

Alaska State Legislature

Senator Cathy Giessel
President of the Senate
Senate District N



Alaska State Capitol,
Room 111
Juneau, AK 99801

CSSB 120 (HSS) am H Sponsor Statement

Crisis medication is psychotropic medication prescribed and administered to a patient without that patient's informed consent. This can only occur when the patient has been court-ordered to inpatient psychiatric care and the patient, in the clinical opinion of the prescriber, is in a state of crisis or impending crisis that requires medication in order to preserve the life of the patient, or prevent significant physical harm to that patient or others because of the actions or behavior of the patient.

Currently, Alaska statutes limit prescriptive authority in crisis situations only to a physician. However, most inpatient psychiatric care in Alaska is performed by Licensed Independent Practitioners, as well as Advanced Practice Registered Nurses (APRNs) and Physician's Assistants (PAs). Limiting this type of sensitive care and supervision to physicians only places unnecessary stress on the physicians, requiring they remain on-call practically 24/7. That is an untenable situation for obvious reasons and leads to burnout and ongoing retention issues for hospitals.

SB 120 will give APRNs and PAs authority to evaluate and prescribe psychotropic drugs in crisis situations, that increases safety for the patient and the hospital staff. APRNs and PAs are licensed and possess the necessary prescriptive authority to serve this patient population.

SB 120 also sets up the framework to create Alaska "crisis stabilization centers," a much-needed intermediate treatment option for those suffering from mental health or substance abuse crises, and giving public safety workers an alternative to placing these individuals into emergency rooms, jails or prisons, where they clearly don't belong. Dealing with behavioral health crises often involves processing "repeat" patients that places a huge amount of strain on officers and the system, and simply highlights our current broken system.

Crisis stabilization centers are an emerging component that addresses the unmet need for intermediate services for those experiencing a behavioral health or substance abuse crisis. The concept is supported widely by law enforcement, hospitals, behavioral health groups, substance abuse groups, domestic violence/sexual assault groups and families of those needing treatment. The model is used in Arizona, and other states are taking note of their success.

Crisis stabilization centers would be open 24 hours a day, 7 days a week, 365 days a year; staffed by mental health professionals and designed to provide prompt mental health evaluation and stabilization. While no facilities currently exist in Alaska, SB 120 authorizes the Department of Health and Social Services to write regulations to permit and license these centers. Once the regulations are in place, it is anticipated that interested providers will open crisis stabilization centers in Alaska's communities.

These two elements, giving authority to APRNs and PAs to prescribe psychotropic drugs in crisis situations, and the creation of a framework to develop mental health crisis stabilization centers, are two very important steps in the goal to improve mental health services in Alaska.