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CS SB 98(HSS) Sponsor Statement

An Act relating to diagnosis, treatment, and prescription of drugs without a physical examination by a physician; relating to the delivery of services by a licensed professional counselor, marriage and family therapist, psychologist, psychological associate, and social worker by audio, video, or data communications.

In response to rising healthcare costs, and significantly limited patient access to healthcare throughout the state, the 2014 Alaska Legislature adopted legislation supporting the delivery of healthcare through telemedicine (HB 281). CS SB 98(HSS) addresses some challenges with the implementation of HB 281 that continue to provide barriers to the effective delivery of telemedicine healthcare services in Alaska.

CS SB 98(HSS) clarifies that the legislature intended to allow physicians to prescribe, dispense and administer prescription drugs without an in-person physical, and that rendering a diagnosis and providing treatment is part of the telehealth consult continuum of care.

CS SB 98(HSS) further provides that professional licensing boards for professional counselors, marriage and family therapists, psychologists and psychological associates, and social workers may not sanction licensees for the practice of telemedicine, and establishes a standard of care protocol and patient consent requirements to send medical records of the encounter to the patient's primary care provider.

To address the continuing shortage of healthcare providers, particularly severe in behavioral health care, CS SB 98(HSS) removes the requirement that the physician be located in the state. All physicians, in or out of state, must still be licensed by the Alaska Medical Board.

Multiple recent reports on strategic healthcare in Alaska by the National Academy for State Health Policy, the Menges Group, and Public Works LLC all suggest that expansion of telemedicine in Alaska will significantly reduce overall costs of healthcare and improve patient access.

CS SB 98(HSS) clarifies patient control of the distribution of their medical records. Current statutory language is not entirely clear that a patient's records are controlled by the patient, as the practice should be.

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