



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of
Health and Social Services

ALASKA COMMISSION ON AGING

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March 27, 2018

Senator Cathy Giessel
Alaska State Capitol, Room 427
Juneau, AK 99801-1182

Subject: Support for SB 169, Medicaid, Behavioral Health Coverage

Dear Senator Giessel:

The Alaska Commission on Aging (ACoA) is pleased to offer support for SB 169 (RLS) "Medicaid, Behavioral Health Coverage, "Version U" that is authored by you. The prevalence of behavioral health conditions is increasing in Alaska due to critical gaps in the continuum of care. Many rural and remote areas of the state experience an acute lack of mental health services which further exacerbates the problem of access to care. In those areas with limited capacity, providers are unable to serve those without insurance coverage or ability to private pay which include many vulnerable, low-income people. While Alaska has mental health care professionals, including marital and family therapists, licensed clinical social workers, and clinic psychologists, there are constraints that limit how these providers can offer services.

The Commission agrees that SB 169 addresses this issue by (1) expanding options to meet the required mandate for clinical supervision to be conducted either onsite or remotely, utilizing telehealth and other communication devices to provide consultation, which will help to increase access for Alaskans living in rural and remote areas of the state at a reduced cost; and (2) allowing physicians, which includes both psychiatrists and physicians licensed under AS 08.54, to perform the required clinical supervision of behavioral health therapists.

Mental health and substance misuse issues are a growing concern for many Alaska seniors that have not received appropriate attention. Moreover, the aging of baby boomers is expected to increase the number and percentage of older adults having substance misuse disorders. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention, nearly one in five adults age 65+ has one or more behavioral health conditions defined as a mental health or substance use disorder. Based on 2017 Alaska population estimates for persons age 65 and older, 20% would amount to 16,600 older Alaskans. Many of these seniors have complex medical conditions including chronic pain, diabetes, cancer, and heart disease as well as mental health conditions, substance use disorders, and cognitive impairment such as dementia.

In comparison to their national counterparts, Alaska seniors have consistently higher rates for binge drinking, heavy drinking, smoking, obesity as well as a greater percentage reporting frequent mental distress, according to the Alaska Behavioral Risk Factor Surveillance Survey, 2016 findings. Age-adjusted mortality rates for persons age 65+ attributed to behavioral health causes are both higher among Alaska seniors than national averages for this age cohort and on the rise in Alaska for older adults. Alcohol use disorders, in particular, have been identified as a major risk factor for the onset of all types of dementia, based on a recent study published by the Lancet Public Health Journal (2018), including Wernicke-Korsakoff Syndrome, vascular

dementia, and young onset Alzheimer's. Further, substance misuse often increases a senior's risk for falls, particularly for those who take prescription medications.

SB 169 addresses the need to improve access to behavioral health care services by expanding options to meet the supervision oversight requirement for mental health therapists. Further, this legislation will help to offset emergency room charges through improved access to care as well as being of benefit to patients released from the Alaska Psychiatric Institute so that they are able to acquire their prescribed medications in a timely manner as these patients are only provided with a two-day prescription upon their release. ACoA supports SB 169 to advance access to care for more Alaskans, reduce costs, and improve utilization of our existing behavioral health workforce to provide more timely and appropriate behavioral health treatment for Alaskans of all ages.

Sincerely,



David A. Blacketer
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello
ACoA Executive Director