1. Amends AS 25.20.025: Examination and Treatment of Minors.

This section adds youth who provide documentation demonstrating they are an unaccompanied homeless minor to the list of minors who can consent to medical treatment.

This section would add behavioral and mental health services to the list of services an unaccompanied homeless minor, a minor living apart from their parents or legal guardian, and a minor who is the parent of a child, are able to consent to.

[1:56:24 PM](#)

MS. BROWN continued the sectional analysis on SB 90:

Section 2. Adds new subsections to AS. 25.20.025: Examination and Treatment of Minors.

This section adds new subsections relating to documentation required by homeless unaccompanied minors for the purposes of giving consent.

The documentation must state that the minor is:

1. 16 years of age or older
2. Does not have a fixed, regular, adequate nighttime residence; and
3. Is not in the care and physical custody of a parent or guardian,

And the document must be signed by:

1. A director or designee of a director of a governmental or nonprofit entity that receives funds to provide assistance to those who are homeless;
2. A local educational agency liaison for homeless youth, a local educational agency foster care point of contact, or a licensed clinical social worker employed by a school in the state;
3. An attorney that represents the minor; or
4. The minor and 2 adults with actual knowledge of the minor's situation.

[1:56:35 PM](#)

MS. BROWN continued the sectional analysis on SB 90:

Section 3. Adds a new section to AS. 25.20: Parent and Child.

This section would give a minor aged 16 years or older the ability to consent to receive five 90-minute sessions of outpatient behavioral or mental health appointments, without obtaining the consent of the minor's parent or guardian. A mental health provider may not prescribe medication without consent of the parent or guardian. After the fifth appointment, a provider may continue to provide services to the minor if:

1. Attempting to get consent from the minor's parent of guardian would be detrimental to the minor's well-being by:
 - a. The behavioral or mental health services are related to allegations of neglect, sexual abuse, or mental or physical abuse by the minor's parent or guardian; or
 - b. The provider finds that requiring the consent of the minor's parent or guardian would cause the minor to reject services, failing to provide services would be detrimental to the minor's well-being, the minor sought services knowingly and willingly, and the minor has the maturity to productively participate in services.
2. The provider determines that contacting the parent or guardian would not be detrimental to the minor's well-being, the provider has informed the minor that parental consent is required to continue services, the provider has made at least two unsuccessful attempts to contact the minor's parent or guardian by mail, email, or phone, and the mental health provider has the written consent of the minor.

[1:58:06 PM](#)

MS. BROWN continued the sectional analysis on SB 90:

If a provider continues treatment due to the belief that obtaining consent from the minor's parent or guardian would be detrimental to the minor's well-

being, the mental or behavioral health provider may continue services with documentation of the determination in the patient's clinical record, written consent from the minor, and evaluations every 60 days about if the minor's well-being is continually in question until either the provider discontinues services, or the minor turns 18 years of age.

If a mental health provider has decided to continue services due to the belief that obtaining the parent or guardians consent would be detrimental to the minor's wellbeing, they may not contact the minor's parents or guardian without written consent from the minor. A provider may not disclose the information to the parent or guardian if the minor chooses to discontinue services after being informed that they must obtain parental consent after 5 sessions. A provider may deny a minor's parent or guardian access to any part of the minor's clinical record if the provider has compelling reasons to deny the parent or guardian access.

A parent or guardian is relieved of any financial obligation to pay for services consented to by this new section.

Nothing in this new section can be taken as an excuse to remove liability or the person performing examination or treatment for failure to meet typical standards of care in the state.

[1:58:57 PM](#)

MS. BROWN continued the sectional analysis on SB 90:

Section 4. Amends AS. 47.10.084(c): Legal custody, guardianship, and residual parental rights and responsibilities.

This section adds the new section from section 3 to the list of exceptions of a parent's residual rights and responsibilities.

Section 5. Amends AS. 47.12.150(c): Legal custody, guardianship, and residual parental rights and responsibilities.

This section adds the new section from section 3 to the list of exceptions of a parent's residual rights and responsibilities.

Section 6. Effective date.

This section provides for an effective date of January 1, 2026.

[1:59:13 PM](#)

SENATOR MYERS questioned the rationale for the inserted language on page 1, lines 7 and 8. He asked about the rationale for inserting those two lines, since, except for the documentation requirement, the "unaccompanied homeless minor" language in that subsection already appears to cover that circumstance.

SENATOR GIESSEL replied that the inserted language clarifies existing statute and Legislative Legal Services recommended it as clean up language. She did not particularly request that piece for the bill, rather it was inserted as clean up language to clarify that section.

[2:00:22 PM](#)

SENATOR KIEHL referred to the five behavioral and mental health appointments, which are not to exceed 90 minutes each. He sought confirmation that the bill does not create an entitlement to 450 appointment minutes, but instead allows a maximum of five appointments regardless of their length.

SENATOR GIESSEL answered in the affirmative.

SENATOR KIEHL referred to page 3 of the bill, which cited exceptions to the requirement that a minor's parent or guardian must consent for continued treatment. He said it appears that if a minor's treatment results from a parent's abuse, that circumstance is an exception to the consent requirement. He noted that SB 90 also contains a four-part test and said that situation is separate. He sought confirmation that the exceptions to the consent requirement are either that the parent is the abuser or that the minor meets all four parts of the four-part test.

SENATOR GIESSEL sought confirmation that the question pertains to page 3, lines 16-24.

SENATOR KIEHL replied yes.

SENATOR GIESSEL confirmed that those are the four criteria that would allow a provider to continue delivering services without the parent's consent.

2:02:05 PM

SENATOR KIEHL observed that the four-part test is fairly tight and perhaps appropriate. He asked, in a situation where a minor meets those criteria and the provider continues to offer mental health services, whether SB 90 would allow the provider to prescribe needed medications.

SENATOR GIESSEL replied that SB 90 does not authorize pharmaceutical treatment for a minor. She said that is not the bill's intent. She noted that these questions pertain to the section addressing continued treatment without parental consent. She emphasized that the ultimate goal of SB 90 is to unite the parent and child in mental health services for the wellbeing of the child and, as a ripple effect, for the family as well. She said the intent is not to find ways to bypass parental consent. She emphasized that parents need to be involved to support healthy environments for students.

2:03:31 PM

SENATOR KIEHL agreed that is the goal, although it is not always achievable. He said his focus is on worst-case scenarios. He stated that he applauds the bill, which he believes has the potential to save lives, and he appreciates the clear answer. He said that on a slightly different point, the sponsor indicated that the average age for the onset of mental health disorders experienced in youth is 14. He noted that SB 90 does not begin at age 14 and asked if there is a reason the bill does not start earlier.

SENATOR GIESSEL said that is a great question. She referred to a chart in the committee packet showing the age of consent in other states. She stated that nearly three-quarters of states have an age of consent below 18, with many allowing consent at age 12. She said that although SB 90 is an incremental step, she would like middle school students to be able to consent. She acknowledged, however, that there are strongly held views opposing any consent below the age of eighteen. She therefore took a middle ground and chose age 16 as the reduced age.

SENATOR KIEHL expressed his belief that the bill is remarkable and potentially a lifesaving tool. He said it addresses many situations in which young people will be able to take advantage of the legislation. He observed that a provider has a very

limited chance of being paid for these services. He said some providers work for an agency and will be compensated regardless, but the agency may not be. He stated that SB 90 involves essential care that may not be remunerated and noted that the bill does not include a liability shield that sometimes accompanies charity-care legislation, meaning it is aimed at a high standard of care. He said that as SB 90 moves forward, he hopes the sponsor will consider opportunities to extend that care to more young people.

[2:06:52 PM](#)

SENATOR MYERS stated that mental health providers cannot prescribe medication; however, in Section 1, SB 90 inserts “, behavioral, mental health” into the permission already given for medical treatment. He asked whether doctors and nurses already prescribe medication for minors at age 16.

SENATOR GIESSEL replied that medical and dental services for homeless 16-year-olds is already authorized in existing statute, so yes, they could. She pointed out that in SB 90, she is adding behavioral health services for homeless youth.

[2:07:38 PM](#)

SENATOR MYERS sought confirmation that even though a mental health professional cannot prescribe medication, a teen could then go to a doctor. If the teen indicated that he or she was seeing that physician, they could ask the physician to prescribe the medication.

SENATOR GIESSEL replied that, as she reads the language, it would apply if the child were homeless—that is, unhoused with no parent available. She clarified her answer by paraphrasing parts of Section 1(a) that pertain to homeless minors. She said that this provision was not something she requested; it was part of broader cleanup language. She said it appears that there could be a back door a teen could use; however, she did not request that piece. She said her part of the bill focuses on students in schools who are not emancipated minors.

[2:08:43 PM](#)

SENATOR MYERS said SB 90 limits the number of appointments to five, at least initially. He offered a scenario in which a provider conducts the required assessment and determines that the test criteria were not met, yet continues to see the teen. He asked about the potential consequences the provider might face.

SENATOR GIESSEL replied that consequences are not included in SB 90.

2:09:11 PM

CHAIR CLAMAN referred to page 3, lines 6-12. He stated that, as worded, subsection (b) indicates that a provider working in more of a group-practice setting would need to coordinate with a supervisor on parental consent decisions. He clarified that his question does not pertain to a sole provider working in an office without a supervisor. He expressed his belief that this is a good idea, but, for the record, asked the bill sponsor to explain the rationale.

SENATOR GIESSEL replied that it is "belt and suspenders," simply a second set of eyes on the circumstances.

2:10:02 PM

SENATOR TOBIN said she is a strong advocate because the increase in student mental health needs has been severe over the last 10 years. She said students testified in the Senate Education Committee about the challenges they and their classmates face, and their testimony was very compelling. She said she applauded the approach in SB 90 and believed it was very prudent. She noted that the bill sponsor held a license and asked, if she provided care to someone outside what the law permitted, what disciplinary action the sponsor would face based on her license type.

SENATOR GIESSEL replied that a complaint would be filed, an investigation conducted, and discipline would be administered if a provider practiced outside their licensed scope.

2:11:19 PM

CHAIR CLAMAN announced invited testimony on SB 90.

2:11:47 PM

TREVOR STORRS, President and Chief Executive Officer, Alaska Children's Trust, Anchorage, Alaska, presented the following invited testimony in support of SB 90:

Today, I am testifying in support of SB 90, which would allow 16 and 17-year-olds the ability to provide self-consent to receive up to five behavioral health treatment sessions.

Here at the Children's Trust, we believe in a future where Alaska's children, youth, and families have the

knowledge, skills, supports, and resources they need to thrive. Achieving this vision means ensuring that the next generation of parents has access to the behavioral health support they need so they can enter young adulthood as healthy as possible.

SB 90 creates a pathway for 16 and 17-year-olds to receive behavioral health support in situations where it might be challenging to obtain parental consent. This legislation acknowledges the wide variety of situations our youth find themselves in by carefully navigating the importance of parents in the treatment process while also affirming and empowering 16 and 17-year-olds seeking behavioral health treatment.

[2:12:50 PM](#)

MR. STORRS continued his invited testimony on SB 90:

According to KIDS COUNT, in 2024, two out of every five high school students in Alaska reported feeling persistently sad or hopeless for an extended period during the previous year. This number has moved steadily upward since 2009, increasing almost 60 percent in the past decade.

The option for youth to consent to behavioral health treatment is a policy choice implemented in states across the country. Research demonstrates that allowing youth to self-consent for behavioral health services can support youth engagement in treatment and empower youth to make informed decisions, leading to more effective care.

The policy change in SB 90 seeks to increase youth access to behavioral health services by balancing youth autonomy with parental involvement, supporting Alaska's youth as they seek treatment for their health and wellbeing.

We support and encourage you to support SB 90. I appreciate this opportunity to testify today.

[2:14:05 PM](#)

LANCE JOHNSON, Chief Operating Officer, Alaska Behavioral Health Association, Talkeetna, Alaska, presented the following invited testimony in support of SB 90:

Our association is the trade organization for over 115 community behavioral health providers and stakeholders in the state. I'm offering my support for SB 90 and feel this is a very, very important piece of legislation that's being proposed. Through my many years of providing behavioral health services for youth and families in Alaska, I've often been troubled by the inaccessibility of services for those under 18 years.

Mental health issues, substance use concerns, and suicide are not confined to any one age group. Statistics show, such as the [Behavioral Risk Factor Surveillance System] (BRFSS), the [Youth Risk Behavior Survey] (YRBS), and emergency room (ER) data, that an increasing number of people under the age of 18 are disclosing mental health concerns, including suicidal ideation and substance issues, to teachers, peers, caseworkers, and others. In the last YRBS that was conducted, 22 percent of students disclosed seriously considering suicide, and 10 percent had attempted it. Those numbers have remained static or have only slightly increased over the years. Between 2020 and June 2024, the age categories presenting at Alaskan ERs for suicide attempt-related needs were 11 to 14 year olds, followed by 15 to 19 year olds, per 1000 emergency department visits. That's the highest statistical category of any other age group.

[2:15:24 PM](#)

MR. JOHNSON continued his invited testimony on SB 90:

At an agency where I worked for almost 12 years in rural Alaska, we encountered some really heartbreaking situations in one year. This one year, we had a nine-year-old, an 11-year-old, and a 12-year-old commit suicide, not attempt but complete the action. In that same span, I had a 16-year-old reach out to me personally, looking for services, but we, unfortunately, and through our best efforts, could not obtain parental consent to proceed. So, while we looked at other resources and a possible parent negligence complaint with the Office of Children's Services (OCS), the youth attempted suicide. I have to live with that, the family does, and the friends do. Fortunately, the youth can as well. Upon turning 18,

she was able to enroll in services on her own and now continues to thrive.

2:16:09 PM

MR. JOHNSON continued his invited testimony on SB 90:

It may be hard to fathom why parents and guardians may disapprove of allowing their children to engage in treatment services. This could be a host of reasons, maybe because their own beliefs or experiences with behavioral health were adverse. It could be willful negligence in completing consent, they may not want their child subjected to the stigma that can be inherent to public perception, or they might fear the child will divulge unflattering or damaging information about them or family members. Furthermore, a minor may seek behavioral health services to address the trauma caused by the parents or guardians, but has no recourse to access services because he or she does not want the parents or guardians involved. In these cases, a minor who may desperately seek or need treatment will remain without services. So, what happens if they can't get services? Short of becoming an unfortunate statistic, they end up in crisis, present to the emergency room, and may be admitted to inpatient care if available. And I'm not talking about psychiatric inpatient units. I'm referencing medical facilities. At my former agency, the hospital was admitting youth with increasing frequency for psychosis, suicidal ideation, and other behavioral concerns.

Let me sum it up this way. If we do not give access to those under 18 years of age, I would debate whether it could be lower than 16, but I'm very happy with 16 in the absence of anything else. We're going to continue to see this trend escalate with suicide completions and substance abuse increasing. And so, I wholeheartedly encourage you to pass this.

2:17:53 PM

HEATHER IRELAND, Executive Director, Anchorage School Based Health Centers, Anchorage, Alaska, presented the following invited testimony in support of SB 90:

For over 10 years, I have served as Executive Director of Anchorage School Based Health Centers, a division of Christian Health Associates.

Thank you for the opportunity to comment on the importance of SB 90. If you want to make a difference for adolescent mental health, you will pass this bill. I was thrilled to see that SB 90, this bill, was being brought forward, allowing 16 and 17-year-olds to access behavioral health services, even for a limited number of sessions, has the potential to make a huge difference in their lives.

[2:18:24 PM](#)

MS. IRELAND continued her invited testimony on SB 90:

We are grateful for the volunteer services Senator Giessel has provided. She spoke eloquently and comprehensively about the need for this bill. Anchorage School Based Health Centers is a nonprofit, separate from the Anchorage School District, that operates medical clinics in middle and high schools in Anchorage, providing care to those who cannot access it in the community. Parental consent is required for students to receive medical care from advanced nurse practitioners and doctors in our clinics. Like medical providers in the community, we bill Medicaid, private insurance, and TRICARE, but we also waive fees for low-income families.

Anchorage School Based Health Centers has served thousands of students since its inception in 2010. Similar to providers in the community, our medical providers screen for many types of risk, and we have seen increasing numbers of students who exhibit symptoms of depression, anxiety, and other behavioral health challenges. Schools often concur with our initial assessment that some youth are struggling. Also, we see students who present with a medical issue, like "belly pain" or insomnia, but it is more of a psychological issue than a physical issue.

[2:19:29 PM](#)

MS. IRELAND continued her invited testimony on SB 90:

More often than not, students are willing to pursue behavioral health treatment. Unfortunately, parental

consent is a huge barrier for youth to access the care they desperately need and want. Frequently, youth are hesitant to ask their parents for treatment. My observations have been that adults are reluctant to give permission because of the stigma associated with mental illness (which the younger generation has moved past). It can also be logistically challenging for adults to give consent - especially in a school setting where families are not present. And, finally, sometimes adults don't want their student discussing their personal life with a healthcare professional - despite how desperately they need treatment.

Years ago, through my networking with school-based health programs in other states, I learned that Colorado lowered its age of consent to 12; previously, it had been 14 or 16. It was like a lightning bolt: this is a way we can actually help kids. Sadly, after many years, Alaska has done nothing to change the situation. A higher age of consent for mental health treatment is correlated with a higher suicide rate. When you look at the rankings of suicide rates, the three states with the lowest rate of suicide have an age of consent set at 16. Of the states with the highest rates of suicide, including Alaska, the age of consent is 18. Obviously, there are many factors that influence the suicide rates in Alaska. However, allowing 16- and 17-year-olds to consent for their own care would be one tool to help youth. Youth can connect with a clinician who can assess their safety and discuss the possibility of involving their parents in their treatment.

As a parent myself, I would much rather my daughters access care without my knowledge than suffer the consequences of untreated mental health issues.

Please pass SB 90. Please help the youth who are struggling.

[2:21:34 PM](#)

CHAIR CLAMAN opened public testimony on SB 90.

[2:22:09 PM](#)

NATALIE NEWMAN, Vice-Chair, Emerging Leaders Youth Advisory Council, Tanana Chiefs Conference Region, Rampart, Alaska, testified in support of SB 90, stating that the bill speaks to

her. She said she attended all four years and graduated from Mt. Edgecumbe High School, a boarding school in Sitka. She explained that the school works with the SouthEast Alaska Regional Health Consortium (SEARHC) to provide mental health services to students. She said many students reach out to SEARHC and receive those services, whereas others reach out and are unable to obtain them. She attributed this to living away from home at the boarding school, where the distance between the school and the village creates a sense of disconnection. She said that when she attempted to access services, her mother verbally granted permission, but SEARHC would not accept it and required a signed document. She stated that the paperwork was not completed because her parents were in the village, SEARHC could not reach them, and the village had limited technology.

2:23:50 PM

MACKENZIE ENGLISHOE, Chair, Emerging Leaders Youth Advisory Council, Fort Yukon, Alaska, testified in support of SB 90. She said the Council represents 42 communities and expressed gratitude to the chair for the opportunity to testify on an important topic that affects her community, her siblings, and the next generation. She shared that she left home at age 15 and was not able to be home. She said she struggled with mental health issues, had depression, and has anxiety, and that she still has PTSD, which she was diagnosed with at 15. She stated that her family did not approve of her receiving help because they did not believe in mental health issues or disorders. She explained that when she was living outside her home, couch hopping from house to house and needing someone to talk to, her family, from whom she was trying to stay away at the time, did not allow her to speak with anyone. She shared that she made multiple suicide attempts after that. She emphasized that she is very lucky to be here, noting that it is becoming more common for young people to struggle in this way. She expressed her support for SB 90 and thanked the committee.

2:25:49 PM

ALLYONNA MANDREGAN, Member, Emerging Leaders Youth Advisory Council, Beaver Village, Alaska, testified in support of SB 90. She stated that she grew up in a Native community where many of her family members did not believe mental health issues were real and viewed them as make-believe. She said that nearly everyone she knows has mental health issues and experienced them when they were young. She recalled that during her sophomore year of high school, three students in her school district committed suicide. She expressed her belief that if those

students had been able to access services, they could have been helped.

2:27:20 PM

STEVEN PEARCE, Director, Citizens Commission on Human Rights, Seattle, Washington, testified in opposition to SB 90. He said he represents a nonprofit psychiatric watchdog organization that is concerned about removing informed consent from parents. He stated that after listening to the testimony, one solution he suggested is to improve, streamline, and simplify the consent and approval process in areas where parents are difficult to reach. He said that while it is appropriate to address behavior affecting youth and school performance, what seems to be lacking is a connection with parents. He asserted that going around them is not the way to proceed. He referenced concerns raised by long-term professionals in mental health, drawing attention to Thomas Insel, former director of the National Institute of Mental Health, who stated:

whatever we have been doing for five decades, it ain't working...when I look at the numbers—the number of suicides, the number of disabilities, the mortality data—it is abysmal, and it is not getting any better.

MR. PEARCE said he works in other states and noted that Washington has a lower age of consent yet has not seen suicide rates drop. He said that if Alaska is seeking a panacea, reducing the age of consent will not provide it. He stated that five counseling sessions are minimal. He asserted, however, that the intention is to expand mental health services, move toward further treatment, and open the door to additional involvement. He said that is how psychiatry and the mental health industry operate. He suggested strengthening informed consent requirements and stated that lowering the age of consent to 16 and removing parental involvement would not benefit parents or youth. He expressed appreciation to the committee.

2:29:57 PM

JAMES BIELA, Field Ambassador, Alaska Chapter – American Foundation for Suicide Prevention, Bethel, Alaska, testified in support of SB 90. He said that, as an organization dedicated to preventing suicide and promoting mental health, he believes that SB 90 is a critical step forward in addressing the mental health needs of young Alaskans. Suicide remains a leading cause of death among Alaska's youth. Suicide was the second leading cause of death for individuals aged 10 to 24, and 20 percent of all suicides in Alaska occurred among young people in 2023. An

alarming 21 percent of Alaskan high school students reported that they had planned a suicide attempt in the previous year.

MR. BIELA said he has seen firsthand how barriers to care can have devastating consequences, recalling an example that continues to haunt him and the village where he worked. He said a 15-year-old girl asked for help each month for two years. She asked for a mental health evaluation to address her past trauma, including sexual abuse. Her parents refused and told her that she would get over it. The trauma, coupled with the need to keep the family secret, eventually became too much for her. At the age of 17, she took her life. Her parents now regret that decision, were unable to recognize the depth of her pain, and that she needed support. He said this tragedy illustrates the critical need for young people to have the ability to seek mental health care without unnecessary delays. Many youths continue to suffer in silence as they cannot get approval from their parents to get help. It is either due to stigma or family secrets. He stated that SB 90 includes important safeguards to protect the wellbeing of minors. He said that 16-year-olds can consent to engage in sexual activities, drop out of school, and legally possess a firearm. He asked the committee to support SB 90 and help ensure Alaska's youth have the resources and the autonomy to protect their mental health. He expressed appreciation to the committee for their time.

[2:32:50 PM](#)

CHAIR CLAMAN closed public testimony on SB 90.

[2:33:05 PM](#)

CHAIR CLAMAN held SB 90 in committee.

[2:33:43 PM](#)

There being no further business to come before the committee, Chair Claman adjourned the Senate Judiciary Standing Committee meeting at 2:33 p.m.